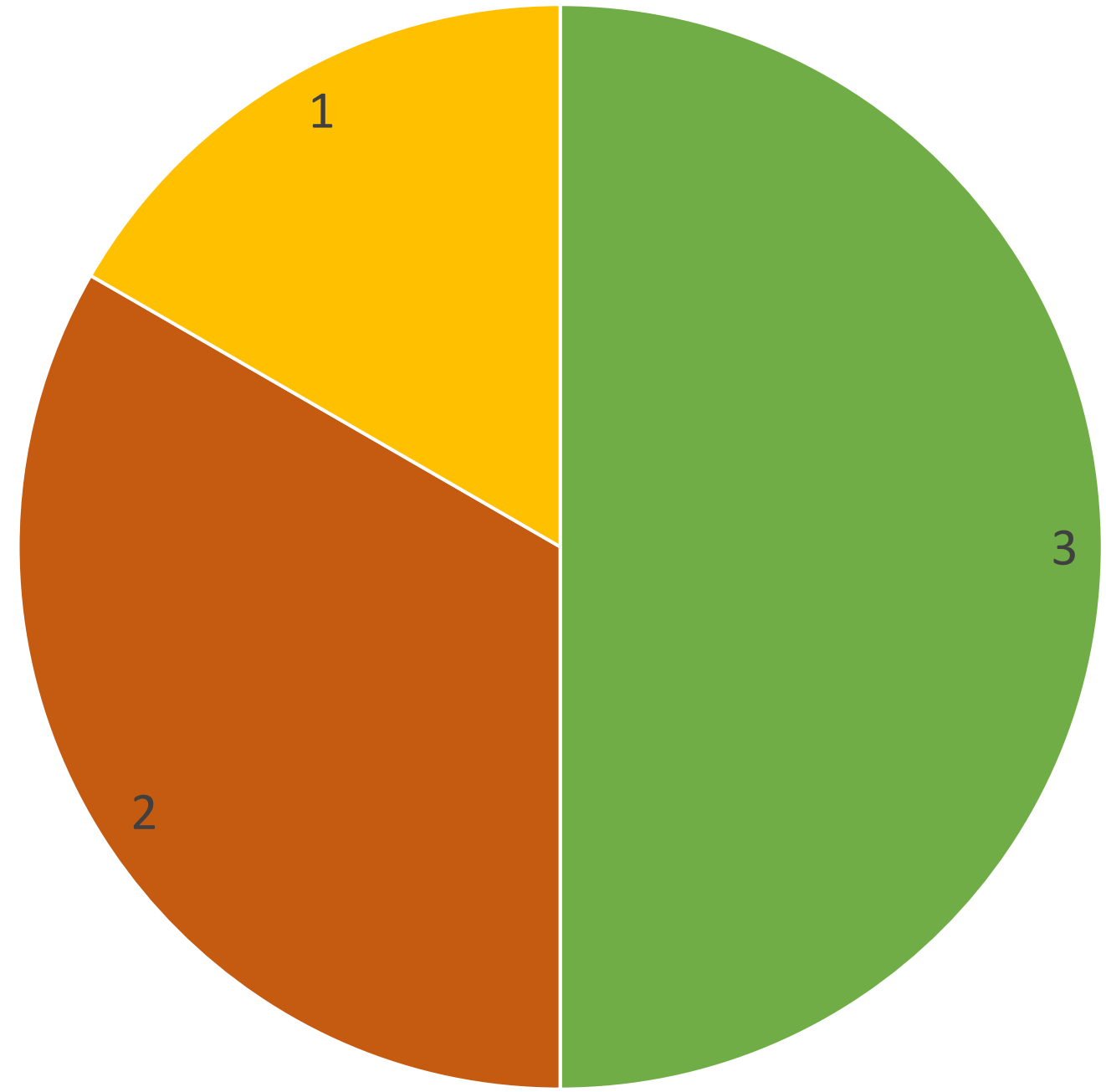
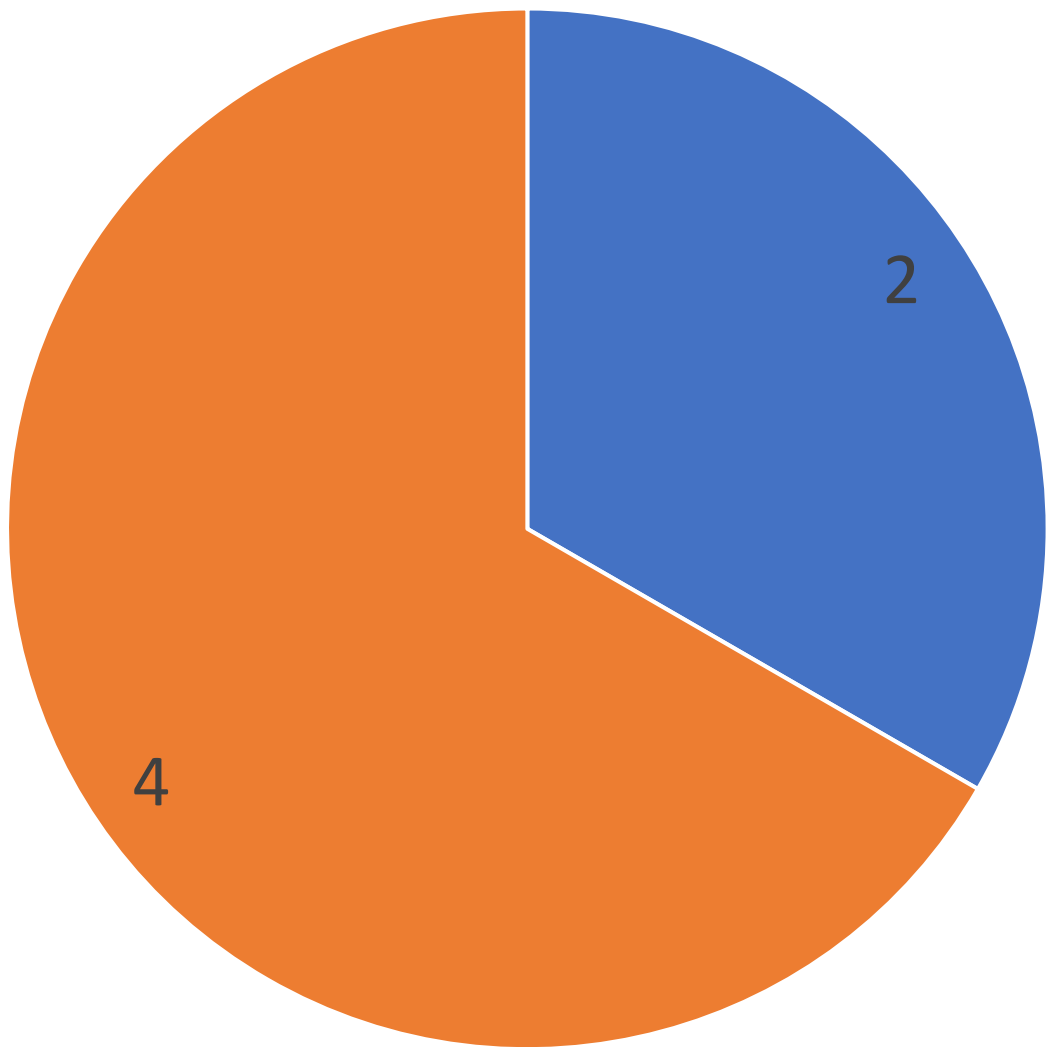
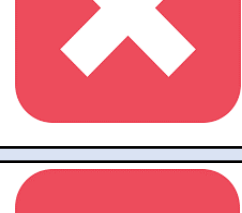


1. Background	5. Results - Standards			7. Conclusions
An ectopic pregnancy is any pregnancy which implants outside the endometrial cavity. In the UK, the incidence is 11 per 1000 pregnancies ¹ . The RVI has 6000 deliveries per year with an expected 90 ectopic pregnancies yearly. The mortality rate from ectopic pregnancy is 0.2/1000, around 2/3 associated with substandard care ² .	Standard	Outcome		<ul style="list-style-type: none">Relevant improvements made from prior auditGood consultant presence and involvementMajority of trust guidelines followedShared decision making and patient choice could be factors in women with expectant management falling outside of criteria in Trust GuidelinesCervical ectopic appropriately managed with cons involvement and good outcomeImproved documentation needed to reflect signposting to support groupsImprovements needed regarding appropriate counselling of salpingectomy v salpingotomy for women with risk factors for subfertility (e.g. previous PID, previous ectopic)
	Tubal ectopic pregnancies identified on initial scan (90%)	100% (48/48)		
2. Objectives <ul style="list-style-type: none">To assess the management of Ectopic Pregnancy against the Trust Guideline (based on RCOG and NICE Guidelines)To compare findings against those for the previous Trust Audit	Offered all relevant management options (100%)	100% (48/48)		<div>Figure 1: Expectant Management</div>  <div>■ Criteria met ■ Symptomatic ■ b-hCG >1,500IU/L</div>
	Provided with information containing support group details (100%)	92% (44/48)		
