

Summary of NICE Guidelines

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	Ectopic pregnancy and miscarriage
NICE Reference	QS69
Date of Review:	July 2018
Date of Publication	September 2014
Summary of Guidance (Max 250 words)	Applies to women in their first trimester with suspected miscarriage or ectopic pregnancy.
	1. Women referred to early pregnancy assessment services should be seen within 24 hours of referral.
	This may be in a dedicated pregnancy assessment unit or within a hospital gynaecology ward. Referral may be based on initial clinical assessment, or by the women themselves if they have had an ectopic pregnancy or >3 miscarriages in the past.
	2. Women who are referred should be offered a transvaginal ultrasound scan and assessment of serum human chorionic gonadotrophin (hCG) levels to identify the location and viability of the pregnancy.
	Healthcare professionals must provide information about the scan. If unacceptable then a transabdominal ultrasound scan should be offered and its limitations explained.
	3. Women with a suspected miscarriage who have had an initial transvaginal ultrasound scan should be offered a second assessment to confirm the diagnosis.
	This may involve a second opinion from another healthcare provider and/or a second scan up to 2 weeks after the first (depending on the clinical situation). Treatment for miscarriage should not start until the site and viability of the pregnancy have been confirmed by a second assessment.
	The services must be sensitive to woman's religious, ethnic, or cultural needs, and take into account any learning disabilities or communication or reading difficulties. They should be staffed by healthcare professionals trained in sensitive communication. Women should have the option to be examined by a female member of staff if requested.
Impact on Lab (See below)	Moderate
Lab professionals to be made aware	 ✓ Chemical Pathologist ✓ Clinical Scientist
Please detail the impact of this guideline (Max 150 words)	Gynaecology wards or dedicated pregnancy assessment units should have access to serum hCG testing, and healthcare professionals in these areas should be appropriately trained in the sample requirements for this assay.

The assay should be available with an appropriate turnaround time to aid diagnosis. Clinical scientists should expect to provide appropriate guidance on the interpretation of bCG tests conducted on women with suspected
on the interpretation of hCG tests conducted on women with suspected miscarriage.

Impact on Lab

- **None**: This NICE guideline has no impact on the provision of laboratory services
- **Moderate**: This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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