

# STANDARD OPERATING PROCEDURE

## Early Pregnancy Support Scan Clinic

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<b>RATIFIED BY : Perinatal Governance                  Group</b>	<b>DATE: July 2022</b>
<b>VERSION 1.0</b>	<b>REVIEW DATE: June 2025</b>

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**INTRODUCTION**

Early pregnancy can often be a worrying time. This can be especially so for parents who have suffered a previous pregnancy loss. The routine first trimester dating and screening scan is performed at approximately 12 weeks gestation. It is possible to see pregnancies on ultrasound much earlier however, and often patients and their families may often benefit from access to an earlier scan.

**REFERRAL PROCESS**

The patient will self-refer to the clinic and contact the designated admin worker who manages the 'Early Pregnancy Support Scan' (EPSS) clinic to book their appointment. This information and the contact details are given to them at the time of their previous pregnancy loss. If they contact Early Pregnancy Unit to arrange the appointment, they will be directed to the appropriate person.

**INCLUSION CRITERIA**

New clinic patients must meet both the following criteria:

Positive pregnancy test

**AND**

Previous pregnancy loss meeting one of the following criteria:

1. 2 or more previous early miscarriages (<12 weeks) that were visualised on ultrasound or clinically confirmed
2. Previous ectopic pregnancy and they are well with no symptoms (pain or bleeding)
3. Previous molar pregnancy
4. Previous late miscarriage or stillbirth over 12 weeks gestation
5. Previous termination for fetal anomaly
6. Previous neonatal death
7. EPSS scan recommended in previous postnatal debrief appointment (traumatic birth or pregnancy loss)

Some follow-up patients may also be seen in the clinic, generating an 8<sup>th</sup> inclusion criteria.

8. Follow up in EPSS clinic recommended by EPSS/RCM team

**EXCLUSION CRITERIA**

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The patient should be asked to contact the Early Pregnancy Unit(EPU) instead if any of the following are met:

- Current pain or bleeding – needs to be seen in EPU through emergency pathway
- Confirmed viable pregnancy on ultrasound already this pregnancy (see below guidance)

Where patients fall outside of the inclusion criteria, this should be a clinical decision to book into this clinic. The gynaecology secretary should contact Dr Catey Bass for further guidance about eligibility if they are unsure.

Unfortunately due to capacity, it is not possible to offer early scans to asymptomatic women in pregnancy if they have had previous losses that were biochemical pregnancies only (positive pregnancy test only but no pregnancy visible on ultrasound) or if they have had one early miscarriage only. This is in line with current national guidance regarding the 'graded approach' to the management of previous miscarriage but will always remain under review.

### APPOINTMENT BOOKING

The appointment should be scheduled for when the patient is approximately 8 weeks pregnant, unless they have had a previous ectopic pregnancy. In this instance, they should be booked at 5-5+ weeks for a location scan.

The person booking the appointment will confirm eligibility for the clinic and the absence of any symptoms requiring Emergency EPU input. They will ask the questions detailed in Appendix 1 and enter the relevant details on Viewpoint.

The patient will be given a 30 minute appointment slot. This will include ultrasound, usually transvaginal, counselling and follow up management plan as indicated.

If a pregnancy of unknown location, miscarriage or ectopic pregnancy is confirmed, the patient will be transferred to the EPU emergency pathway for ongoing management.

If the pregnancy is confirmed as viable, the patient will be advised to complete her online self-referral to the Maternity Services for her midwifery booking appointment and ongoing antenatal care.

The need for follow up scans within the EPSS clinic will be individualised as indicated. It is anticipated that in the context of previous ectopic pregnancy, a location scan at 5 weeks and one further appointment with scan at approximately 8 weeks will be preferred by patients. Patients will naturally exit the EPSS pathway and be discharged as they have their dating/screening scan at 12 weeks.

### AUDIT TOPICS

Number of patients seen

Referral pathway – patient or other

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Indications for appointment  
 Ultrasound outcome at appointment  
 Number of repeat appointments before discharge

**REFERENCES**

[https://www.tommys.org/sites/default/files/2021-04/Miscarriage\\_Matters%20policy%20report%20FINAL%20without%20page%20numbers.pdf](https://www.tommys.org/sites/default/files/2021-04/Miscarriage_Matters%20policy%20report%20FINAL%20without%20page%20numbers.pdf)

**APPENDIX 1**

Early Pregnancy Support Scan Clinic Self-referral checklist – to be completed upon booking the appointment and entered directly into View point history.

Name:  
 Hospital Number:  
 Date of birth:  
 Address:  
 Mobile Phone Number:

Details of current pregnancy:  
 Regular cycles? Yes/No  
 If irregular, what variation in length? (E.g. 35-42 days).....  
 Less than 3 cycles since last pregnancy? Yes/No  
 1<sup>st</sup> day of last menstrual period? \_\_/\_\_/\_\_  
 Calculated approximate gestation now?  
 Date of first positive pregnancy test? \_\_/\_\_/\_\_  
 Method of achieving pregnancy:  
 Spontaneous conception/ovulation induction/fresh IV/frozen embryo IVF  
 Are you on cyclogest pessaries (500mgPV bd) this pregnancy? Yes/No  
 Are you on aspirin this pregnancy (75mg PO od) this pregnancy? Yes/No

Medical History: any serious illnesses under the GP or Hospital Specialist?

Regular medications?  
 On folic acid/pregnacare?  
 Allergies? Yes/No  
 ---Details.....

Obstetric History:  
 Number of previous pregnancies:  
 Live children and years of birth:  
 Gestation of delivery if <37/40 and reason:  
 Mode of delivery: SVD/instrumental/elective cs/emergency cs  
 (reason for cs.....)  
 Obstetric complications? PET/GDM/PPH/.....  
 Miscarriage <15/40? Yes/No  
 - If Yes, then year? Management – SMM/OMMM/conservative

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Miscarriage 12-23/40? Yes/No

- If yes, then year?

Stillbirths? Yes/No

- 24-36/40? Year?
- 37+/40? Year?

Terminations? Yes/No

- If yes then <15/40? Year?
- Or 16-23/40? Year?
- 24+/40? Year?

Previous ectopic pregnancy? Yes/No

- Year?
- Side?
- Laparoscopic removal of tube? Preservation of tube?
- Medical management with methotrexate?
- Conservative management with serial HCG levels?

Gynaecological history:

Cervical smear – most recent test year?

- Result?
- Previous colposcopy?
- Previous Iletz?

Previous gynaecological disorders? Endometriosis/PCOS/fibroids/subfertility

Previous gynaecological surgery? Laparoscopy/hysteroscopy/other

- Diagnosis?

Previous abdominal surgery? Open/laparoscopic?

Previous STIs?

Previous pregnancy loss eligibility criteria: (please circle)

1. 2 or more previous early miscarriages (<12 weeks) that were visualised on ultrasound
2. 1 or more previous ectopic pregnancy and they are well with no symptoms (pain or bleeding)
3. 1 or more previous molar pregnancy
4. 1 or more previous late miscarriage or stillbirth over 12 weeks gestation
5. 1 or more previous termination for fetal anomaly
6. 1 or more previous neonatal death
7. EPSS scan recommended in previous postnatal debrief appointment (traumatic birth of pregnancy loss)

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8. EPSS scan follow up appointment

Do you have any pain or bleeding? Yes/No

If Yes to either then refer to EPU emergency pathway

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