

Early Pregnancy Assessment Service (EPAS) pathways



Target audience	Primary and secondary care.
Patient group	All women/pregnant people with a positive pregnancy test up to 11+6 weeks of gestation. The term 'women/pregnant people' is used within this document to include women, girls, trans men, and non-binary and intersex people, who are pregnant or have recently been pregnant.

Summary

The Early Pregnancy Assessment Services (EPAS) across NHS Lanarkshire aims to:

- provide a safe and effective assessment service for those presenting with problems in early pregnancy.
- provide rapid access to appropriate care for patients in early pregnancy.
- ensure patients are referred to the appropriate place for assessment by the correct healthcare professional in a time-appropriate manner in line with the presenting condition.
- ensure patients receive a referral pathway appropriate to their clinical need.

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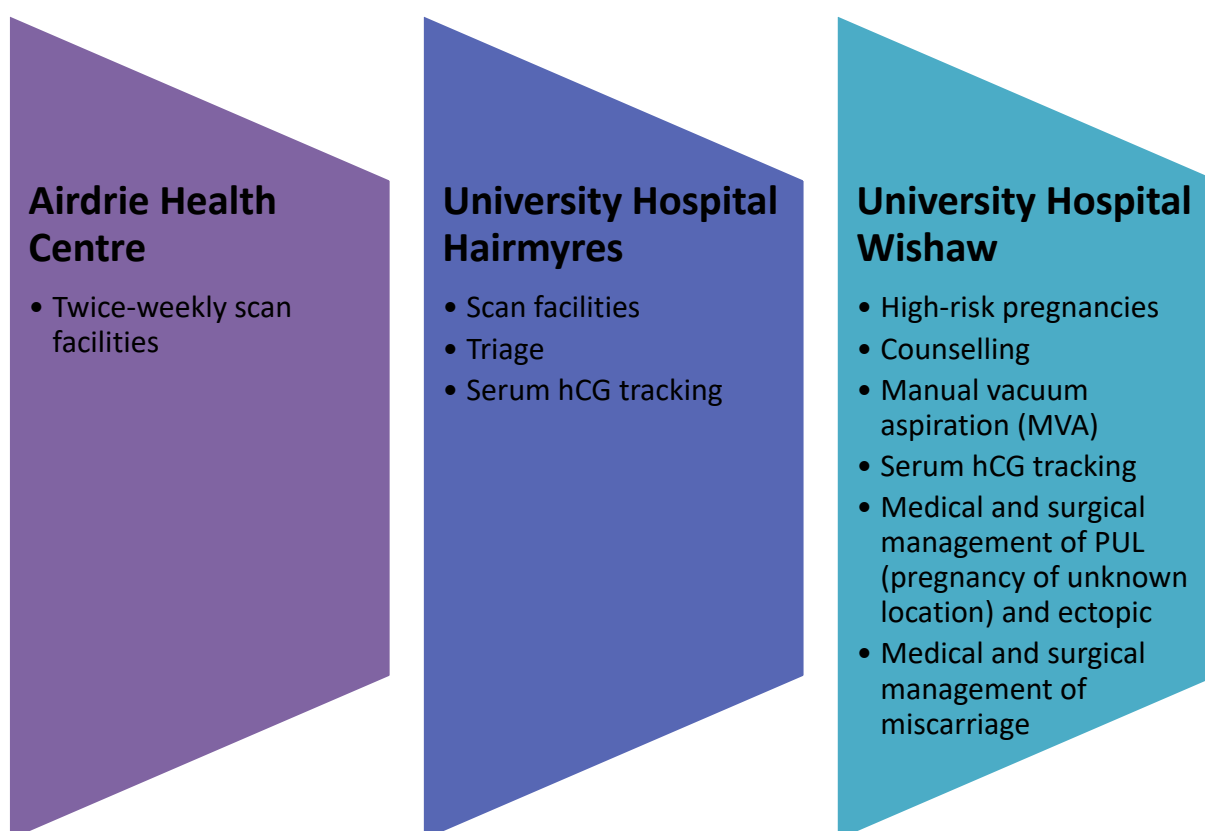
Lead author	E Ferguson	Date approved	9.3.26
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Introduction

This guideline and attached workflows and appendices have been specifically designed to cover the problems likely to be seen within NHS Lanarkshire’s Early Pregnancy Assessment Services. EPAS is designed to prioritise the pregnant person with early pregnancy complications. Initial assessment and triage will be carried out over the phone by midwifery staff who will decide the most appropriate place of care. Patients may be directed to one of the three EPAS units or other maternity or healthcare facilities. When asked to attend an EPAS unit, patients are triaged on arrival by midwifery staff and an appropriate care plan followed, governed by local NHS Lanarkshire departmental guidelines. The service is designed to be midwifery-led so that service users can be seen, assessed and discharged by the midwife or, if necessary, referred to medical staff. Patients experiencing hyperemesis gravidarum should be managed through maternity triage and managed according to hyperemesis guideline.

