Variations in the organisation of Early Pregnancy Assessment Units (EPAUs) in the UK and their effects on clinical, service and patient-centred outcomes (VESPA)

Record Status
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Variations in the organisation of Early Pregnancy Assessment Units (EPAUs) in the UK and their effects on clinical, service and patient-centred outcomes (VESPA) Health Services and Delivery Research

Authors' objectives
A recent NICE guideline on Ectopic pregnancy and miscarriage (CG154) published in December 2012 emphasises the need for good quality research to establish the effectiveness of Early Pregnancy Assessment Units (EPAUs). EPAUs are dedicated units within NHS hospitals that provide specialist care to women in the first three months of pregnancy. Women who experience pain or bleeding in the first weeks of pregnancy or women with a previous miscarriage or ectopic pregnancy are routinely seen in EPAUs. While most NHS hospitals in the UK have an EPAU, there are considerable variations between EPAUs in the levels of care they provide and their accessibility to women. In addition, staffing levels vary considerably between the units. The most cost-effective organisational model for an EPAU is unknown. Early pregnancy problems are very common with 20% of recognised pregnancies ending in miscarriage and 2% of pregnancies being complicated by an ectopic pregnancy. Given the variation amongst units, women are likely to have different experiences of the services and the care provided. We recently completed a pilot study of 7 EPAUs across London to compare several clinical and service outcomes in units with different organisational structures, staffing levels and ease of access. The study showed significant differences in several important clinical outcomes between different units. We used these findings to plan a larger study which is described in this proposal. We propose to collect information for all women who present to EPAUs over a defined period of time with suspected complications of early pregnancy. The main outcome of interest is the number of women who require emergency admission and stay in hospital either because a diagnosis cannot be made with certainty or because of the need for treatment.

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