

The grey zone: patient experiences after a diagnosis of pregnancy of unknown location

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Background

- Pregnancy of unknown location (PUL)
 - Positive pregnancy test & no confirmed intrauterine pregnancy on ultrasound
- Diagnosis of PUL, while prevalent & routine for physicians, can be unsettling & challenging for patients
- While most women inevitably are diagnosed with miscarriage or early pregnancy, they are subjected to rigid & inconvenient follow-up plans to definitively rule out ectopic pregnancy

Background

- Though shared decision-making has been shown to improve patient satisfaction in other areas of OBGYN care, no current literature is available on shared decision making in patients with PUL.
- To develop a patient centered approach to management PUL, more information is required on patients' experiences, needs, & desires for intervention when confronted by the diagnosis of PUL.

Study Objectives

- To describe our PUL patients' experiences, interactions, satisfaction, understanding, desire for early intervention, and degree of pregnancy desirability.
- To assess if over time there are changes in patients' perspectives and experience recall.

Methods

Qualitative Study: women diagnosed with PUL in the emergency room from 5/7/18 – 1/1/19

1. **In-Depth Semi Structured Interviews:** after initial presentation and after final diagnosis

- Questions: comprehension and recall of emergency room counseling content, pregnancy intendedness, decisional conflict, and patient satisfaction with emergency room care received

2. **Chart Review:**

- Demographics/health information

Methods

Inclusion Criteria:

- Presented to the emergency department at Montefiore Weiler, Wakefield or Moses Hospitals with vaginal bleeding and/or pain
- Positive serum B-hCG with no definitive yolk sac seen on ultrasound
- Received an OBGYN consult
- Being followed as an outpatient for PUL diagnosis
- English speaking
- Working telephone
- Age >18 years old

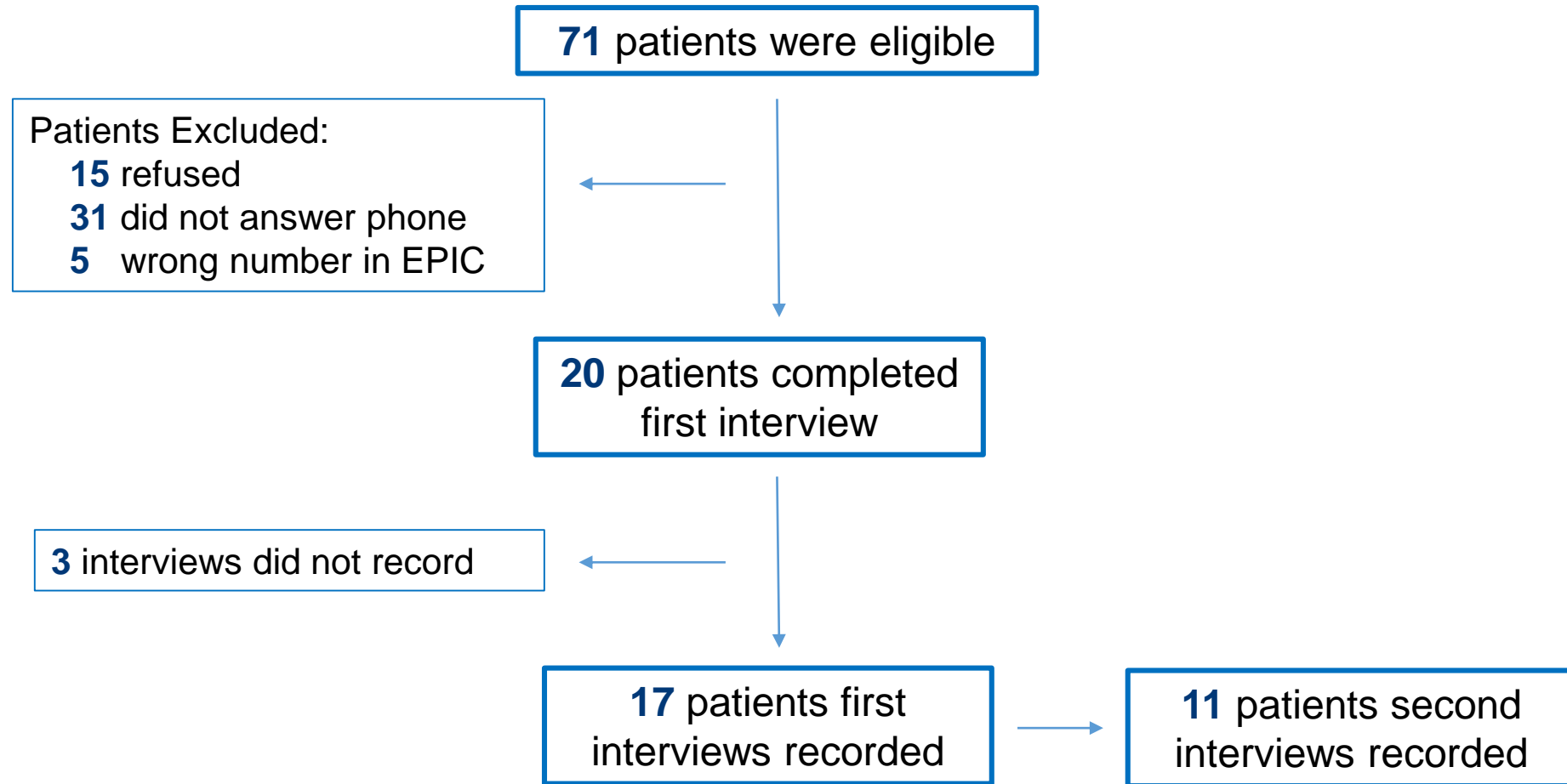
Exclusion Criteria:

