Guidance for rationalising early pregnancy services in the evolving coronavirus (COVID-19) pandemic

Information for healthcare professionals

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1. Introduction

This guidance has been produced to support early pregnancy services during the evolving COVID-19 pandemic. It outlines which elements of care should be prioritised and recommends modifications to early pregnancy care, given national recommendations for social distancing of pregnant women.

2. Screening of women presenting to early pregnancy services

All women should be asked to attend appointments alone or as per local visiting restrictions during the COVID-19 pandemic.

Where a woman requires a consultation due to the need for physical examination or a scan, a system should be in place for evaluating whether she has symptoms that are suggestive of COVID-19, or if she meets the current ‘stay at home’ guidance. For similar advice in Scotland, see here. This may be a telephone call before the appointment or an assessment at entry to the department.

If a woman attends an appointment but describes symptoms, she should be advised to return home immediately if clinically stable. A member of clinical staff should then make contact with the woman to risk assess whether an urgent appointment is required, or whether the appointment can be conducted via telephone consultation.

If an urgent assessment or ultrasound scan is required for a woman with confirmed or suspected COVID-19 infection, a room and ultrasound machine should be designated for this.

Any woman with a suspicion of possible COVID-19 infection must be highlighted to all members of the gynaecology, nursing and anaesthetic teams. If the woman requires admission to hospital, the location will depend on the reason for admission and local policy, until COVID-19 testing confirms her status.
3. Delaying appointments where appropriate

3.1.1 Pre-existing appointments

A review of the clinical urgency of currently held appointments should be made by the clinical team and women will be contacted as necessary.

3.1.2 In home isolation for suspected or confirmed COVID-19

If delay is clinically acceptable (Table 5.1), care should be provided via a telephone consultation. If urgent care is required, attendance to hospital should be preceded by a phone call to alert the local unit.

3.1.3 Rebooking appointments

The local service should decide how best to manage rebooking of appointments (blood tests and/or scans) and the woman should be informed of her new appointment.

3.2 Failsafe

A local failsafe should be established to ensure that appointments for all women are reviewed and, if reoffered, that they are attended. Follow local protocols for follow up of women who do not attend.

4. Coordinating your local early pregnancy unit

As well the usual day-to-day requirements for running an early pregnancy unit, we recommend the following:

• Managers should be aware that staff (or members of their family) may become unwell during the pandemic; daily review of the case load, staffing and contingency planning is advised.

• If a pregnant woman is diagnosed with COVID-19, this should be reported to the UK Obstetric Surveillance System.

• Multi-disciplinary team meetings (MDT): if relevant to your practice, we highly encourage units to conduct a minimum of twice weekly MDTs (can be arranged using an online meeting platform).
5. Ensuring that early pregnancy units are used appropriately

Women should not attend early pregnancy units without a telephone triage consultation with an experienced clinician.

Local units following a walk-in model should adopt a robust triage-based system with a dedicated phone number for referrals. Appropriate triage is essential to allow prioritisation of those at high risk of complications, mainly ectopic pregnancy, where hospital visits will be safer than telephone-based consultations.

The inevitable reduction in resources and capacity, as well as the aim to minimise hospital attendance for social distancing of pregnant women, have led to a recommendation of one of the following three options (Table 5.1):

- Scans and/or visits that need to be undertaken without delay;
- Scans and/or visits that can be delayed without affecting clinical care;
- Scans and/or visits that can be avoided for the duration of the pandemic.

Table 5.1 Recommended triage and action for early pregnancy units

<table>
<thead>
<tr>
<th>Problem</th>
<th>Recommended action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal or pelvic pain (no previous scan)</td>
<td>Offer scan within 24 hours</td>
</tr>
<tr>
<td>Heavy bleeding for more than 24 hours and systemic symptoms of blood loss</td>
<td>Offer scan within 24 hours</td>
</tr>
<tr>
<td>Pain and/or bleeding together with pre-existing risk factors for ectopic pregnancy:</td>
<td>Offer scan within 24 hours</td>
</tr>
<tr>
<td>• Previous ectopic pregnancy</td>
<td></td>
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<tr>
<td>• Previous fallopian tube, pelvic or abdominal surgery</td>
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<tr>
<td>• History of sexually transmitted infections / pelvic inflammatory disease</td>
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<tr>
<td>• Use of an IUCD or IUS</td>
<td></td>
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<tr>
<td>• Use of assisted reproductive technology</td>
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</tbody>
</table>
### Moderate bleeding

