### Policy code: CPG_OB_EP_1016

<table>
<thead>
<tr>
<th>Date</th>
<th>October, 2016</th>
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<tr>
<td>Purpose</td>
<td>To ensure consistent management of an ectopic pregnancy.</td>
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<td>Scope</td>
<td>Applies to Queensland Ambulance Service (QAS) clinical staff.</td>
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<td>Health care setting</td>
<td>Pre-hospital assessment and treatment.</td>
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<tr>
<td>Population</td>
<td>Applies to all ages unless stated otherwise.</td>
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<tr>
<td>Source of funding</td>
<td>Internal – 100%</td>
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<td>Clinical Quality &amp; Patient Safety Unit, QAS</td>
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<td>Review date</td>
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An *ectopic pregnancy* occurs in approximately 1–2% of pregnancies and is caused by the developing embryo implanting outside the uterine cavity. The vast majority (98%) of ectopic pregnancies occur when the embryo implants within the fallopian tubes. 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

Early diagnosis and treatment has ensured, in the last decade deaths within Australia from ectopic pregnancy have been extremely rare.

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.

### 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.
Suspected ruptured ectopic pregnancy

Patient shocked?

Y

Manage as per:

CPG: Hypovolaemic shock

N

Consider:

- Analgesia
- Antiemetic
- IV fluid

Transport to hospital
Pre-notify as appropriate

Note: Clinicians are only to perform procedures for which they have received specific training and authorisation by the QAS.