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All feedback and suggestions are welcome. Please forward to: Clinical.Guidelines@ambulance.qld.gov.au

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Ectopic pregnancy

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. 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.

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

Patient shocked?

Manage as per:
CPG: Hypovolaemic shock

Consider:
- Analgesia
- Antiemetic
- IV fluid

Transport to hospital
Pre-notify as appropriate

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