



Summary of NICE Guidelines

Title	Ectopic pregnancy and miscarriage
NICE Reference	CG154
Date of Review:	March 2014
Date of Publication	December 2012
Summary of Guidance (Max 250 words)	<p>Early pregnancy assessment services should be available 7 days a week for women with early pregnancy complications.</p> <p>Symptoms and signs of ectopic pregnancy are variable and can resemble other conditions. Consider offering pregnancy testing to women of reproductive age presenting with suggestive symptoms even if non-specific; all healthcare professionals involved in the care of such women should have access to pregnancy testing.</p> <p>Transvaginal ultrasound scanning should be used in patients with suspected ectopic pregnancy/miscarriage to identify the location of the pregnancy and whether there is a fetal pole or heartbeat.</p> <p>Serum hCG measurement should not be used to determine the location of pregnancy; more weight should be placed on clinical symptoms. Serum hCG measurements should be taken 48 hours apart for assessing trophoblastic proliferation and determining subsequent management. An <i>increase</i> of >63% suggests a developing intrauterine pregnancy, while a <i>decrease</i> in hCG >50% indicates the pregnancy is unlikely to continue. Intermediate changes warrant clinical review. Further hCG measurements should only be taken after review by a senior healthcare professional.</p> <p>Following a confirmed diagnosis of miscarriage, active surveillance should be used unless particular risk factors are present. In women with a confirmed ectopic pregnancy, methotrexate or surgical management can be used depending on the clinical situation and serum hCG level. Following methotrexate, further hCG measurements should be taken 4 and 7 days post-treatment and then weekly until a negative result is obtained.</p> <p>Anti-D rhesus prophylaxis should be offered to rhesus-negative women following surgery for ectopic pregnancy/miscarriage. The Kleihauer test should not be used.</p>
Impact on Lab (See below)	<input checked="" type="checkbox"/> Moderate
Lab professionals to be made aware	<input type="checkbox"/> Chemical Pathologist <input type="checkbox"/> Clinical Scientist
Please detail the	Healthcare Scientists and Chemical Pathologists should be aware

impact of this guideline (Max 150 words)	of the early pregnancy complications which can occur and how they are diagnosed, managed and monitored. Early pregnancy assessment services should have access to ultrasound scanning and measurement of serum hCG levels. Serial hCG measurements play an important role in determining patient management, particularly in ectopic pregnancy, and this assay should be routinely available with appropriate turn-around-time.
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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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