



# Exploring the Services and Management Available for Women Experiencing Complications of Early Pregnancy: A Survey of Ontario Hospitals

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# Competing Interests

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- No conflicts of interest to disclose

# Early pregnancy care in Ontario, Canada

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- Most patients have not met their obstetrical care providers in their first trimester of pregnancy
- Emergency departments (EDs) are frequently first point of care for patients early pregnancy complications and loss



# Study Objective

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- This investigation sought to characterize the provision of care for women experiencing first trimester complications in Ontario hospitals.

# Methods



- Invitation to ED chiefs and OB/GYN chiefs of 71 and 61 Ontario hospitals to complete 55-item and 30-item online questionnaires
- Hospitals were included if they had a volume >30,000 ED visits per year, representing 85% of Ontario's ED visits annually

# Results

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- 58 ED respondents completed the survey on behalf of 63 hospital sites
  - Response rate = 88.7%
- 43 OB/GYN respondents completed the survey
  - Response rate = 70.4%

# EPC Access for ED Patients

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- 34 EDs (54.0%) did not have access to an EPC
- At hospitals without an EPC, patients followed up in 14 (41.1%) EDs when urgent follow-up was needed



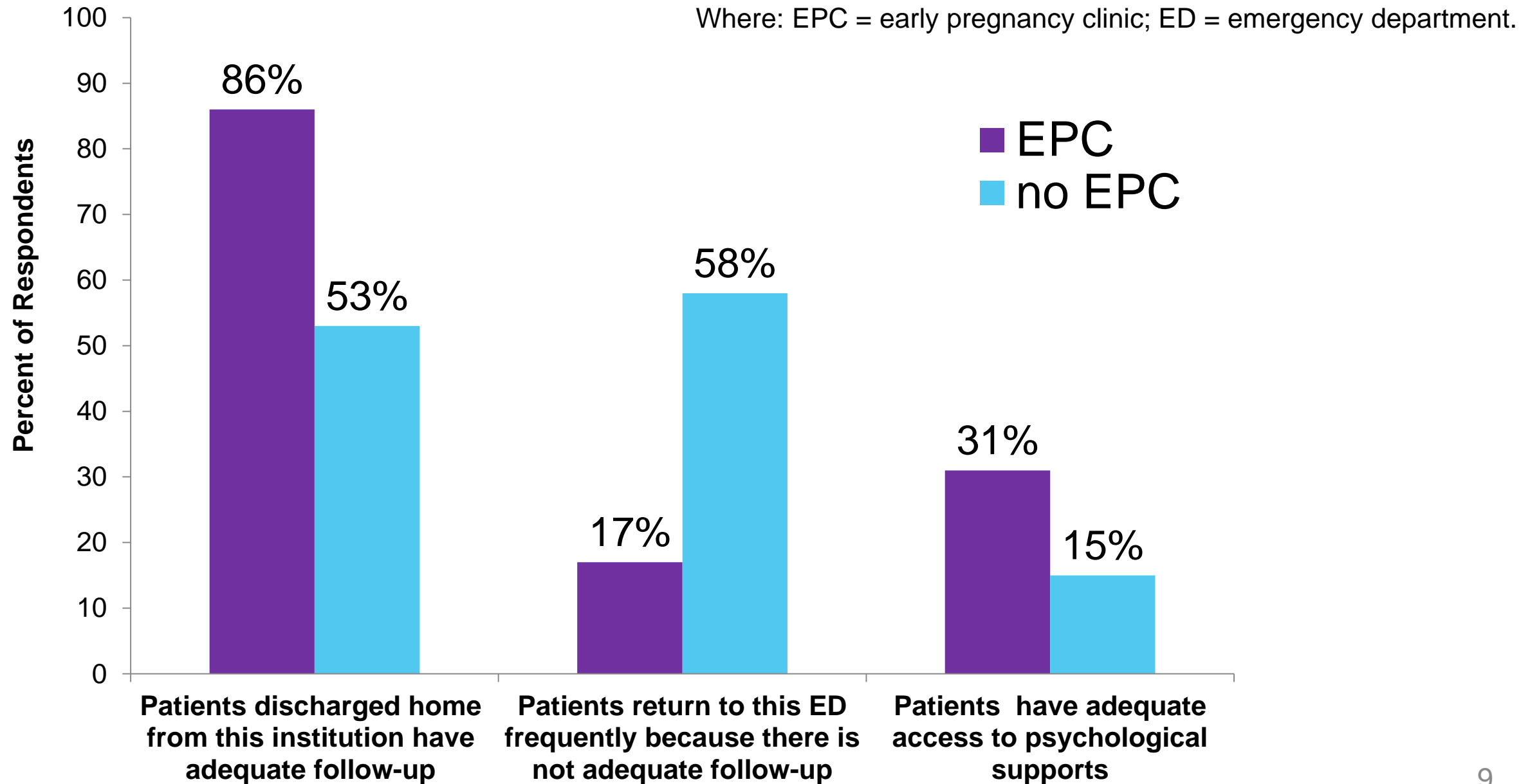
# US Availability in the ED

- 22 (34.9%) EDs had radiologist-interpreted US 24/7
- 63 (100%) EDs had next-day radiologist-interpreted US
- 55 (87.3%) reported using point-of-care ultrasound (POCUS) in the ED





# EPC access resulted in better follow-up, fewer return visits to the ED and better access to psychological supports



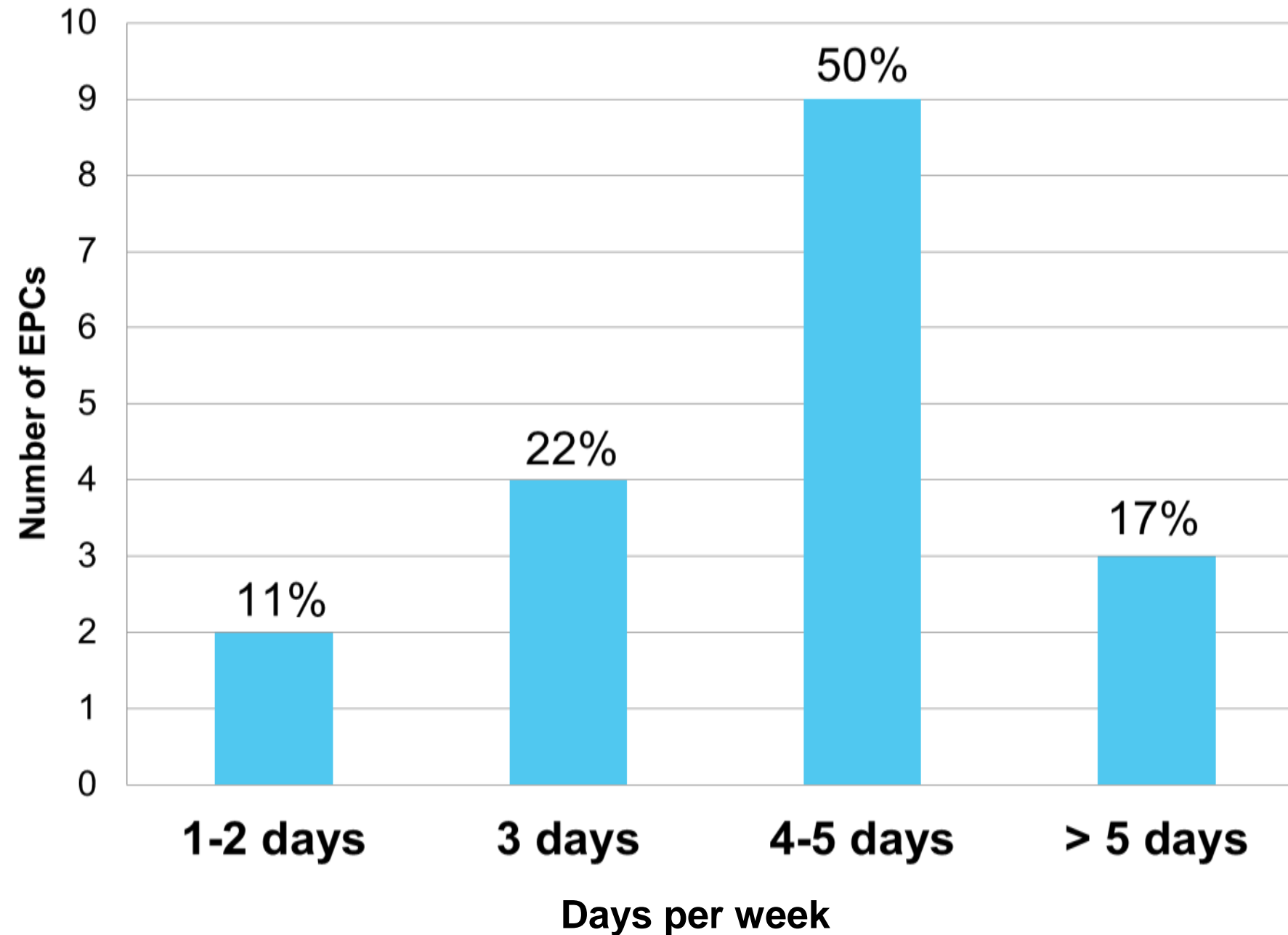
# OB Respondents

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- 18 (42%) hospital sites had an EPC on-site



