

## Early Pregnancy Assessment Service (EPAS) and COVID-19 pandemic

### 1. Brief definition of the current service

- EPAS (Early pregnancy Assessment Service) is clinic held every morning in Ambulatory care of Women and Babies to manage haemodynamically stable women with per vaginal bleeding and/or pain in early pregnancy. The remit of the service includes women up to 20 weeks gestation.
- The aim is to optimise the diagnosis of ectopic pregnancy and miscarriage and to reduce the numbers of women presenting to the Emergency Department (ED) at RPAH.
- The EPAS is staffed by a Clinical Midwifery Consultant (CMC) and O&G Streamed resident medical officer (SRMO) during weekdays from 0730 to 1200
- The CMC is available for ED daily from 0730 to 1630 **Mon-Sun**

### 2. Approximate monthly patient numbers - usually

Occasions of Service	2014	2015	2016	2017	2018	2019	2020
Jan	355	290	246	264	345	289	326
Feb	292	279	301	245	271	305	301
Mar	321	282	310	308	322	336	213 (+)
Apr	331	279	308	267	314	332	
May	312	270	340	290	321	328	
June	335	297	316	266	292	296	
July	335	328	334	277	353	366	
Aug	322	286	369	293	333	338	
Sept	329	280	309	298	270	313	
Oct	351	312	287	316	281	396	
Nov	342	318	274	283	332	266	
Dec	337	286	314	270	274	275	
Total	3,969	3,507	3,708	3,377	3,708	3,840	

Additionally there are approximately 215 EPAS ultrasound scans in the Fetal Medicine Ultrasound Department each month

### 3. Aims:

- a. To maintain acute services – see below  
In reducing the numbers of EPAS visits
- b. To manage COVID +ve and –ve patients appropriately – see below
- c. To work within the current resources of the hospital –  
*We will reduce the number of face to face visits and increase telephone consultations. We plan to  
Reduce the number of EPAS ultrasound scans performed within the Fetal Medicine Ultrasound Department,  
Cease providing methotrexate as a treatment option for ectopic pregnancy and persistent pregnancy of unknown location.  
For medical management of miscarriage, women will be given the two 800mcg doses of misoprostol at one visit with the second dose to be taken 48 hours later after a telephone consultation. This will be rather than a visit to EPAS and repeat ultrasound scan 48 hours later.*

#### **“EPAS and COVID-19”**

*This is the final guideline (COVID-19 EPAS Version 7; 14 April 2020).*

*Please check you are accessing the most recent version of this guideline.*

***The EPAS will continue to be staffed by a Clinical Midwifery Consultant (CMC) and O&G Streamed resident medical officer (SRMO) during weekdays from 0730 to 1200***

***The CMC is available for ED daily from 0730 to 1630 Mon-Sun***

Given the current situation with COVID-19 we are endeavouring to reduce footfall through the EPAS clinic and to reduce waiting times.

All women will be screened at the entrance to RPAH and when they present to the clinic BEFORE they are taken into the consulting room.

- High risk women should be given a face mask and asked to attend the COVID area of ED and not be seen in the EPAS clinic.
- Low risk women can proceed to be seen in the consulting rooms in the EPAS clinic.

*Women will be reviewed in the consulting room alone. Their support person can be contacted by telephone so that they can hear the consultation on speaker phone.*

***We will continue to have a “walk-in” service for new patients to reduce the number of women presenting to ED with early pregnancy complications***

All women presenting to EPAS **must have** a positive serum pregnancy test

Wherever possible follow-up should be by telephone and at longer time intervals than our usual practice.

Appointment bookings should be made on the scheduler as a reminder to us to contact each patient. Activity Based Funding should also be part of that call.

The telephone consultation will be recorded in Power Chart.

Presently ultrasound is a limited resource and scans should be at appropriate gestations to reduce the numbers of Pregnancy of Unknown Location (PUL) and Intrauterine Pregnancy of Uncertain Viability (IPUV).