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone consultation with experienced clinician</td>
<td>urine pregnancy test (UPT) in one week:</td>
</tr>
<tr>
<td>•</td>
<td>Negative – no follow-up</td>
</tr>
<tr>
<td>•</td>
<td>Positive – offer telephone consultation +/- repeat UPT in one further week or scan</td>
</tr>
</tbody>
</table>

### Heavy bleeding that has resolved

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone consultation with experienced clinician</td>
<td>UPT in one week:</td>
</tr>
<tr>
<td>•</td>
<td>Negative – no follow-up</td>
</tr>
<tr>
<td>•</td>
<td>Positive – offer telephone consultation +/- repeat UPT in one further week or scan</td>
</tr>
</tbody>
</table>

### Reassurance

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone consultation with experienced clinician</td>
<td>no routine scan</td>
</tr>
</tbody>
</table>

### Previous miscarriage(s)

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone consultation with experienced clinician</td>
<td>no routine scan</td>
</tr>
</tbody>
</table>

### Light bleeding with/without pain that is not troublesome to patient

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone consultation with experienced clinician</td>
<td>no routine scan</td>
</tr>
</tbody>
</table>

## 6. Management of miscarriage

Women diagnosed with miscarriage should be managed in accordance with local protocols. There should be an effort to reduce inpatient admission: offer expectant management for incomplete miscarriage and consider medical management / use of manual vacuum aspiration for missed miscarriage.\(^1\) Counselling should be offered and performed over the phone where possible.

The availability of surgery will need to be reviewed locally on a daily basis and if surgical management is indicated, appropriate precautions related to personal protective equipment (PPE) should be taken in line with national Health Protection guidance.

Regional anaesthesia may be considered in COVID-19 positive women to reduce the risk to staff from general anaesthetic, which is an aerosol-generating procedure.
Those who have expectant or medical management should not be offered routine further ultrasound scans but asked to repeat a urine pregnancy test after three weeks. If this is positive, they should be advised to call the early pregnancy unit to arrange further management.

Units should aim to provide telephone consultation to women three weeks following their miscarriage to assess physical and emotional well-being, if resources are available.

7. **Intrauterine pregnancy of unknown viability**

No further ultrasound scans are recommended.

If the ultrasound scan findings are consistent with menstrual dates no follow up is required.

If findings are not consistent with menstrual dates, explain the risk of miscarriage and consider telephone follow-up in two weeks.

8. **Management of pregnancy of unknown location**

Use serial beta human chorionic gonadotrophin (beta-hCG) monitoring +/- progesterone at presentation, as per local protocol, to triage women into one of:

- **Low risk failing PUL:**
  - Pregnancy test at home in two weeks
  - Contact local unit if positive

- **Low risk intrauterine pregnancy:**
  - Scan in one week to confirm location and viability

- **High risk for ectopic pregnancy:**
  - return for a repeat beta-hCG and/or scan in a further 48 hours

The [M6 model](#) can be used to help with decision making in patients with PUL to reduce the number of hospital visits.23
9. Management of ectopic pregnancy

Women with ectopic pregnancy should be managed in accordance to local protocols with an emphasis on conservative management if possible.

9.1 Expectant management

Ensure follow up is appropriate with an individualised approach. There is a need to balance safety with reducing hospital attendance as much as possible.

When performing beta-hCG monitoring, where possible, repeat levels on a weekly basis. Repeat ultrasound scans should not be routine unless clinically indicated.

9.2 Medical management with single dose methotrexate

It is likely the detrimental effects of methotrexate in COVID-19 are minimal in well women.

As with any ectopic pregnancy, women with suspected /confirmed COVID-19 should be discussed at the early pregnancy unit multi-disciplinary team (MDT) meeting. Administration of methotrexate must be discussed and signed off by a senior clinician prior to treatment, and any ultrasound and beta-hCG levels reviewed carefully. Severely unwell women with COVID-19 and ectopic pregnancy will need to be discussed at an MDT with medical and anaesthetic input.

In addition to routine information giving when offering the choice of methotrexate, inform the woman that:

- Methotrexate is a mildly immunosuppressive medication but there is not thought to be a significant risk at the dose used to treat ectopic pregnancy.¹

- It is unlikely to increase vulnerability to COVID-19 and does not require home shielding after administration.

- Medical management of ectopic pregnancy avoids hospital admission and surgery, potentially lowering overall exposure to COVID-19.
9.3 Surgical management

Surgical management of ectopic pregnancy should only be considered following senior review of the ultrasound scan, beta-hCG and clinical findings and if no other management option is safely feasible.