# Availability of EPC Clinic Services



# EPC Staffing

- Nurses and physicians (n=15, 83%)
- Only nurses (n=2, 11%)
- Only physicians (n=1, 6%)



# EPC Funding

- Hospital funding (n=5, 28%)
- Physician billings (n=5, 28%)
- A combination of hospital and physician billings (n=7, 39%)
- A combination of physician billings, hospital and ministry funding (n=1, 6%)



# EPC Referral Sources

- On-site ED (n=17, 94%)
- Off-site ED (n=13, 72%)
- On-site OB/GYNs (n=10, 83%)
- Off-site OB/GYNs (n=10, 56%)
- Family physicians (n=15, 83%)
- Midwives (n=15, 83%)
- Nurses (n=3, 17%)
- Fertility clinics (n=1, 6%)
- **Patient self-referral (n=1, 6%)**

**Only 1 site accepted  
patient self-referrals**

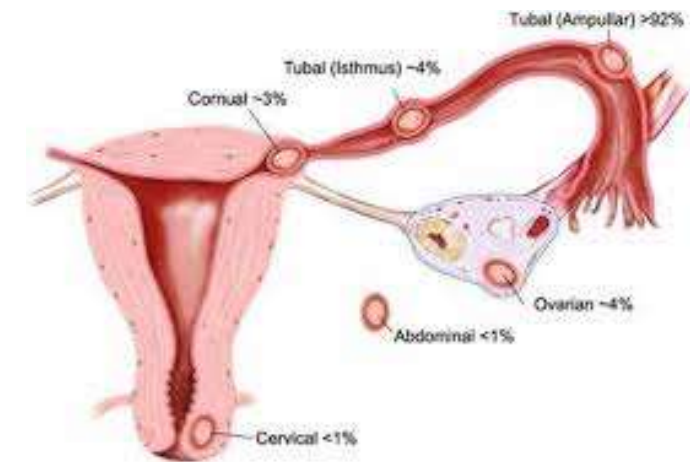
# EPCs treated women for majority of early pregnancy complications

- Missed abortion (n=17, 100%)
- Threatened abortion (n=16, 89%)
- Ectopic pregnancy (n=16, 89%)
- Molar pregnancy (n=15, 83%)
- Pregnancy of unknown location (n=16, 89%)
- Other complications ie.hyperemesis (n=2, 11%)



# EPC Ectopic Pregnancy Management

- Almost all (n=15, 94%) EPCs that managed women with ectopic pregnancies reported the use of methotrexate
- All (n=16, 100%) reported following Beta-HCG values until resolution





# Sites with EPC – Access to surgical services

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- 8 (44.0%) reported dedicated access to OR time

# EPCs Ultrasound Access

- All EPCs (n=18, 100%) had access to radiologist-interpreted ultrasound onsite and during daytime hours
- Few EPCs (n=4, 22%) use point of care ultrasound (POCUS)



# OB Respondents – Where no EPC was available

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- 17 (68%) sites reported management by physicians within the hospital instead of referring patients to an EPC elsewhere
- 6 (25%) reported not having any standardized management protocols for early pregnancy complications

# Sites where no EPC available – Who is responsible for urgent follow-up care?

- Obstetricians/gynecologists (n=24, 96%)
- Person on call (n=15, n=11, 60%)
- Family physician (n=9, 36%)
- Midwife (n=5, 20%)
- **Emergency medicine physicians (n=2, 8%)**



**Patients followed up in 14 (41.1%) EDs  
when urgent follow-up was needed**

# Limitations

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- May not be generalizable to smaller institutions or to other Canadian provinces
- Questionnaire was not previously validated

# Conclusions

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- Early pregnancy care in Ontario hospitals is fragmented
- EPCs bridge the gap of care when complications occur
- In hospitals without EPCs, there is a reliance on the ED to provide ongoing follow-up, but reliance not recognized by OB site chiefs

# Acknowledgements

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# References

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