

# The Difference One Week Makes

The Five Week and One Day LMP Ultrasound Rationale



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## ***Introduction***

The CompassCare Optimization Tool (OT) requires that an ultrasound exam be given to all patients who are at least as early as five weeks and one day after their last menstrual period (LMP). A follow up ultrasound exam is given to the patient if the first ultrasound was too early to confirm a pregnancy or after viability has been confirmed if she remains at risk to have an abortion. In addition, every patient interface triggers a physician referral for follow up care.

Some Pregnancy Resource Centers (PRC) have expressed concern as to whether providing an ultrasound exam at five weeks and one day is too early and as to whether there are any distinct benefits to providing ultrasounds at this stage. When considering clinical and patient perspectives, the opportunities gained to service abortion-vulnerable women, and the potential credibility of the PRC, providing ultrasound exams at five weeks and one day on a patient's initial visit to the PRC must become the standard of medical care.

## ***Presuppositions***

Before looking at the clinical and patient perspectives of this issue, there are some presuppositions that need to be established. First, nurses and sonographers who perform medical services such as ultrasound exams within a PRC receive and maintain their "license" and permission to perform the ultrasound exams under the license of the Medical Director. The license does not come from the PRC itself or from a training organization. Any certification that nurses or sonographers receive from a third party (such as a training organization) does not provide them with the rights or permission to determine to perform or not perform any physician ordered exam, such as a limited ultrasound exam.

Second, although abortion providers are not legally required to confirm pregnancy viability prior to performing an abortion procedure, they routinely perform ultrasound exams when a woman presents with a positive pregnancy test, irrespective of her LMP and pregnancy viability. The national medical standard of care in an obstetrics (OB) setting is to perform an ultrasound exam on every patient presenting with a positive pregnancy test.

Third, if any woman comes to her PRC appointment and is symptomatic of an ectopic pregnancy or a miscarriage, she is not offered an ultrasound exam. Instead, she is either immediately referred to her physician or she is immediately referred to the Emergency Department (ED). Both of these referrals occur prior to her leaving her initial appointment.

Fourth, detection and confirmation of pregnancy can take place prior to six weeks LMP. The new pregnancy tests being used are more sensitive and can show positive test results when less than six

weeks pregnant. Also, for 20% of the women pregnant between five and six weeks LMP, confirmation of viability is attainable using the limited ultrasound exam.

## ***Clinical Perspectives***

### **The Five Week and One Day LMP Ultrasound Process Logic**

The CompassCare standard of care to do ultrasound exams at five weeks and one day is preferable for a number of clinical reasons. First, as mentioned above, confirmation of the viability of pregnancy can be obtained for 20% of women pregnant between five and six weeks LMP. This means that a fetal heart tones are detected with no anomalies. Even with a confirmation of pregnancy, if the patient is abortion-vulnerable and the outcome of the pregnancy remains uncertain, medical indication technically warrants a follow up ultrasound exam. Therefore, the patient is scheduled for a follow up exam.

Second, an ultrasound exam at five weeks and one day may not confirm the viability of pregnancy. However, there may be expected gestational development noted, such as the gestational sac and yoke sac being seen, as well as development being within normal range. In these cases, the patient is rescheduled for another ultrasound to complete the task of confirming viability. In this way, the service gap by not being able to provide confirmation is closed. The patient would be referred to a physician as well.

Third, if the ultrasound exam at five weeks and one day does not confirm the viability of pregnancy, normal gestational development is not detected, and there are no symptoms of an ectopic pregnancy or miscarriage, then the patient is provided with information regarding symptoms of miscarriage with recommended course of action should symptoms develop. She is also referred to a physician.

As stated earlier, if a patient has symptoms of ectopic pregnancy or miscarriage, she is not offered an ultrasound exam and she is referred to the ED immediately.

### **The Second Ultrasound Exam**

The CompassCare OT requires the performance of a second (follow up) ultrasound exam whenever the patient is too early to confirm the viability or when the patient is still considering a termination of the pregnancy after the initial confirmation. This second ultrasound exam is offered either in conjunction with the patient obtaining their Sexually Transmitted Infection (STI) results or on its own.

In the OT only one additional ultrasound exam is offered after the confirmation of the viability of pregnancy. This is to maximize organizational resources. However, according to American College of Obstetricians and Gynecologists (ACOG) and American Institute of Ultrasound in Medicine (AIUM) guidelines, additional ultrasound exams may be offered at the discretion of the Medical Director, provided that such ultrasounds are medically indicated. Not providing access to a follow up ultrasound exam may be considered substandard care regarding the doctor/patient relationship that has been created by the

initial medical interface. Please note that this does not replace her OB care and that in any case she is always referred to her physician.

