The effect of expanding the Early Pregnancy Assessment Clinic (EPAC) and COVID-19 on emergency department (ED) and urgent care (UC) visits for early pregnancy bleeding.

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Abstract (300 word limit)

Background: Our study assesses the impact of the COVID-19 pandemic on Early Pregnancy Assessment Clinic (EPAC) referral and the use of virtual consultation in Winnipeg, Manitoba. Our clinic expanded to accept referrals from all Winnipeg Emergency Department (ED)/Urgent Care (UC) sites beginning November 2019 to April 2020. By May 2020, the COVID-19 pandemic reached Manitoba and EPAC virtual care was expanded by performing hCG remotely and reviewing blood and ED/UC ultrasound results by phone.

Methods: Emergency Department Information Systems (EDIS) and EPAC data reviewed ED/UC visits for pregnancy <20 weeks and vaginal bleeding 1 year pre-COVID (March 12, 2019 to March 11, 2020) and during COVID (March 12, 2020 (first case in Manitoba) to March 11, 2021).

Results: There were fewer patient visits for vaginal bleeding or pregnancy of <20 weeks (4264 vs 5180), diagnoses of threatened abortion (1895 vs 2283) and ectopic pregnancy (78 vs 97) during COVID compared with pre-COVID, respectively. ICD 10 codes were missing in 849 (20%) and 1183 (23%) of patients during COVID and pre-COVID, respectively. Wait times for all patient visits improved during-COVID compared to pre-COVID (5.1 ±4.4 hours vs 5.5 ± 3.8 hours), more patients received obstetrical ultrasounds 761 (18%) vs. 787 (15%), and fewer patients returned within 30 days (1360 (32%) vs 1848 (36%); p<0.01). EPAC saw 708 patients (218; 31% new ED/UC) during COVID compared to 552 (37; 7% new ED/UC) pre-COVID.

Fewer operative interventions for pregnancy loss (346 vs 456) and retained products (236 vs 272) were noted. Surgeries to treat ectopic pregnancy (106 vs 113) remained stable during the study time interval.

Conclusion: Accurate identification of pregnancy complications was difficult with over 20% missing ICD 10 diagnostic codes. There were fewer ED/UC visits and surgical management for threatened abortion during COVID but ectopic pregnancy operative management remained unchanged.



Biography (150 word limit)

Dr. Harley Bray has been studying the way that early pregnancy care is provided to help improve the health and wellbeing of women. She has recently begun her residency in the Department of Obstetrics and Gynecology at the University of Manitoba in Canada. She has been working alongside Dr. Helen Pymar whose main interests include best practices for early pregnancy complications, and emergency department utilization..

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