Management of Ectopic Pregnancy

**Level 1 institutions**
- **History:**
  - Mother with risk factors for ectopic pregnancy
  - Past history of ectopic pregnancy
  - Past history of septic abortion
  - Pelvic inflammatory disease

- **Examination:**
  - Adnexial mass +/- tender
  - Tender mass in fornices
  - Fluid / blood in abdominal cavity

- **Emergency:**
  - Adnexial mass
  - Signs of hypovolemic shock

**Level ii and iii institutions**
- Repeat history/examination for risk/symptoms/signs of ectopic pregnancy
- **Trans vaginal ultrasonography**

- **Intrauterine pregnancy seen**
  - β-HCG doubling every 2-days
  - β-HCG <3000 mIU/ml
  - Repeat β-HCG twice weekly

- **No Intrauterine pregnancy**
  - β-HCG >3000 mIU/ml
  - Repeat β-HCG and ultrasonography 3 days later

- **Methotrexate**
  - Expectant management, monitor β-HCG until <100 mIU/ml

- **Methotrexate**
  - Ectopic pregnancy
  - No cardiac activity
  - Cardiac activity present

- **Laparotomy**

**Level iii Institutions**
- **β-HCG <3000 mIU/ml**
- Early referral
- Routine care
- **β-HCG >3000 mIU/ml**
- No observed mass
- Adnexial mass
- Referred for Specialist Units

- Ruptured Ectopic pregnancy
- Signs of hypovolemic shock

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Health sector development Project
Guidelines- Management of ectopic pregnancy