

# Management of ectopic pregnancy audit

University Hospital Lewisham

June to December 2020 (comparison with 2017)

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## Background

Rate of ectopic is 11/1000 with maternal mortality of 0.2/1000. Fatality rate has decreased over recent years showing early diagnosis and appropriate management make a difference. All women presenting to EPU/ A&E should have a baseline BHCG and progesterone. The options of medical, surgical and conservative management should be offered as appropriate and this discussion documented

## Aim

To assess whether ectopic pregnancy was being managed as per local and national guidelines at University Hospital Lewisham over June to December 2020 and to compare the management to 2017

## Method

Retrospective data collection from June to December 2020 of all women with an ectopic pregnancy via A&E and EPU using icare. Age, parity, presenting symptoms, baseline investigations, time to definitive management, outcomes and documentation were assessed and data was entered using an excel spreadsheet. It was then compared with national and local guidelines and compared to an audit in 2017.

## Results

42% (n=18) managed conservatively (16% (n=3) failure)

2% (n=1) managed medically

57% (n=24) managed surgically 1st line (where 100% had salpingectomy)

19% (n=8) were initially diagnosed with PUL on scan

7% (n=2) did not have a TVUS before going to theatre and diagnosis was made clinically

5% (n=2) were interstitial pregnancies

40% of those managed surgically were ruptured ectopics (from the operation note)

26% of those managed surgically were live ectopics

average number of days of follow up if conservatively managed was 24 (range 12- 53)

### Areas of good practice compared to last audit (2017 – 2018)

95% (80%) had a Bhcg and progesterone performed on day of presentation

81% (70%) of those options for surgical management were operated on within 24 hours of diagnosis

96% had a laparoscopy and the 1 case who had a laparotomy it was appropriate

83% (80%) of those who opted for conservative management were successful. Only one medical management failed (management ignited at another trust).

100% of rhesus negative women received anti d within 24 hours

85% were given advice re future pregnancies on discharge

On previous audit only 5 cases were audited looking at conservative management compared to 18 in this audit. Most likely an issue of documentation and documenting on icare rather than much higher conservative management being offered

### Areas which still need to improve/interventions

6 of the women had had previous salpingectomy and then went onto have another salpingectomy. Should we have performed salpingostomy? No documentation

20% (n=3) of the women managed conservatively were lost to follow up

38% (n=10) were appropriately advised to take a pregnancy test 1 week after surgical management

26% (n=4) of conservatively managed women were not discussed with a consultant as per the guideline

33% (n=5) of conservatively managed women did not have a documented discussion of options

only 1 woman had medical management ?this option not being offered

## Recommendations and learning points

Better documentation of discussion of options - medical, surgical, conservative

Advice re PT follow up

Appropriate selection of conservatively managed cases

Don't rule out ectopic if BHCG > 100000 or <100

Discuss and document management options with a consultant in every case

Address theatre delays

?Better training in salpingostomy/ better documentation of reason for salpingectomy if appropriate and only 1 remaining tube

