

# Early Pregnancy Clinic and Antenatal Care for the Recurrent Miscarriage Patient

CLAIRE ROSS

CONSULTANT OBSTETRICIAN AND GYNAECOLOGIST

Inspected and rated

Outstanding 



# Learning Objectives

- ▶ RMC Early Pregnancy Clinic
  - ▶ Purpose and scope
  - ▶ Who and how to refer
  - ▶ What we offer
  - ▶ Commonly used medications, when we use them and evidence base.
- ▶ Common Early Pregnancy Concerns
  - ▶ Bleeding and pain
  - ▶ Nausea and vomiting
- ▶ Antenatal care
  - ▶ Gold team – what we offer and how to refer.

# Early Pregnancy Clinic

Inspected and rated

Outstanding 



- ▶ Based at St Mary's.
- ▶ All women seen through the RMC service are offered access to EPC once they are pregnant.
- ▶ We offer access to consultant advice from the time of the positive pregnancy test and fortnightly (or more frequent if needed) scans and consultant review.
- ▶ Aim is to provide:
  - ▶ Reassurance.
  - ▶ Ensure appropriate interventions and treatments are offered in a timely fashion.
  - ▶ Improved pregnancy outcomes.

# How to refer?

Inspected and rated

Outstanding 



- ▶ Via e-RS – to the recurrent miscarriage service Early Pregnancy Clinic.
- ▶ Women who have been seen through our Recurrent Miscarriage Clinic are eligible.
- ▶ Women and GPs very welcome to contact the team through [imperial.rmc.admin@nhs.net](mailto:imperial.rmc.admin@nhs.net) if any advice or guidance about medications/how to refer is needed.
- ▶ For emergencies, please still refer to Gynae ER but for reassurance scans, EPC provides a more tailored service.

# EPC advice

Inspected and rated

Outstanding 



- ▶ Early intervention if bleeding/pain.
- ▶ Expedited diagnosis and management of miscarriage and tailored discussion of management and investigations.
- ▶ Optimisation of early pregnancy health
  - ▶ Folic acid at the correct dose (BMI, diabetes, previous NTD).
  - ▶ Vitamin D – check levels if deficiency suspected so appropriate dose recommended.
  - ▶ Optimisation of blood pressure control if required.
  - ▶ Early discussion of BMI/diet/lifestyle if needed.
  - ▶ Specialist service involvement eg endocrinology, obstetric medicine, haematology early if needed.

# Heparin

Inspected and rated

Outstanding 



- ▶ LMWH – we recommend this is started at a prophylactic dose for women with conditions including:
  - ▶ **Obstetric antiphospholipid syndrome**, thrombophilic abnormalities with a history of recurrent miscarriage or adverse pregnancy outcome or thrombophilic abnormalities associated with an increased risk of venous thromboembolism in pregnancy.
  - ▶ Previous history of venous thromboembolism.
  - ▶ When required, we advise it is started as soon as the patient has a positive pregnancy test.
  - ▶ An early pregnancy scan is recommended to ensure the pregnancy is not ectopic.
  - ▶ This should be expedited if there is any bleeding or pain.
  - ▶ Recommended dose and duration should be explicit in clinic letters, but please contact us if clarification is needed.

# Aspirin

Inspected and rated

Outstanding 



- ▶ 75 – 150mg aspirin once daily is recommended from 12 weeks for women at risk of hypertensive disorders of pregnancy.
- ▶ We also recommend 75mg once daily in addition to heparin for obstetric antiphospholipid syndrome and some thrombophilias.
- ▶ We recommend aspirin for women with increased clot strength on their thromboelastogram (we re-check this in early pregnancy if it was normal before pregnancy).

# Progesterone

Inspected and rated

Outstanding 



- ▶ PROMISE and PRISM trials.
- ▶ We recommend that women with early pregnancy bleeding and a history of recurrent miscarriage start progesterone 400mg BD PV and take this until 16 weeks.
- ▶ The preferred progesterone is Utrogestan, as this was used in the PRISM trial.
- ▶ This trial demonstrated an improved livebirth rate for women with early pregnancy bleeding and a history of 3 previous miscarriages who used utrogestan rather than placebo until 16 weeks.
- ▶ Benefit not shown for women without a history of miscarriage.
- ▶ They should have a scan through GER if they are not already under EPC care.



# Outcomes

Inspected and rated

Outstanding 



- ▶ Improved livebirth rate of women seen through our service compared with women with recurrent miscarriages, even those not requiring treatment.
- ▶ Self reported anxiety improved by having a named consultant contact in the first trimester.