## **Vaginal Ultrasound Exams**

At times it is necessary to perform a vaginal ultrasound exam. The confirmation of a viability of an intrauterine pregnancy is more easily attainable through the use of a vaginal probe up to 11 weeks LMP. In addition, the vaginal ultrasound exam is indicated medically and a standard of practice in most Obstetrician (OB) settings for first trimester ultrasound. Most early term pregnancies can be imaged through the abdomen without the invasive procedure of a vaginal ultrasound. However, it is important to acquire the best image possible both for the patient and the physician. This means that all ultrasound operators must be comfortable and experienced in performing vaginal ultrasounds.

## ***Patient Perspectives***

The CompassCare standard of care to do ultrasound exams at five weeks and one day is preferable from the patient's perspective, whether the viability of the pregnancy is confirmed or not. In addition, to wait until six weeks and one day affords the risk of the PRC losing credibility in the eyes of the patient or even the loss of the baby.

## **Advantages of Five Weeks and One Day**

If the ultrasound exam confirms the viability of the pregnancy, the patient receives peace of mind regarding the reality of the pregnancy. In addition, she experiences reduced anxiety around feeling pressure to make a hasty or uninformed decision.

If the ultrasound exam is unable to confirm the viability of the pregnancy, the patient still experiences some reduced anxiety. If she really is too early to confirm, she is afforded the assurance that she has time to consider her options without eliminating any of them, especially if considering RU 486. In this situation, a recent patient at CompassCare confided to the nurse; "This gives me time to think and to talk to my mom and grandmother."

If the ultrasound exam is unable to confirm viability of the pregnancy, it generates a maternal concern and the patient will return for a second ultrasound exam 70% of the time. (The 30% who don't return include both miscarriages and no shows.)

Providing ultrasound exams at five weeks and one day on the patient's initial visit offers the PRC the opportunity to build credibility with the patient. For example, if she thinks that she is five weeks along but she is really seven weeks, the ultrasound exam will confirm both the viability of the pregnancy and the gestational development. This builds credibility for the PRC in the patient's perspective because the PRC took the initiative to provide her with clinical care and thereby brought some clarity to her situation.

## **Risks of Six Weeks and One Day**

If the PRC waits to provide an initial ultrasound exam to an abortion-vulnerable woman until she is six weeks and one day LMP, they actually risk damaging the credibility of their organization and even losing a baby's life. If the woman is not provided with clinical care (i.e. an ultrasound exam) on her initial visit to the PRC, she is likely not to return for the rescheduled exam. She will likely seek service elsewhere, including going to an abortion provider, where she will get an ultrasound exam on her initial visit. Standard abortion provision often includes pre-procedure viability scan irrespective of LMP.

If the patient thinks she is less than six weeks LMP and then seeks services elsewhere and finds out that she is actually further along, in her mind the credibility of the PRC is decreased because they were not the ones to help her.

Even if she does come back to the PRC for the rescheduled initial ultrasound exam, the PRC still risks damaging the credibility of their organization. This is because many women who think they are less than six weeks LMP are actually further along. For example, a patient may think she is five weeks along but she is really seven weeks. Therefore, if she is not given an ultrasound exam on her initial visit but is rescheduled for one week later, she will actually be eight weeks along at the time of her first ultrasound exam. At that point, the PRC has eliminated her option for RU 486. This type of situation reduces the PRC's credibility and can be construed by the woman as deceptive maneuvering on the part of the PRC. Remember, although this might not be the reality of the situation, it may be her perception and what she will communicate to others.

## **CompassCare Statistics for 2006**

It is the CompassCare standard of care to do ultrasound exams at five weeks and one day. For the first 11 months of 2006 CompassCare had the following statistics related to this topic. 20% of patients receiving ultrasound exams were women presenting less than six weeks LMP. Of these, pregnancy was confirmed during the initial visit ultrasound exam 23% of the time. Of the women who were less than six weeks LMP and were unable to confirm viability of the pregnancy, 100% were rescheduled for a follow up ultrasound exam for confirmation. Of the women who rescheduled, 12% experienced a miscarriage and 18% were no shows for their rescheduled appointment (meaning she either did not call to cancel or called reporting having had an abortion.) **Therefore, CompassCare was able to serve 70% of the women who rescheduled.** All of these women were patients at risk for abortion.

## **Potential Opportunity Loss for Refusing 6 Week LMP or earlier Ultrasound Exams**

If a PRC does not provide ultrasound exams at 5 weeks and 1 day, it loses significant opportunity to serve women at risk for an abortion, and to save lives. The following estimates are based on 100 women coming to a non-optimized PRC with a 50% no show rate for rescheduled appointments. 20 pregnant

and at risk women will be rescheduled for appointments 1 plus weeks later. Of these women, 10 will return for the rescheduled appointment. Of these 10, 2 will scan to be 7½ to 8 weeks along, meaning they could have been confirmed on the initial visit. Of the 10 women who did not return for their rescheduled appointment, 2 will experience a miscarriage and 8 will be no shows. Statistically, of the 8 no shows, 2 could have been confirmed to be pregnant at the initial visit. **Therefore, the opportunity loss is 8 lives per 100 women** (assuming a 10% margin of error on average for a non-optimized ORC).