Obtaining Consensus On The Best Approach to Early Pregnancy Complications In Southern New Brunswick, Canada

**Background:** Complications in early pregnancy are common and have many possible consequences. In southern New Brunswick, Canada, there is no early pregnancy loss clinic (EPLC) and patient experiences can be varied. This study aimed to obtain consensus on the best approach to patients with early pregnancy complications in a single tertiary care emergency department in southern New Brunswick, Canada.

**Methods:** A literature review was conducted to produce a survey distributed in a modified Delphi process with three rounds. Clinicians from the emergency, obstetrics and gynecology, family medicine, and radiology departments were involved.

**Results:** Consensus reached the study site performs well at addressing physical complications of early pregnancy, but could improve on patient flow, follow up, and emotional care. Important investigations were identified.

Consensus varied regarding the use of transvaginal ultrasound, timing of formal ultrasound, necessity and timing of obstetrician consultation, follow up practitioner, and safety of discharge for various patient presentations.

Consensus around the management of confirmed early pregnancy loss was reached for some but not all questions. A specialist led EPLC was identified as the most ideal and feasible option for most patient presentations, but barriers to implementation include lack of funding, space, staffing, resources, and uncertain patient volumes. Possible alternatives to an EPLC were identified.

**Conclusion:** Consensus was reached on many components required for improving care for early pregnancy complications; valuable in developing a standard protocol for early pregnancy complications in southern New Brunswick.