REFERRAL TO THE EARLY PREGNANCY ASSESSMENT SERVICE

AIM

To provide information to ensure appropriate and timely referrals to the Early Pregnancy Assessment Service (EPAS)

KEY POINTS

1. The EPAS is located in the Emergency Centre at KEMH.

2. The Service operates Monday – Friday 0800-1230 by appointment only.

3. The purpose of the clinic is to streamline the management of women who are experiencing problems in early pregnancy that do not require urgent management.

4. Women who are referred to EPAS are stable and should be given an appointment within 2-3 working days.

5. Women who are unwell, bleeding heavily or in whom an ectopic pregnancy is suspected, shall be assessed through the usual channels and not asked to wait for an appointment in the EPAS clinic

REFERRAL

WHO CAN BE REFERRED?

Women in the first trimester of pregnancy who have had a positive pregnancy test and one or more of the following:

- Abdominal / pelvic pain.
- Vaginal bleeding
- Previous ectopic pregnancy
- Previous tubal surgery
- Two or more previous miscarriages.
- IUCD – in situ
SOURCES OF REFERRAL

- GPs
- Emergency departments

TAKING A REFERRAL FROM A GP

- The GP will contact the EPAS midwife coordinator (Contact through main switchboard).
- The EPAS coordinator shall give the GP an appointment date and time for the patient.
- Enter this appointment in the green EPAS diary (In EC).
- The GP will send or fax the referral letter (08 9340 1402).
- If the history is suggestive of an acute problem – advise the GP to arrange urgent referral to the Emergency department at KEMH.

TRIAGING FROM THE EMERGENCY CENTRE AT KEMH

WHO IS SUITABLE FOR EPAS.

- Women in the first trimester with symptoms / history as above.
- Women who have had inconclusive scans from outside.
- Women who need follow up scans following medical / expectant management of miscarriage / ectopic pregnancy.

WHO SHOULD BE SEEN DIRECTLY IN EMERGENCY DEPARTMENT WITHOUT TRIAGING TO EPAS.

- Women who have moderate to severe pain or bleeding.
- Women who come with a confirmed ultrasound diagnosis (These women should have their options discussed and management plan made).