Management of First Trimester Bleeding in the Emergency Department

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Results:
The PoCUS rate was 51.5% (95% CI 42%-61%), The formal ultrasound rate was 67% (57%-75%), lower than the recommended rate of 100% (95.7 – 100%). Rates for other key markers of care and 20 week viability, are presented in table 1.

Methods:
A single center retrospective cohort study of pregnant females presenting to the SJRH emergency department with bleeding <20 weeks over one year (June 2016-June 2017). 168 charts were screened and after applying exclusion criteria 103 paper and computer charts were analyzed. The primary outcomes were rates of POCUS and formal U/S. Secondary outcomes were also recorded.

Background:
Bleeding in the first trimester of pregnancy is a common presentation to the Emergency Department (ED) and is a cause of significant distress with half going on to have a miscarriage. Currently there is no consensus on key quality markers for such cases in the ED. The purpose for this study was to examine the rates of ED POCUS, formal ultrasound and other tests, and to assess viability at follow up.

Results:
The PoCUS rate was 51.5% (95% CI 42%-61%), The formal ultrasound rate was 67% (57%-75%), lower than the recommended rate of 100% (95.7 – 100%). Rates for other key markers of care and 20 week viability, are presented in table 1.

Conclusion:
Just over half of the patients studied had ED POCUS.
53% of the pregnancies remained viable at 20 weeks.
We plan to review and improve care for this population locally.