The BSGE/RCOG support the use of laparoscopy, but with necessary caution. Given the limited evidence on the safety of laparoscopy, any laparoscopic surgery should only be undertaken with strict precautions taken to filter any CO2 escaping into the operating theatre and the theatre staff wearing appropriate PPE. Mini-laparotomy can be considered as an alternative to laparoscopy if these strict precautions cannot be confidently met.

10. Management of hyperemesis gravidarum

If a woman has nausea and vomiting in pregnancy, she should be assessed over the phone using the PUQE scoring system and advised regarding anti-emetics, as per local protocol. Local arrangements for issuing prescriptions remotely after a telephone consultation, where these do not already exist, should be put in place.

Services should plan how to best configure their local protocols during the pandemic for those women who require parenteral hydration. This might include hospital at home, day-case or inpatient admission services.

The rare possibility of a molar pregnancy should be considered in women with hyperemesis gravidarum and other symptoms such as vaginal bleeding. In the event of routine dating ultrasound assessments being delayed, women should be offered assessment in early pregnancy departments if gestational trophoblastic disease is suspected.
References


Appendix 1: Summary

Positive urine pregnancy test

- Pelvic pain - no previous scan
  - Offer USS within 24 hours

- Heavy bleeding for > 24 hours and symptomatic of anaemia
  - Offer USS within 24 hours

- Risk factors of ectopic pregnancy + pain +/- bleeding
  - Offer USS within 24 hours

- Moderable bleeding or heavy bleeding that has settled
  - Wait, repeat UPT 1 week
    - If UPT + offer repeat UPT 1 week or USS

- Asymptomatic - for reassurance
  - Not for scan. Refer to antenatal services

- Asymptomatic - history of previous miscarriage
  - Not for scan. Refer to antenatal services

- Light bleeding +/- pain not troublesome to patient
  - Not for scan. Refer to antenatal services
  - To call if symptoms persist/recur
Appendix 2: Guidance for management of early pregnancy complications during COVID19 pandemic

A&E / GP / Other referrals

Telephone Triage (dedicated number in the day-time, and oncall doctor at night or weekend)

Decide on COVID risk

- Apparent low risk for COVID19
  - Telephone advice or see woman in EPU
  - Use appropriate PPE

- High risk for COVID19 or confirmed case
  - Telephone advice or see woman in a dedicated COVID area

Decide on urgency

- Consult by telephone only (no need for scan)
  - Light PV bleeding +/- mild pain
  - Hyperemesis

- See within 7 days if necessary
  - Moderate PV bleeding, or heavy PV bleeding that has settled and UPT remains +

- See very soon (within 4 hours if urgent; otherwise within 24 hours) + scan
  - Abdominal or pelvic pain in early pregnancy.
  - Any symptoms of ectopic pregnancy + risk factor(s) for ectopic pregnancy. Excessive bleeding in early pregnancy

Pelvic ultrasound

Live pregnancy or PUV

- Miscarriage
- PUL

PUL use M6 model
www.earlypregnancycare.co.uk

Ectopic pregnancy

- Expectant management or Methotrexate or Laparoscopy or Laparotomy

- Use BSGE/RCOG guidelines for laparoscopy

No further scans
PUV UPT in 2 weeks

Incomplete: Expectant management
Missed: Medical management or MVA

PUV - Pregnancy of unknown viability
PUL - Pregnancy of unknown location
EPU - Early Pregnancy Unit
PPE - Personal protective equipment
UPT - Urinary pregnancy test
MVA - Manual vacuum aspiration
Coronavirus (COVID-19) infection and early pregnancy: Information for you

About this information

This information is for you if you are expecting a baby and you are early in your pregnancy. Early pregnancy is defined as any pregnancy under 12 weeks, and this is calculated from the first day of your last period. It may also be helpful if you are a partner, relative or friend of someone who is in this situation.

This information is provided to help you understand the changes to early pregnancy services during the unprecedented times of the coronavirus outbreak and how you can ensure you continue to receive the care and advice you need during your early stages of pregnancy.

How will COVID-19 effect my early pregnancy care?

Some of the approaches to early pregnancy care will change for the duration of the pandemic. This will mostly mean a move towards outpatient treatment of conditions wherever this is possible. These changes are all part of a strategy to maintain the capacity of the NHS at a time of critical need and to ensure that we can deliver the best care possible during this time, while protecting us all as far as possible from the transmission of COVID-19.

Why are these changes necessary?

These changes are often referred to as “rationalising” or “modification” of services and are a way of ensuring we optimise our services to deliver the best care possible without overwhelming our crucial NHS services. This helps us to:

- Reduce the number of people coming into hospitals where they may come into contact with other people and inadvertently spread the virus.

- Ensure our staff are not overwhelmed and stretched too far by the additional strain on services due to staff sickness and self-isolation as well as the higher numbers of patients needing care directly due to COVID-19.
This strategy allows us to care for and protect you and your baby while also ensuring we protect our NHS staff and service.

**What if I have concerns about my pregnancy and feel I need to speak to a doctor?**

Early pregnancy units at hospitals will continue to provide care during this time.

It is very important that if you have concerns, you contact your healthcare professional to discuss these. In particular, if you experience symptoms of pelvic pain and/or bleeding during early pregnancy, you should contact your healthcare professional straight away. These are symptoms linked to ectopic pregnancy and also miscarriage and your healthcare professional will arrange an appointment for you to check your symptoms and ensure you receive the right care.

**What about my existing appointments? Will they go ahead?**

If you have an appointment booked, your healthcare professional (this will be an experienced member of your healthcare team at the hospital) will call you ahead of the appointment date.

The purpose of this call is:

- To discuss your needs and to decide if your care and advice can be given over the telephone or whether it is necessary for you to attend the hospital.

- To ask you about any symptoms you may have that might mean you are at risk of carrying the COVID-19 virus.

**What if I want to book a new appointment?**

You should call the hospital if you wish to make a new appointment. The same discussion (as above) will take place with your healthcare team on the call.
My doctor has confirmed that my appointment will take place at the hospital. Can I take someone with me?

Your healthcare team will be able to advise you on your individual situation. You may be asked to come on your own, or with just one accompanying person. Unfortunately, hospitals are unable to allow children to attend with you during this time.

Will I be able to receive an ultrasound scan?

Unfortunately, early pregnancy units will not be able to offer ultrasound scans to provide reassurance to women who have no symptoms. This will also be the case even if you have a previous history of miscarriage or ectopic pregnancy.

For further information and advice in relation to ectopic pregnancy, please see the further information section at the foot of this document.

What will happen if I do experience a miscarriage?

In the unfortunate event of a miscarriage, your care will depend on your individual situation.

- In most cases, it is likely that you will be asked to miscarry naturally without intervention. Your healthcare team will make arrangements with you to ensure you can contact them should you have any concerns during your recovery.

- You may alternatively receive outpatient medical management. Your healthcare team will make arrangements with you to ensure your medical management is monitored.

- Where it is necessary, you may be asked to attend for surgery. Your healthcare team will discuss this with you directly.

For further support and information in relation to miscarriage, please see the further information section at the foot of this document.
What if I am experiencing pregnancy related nausea and vomiting?

If you are experiencing nausea and vomiting in early pregnancy, you should inform your healthcare team, so that they can arrange the right care for you.

Your care will depend on the level and impact of your symptoms. You may be offered anti-emetics (anti-sickness medicine) as well as outpatient treatment including intravenous fluids. It is unlikely you will be admitted to hospital in this situation, unless your symptoms become serious. See further information section at the foot of this information.

Key points for you

• It is important to know that if you experience any health issues during early pregnancy that require you to be seen by your healthcare professional, an appointment in an early pregnancy unit will be offered and you will receive the care you need.

• Whilst hospitals are trying to minimise people entering in order to reduce the spread of the COVID-19 virus and to limit the impact on services, they are organised in such a way that they are able to provide all acute services.

• If you have symptoms that may be associated with miscarriage or ectopic pregnancy, it is very important that you contact your healthcare professional. You will be able to speak with an experienced member of your healthcare team on the phone before your appointment. They will be best placed to advise you as to whether a visit to the hospital is necessary and to ensure you receive the care that you need.
Further information for you

You can find further information on the matters mentioned in this information at the following organisation websites:

- **Ectopic Pregnancy Trust**
- **Miscarriage Association**
- **RCOG Information for you: Hyperemesis Gravidaram (Pregnancy Sickness, nausea and vomiting)**
- **Pregnancy Sickness Support**

You can also find all the latest guidance and information on how to protect you and your loved ones during COVID-19 at the following organisation websites:

- **Joint guidance** from the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, Royal College of Paediatrics and Child Health, Public Health England and Health Protection Scotland
- **UK Government guidance explaining social distancing and self-isolation**
- **NHS 111 website**
- **NHS Inform in Scotland**
- **Public Health England**
- **Health Protection Scotland**
- Mental Health Support
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