

key points

SELECTED BY

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The most common site of localisation of an ectopic

pregnancy is the fallopian tube. Rarely an ectopic pregnancy can be found in the ovary, a caesarean section scar, the abdomen or the cervix. Risk factors are previous ectopic pregnancy, pelvic inflammatory disease, endometriosis, previous pelvic surgery, the presence of a coil and infertility. However, a third of women with an ectopic pregnancy have no known risk factors.

NICE recommends a low threshold for offering a

pregnancy test to women of childbearing age when they attend the surgery. Symptoms and signs appear when the tube starts to tear. When the tube ruptures, the woman will quickly become unwell and haemodynamically unstable because of rapid intra-abdominal blood loss. The most common symptoms of ectopic pregnancy are pelvic or abdominal pain, amenorrhoea, missed period or abnormal period and vaginal bleeding. A positive diagnosis of a urinary tract infection or gastroenteritis does not exclude an ectopic pregnancy. Signs of suspected ectopic pregnancy include pelvic, abdominal, adnexal or cervical motion tenderness, rebound tenderness and abdominal distension.

Women who are haemodynamically unstable, or in

whom there is significant concern about the degree of pain or bleeding, should be referred directly to A&E, irrespective of the result of the pregnancy test. Stable patients with bleeding who have pain or a pregnancy of six weeks gestation or more or a pregnancy of uncertain gestation should be referred immediately to an early pregnancy assessment (EPA) service, or out-of-hours gynaecology service if the EPA service is not available. GPs can use expectant management for women with a pregnancy of less than six weeks gestation who are bleeding but who are not in pain. Diagnosis is confirmed by transvaginal ultrasound scan to identify the location of the pregnancy.

Medical management with methotrexate is offered

to women who are able to return for follow-up and who have no significant pain, an unruptured ectopic pregnancy smaller than 35 mm with no visible heartbeat, serum hCG less than 1,500 IU/L and no intrauterine pregnancy. Surgical management, usually laparoscopic salpingectomy, will be offered to women (where these conditions are not met). NICE recommends that EPA services should be available seven days a week and that women who have had a previous ectopic pregnancy may self-refer.