

A REVIEW OF THE MANAGEMENT OF LOSS OF PREGNANCY IN THE EMERGENCY DEPARTMENT

Authors: Brittany E. Punches, PhD, RN, CEN, Kimberly D. Johnson, PhD, RN, CEN, Gordon L. Gillespie, PhD, DNP, RN, CEN, CNE, CPEN, PHCNS-BC, FAEN, FAAN, Shauna A. Acquavita, PhD, LISW-S, and Dianne M. Felblinger, EdD, MSN, WHNP-BC, CNS, RN, Cincinnati, OH

Contribution to Emergency Nursing Practice:

- This review identifies current best practice for management of loss of pregnancy in the emergency department, including incorporating targeted ultrasound, decreased use of speculum examinations, and operational changes to improve patient length of stay.
- Emergency care should incorporate clinical and psychological care for patients experiencing loss of pregnancy; however, few resources are available for psychological care.
- This review recognizes a need for additional research and education in the emotional care and psychological health of women experiencing loss of pregnancy in the emergency department.

Abstract

Introduction: Women frequently seek ED care for complications in early pregnancy, including loss of pregnancy. This review evaluates the current literature and discusses the care of patients experiencing loss of pregnancy in the emergency department.

Methods: A review of pertinent studies identified through multiple database searches was conducted to determine the

existing body of knowledge for the care of ED patients diagnosed with loss of pregnancy. Each of the studies was examined for inclusion criteria and a subsequent analysis of the included studies identified themes related to the care of the women.

Results: Thirty-two original research articles and systematic reviews published between 1990 and 2016 were included in the review. Eleven articles addressed recommendations for clinical practice, 5 reported statistics related to pregnancy outcome and clinical presentation, 4 discussed the use of speculum examinations, 4 discussed interventions to decrease ED length of stay, and 3 investigated the use of ultrasound in the emergency department. Only 5 of the articles reviewed discussed emotional support and/or experiences of women with loss of pregnancy in the emergency department.

Conclusion: Although there are multiple recommendations for the clinical management of loss of pregnancy in the emergency department, the psychological and emotional support of women was addressed infrequently. Additional studies investigating holistic care would be beneficial for ED providers in the management of early loss of pregnancy.

Key words: Miscarriage; Spontaneous abortion; Emergency department; Management

Brittany E. Punches, *Member, Greater Cincinnati Chapter*, University of Cincinnati College of Nursing, Cincinnati, OH.

Kimberly D. Johnson, *Member, Greater Cincinnati Chapter*, is Assistant Professor, University of Cincinnati College of Nursing, Cincinnati, OH.

Gordon L. Gillespie is Associate Professor, University of Cincinnati College of Nursing, Cincinnati, OH.

Shauna A. Acquavita is Assistant Professor, University of Cincinnati School of Social Work, Cincinnati, OH.

Dianne M. Felblinger is Professor Emeritus, University of Cincinnati College of Nursing, Cincinnati, OH.

For correspondence, write: Brittany E. Punches, PhD, RN, CEN, PO Box 210038, Cincinnati, OH 45221-0038; E-mail: Brittany.Punches@uc.edu.

J Emerg Nurs ■
0099-1767

Copyright © 2017 Emergency Nurses Association. Published by Elsevier Inc. All rights reserved.

<https://doi.org/10.1016/j.jen.2017.11.001>

In the United States, approximately 500,000 women per year present to emergency departments with vaginal bleeding during early pregnancy.¹ Of these women, 48% will experience loss of pregnancy.² Although early pregnancy complications, such as pain and vaginal bleeding, are common,³⁻⁵ because of the threat of loss of pregnancy, these symptoms may become overwhelming for women.^{6,7} As an ED health care provider, it is imperative to understand the management of early loss of pregnancy to provide comprehensive and compassionate care to this population. In addition, ED nurses have a crucial role in the patient's experience while providing holistic care.

Loss of pregnancy is a life-changing event.^{6,7} The care provided for women during this time is pivotal in the acknowledgment and recovery from this experience and may have a significant impact on their lives.⁶ A health care

TABLE

Literature review findings

Organized by Level of Evidence: 1st Author, Year (Level of Evidence)	Design	Sample	Outcome	Findings
ACEP, Clinical Policy Committee, 2003 (I)	Systematic review of literature	66 articles were included for topics including use of serum hCG levels, and ectopic pregnancy	Recommendations for clinical practice	Use of serial hCG in ectopic, level of hCG for presumptive ectopic; use of anti-D immunoglobulin in cases of documented 1st trimester loss; Ultrasound for IUP/ectopic when hCG < 1000 mIU/mL, rate of failure with methotrexate for ectopic pregnancy
Isoardi, 2009 (I)	Systematic review of literature	28 articles	Clinical examination or diagnosis of early pregnancy bleeding	In the emergency department, pelvic exam has low sensitivity
McRae, 2009 (I)	Systematic review of literature	12 articles	Clinical impact of ED-targeted ultrasonography	ED-targeted ultrasonography specific for intrauterine pregnancy; confirmed IUP can be safely discharged to home with follow-up
Hahn, 2012 (I)	Systematic review of literature	Update to previous clinical policy, additional 29 articles included in review	Pelvic ultrasound in stable pregnant patient, sensitivity of β -hCG, implications for ectopic pregnancy	Recommendations were developed for clinical management in conjunction to previous ACEP clinical policy (ACEP, 2003)
Torre, 2012 (II)	Randomized controlled trial	182 women with spontaneous miscarriage	Success of delayed medical treatment	Delaying medical treatment increases risk of unplanned surgical intervention
Johnstone, 2013 (II)	Randomized controlled trial	135 women with vaginal bleeding in early pregnancy	Diagnostic accuracy	No significant improvement with diagnostic accuracy in use of vaginal exam
Zavotsky, 2013 (III)	Experimental, cohort	7 MDs and 38 RNs	Satisfaction with fetal bereavement	Staff satisfaction rose with implementation of fetal bereavement packet
Zaccardi, 1993 (IV)	Prospective, telephone interviews	Consecutive 44 women with spontaneous miscarriage	Identify variables associated with spontaneous miscarriage	84% of the women felt a sense of loss with the spontaneous miscarriage. Wanting the pregnancy was the only variable associated with loss.
Ramsden, 1995 (IV)	Descriptive, questionnaire	38 ED nurses from 10 hospitals	Psychological care from nursing staff	Only 1 nurse felt counseling skills were adequate during spontaneous miscarriage
Weinberg, 2001 (IV)	Retrospective cohort	112 women with diagnosis of SAB less than 12-week gestation	Determine whether the guidelines for Rhesus were followed	87% of patients were discharged home without Rhesus status being checked, 15 Rh D-negative patients were discharged without anti-D immunoglobulin

Download English Version:

<https://daneshyari.com/en/article/8557166>

Download Persian Version:

<https://daneshyari.com/article/8557166>

[Daneshyari.com](https://daneshyari.com)