Facilities available

EPAS services are delivered in University Hospital Wishaw (UHW), University Hospital Hairmyres (UHH) and Airdrie Health Centre. The function of each service is as follows:



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Referral criteria

EPAS is designed to see women/pregnant people with a positive pregnancy test up to 11+6 weeks of gestation. All service users who fit the below criteria will be assessed in the three sites for clinical management.

The referral criteria are:

- all patients must have a positive pregnancy test.
- patients with pain and/or bleeding up to 11+6 weeks of gestation.
- patients with a history of recurrent miscarriage up to 11+6 weeks of gestation (see relevant guideline here: https://www.rightdecisions.scot.nhs.uk/media/v0nbesbx/recurrent-miscarriage_2024.pdf).
- patients with a history of ectopic pregnancy up to 11+6 weeks of gestation.
- patients with a history of molar pregnancy up to 11+6 weeks of gestation.

Patients can self-refer to Wishaw or Hairmyres EPAS departments or be referred from primary or secondary care. Patients are appointed as appropriate at Wishaw, Hairmyres or Airdrie depending on location, availability and clinical need.

Important phone numbers are:

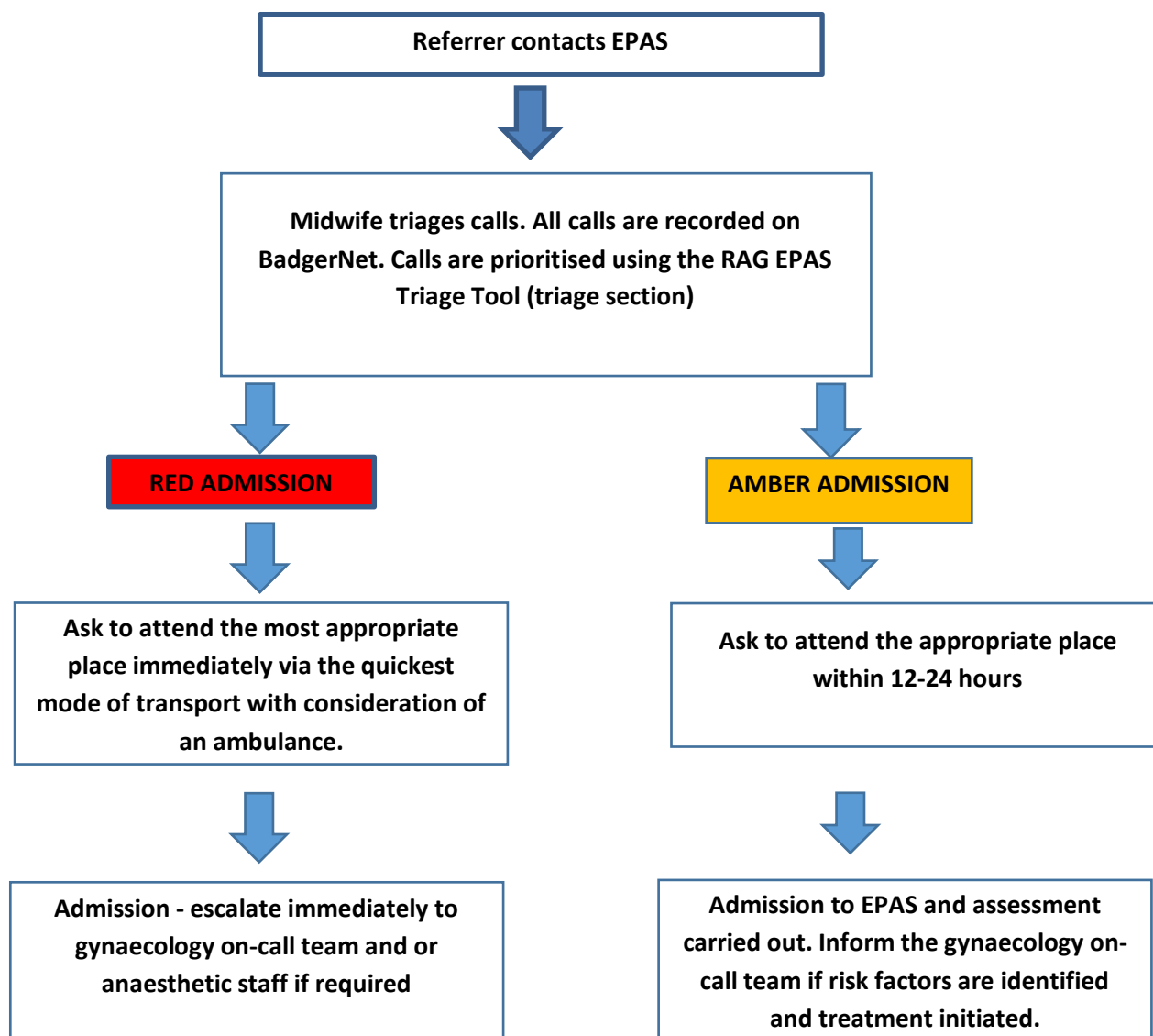
- EPAS Wishaw: 01698 366217.
- EPAS Hairmyres: 01355 584501.

