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Language Preference Impact on the Outcomes of Those Lost to Follow-up After a Diagnosis of Pregnancy of Unknown Location

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Word Limit: 250

Pregnancy of unknown location (PUL) is a temporary diagnosis when there is a positive pregnancy test but an intrauterine gestational sac and/or fetal pole are not visualized with ultrasonography. The three potential outcomes for such a pregnancy are failed pregnancy, an early intrauterine pregnancy or an ectopic/abnormal pregnancy. Given the serious associated morbidity of ectopic pregnancy, these PUL require strict follow up of bHCG levels to help the clinician determine the likely outcome of the PUL (failed vs early vs ectopic) and choose the best intervention (expectant management, surgical management or medical management).\textsuperscript{1,2} One potential barrier to follow-up identified in a diverse population is having a language preference other than what most clinicians speak that may inhibit follow-up. A retrospective study was conducted to understand the characteristics of patients who are lost to follow up after a diagnosis of PUL. An extensive IRB-approved chart review was conducted at a level 3 trauma center in an urban community of Southeast Michigan. Data was pulled from gynecological consults that were conducted between January 2020 to June 2021. Any patient that had a diagnosed pregnancy of unknown location was included. Results: 180 English speakers and 30 non-English speakers were identified. The non-English speakers spoke Spanish, Arabic, or Bengali. Regardless of language preference an outcome of failed pregnancy was the least likely to follow-up. Non-English patients were more likely to follow up after surgical management of ectopic pregnancy than English patients, but less likely to follow up after medication management.

References: