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Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

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Permalink

<https://escholarship.org/uc/item/94j8n9xv>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 27(3.1)

ISSN

1936-900X

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Publication Date

2026-05-26

DOI

10.5811/westjem.65873

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targeted educational and operational solutions to improve EMS care for PEH.

9 Follow Up Resources Provided in Early Pregnancy: Analysis of Discharge Instructions for First Trimester Pregnant Patients Seen in an Academic Emergency Department

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Background: The emergency department (ED) is well positioned to connect patients in early pregnancy to care, but does it consistently do so? EDs serve patients who may otherwise not have healthcare access, and at times may identify new pregnancies. Due to the current landscape of reproductive services in the U.S., provision of complete and accurate discharge information is critical. This novel study aimed to explore the content of ED discharge instructions for comprehensive pregnancy options.

Methods: We retrospectively reviewed Electronic Medical Records (EMR) of patients ≥ 18 years old who presented to the pediatric or adult ED of an urban academic medical center between January 1, 2022 and October 31, 2024. Automated data query identified pregnant patients by presenting complaint, positive urine/serum human chorionic gonadotropin or ICD-10 code; an analyst extracted select fields including visit details and full-text discharge instructions for review. A priori, we defined components of comprehensive discharge instructions and coded visits as having prenatal care follow-up resources, family planning follow-up resources, both types of resources, or neither. Discharge instructions were independently coded by two team members, with disagreements resolved through a third rater and team discussion. Summary statistics were calculated; we also explored differences in provision of discharge instructions across patient demographic groups using chi square tests.

Results: Of 756 pregnancy visits initially identified, 321 were excluded due to gestation >14 weeks, nonviable pregnancy (miscarriage, ectopic), elective abortion, and elopement; 82 for unclear trimester; 50 for pregnancy of unknown location; and 5 for age <18 at time of visit. After these exclusions, 298 discharge instructions made up the final dataset, of which 39 (13.1%) contained prenatal care resources, 12 (4.03%) contained family planning resources, 1 (0.34%) contained both, and 246 (82.6%) contained neither. There were no statistically significant differences in provision of discharge instructions by race, ethnicity, preferred language, or rurality of home address.

Conclusion: In this exploratory study, most ED discharge instructions lacked specific and inclusive follow-up options for early pregnancy. Given barriers to care across the U.S.,

pregnant patients may benefit from locally-appropriate linkages to timely care from the ED.

10 Meta-Analysis of Different Antibiotic Efficacies in the Case of Complicated Urinary Tract Infections

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Background: To evaluate and compare the efficacies of different antibiotics in treating and eradicating bacteria in cases of complicated urinary tract infections, including pyelonephritis.

Methods: The search terms “complicated UTI AND antibiotic” were applied to the PubMed and Google Scholar databases to evaluate publications assessing or comparing different antibiotics in treatment of a complicated urinary tract infection (cUTI). Search results from the two databases yielded 211 initial results. Inclusion criteria included mention of cUTIs treated with an antibiotic, included healthcare outcomes, patients over the age of 18, and publication of study within the last ten years. Exclusion criteria included lack of mention of cUTI, unclear or not present health outcome, or incomplete treatment duration of the antibiotic treatment. Final evaluation of the 211 initial search results yielded 13 publications used in this study, with 169 being eliminated based on relevance/exclusion criteria, and 29 being eliminated due to duplication in databases. From eligible studies, a comprehensive look at different antibiotics in the treatment of complicated urinary tract infections was conducted to look at clinical success, measured with a fixed effect.

Results: Ertapenem was mentioned in three studies, with varying success rates of 389/440, 392/419, and 116/143. The clinical success rates were 90.92%, with a 95% CI: 85.4-95.9%. Meropenem was mentioned in one study with a success rate of 116/143, or 81.1% with a 95% CI: 74.7-87.5%. Meropenem+ Vaborbactam was mentioned in one study, with a success rate of 189/192, or 98.4% with a 95% CI: 96.7-99.9%. Cefepime + Tanoribactam was mentioned in one study, with a success rate 251/293, or 85.7% with a 95% CI: 81.7-89.7%. Piperacillin+Tazobactam was included in 3 studies, with success rates of 296/333, 171/182, and 163/178 for a success rate of 90.91 with a 95% CI: 87.5-97.5%. Tebipenem was included in one study with a success rate of 418/449, or 93.1% with a 95% CI: 90.8-95.4%. Sulopenem was included in one study with a success rate of 397/444, or 89.4% with a 95% CI: 86.6-92.3%. Levofloxacin was included in one study with a success rate of 20/30, or 66.7% with a 95% CI: 49.8-83.5%. Ceftriaxone was included in one study with a success rate of 16/29, or 55.2% with a 95% CI: 37.1-73.3%.

Discussion: Meropenem+ Vaborbactam was associated with the highest rates of clinical success, followed by