**Clinical Practice Guidelines:**
**Obstetrics/Ectopic pregnancy**

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<th>Date</th>
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<td>Purpose</td>
<td>To ensure consistent management of an Ectopic pregnancy.</td>
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<td>Scope</td>
<td>Applies to all QAS clinical staff.</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.\textsuperscript{1} 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.\textsuperscript{1–3}

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.\textsuperscript{4}

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

Suspected ruptured ectopic pregnancy

Consider:
- Analgesia
- Antiemetic
- IV fluid

Transport to hospital
Pre-notify as appropriate

Manage as per:
- CPG: Hypovolaemic shock