**Single live fetus:** Discharge to antenatal care

**Missed miscarriage and Incomplete miscarriage:** Women low risk for COVID-19 should still be able to choose between surgical, medical and expectant as per current protocols. Women who meet the guidelines may be able to have their surgery performed at Geneva (see the guideline).

*Women who are COVID-19 positive or high risk for COVID-19 will be offered expectant management until their nasopharyngeal swabs are negative, in view of the high risks of aerosolisation at general anaesthetic<sup>1,2,3</sup>.*

*Any woman who requires an emergency D&C for miscarriage will be managed via the acute surgical unit in the ED.*

**Surgical Management:**

*Surgical management requires mandatory adherence to operating theatre guidelines (refer to the theatre guidelines). This surgery will be performed by the most senior gynaecologist available.*

***Ideally hysteroscopic resections should not be performed in women who are high risk for COVID-19.*** This takes longer and additional equipment should not be taken to the COVID theatres (Theatres 6 and 7)

**Ultrasound guidance:** For COVID-19 positive women and those women high risk for COVID-19 ultrasound guidance should only occur where deemed absolutely necessary, eg for surgical management of miscarriage where the CRL is >60 mm, for molar pregnancies and when this is a second or third procedure following previous surgical management procedures. Use plastic covering for the electrical cords and for the transducer cable. The portable ultrasound machine MUST have a terminal clean before being taken back to where the machine is usually kept.

**For women who are Rhesus negative 250IU Anti D will be given (< 12 weeks gestation)**

Telephone consultation two weeks later.

**Medical Management:** Misoprostol on the day and 48 hours later. We have asked pharmacy to supply two doses of oral 800mcg misoprostol. One will be taken in the clinic, observed by the EPAS clinician. The second dose will be taken at home 48 hours later after the telephone consultation by an EPAS clinician.

For women who are Rhesus negative are definitely known to be less than 10 weeks gestation and achieve a successful medical management of miscarriage are Anti D will not be given<sup>4</sup>

Telephone consultation two weeks later.

**Expectant Management:**

For women who are Rhesus negative are definitely known to be less than 10 weeks gestation and achieve a successful expectant management of miscarriage are Anti D will not be given<sup>4</sup>

Telephone consultation two weeks later.

**Ectopic pregnancy:** All ultrasound confirmed ectopic pregnancies should be managed surgically. *Surgical management requires mandatory adherence to operating theatre guidelines (refer to the theatre guidelines). This surgery will be performed by the most senior gynaecologist available. Women who are COVID positive or high risk for COVID will undergo minilaparotomy and NOT laparoscopy. Ideally diathermy should NOT be used or used very sparingly<sup>1,2,3</sup>.* Telephone consultation two weeks later.

**Pregnancy of Unknown Location (PUL):** Management will be guided by the M6 (P) model the app of which can be found in the app store. Women who require follow up blood tests should be given request forms, present to pathology 0730 to 0800, have the blood test and then go home to await the results. An appointment must be made on scheduler to prompt the EPAS clinician to call the patient with the results and the ongoing management plan.

If there is a high risk of ectopic pregnancy or persistent PUL and/or there are concerning clinical features then the woman may require face to face review. This will be on a case by case basis after discussion with the consultant on call for EPAS for the day.

**Intrauterine Pregnancy of Uncertain Viability (IPUV)** should continue according to current guidelines. Arrange IPUV follow up scans and EPAS (telephone) visits for a minimum of two weeks. Whilst there has been a push to increase scanning intervals this may result in more patients presenting to ED.

Women who request reassurance scans which are not clinically indicated will be politely and sensitively asked to access this outside RPAH.

## References

1. Joint RCOG / BSGE Statement on gynaecological laparoscopic procedures and COVID-19
2. COVID-19 Update for AGES Members
3. AAGL Joint Society Statement on Minimally Invasive Gynecologic Surgery During the COVID-19 Pandemic
4. <https://ranzcog.edu.au/news/covid-19-anti-d-and-abortion>