



Early Pregnancy Assessment Service (EPAS) GP Referral Pathway

Purpose:

To guide the initial assessment, investigation and referral process and support safe, supportive and consistent provision of care for women with pain and bleeding in early pregnancy.

Introduction:

This service operates **Monday to Friday** in the Bendigo Health Women's Health Centre and is based on referrals from Bendigo Health Emergency Department and General Practitioners.

This service is provided by the Obstetric & Gynaecology (O & G) Team.

Guidelines:

Some pain and/or vaginal bleeding is common in the first trimester. Women with these symptoms may need emotional support in addition to accurate information and appropriate clinical care.

Any woman with severe pain, heavy vaginal bleeding and/or haemodynamically compromised should be assessed in the Emergency Department (ED) for urgent care in conjunction with the O&G team.

If pain and bleeding are not severe, vaginal ultrasound examination is the cornerstone of diagnosis; it should be timed to give the maximal likelihood of being diagnostic. If prompt ultrasound examination is not available, vaginal examination to determine the level of suspicion of ectopic pregnancy, and therefore urgency of further assessment, should be considered.

Those with non-urgent symptoms are encouraged to attend the Early Pregnancy Assessment Service (EPAS), which provides coordinated assessment, scanning, diagnosis and management-planning for women who experience pain and/or bleeding in early pregnancy.

The conditions to be distinguished are **ectopic pregnancy, pregnancy of unknown location, miscarriage, hydatidiform mole** and **live pregnancy**. Diagnosis is important because:

- ectopic pregnancy can be life-threatening
- when a pregnancy is of unknown location, ectopic pregnancy is not excluded
- miscarriage is usually distressing; it seldom leads to serious physical harm without warning symptoms of increasing bleeding and pain

There may be considerable anxiety associated with pain and bleeding in early pregnancy.

Inclusion Criteria:

- Known **positive** pregnancy test with urine/blood hCG
- Gestation **less than 16** weeks
- Symptoms of abdominal pain or vaginal bleeding (or both) must be mild to moderate.
- Clinically stable and pain controlled by oral analgesics.
- Any patient who has an already diagnosed blighted ovum or silent miscarriage (formerly called missed abort).
- Diagnosed intrauterine pregnancy but still in pain or bleeding.

Exclusion Criteria:

- Patients with suspected ectopic pregnancy, cervical shock or haemodynamic instability should be discussed urgently with the O&G Registrar and assessed in the Emergency Department.

Patients in severe pain or significant bleeding (or both) should present to the Emergency Department Urgently

Referral process:

- Complete referral for EPAS – ensure contact details are correct
- Order pathology – FBE, β HCG, blood group and antibodies
- Discuss with O&G registrar
- Fax referral to **54548611**
- Woman will be contacted for appointment
- Review in EPAS clinic



EARLY PREGNANCY ASSESSMENT GP REFERRAL FORM

Name: _____

Address: _____

Date of Birth: / / _____

Preferred name/s: _____

Phone: Work: _____

Title: Mr Mrs Ms Miss _____

Mobile: _____

Email: _____

ATSI _____

Interpreter required: _____

DVA Number: _____

Preferred language is: _____

Insurance: _____

Pension Card Number: _____

Medicare Number: _____

Alternative Contact: _____

Interpreter required

Form must be faxed to **54548611** after verbal communication with the **O&G Registrar** (for public patient) via switch on pager **1347** or **Consultant** (for private patient).

Date of Presentation: ____/____/____

Symptoms:

Past Medical History:

Current Medication

| Drug name | Ltd. elapse | Strength | Dose / frequency / special |
|-----------|-------------|----------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Allergies: _____

Obstetric History:

Gravida: _____ Para: _____

LNMP: _____ EDD: _____

Estimated gestation: _____ Weight kg: _____

Height cm: _____ BMI: _____

Pregnancy Loss History:

Miscarriage _____ Ectopic _____ Trophoblastic disease _____

UHCG:

Positive (date) ____/____/____

Negative (date) ____/____/____

Blood Group: _____ **Collected (date)** ____/____/____

Rh Immunoglobulin (Anti D) administered:

Yes Date: ____/____/____ Time: _____ Dose: _____

No

βHCG _____ Date of results: ____/____/____

βHCG _____ Date of results: ____/____/____

βHCG _____ Date of results: ____/____/____

Pelvis USS report:

N.B. If USS done *outside* of Bendigo Health **PLEASE ATTACH REPORT**

USS booked:

Yes Date: ____/____/____ Time: _____ at _____

No

O&G team notified (date) ____/____/____ Time: _____ DR _____

Interim Plan:

REFERRING PRACTITIONER _____ **REFERRAL DATE** ____/____/____

Please Note: Patients will be directly contacted for an appointment in EPAS clinic. Do not advise patients to attend Women’s Health or Maternity unless instructed by O&G team.