



The Royal College of Emergency Medicine

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Position Statement on Complications of Early Pregnancy and the role of the Emergency Department

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- When pregnant patients attend the Emergency Department with their concerns they should be treated with empathy, have their dignity respected, and have appropriate privacy for the duration of their stay in the emergency department.
- Emergency departments must be able to rapidly meet the patient's immediate needs for assessment, analgesia and resuscitation.
- Emergency departments should have a clinical examination space with a door which affords the appropriate level of privacy to allow necessary examinations to take place with a chaperone. This would include a room that has a securable door and is visually separated from the remainder of the clinical space.
- Emergency departments should have rapid, seven days-a-week access to either: early pregnancy units (EPU) with full diagnostic facilities or advice and assessment from Gynaecology services. Primary care and triage services must also be able to access the local EPU services directly, without the need to send all women to the ED first.
- Emergency departments are encouraged to work with specialists locally to develop pathways which allow the rapid and safe triage of patients with bleeding and/or pain during early pregnancy directly to specialist services e.g. EPU without the need for long, undignified waits in the Emergency Department or multiple examinations.
- If a patient in early pregnancy spends a prolonged time in an emergency department or has a long wait for an EPU appointment, incident reports should be completed.

Quality in Emergency Care Committee

Excellence in Emergency Care

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