# EARLY PREGNANCY CARE

### Module 16 : Early Pregnancy Care

### Learning outcomes:

To understand and to demonstrate appropriate knowledge, skills and attitudes in relation to early pregnancy loss.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<ul> <li>Epidemiology, aetiology, pathogenesis and clinical features of miscarriage</li> <li>Trophoblastic disease and ectopic pregnancy</li> <li>Medical management of ectopic pregnancy</li> <li>Indications and limitations of Investigations: <ul> <li>endocrine</li> <li>anatomical</li> <li>immmunological</li> <li>genetic</li> <li>radiological</li> <li>bacteriological</li> </ul> </li> <li>Understanding of management options</li> <li>Prognosis after miscarriage(s) and ectopic pregnancy</li> </ul>	<ul> <li>Clinical assessment of miscarriage and ectopic pregnancy</li> <li>Ultrasonagraphic (transabdominal and transvaginal) and biochemical assessment of early pregnancy</li> <li>Communication of findings</li> <li>Appropriate referral for more complex or detailed evaluation with ultrasound or other imaging techniques</li> <li>Surgical, minimal access surgery and non- surgical management of miscarriage and ectopic by appropriate techniques</li> <li>Exhibit technical competence surgically and make appropriate operative decisions</li> </ul>	<ul> <li>Demonstrates the ability to communicate effectively with patients and relatives</li> <li>Has the ability to break bad news and appreciate and describe the possible long-term consequences for the woman in a sensitive manner</li> <li>Has the desired skills necessary to counsel patients in an acute and outpatient environment</li> <li>Demonstrates the ability to communicate findings to patients and other healthcare professionals</li> <li>Has the skills to work with other healthcare professionals to achieve better patient outcomes</li> <li>Has the ability to recognise limits of own competence and develop the skills to refer appropriately</li> </ul>	<ul> <li>Basic Surgical Skills Course</li> <li>StratOG.net: Gynaecological Problems and Early Pregnancy Loss e-tutorials</li> <li>Hospital Authority Ultrasound skills course</li> <li>Management of Early Pregnancy Loss (Green-Top Guideline, No. 25) October 2006</li> </ul>	<ul> <li>Meetings attended</li> <li>Case reports</li> <li>SOE</li> <li>Audit project</li> <li>MRCOG Part 2</li> <li>EXIT EXAMINATION</li> </ul>

Knowledge criteria	Clinical competency	Trainin	ng support	Evidence/assessment
<ul> <li>Role and use of ultrasound in early pregnancy loss</li> <li>Anatomy and embryology</li> <li>Ultrasound examination</li> <li>Site of gestation</li> <li>Sac(s) size</li> <li>Yolk sac</li> <li>Fetal pole(s)</li> <li>Heart beat</li> </ul>	<ul> <li>Perform transabdominal early pregnancy assessment (up to 14 weeks)</li> <li>Awareness of role of transvaginal ultrasound scanning</li> <li>Record and interpret nonviable or early pregnancy failure (including ectopic pregnancy)</li> <li>Diagnose viable intrauterine pregnancy</li> <li>Determine gestational age by gestation sac size or crown-rump length</li> <li>Diagnose multiple pregnancy with appropriate referral for chorionicity</li> <li>Record and interpret early pregnancy failure</li> <li>Recognise ectopic pregnancy/absence of intrauterine pregnancy</li> <li>Recognise a molar pregnancy</li> <li>Recognise an intrauterine device in the presence of a pregnancy</li> <li>Failed intrauterine contraception</li> </ul>	RCO Super session Super pregr Obse Atter ultras Perso RCO ultras pregr	orvised structured clinical learning ons prvised participation at an early nancy unit erve transvaginal scanning ndance at a gynaecology sound list onal study DG/RCR report 2005: Guidance on sound procedures in early	<ul> <li>MRCOG Part 2</li> <li>SOE</li> <li>EXIT EXAMINATION</li> </ul>

Knowledge criteria	Clinical competency to be achieved	Professional skills and attitudes	Training support	Evidence/assessment
<ul> <li>Principles of ultrasound examination including Doppler:         <ul> <li>physics</li> <li>safety</li> <li>machine set-up</li> <li>patient care</li> <li>principles of report writing</li> <li>benchmarking</li> </ul> </li> </ul>	<ul> <li>Understand the principles of conducting a safe and appropriate ultrasound examination</li> <li>Use an ultrasound machine competently and independently</li> </ul>	<ul> <li>Respects patient dignity and privacy during itimate examinations</li> <li>Is aware of the need for a chaperone</li> <li>Is aware of health and safety issues when using imaging technology</li> <li>Demonstrates the ability to communicate within teams, and with patients</li> </ul>	<ul> <li>Course including both:</li> <li>theory</li> <li>practical demonstration of machine use and reporting</li> </ul>	<ul> <li>MRCOG Part 2</li> <li>OSATS: Uterine evacuation</li> <li>SOE</li> <li>EXIT EXAMINATION</li> </ul>

### Module 16 : Early Pregnancy Care

Fill in as a record of experience.

Skills	Compet	ence level	Basic training	Intermediate training	Advanced training	Not required
	Observa	tion	Direct s	upervision	Indepen	dent practice
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
Miscarriage: clinical assessment						
First-trimester ultrasound scanning:						
Management (care) of patient						
Use of machine						
Communication of findings						
Viability						
Number of fetuses						
Measurement of CRL						
Medical management of miscarriage						
Surgical management of miscarriage						
Counselling						
Manage recurrent miscarriage						
Ectopic pregnancy:	-				-	
Diagnosis						
Conservative management						
Laparoscopic management						
Laparotomy for ectopic pregnancy						
Other conditions:						
Early management of trophoblastic disease						

Module 16 Early Pregnancy Care | Logbook

Authorisation of signatures (to be completed by the clinical tra	iners)
Name of clinical trainer (please print)	Signature of clinical trainer

		II formal assessment ate of satisfactory as					
Uterine	Date		Date	Date	Date	Date	
evacuation	Signature		Signature	Signature	Signature	Signature	

### **COMPLETION OF MODULE 16**

### I confirm that all components of the module have been successfully completed:

Date	Name of educational supervisor	Signature of educational supervisor

## **UTERINE EVACUATION**

Clinical details of complexity/ difficulty of case	Assessor Name:	Trainee Name:
of complexity/ e		
	Post:	StR Year:
		Date:

	Performed independently	Needs help
	PLEASE TICK RELEVANT BOX	NT BOX
Item under observation:		
Vaginal examination to assess uterine size and cervical size and dilatation		
Careful dilatation of cervix if appropriate		
Appropriate choice of instrument for evacuation		
Safe introduction of instrument		
Ensure cavity is empty		
Ensure adequate uterine contractions		
Check blood loss		
Careful removal of Volsellum		
Comments:		

Both sides of this form to be completed and signed

### Assessor, please ring the candidate's performance for each of the following GENERIC TECHNICAL SKILLS ASSESSMENT

factors:

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
Suturing and knotting skills as appropriate for the procedure	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
Technical use of assistants Relations with patient and the surgical team	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the	Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
Insight/attitude	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based on the checklist and the Generic Technical Skills Assessment,  ${\sf Dr}$  . to achieve the OSAT competency . has achieved/failed\*

Needs further help with: * *	Competent to perform the entire procedure without the need for supervision
Date	Date
Signed (trainer)	Signed
Signed (trainee)	Signed

Delete where applicable, and date and sign the relevant box