

# **PATHWAY FOR CARE OF WOMEN EXPERIENCING ECTOPIC PREGNANCY**

**National Implementation Group,  
HSE Standards for Bereavement Care following  
Pregnancy Loss and Perinatal Death**

**March 2019**

## FOREWORD TO PATHWAY

Dealing with the loss of a baby or pregnancy can be a difficult and devastating time for parents and families. Parents and families may need a range of immediate and longer term supports to help them with their bereavement. There are a range of health and other support services that can play a positive and helpful role for parents during this time.

Bereavement care needs to be integrated with the hospitals' overall medical and clinical response to parents. Parents and families who experience the loss of a baby or pregnancy need appropriate care delivered in a sensitive and supportive manner. It needs to be delivered by trained staff that can assess the parents' bereavement care needs.

The purpose of this pathway is to guide health care professionals working in the Maternity Hospitals providing the care to parents who have experienced Ectopic Pregnancy. It is to be used to guide the healthcare professionals **what** to do for the parents- it is not intended to instruct them **how** to provide care. It is to be used to ensure that the care provided to bereaved parents is standardised throughout the country.

This pathway is intended for use in conjunction with the relevant current clinical guidelines, professional codes of practice, relevant legislation and the National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death.

## BREAKING BAD NEWS TO PARENTS

	YES	COMMENTS	DATE	INITIALS
Use private room when speaking to Parents				
Arrange Interpreter if necessary – avoid using family members as interpreters				
Discuss care and decisions with both Parents and or a support person				
Midwife and Registrar should be present with consultant/registrar during discussion				
Ensure that other member of the multidisciplinary team are available to give Parents further information on diagnosis/ outcomes				
Document plan of care in notes as discussed with Parents				

## DIAGNOSIS AND IMMEDIATE CARE

Ectopic Pregnancy Confirmed by Ultrasound		
1st practitioner name:	Signature:	Date & Time:
2nd practitioner name:	Signature:	Date & Time:
Confirmed pregnancy location:		Signature:
Inform Bereavement specialist (CMS/CNS)	Signature:	Date & Time:
Offer direct admission card with contact numbers for Hospital and Bereavement team	Given: <input type="checkbox"/> Declined: <input type="checkbox"/>	Signed by:
Give Patient advocacy group support information	Given: <input type="checkbox"/> Declined: <input type="checkbox"/>	Signed by:
Enter Diagnosis of Ectopic Pregnancy in Patient Chart	Yes <input type="checkbox"/>	Signed by:

Immediate Care: Investigations at Diagnosis			
	Yes	No	Results
BhCG			
FBC:			
Kleihauer: (even if RHD positive)			
Other blood tests as clinically indicated			
<b>Observations: to be done as per IMEWS</b>			

<b>Additional relevant clinical information</b>		
Parity:	Gestation by dates:	Gestation by fetal size on ultrasound scan:
EDD:		
Obstetric or Medical Issues:		
Past Obstetric History:		
No: of previous miscarriages/ectopic pregnancies: 1 <sup>st</sup> Trimester: 2 <sup>nd</sup> Trimester:		
Signature:		
Vaginal Bleeding:		
Additional Information that may be relevant :		
		Signature:
<b>Signature:</b>		<b>Date &amp; Time:</b>

# MANAGEMENT OF ECTOPIC PREGNANCY

*Management may be conservative, medical or surgical*

## CONSERVATIVE MANAGEMENT

Extended observation of women who have an uncertain prognosis in early pregnancy has shown that many Ectopic Pregnancies (EPs) resolve spontaneously. Expectant management is an option in selected women with probable EP provided they have minimal symptoms and are compliant with follow-up. In the presence of a non-homogenous adnexal mass it has been shown that expectant management may have a success rate of over 80% provided that the initial hCG is less than 1,000 IU/L and falling by at least 13% over 48 hours (CLINICAL PRACTICE GUIDELINE FOR THE DIAGNOSIS AND MANAGEMENT OF ECTOPIC PREGNANCY, RCPI, 2014).

## MEDICAL MANAGEMENT

Women with EP who have minimal symptoms and a low level of hCG should be considered for medical treatment. Methotrexate (MTX) therapy can be considered for those whose initial hCG is less than 1,500 IU/L with an adnexal mass not greater than 35 mm (NICE, 2012).

A candidate for medical management with MTX should be haemodynamically stable with no evidence of acute intra-abdominal bleeding and not in severe or persistent pain. She should have no contraindication to MTX therapy and should have a reliable commitment to comply with follow-up surveillance ,(CLINICAL PRACTICE GUIDELINE FOR THE DIAGNOSIS AND MANAGEMENT OF ECTOPIC PREGNANCY, RCPI, 2014).

## SURGICAL MANAGEMENT

Surgery is preferable if the hCG level is >1500 IU/L or if there is a visible EP sac with fetal cardiac activity or if there is a mass of greater than 35 mm (NICE 2012). In appropriate cases surgery provides rapid confirmation of the diagnosis with shorter resolution time of the EP thus avoiding prolonged monitoring, (CLINICAL PRACTICE GUIDELINE FOR THE DIAGNOSIS AND MANAGEMENT OF ECTOPIC PREGNANCY, RCPI, 2014).

**TREATMENT PLAN:** clearly document in chart the chosen management plan. Explanation for chosen method of management must be explained to parents. Document plan for review of progress.