All medical and surgical interventions are conducted at Wishaw EPAS.

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Telephone triage guidance

All telephone calls to the EPAS telephone lines will be managed by EPAS midwifery staff. The midwife will speak directly to either the patient or the doctor, midwife or other healthcare professional making the referral. The following flowchart summarises the process:

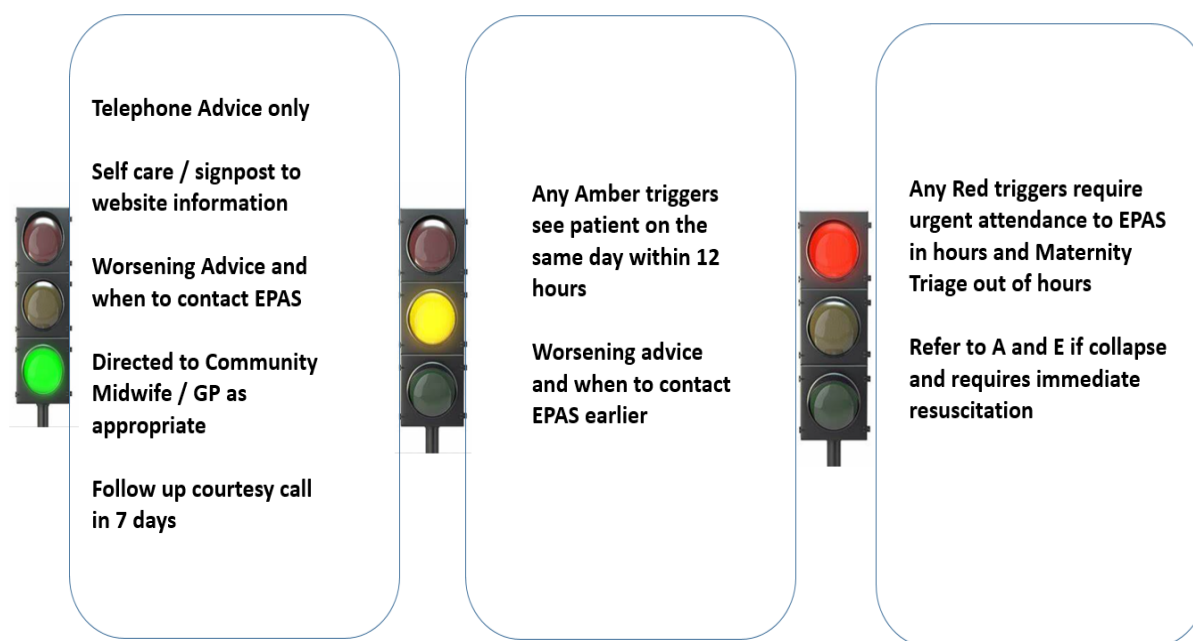


The midwife completing the triage call will use the RAG tool (see below) to categorise the urgency of assessment and direct the woman/pregnant person accordingly. Telephone consultation call records will be completed in full:

- **Red (high risk)** indicates an immediate or serious risk to the patient. These cases require urgent or emergency care and immediate escalation to a senior clinician as follows:

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- Severe, life-threatening symptoms (eg. heavy, uncontrollable bleeding).
- Signs of a serious medical emergency (eg. collapse, shock).
- Significant, ongoing concerns that pose an immediate risk of harm (eg. severe pelvic pain, shoulder-tip pain).
- **Amber (intermediate risk)** indicates that the patient is experiencing difficulties or has risk factors, but there is no immediate, life-threatening danger as follows:
 - Certain levels of pain or bleeding that are not severe enough for a red rating.
 - Risk factors identified during initial assessment that necessitate further review.
- **Green (low risk)** indicates that the patient is stable with minimal concerns regarding their well-being.



During the telephone consultation, a contact number for the patient should be clarified and confirmed on the call record. Any patient who has not attended in the expected timeframe should be contacted as follows:

- **RED patients** should be contacted if not attended within 45-60 minutes (depending on the patient's address) unless they are on their way to the hospital in an ambulance.
- **AMBER patients** should be contacted if not attended within 12-24 hours.

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It is the responsibility of EPAS midwives to follow-up/contact the patient if they have not arrived within the expected time frame. At EPAS closure, any patients who have not yet arrived should be escalated to the unit coordinator who will assume responsibility for their review in an alternative department.

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References

NICE Guideline NG126 Ectopic pregnancy and miscarriage: diagnosis and initial management. August 2023. Available: <https://www.nice.org.uk/guidance/ng126>.

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Appendix 1 – referral assessment tool

Risk Assessment Triggers		
Green	Amber	Red
<input type="checkbox"/> Pain settled with analgesia <input type="checkbox"/> No pain <input type="checkbox"/> Minimal PV loss <input type="checkbox"/> Reduced pregnancy symptoms <input type="checkbox"/> Previous miscarriage with asymptomatic pregnancy <input type="checkbox"/> For reassurance ultrasound as per guideline	<input type="checkbox"/> Moderate bleeding (heavier than period) <input type="checkbox"/> Abdominal pain not relieved with analgesia <input type="checkbox"/> Consider potential ectopic symptoms <input type="checkbox"/> Passage of pregnancy tissue <p style="text-align: center;">Think Ectopic</p> <p style="text-align: center;">Other ectopic symptoms</p> <input type="checkbox"/> Dizziness, fainting or syncope <input type="checkbox"/> Breast tenderness <input type="checkbox"/> Gastrointestinal symptoms <input type="checkbox"/> Shoulder-tip pain <input type="checkbox"/> Urinary symptoms <input type="checkbox"/> Rectal pain / pain on defaecation	<input type="checkbox"/> Significant bleeding (3 pads soaked in 1 hr / soaked through pad) <input type="checkbox"/> Severe abdominal pain <input type="checkbox"/> Highly suspicious of ectopic <p style="color: red; text-align: center;">Refer to emergency department if collapse and requires immediate resuscitation</p>
Plan of Care		
Green	Amber	Red
Telephone Advice only Self care / signpost to website information Worsening advice and when to contact EPAS Directed to community midwife / general practitioner as appropriate	Triggers met for admission within 12 - 24hrs Yes: <input type="checkbox"/> No: <input type="checkbox"/> Referral criteria met for EPAS face-to-face review? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Guidelines met for scan appointment? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Referral criteria met for review / scan Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Any red triggers require urgent attendance to EPAS in hours and to maternity triage out of hours Threshold met for urgent admission? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Ambulance required? Yes: <input type="checkbox"/> No: <input type="checkbox"/> SAS ref No: _____ Referral to A&E required?? Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Specific risk factors:

- | | |
|---|--|
| <input type="checkbox"/> IVF pregnancy | <input type="checkbox"/> Sexually-transmitted infection or pelvic inflammatory disease |
| <input type="checkbox"/> Two or more consecutive miscarriages | <input type="checkbox"/> Intrauterine contraceptive device in-situ |
| <input type="checkbox"/> Previous molar pregnancy | <input type="checkbox"/> Previous ectopic pregnancy |
| <input type="checkbox"/> Previous tubal surgery / damage | |

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Clinical governance

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Current responsible author:	E Ferguson
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Change record			
Date	Lead author	Change	Version
Nov 2023	C Hand	Initial document	1
9.3.26	E Ferguson	Updated into new format, change of services in Airdrie Health Centre	2

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