- Suspected ectopic pregnancy with adnexal structure concerning for ectopic pregnancy on ultrasound
- Administered methotrexate or underwent surgical procedure (dilation and curettage or laparoscopy/laparotomy) on presentation

Analysis

Qualitative Analysis: Data was coded and analyzed for recurrent themes using grounded theory methodology

Patient Selection



Demographics n=17

Age, median	28
Previous children, n (%)	
Nulliparous	2 (12)
Multiparous	15 (88)
Race, n (%)	
Black	11 (64.5)
White	1 (5)
Other	5 (29.5)
Ethnicity, n (%)	
Spanish/Hispanic/Latino	5 (29.5)
Not Spanish/Hispanic/Latino	12 (70.5)
Relationship status, n (%)	
Single	8 (47)
Boyfriend	1 (5)
Domestic partnership	4 (23)
Married	2 (11)
Separated	2 (11)

Pregnancy Intendedness, n (%)	
Intended	6 (35)
Not Intended	11 (65)
Pregnancy Desire, n (%)	
Desired	12 (70.5)
Not Desired	5 (29.5)
# ED Visits, median	2
# Phone Calls, median	2
# Days between initial & f/u interview, median	55
Final Diagnosis, n (%)	
Misarrriage	6 (35.3)
Intrauterine Pregnancy	6 (35.3)
Ectopic	0 (0)
Unknown (Lost to F/u)	5 (29.5)

Results

- **Theme 1: Satisfaction with Care**
 - 59% (10/17) reported positive overall experience & satisfaction with care

“It [overall care] was good, it wasn’t bad. But it could be better.”

“Everything was fine and okay and good. It’s an ER so they don’t have only me and they have many people there and I understand that.”

“I was satisfied with the care, I was not satisfied with the wait time.”

Results

- **Theme 2: Impressions of Counseling**
 - 88% (15/17) recalled follow up instructions
 - 41% (7/17) comprehended significance of follow up
 - 76.5% (13/17) desired insight into their prognosis for future pregnancies

“They covered everything, from management to treatment and everything. I **just would like to know like the after care.** Like what’s going to go on afterwards because this happened last year as well and then after it happened last year I went on my way and that’s it. So I would like to know what’s going to happen next so this won’t happen again.”

Results

- **Theme 3: Emergency Room setting and interactions contributed to patients' negative experience**
 - 33% (6/17) reported the emergency room environment contributed to their negative experience
 - Emerging themes: long wait times, overcrowded rooms, & overwhelmed, disinterested providers

Results

- **Theme 3: Emergency Room setting and interactions contributed to patients' negative experience**

Results

- No participant changed their overall impressions of the experience between the initial & follow-up interviews

“This is the first time I went to the emergency room and **got treated like crap.**”

“The nurse was the one who I mostly dealt with. At the end it was a different nurse who gave me my discharge. **I feel like I was kinda like blown off.**”

“The ob/gyn doctor was great. The nurse and the ER doctor, **well the service was horrible.** I don’t want to go back there [Emergency Room] again.”

“The only thing is, I guess emergency rooms are the same all over. It was a bit of a wait. I got there at 6 in the morning and I didn’t leave until 1 in the morning. **It was a pretty long wait.**”

Discussion

- Emergency room is **not** an appropriate environment for patient counseling after PUL
- Given chaos accompanying the emergency room, counseling with an informed provider that ensures comprehension of diagnoses, follow up implications and management options may not be possible
- Thorough counseling should include the importance of strict follow-up and expectations for future pregnancies

Further Directions

- Determine which provider and location are most appropriate for initial counseling
- Trial modes of counseling (written, verbal, interactive) and see which is the most effective

References

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Thank You!

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