

# Early Pregnancy Loss Decision-Making Module for Advanced Practice Providers

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## Intro & Background

More than one million pregnant people will experience a first trimester early pregnancy loss (EPL) in the United States annually<sup>1,2</sup>. In office management of EPL, without a transfer of care, has the potential to streamline the process and decrease costs for both the patient and the health care system at large<sup>3,4</sup>.

## Purpose & Aims

This quality improvement project's purpose was to familiarize healthcare providers on the appropriate use of evidence-based management options for early pregnancy loss.

The project aims were to (a) increase provider's knowledge of early pregnancy loss and management options, (b) evaluate provider's intention to provide early pregnancy loss services, and (c) evaluate the workshop efficacy.

## Translational Framework

The strength of Graham's Knowledge-to-Action model (KTA)<sup>5</sup> for this intervention was the fit of the model's seven step design.



## Methods

**Design:** Non-experimental, correlational design with unmatched groups assessed before and after an educational workshop.

**Sample:** 134 pretest and 29 post-test healthcare providers attending an Early Pregnancy Loss workshop.

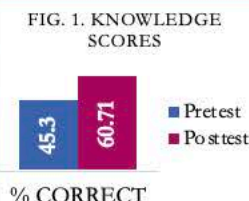
**Intervention:** 1-hour workshop, "Early Pregnancy Loss Office Evaluation & Management" delivered via Zoom

**Measures:** (a) 3-item, multiple choice knowledge survey on Early Pregnancy Loss Management, (b) 4-question survey on intentions to provide pregnancy loss options, and (c) 4-item workshop evaluation survey.

**Analysis:** Descriptive statistics, Independent t-test.

## Aim 1 & 3 Results

**Aim 1.** Pre-test participants correctly scored 45.3% vs. 60.71% in post-test participants, and was statistically significant,  $t_{(df=151)}=2.25, p<.05$  representing a 34.02% change in scores.



**Aim 3.** Participants rated the presentation as 'excellent' (n = 16, 66.7%), followed by 'good' (n = 6, 29.2%), and 'fair' (n = 1, 4.2%). All 29 participants (100%) agreed or strongly agreed that the presentation was balanced and evidence-based and that the presentation met their learning needs.

## Aim 2 Results

**Aim 2.** At post-test, a greater proportion of participants reported they intended to personally provide expectant management, mifepristone and misoprostol, and misoprostol only medication management to patients compared to those who would not provide those services. See Table 1.

Table 1. Intention to Provide Results

Question	Already Provide	No	Yes
	N (%)	N (%)	N (%)
Expectant Management	12 (41.4)	1 (3.4)	16 (55.2)
Mifepristone & misoprostol	3 (10.3)	11 (37.9)	15 (51.7)
Misoprostol only	8 (27.6)	10 (34.5)	11 (37.9)
Uterine Aspiration	2 (6.9)	17 (58.6)	10 (34.5)

## Conclusion & Discussion

Given the prevalence of Early Pregnancy Loss, providers have a responsibility to their patients to be aware of the various EPL management options available. This project found statistically significant increases in knowledge for participants after the workshop, as well as providing useful information on the impact of the workshop for intention to provide EPL care.

## References

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