<b>CONSERVATIVE MANAGEMENT (WHERE APPLICABLE)</b>			
	<b>YES</b>	<b>COMMENTS</b>	<b>DATE</b>
Decision for conservative management agreed			
Inform Patient of what to expect when at home			
Inform Patient of plan for regular hCG tests (interval of same)			
Inform Patient of possible complications and of reasons to attend hospital			
Ensure that the Patient have all the relevant contact details for hospital on discharge			
Give Patient hospital information leaflet with emergency numbers included on it			
Offer bereavement support services (e.g. pastoral care, MSW)			
Make appointment for weekly hCG testing			
Cancel antenatal clinics and ultrasound appointments			
Cancel antenatal classes			
Ensure the Patients medical notes are updated and correct			
Inform GP by emailing a copy of the discharge summary and posting the original to the surgery			
Ensure that the Patient has all the relevant contact details for the bereavement team on discharge			
Provide information for patient advocacy support group			
Refer for postnatal review appointment (as per Hospital policy)			

<b>MEDICAL MANAGEMENT (WHERE APPLICABLE)</b>			
	<b>YES</b>	<b>COMMENTS</b>	<b>DATE</b>
Decision for medical management agreed			
Inform Patient of what to expect			
Inform Patient of possible complications and of possibility of failure			
Inform Patient of need for regular hCG assessment (interval of same)			
Give Patient direct admission card with explanation, where applicable			
Provide Patient with emergency telephone numbers , where applicable			
Give Patient the relevant information and support leaflets			
Cancel antenatal clinics and ultrasound appointments			
Cancel antenatal classes			
Ensure the Patients medical notes are updated and correct			
Inform GP by emailing a copy of the discharge summary and posting the original to the surgery			
Inform members of MDT teams involved in care (where applicable)			
Provide information for patient advocacy support group			
Refer for postnatal review appointment (as per Hospital policy)			



<b>SURGICAL MANAGEMENT (WHERE APPLICABLE)</b>			
	<b>YES</b>	<b>COMMENTS</b>	<b>DATE</b>
Decision for surgical management agreed			
Inform Mother of what to expect			
Book admission			
Give Mother direct admission card with explanation, where applicable			
Give Mother the relevant information and support leaflets			
Provide Mother with emergency telephone numbers			
Cancel antenatal clinics and ultrasound appointments			
Cancel antenatal classes			
Ensure the Mothers medical notes are updated and correct			
Inform GP by emailing a copy of the discharge summary and posting the original to the surgery			
Inform members of MDT teams involved in care (where applicable)			
Provide information for patient advocacy support group			
Refer for postnatal review appointment (as per Hospital policy)			

<b>CARE IN HOSPITAL (WHERE APPLICABLE)</b>				
	<b>YES</b>	<b>COMMENTS</b>	<b>DATE</b>	<b>INITIALS</b>
Welcome to ward and expedite admission process				
Explain and display Hospital Pregnancy Loss symbol on door of room				
Orientate to room, call bell, facilities				
Introduce allocated Midwife to the Family				
Explain facilities				
Check treatment plan is documented				
Explain process around management method				
Ensure surgical care plan is completed for surgical management				
Ensure consent is signed for surgical management				
Follow local guidelines for providing information concerning, and completing forms/orders for, Pathology processing of ectopic pregnancy tissue				
Inform Bereavement specialist CMS/CNS				
Offer bereavement support services (e.g. pastoral care, MSW)				
Ectopic pregnancy tissue obtained sent for pathological examination				

<b>CARE OF PATIENT FOLLOWING ECTOPIC</b>				
	<b>YES</b>	<b>COMMENTS</b>	<b>DATE</b>	<b>INITIALS</b>
Follow surgical care pathway where applicable				
Appropriate, clear consent for hospital burial/ home burial of fetal remains to be signed by Mother				
Inform Bereavement CMS/CNS of delivery				
Offer bereavement support services (e.g. pastoral care, MSW)				
Check Maternal blood group				
Follow guidelines for Anti-D prophylaxis if Mother RhD Negative				
In case of recurrent (3 consecutive) miscarriage carry out blood investigations as per local policy				
Complete discharge summary				
Ensure the Patients medical notes are updated and correct				
Inform GP by emailing a copy of the discharge summary and posting the original to the surgery				
Ensure that the Patient has all the relevant contact details for the bereavement team on discharge				
Provide information for patient advocacy support groups				
Refer for postnatal review appointment (as per Hospital policy) with Consultant Obstetrician				

<b>ECTOPIC PREGNANCY TISSUE TO LABORATORY</b>				
	<b>YES</b>	<b>COMMENTS</b>	<b>DATE</b>	<b>INITIALS</b>
Ectopic pregnancy tissue to laboratory		<b>Date:</b>		
Explanation that fetal tissue may not be identified in ectopic pregnancy tissue should be given				
Does patient wish to be contacted if macroscopic fetal tissue (visible by naked eye) is identified on Pathological examination	<b>YES</b>	<b>NO</b>		
Macroscopic fetal tissue (visible by naked eye) identified on Pathological examination	<b>YES</b>	<b>NO</b>		
Patient contacted if that is indicated (from above)	<b>YES</b>	<b>Arrangement to collect Ectopic pregnancy tissue</b>		
Ectopic pregnancy tissue collected by Patient	<b>YES</b>			
Other patient specific requests for management of Ectopic pregnancy tissue				

<b>FUNERAL ARRANGEMENTS</b>				
	<b>YES</b>	<b>COMMENTS</b>	<b>DATE</b>	<b>INITIALS</b>
Discuss the options available for burial or cremation				
Document the arrangements decided upon				
Provide the coffin by the undertaker on contract with the Hospital				
<b>If the Family choose to have Hospital burial</b> Organise as per local policy				
<b>If the Family choose Hospital burial</b> Inform them of the date and time of burial and offer them the option to attend				
<b>If the Family are arranging their own burial</b> Give advice and support re same				
<b>If the POC are to be cremated</b> Complete and sign local documentation				

## **BIBLIOGRAPHY**

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