3. Methods <ul style="list-style-type: none">A retrospective audit48 ectopic cases October 2020 – July 2021Data collected from electronic patient records.	Women undergoing expectant management should meet the criteria (100%)	50% (3/6)		<div>Figure 2: Discussion Regarding Salpingotomy</div>  <div>■ Offered ■ Not offered</div>
	Methotrexate given for false-positive diagnosis of ectopic pregnancy (0%)	0% (0/4)		
4. Results – Previous Audit	Women undergoing medical management with methotrexate should meet the criteria (100%)	75% (3/4)		8. Recommendations <ul style="list-style-type: none">1) Staff education: Newsletters, Gynaecology Governance Meetings, Teaching, Risk Management Meetings2) Consider adding discussion of salpingectomy v salpingotomy to ectopic checklist3) Re-audit in one year to assess improvement
	Negative laparoscopy following US diagnosis of tubal ectopic pregnancy (0%)	2% (1/46)		
5. Results – Previous Audit	Women suitable for laparoscopic management of ectopic pregnancy managed laparoscopically (100%)	100% (46/46)		6. Discussion <ul style="list-style-type: none">8% no support group details - ?issue with documentation3 patients did not meet criteria for expectant: 2 free fluid/symptoms, 1 HCG >1500 ?patient choice1 patient did not meet criteria for medical: cervical ectopic, stable patient, good outcome1 negative laparoscopy, taken back to theatre later and ectopic seen, cons involvement throughout67% of suitable patients were not offered salpingotomy
	Non-emergency cases having surgery between 8 p.m. and 8 a.m. (0%)	0% (0/39)		
6. Results – Previous Audit	Rh -ve women should receive anti-D following surgical management (100%)	100% (5/5)		7. Conclusions
	Offer salpingotomy for women with risk factors for infertility (100%)	33% (2/6)	