# Common early pregnancy concerns

Inspected and rated

Outstanding 



- ▶ Bleeding in early pregnancy or pain - please refer to the **Gynaecology Emergency Room** at St Mary's (now open 7 days a week, 0203 312 2185).
- ▶ Based on 2<sup>nd</sup> Floor Winston Churchill Building but soon to move to Queen Elizabeth the Queen Mother Building.
- ▶ Particularly if not have a proven IUP, we want to see within 24 hours usually to rule out ectopic.
- ▶ We can't scan out of hours (availability of equipment and staff, worse following Covid due to green/red pathways) but have a registrar available 24/7 for discussion/assessment – bleep 2098.
- ▶ If booked at QCCH and not requiring out of hours assessment, please refer to EPAGU.



# Nausea and Vomiting

Inspected and rated

Outstanding 



- ▶ Common, first experienced in first trimester and usually markedly improve by 16-20 weeks.
- ▶ Hyperemesis is N&V with more than 5% pre-pregnancy weight-loss, electrolyte imbalance and dehydration.
- ▶ RCOG Greentop Guideline is helpful regarding assessment and treatment.
  - ▶ PUQE score.
  - ▶ Co-morbidities.
  - ▶ Primary care – ambulatory outpatient care (AEC) – inpatient admission.
- ▶ **Cyclizine, prochlorpromazine, promethazine and chlorpromazine all first line.**
- ▶ Ondansetron and metoclopramide – second line.
- ▶ Please contact the Gynae SpR on bleep 2098 if any queries regarding treatment.
- ▶ **AEC referrals** – see trust website -
  - ▶ St Mary's Hospital: 020 3312 3196, Charing Cross Hospital: 020 3313 0734.

# Gold Antenatal Clinic

Inspected and rated

Outstanding 



- ▶ Based at St Mary's.
- ▶ **All welcome** but we provide **tailored care** to women with a history of:
  - ▶ **Recurrent miscarriage**, whether seen through RMC or not.
  - ▶ **Pregnancy loss** over 12 weeks, including late miscarriage and stillbirth.
  - ▶ **Infertility** and IVF treatment.
- ▶ Clinics every Friday morning, provided by Pippa Letchworth, Stephen Quinn and me.
- ▶ Additional informal scans offered at each appointment, can be offered at early as 12-13 weeks for women with anxiety or a clinical need.

# Why St Mary's?

Inspected and rated

Outstanding 



- ▶ St Mary's was rated '**outstanding**' for providing safe and high quality maternity care at their latest inspections.
- ▶ We aim to provide safe care that is individualised to the mother's needs and preferences.
- ▶ We are a tertiary referral centre and well equipped with experts to deal with any medical issues or complications.
- ▶ We are an active research centre, with opportunities to become involved with research but also to benefit from the research we carry out and extra services this affords us with.



# Antenatal Care for women with a history of recurrent miscarriage

Inspected and rated

Outstanding 



- ▶ Usually seen by an Obstetrician at 16 weeks, or earlier if needed.
- ▶ Referral of needed to the prematurity team either at booking (ideally) or by an obstetrician.
- ▶ Referral for additional growth scans if there is a history of recurrent losses, mid-trimester loss or stillbirth or any risk factors for growth restriction.
- ▶ Care individualised to the woman.
- ▶ Frequent appointments in the third trimester to detect any complications with fetal growth or other obstetric concerns.

# How should women access antenatal care?

Inspected and rated

Outstanding 



- ▶ We recommend self-referral via our website:  
<https://www.imperial.nhs.uk/our-services/maternity-and-obstetrics/antenatal-referral-form>.
- ▶ GP referrals are also very welcome!
- ▶ An EPC referral doesn't automate an ANC referral and does need to be made separately.

# Intrapartum Care

Inspected and rated

Outstanding 



- ▶ Place of delivery determined by patient's wishes and obstetric and midwifery advice.
- ▶ Home birth, Birth Centre and Labour Ward available.
- ▶ Mode and timing of delivery – depends on the individual circumstances but we aim to provide individual advice and recommendations about what is safest for mum and baby and listen to and respect the woman's concerns and choices.



# Gold Team Midwives

Inspected and rated

Outstanding 



- ▶ Dedicated midwifery team work closely with us so that we can provide well joined up and co-ordinated care for our patients.
- ▶ They have a dedicated inbox for non-urgent queries – [imperial.goldmidwives@nhs.net](mailto:imperial.goldmidwives@nhs.net).
- ▶ We also have a case-loading midwife for women with mental health or other concerns who need more intensive midwifery support.

# In Summary

- ▶ We aim to provide continuity of care and a seamless and supportive journey from the recurrent miscarriage clinic to delivery via EPC and the Gold Antenatal Clinic.
- ▶ We are keen to be accessible to you for advice and to provide well co-ordinated care.

## Any questions?

Please feel to contact me or any member of the recurrent miscarriage team  
**[imperial.rmc.admin@nhs.net](mailto:imperial.rmc.admin@nhs.net)**.