

Variations in the organisation of and outcomes from Early Pregnancy Assessment Units: the VESPA mixed-methods study

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Plain English summary

The VESPA mixed-methods study

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Plain English summary

Many women experience problems early in their pregnancies and these are often treated as emergencies. Early pregnancy assessment units have been created in many hospitals to provide better care to women suffering early pregnancy complications. However, a recent National Institute for Health and Care Excellence guideline stated that the best set-up of early pregnancy assessment units that ensures a good quality of medical care that women are satisfied with is unknown and the guideline has called for more research in this area [National Institute for Health and Care Excellence (NICE). *Ectopic Pregnancy and Miscarriage: Diagnosis and Initial Management*. URL: <http://guidance.nice.org.uk/CG154> (accessed 23 March 2016)].

The main purpose of this study was to see whether or not senior doctors (i.e. consultants) spending more time looking after women in early pregnancy assessment units improves medical care received by women. We were especially interested to see whether or not the number of women admitted as emergencies is reduced.

We ran our study in 44 different hospitals around the country. We recruited 6606 women and made very detailed records of their visits to early pregnancy assessment units, including the amount of time they spent with nurses and doctors, and all the tests they underwent. We also asked women to tell us if they felt better after attending an early pregnancy assessment unit and if they were satisfied with the way they had been looked after. We found that senior doctors did not make any difference to the number of women admitted to hospital as emergencies. We have also seen that low-volume early pregnancy assessment units, which are mainly run by nurses and sonographers, cost less and women are happier with the care that they receive.

More research will be needed in the future to see whether or not better training of senior doctors would make a greater difference to the quality of care they provide. We would also need to do more work to find out if the way in which early pregnancy assessment units are set up, and if women are offered medical treatment or surgery to treat early pregnancy problems, makes a difference.

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