

Guideline scope

Ectopic pregnancy and miscarriage: diagnosis and initial management

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-

What the guideline currently covers

Populations

- Women or pregnant people with pain or bleeding in the first trimester of pregnancy (that is, less than 13 completed weeks of pregnancy).
- Women or people who did not have pain and bleeding while they were pregnant, but who are found to have a missed miscarriage.

Exclusions

- Women or pregnant people with pain or bleeding after the first trimester (13 or more completed weeks of pregnancy).
- Women or pregnant people with tumours of the placenta (molar pregnancy or trophoblastic disease) after the initial diagnosis.
- Women or pregnant people with pain or bleeding unrelated to pregnancy.

Equality considerations

NICE has carried out [equality impact assessments for ectopic pregnancy and miscarriage](#). The assessments:

- list equality issues identified, and how they have been addressed
- explain why any populations are excluded from the scope.

Settings

All settings in which NHS care is received or commissioned.

Activities, services or aspects of care

We looked at evidence in the areas below when developing the recommendations:

- Support and information giving.
- Early pregnancy assessment services.
- Symptoms and signs of ectopic pregnancy and initial assessment.
- Diagnosis of viable intrauterine pregnancy and of tubal ectopic pregnancy.
- Management of miscarriage.

- Management of tubal ectopic pregnancy.
- Anti-D immunoglobulin prophylaxis.

We normally recommend medicines within their licensed indications in guidelines. However, we may recommend licensed medicines outside of the terms of their marketing authorisation (off-label use) if it is in the best clinical interests of patients. For example, off-label use may be recommended if the clinical need cannot be met by a licensed product and there is sufficient evidence or experience of using the medicine off-label to support its safety and effectiveness.

Review protocols

For detailed review protocols, see [the full guideline, which covers the evidence behind the 2012 recommendations](#), and [the evidence reviews, which cover the evidence behind the 2019 and 2021 recommendations](#).

Economic aspects

We have taken economic aspects into account when making recommendations. For relevant review questions (or key areas in the scope), we have reviewed the economic evidence and, where appropriate, carried out economic modelling and analyses, using an NHS and personal social services perspective.

Updates in progress

Medical management of miscarriage: publication planned

August 2023

New information suggests that recommendations on medical management of miscarriage may need updating or adding to. Topic experts advised NICE on this. Full details are set out in the [October 2021 surveillance review decision](#).

Approach to updating

We will take a proportionate approach for updating these recommendations in line with [appendix N of the guidelines manual](#).

Populations this update covers

The [groups covered by the current recommendations](#) will remain unchanged.

Equality considerations

We will publish an equality impact assessment with the consultation of the updated recommendations.

Settings this update covers

The [settings covered by the current recommendations](#) will remain unchanged.

Activities, services or aspects of care this update covers

We will look at the evidence and, if needed, make new recommendations or updating existing recommendations on medical management of miscarriage (recommendations 1.5.9 to 1.5.11 in the current guideline).

Draft review questions

We have drafted the following review question:

- 1 Is the combination of mifepristone and misoprostol more effective than misoprostol alone in the medical management of missed miscarriage?

Economic aspects

We will take economic aspects into account when making recommendations. For relevant review questions (or key areas in the scope), we will review the economic evidence and, where appropriate, carry out economic modelling and analyses, using an NHS and personal social services perspective.

Main outcomes

The main outcomes that may be considered when searching for and assessing the evidence are:

- Failure to spontaneously pass the gestational sac within 7 days after random assignment.

- Surgical intervention to complete the miscarriage up to discharge from hospital care, up to and including 7 days after random assignment, and from after day 7 and up to discharge.
- Need for further doses of misoprostol within 7 days after random assignment and up to discharge.
- Infection needing outpatient or inpatient antibiotic treatment.
- Negative pregnancy test result 21 days (\pm 2 days) after random assignment.
- Duration of bleeding as reported by the person (days).
- Need for blood transfusion.
- Side effects.
- Any serious complications.
- Maternal death.

NICE guidance and quality standards that may be affected by this update

[Ectopic pregnancy and miscarriage. NICE quality standard QS69.](#)

This is the final scope for this update. You can follow [progress of the update](#).

Our website has information about [how NICE guidelines are developed](#).

Methods

The original guideline was developed using the methods and processes in [developing NICE guidelines: the manual](#). All updates are developed using the methods and processes in [developing NICE guidelines: the manual](#) and the [interim principles for methods and processes for supporting digital living guideline recommendations](#).

NICE has produced guidance on the experience of people using the NHS and best practice in health and social care. This guideline does not include additional recommendations on these topics unless there are specific issues not covered by this guidance.

For all other areas not included in the updates:

- There will be no evidence review as part of this update.
- We will retain the existing recommendations but may revise them to update language, to reflect current practice or to ensure consistency.

Where this guidance applies

NICE guideline recommendations cover health and care in England.

Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

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