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Re: Referrals to the Complications of Early Pregnancy Clinic (CEPC)

Dear Physicians:

This clinic is for patients with **NON VIABLE** pregnancies only (missed abortion, incomplete abortion, ectopic pregnancies as long as the patient is stable, and pregnancies of unknown location). If there is a potentially viable intrauterine pregnancy that requires follow-up ultrasound and/or bloodwork, this should be arranged either through the ER or by the patient's family doctor. Once a pregnancy is confirmed to be non-viable, the referral will be accepted in the CEPC.

Patients should be **stable and able to wait up to 72 hours** to be seen in the clinic. If there is any question about the patient being stable enough to wait that long, please call the gynecology team on call who can see the patient in the ER.

All of the following investigations are required for patients to be seen in the CEPC:

- Formal ultrasound scan. For medico-legal purposes, it is important that a formal ultrasound that is fully reported, with images saved in PACS, should be completed. If U/S in the ER is suspicious for a non-viable pregnancy, please ensure that a formal U/S by radiology has been arranged prior to the patient being seen in CEPC. (We can accept a referral if the U/S is pending, for example: for the day after they are seen in ER, but we cannot accept referrals where no formal U/S has been done *and* one has not been arranged)
- CBC and quantitative BhCG
- Type and screen. We have had several referrals that have been missing a blood type. Please ensure this has been done prior to referral.

If you have any questions about the CEPC, please feel free to email me at

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