



# Clinical Practice Guidelines: Obstetrics/Ectopic pregnancy

<b>Policy code</b>	CPG_OB_EP_0722
<b>Date</b>	July, 2022
<b>Purpose</b>	To ensure consistent management of an ectopic pregnancy.
<b>Scope</b>	Applies to Queensland Ambulance Service (QAS) clinical staff.
<b>Health care setting</b>	Pre-hospital assessment and treatment.
<b>Population</b>	Applies to all ages unless stated otherwise.
<b>Source of funding</b>	Internal – 100%
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<b>Review date</b>	July, 2025
<b>Information security</b>	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
<b>URL</b>	<a href="https://ambulance.qld.gov.au/clinical.html">https://ambulance.qld.gov.au/clinical.html</a>

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An **ectopic pregnancy** occurs in approximately 1.5–2% of pregnancies and is caused by the developing embryo implanting outside the uterine cavity. The vast majority (95%) of ectopic pregnancies occur when the embryo implants within the fallopian tubes.<sup>[1,2]</sup> A worldwide increase in the number of ectopic pregnancy cases has been attributed to an increase in the prevalence of risk factors including:

- In vitro fertilisation and fertility treatments
- sexually transmitted infections (e.g. chlamydia, gonorrhoea)
- pelvic inflammatory disease
- use of intrauterine devices
- advanced maternal age
- smoking
- previous history of ectopic pregnancy
- tubal damage as a result of surgery
- endometriosis

One third of women diagnosed with an ectopic pregnancy have no risk factors. Ectopic pregnancy accounts for five percent (approximately 5 cases) of maternal mortality annually in Australia.<sup>[1]</sup>

Early diagnosis and treatment has ensured that in the last decade, deaths within Australia from ectopic pregnancy have been rare.<sup>[2–4]</sup>

The most significant life-threatening complication of ectopic pregnancy is tubal rupture, which usually occurs between 6–10 weeks of gestation, and can result in haemorrhagic shock.<sup>[4]</sup>

## Clinical features



### **Unruptured ectopic pregnancy**

- history of amenorrhoea (at least one missed period)
- abnormal vaginal bleeding
- pelvic and/or abdominal pain
- nausea
- presyncopal symptoms

### **Ruptured ectopic pregnancy**

- syncope
- shock
- acute severe pelvic and/or abdominal pain
- shoulder tip pain (Kehr's sign), caused by free blood irritating the diaphragm when supine
- abdominal distention
- rebound tenderness and/or guarding

## Risk assessment



- A high index of suspicion for ectopic pregnancy should be maintained with any female patient of child-bearing age exhibiting any of the associated clinical features.

