Ectopic pregnancy and miscarriage: diagnosis and initial management

Overview

This guideline covers diagnosing and managing ectopic pregnancy and miscarriage in women with complications, such as pain and bleeding, in early pregnancy (that is, up to 13 completed weeks of pregnancy). It aims to improve how early pregnancy loss is diagnosed, and the support women are given, to limit the psychological impact of their loss.

Who is it for?

- Healthcare professionals
- Commissioners
- Women with complications in early pregnancy (up to 13 completed weeks of pregnancy), their families and carers

Recommendations

People have the right to be involved in discussions and make informed decisions about their care, as described in NICE's information on making decisions about your care.

NICE guidelines set out the care and services suitable for people with a specific condition or need, and people in particular circumstances or settings. We aim to improve quality by ensuring that people receive the best care and advice. Using inclusive language in healthcare is important for safety, and to promote equity, respect and effective communication with everyone. This guideline does not use inclusive language in whole or in part because:

- the evidence has not been reviewed, and it is not certain from expert opinion which groups the advice covers, or
- the evidence has been reviewed, but the information available for some groups was too limited to make specific recommendations, or

- only a very limited number of recommendations have been updated in direct response to new evidence or to reflect a change in practice.

Healthcare professionals should use their clinical judgement when implementing recommendations, taking into account the individual's circumstances, needs and preferences, and ensuring all people are treated with dignity and respect throughout their care.

Making decisions using NICE guidelines explains how we use words to show the strength (or certainty) of our recommendations, and has information about prescribing medicines (including off-label use), professional guidelines, standards and laws (including on consent and mental capacity), and safeguarding.

1.7 Anti-D immunoglobulin prophylaxis

For consultation only

As part of the guideline update, we are also revising NICE's quality standard on ectopic pregnancy and miscarriage (QS69). We propose adding a new quality statement to that document based on draft recommendation 1.7.1 below, which covers the use of anti-D immunoglobulin prophylaxis. We invite you to also provide feedback on this draft quality statement as part of this guideline consultation:

- People who are RhD negative with an ectopic pregnancy or miscarriage up to and including 11+6 weeks of pregnancy are not prescribed anti-D immunoglobulin prophylaxis.

1.7.1 Do not offer anti-D immunoglobulin prophylaxis to women, trans men and non-binary people who are RhD negative up to and including 11+6 weeks of pregnancy. **[2026]**

1.7.2 Offer anti-D immunoglobulin prophylaxis at a dose of 250 IU (50 micrograms) to women, trans men and non-binary people who are RhD negative and are at 12+0 to 12+6 completed weeks of pregnancy and having medical management or a surgical procedure to manage ectopic pregnancy or miscarriage. **[2026]**

1.7.3 Consider anti-D immunoglobulin prophylaxis at a dose of 250 IU (50 micrograms) for women, trans men and non-binary people who are RhD negative and are at 12+0 to 12+6 completed weeks of pregnancy for threatened miscarriage with heavy or recurrent bleeding. **[2026]**

1.7.4 Discuss the use of anti-D immunoglobulin with women, trans men and non-binary people if it is a suitable treatment option for them. Cover that:

- it is a protein obtained from blood plasma, but
- it does not contain blood cells (it is a filtered blood product). **[2026]**

1.7.5 Do not use a Kleihauer test for quantifying feto-maternal haemorrhage. **[2012]**

For a short explanation of why the committee made the 2026 recommendations and how they might affect practice, see the rationale and impact section on anti-D immunoglobulin prophylaxis.

Full details of the evidence and the committee's discussion are in evidence review E: anti-D immunoglobulin prophylaxis.

Rationale and impact

These sections briefly explain why the committee made the recommendations and how they might affect practice.

Anti-D immunoglobulin prophylaxis

Recommendations 1.7.1 to 1.7.4

Why the committee made the recommendations

The committee agreed that there was a lack of recently published evidence on the efficacy and safety of the use of anti-D immunoglobulin prophylaxis, they noted that the evidence in the previous update of recommendations was from the 1970's. The committee took into account expert testimony about the use of anti-D immunoglobulin prophylaxis, and the incidence of sensitising events in people who are RhD negative.

The committee discussed that, in their clinical experience, the different guidelines about the use of anti-D immunoglobulin prophylaxis and the lack of alignment between them means that there is confusion about when to use it in ectopic pregnancy and miscarriage. The committee noted that a lack of clear guidance could be a contributing factor in the incidence of sensitisation events, as reported in data from Serious Hazards of Transfusion (SHOT).

The committee noted that there is a lack of evidence to suggest a benefit of providing anti-D immunoglobulin prophylaxis under 12 weeks, and no evidence to suggest that there was a difference in sensitisation rates between medical and surgical interventions for ectopic pregnancy or miscarriage. The committee also considered supporting evidence that showed, where sensitising events occurred, high levels of maternofetal red blood cells were recorded before the event. It was also noted that sensitising events did not just occur as a result of the D antigen, they can be caused by other antigens such as C and E antigens.

Taking all this into account, the committee agreed to make population-specific recommendations based on the balance of benefits and harms for each group. The committee discussed that, for people who are 12+0 to 12+6 weeks of pregnancy who are having medical management or a surgical procedure to manage ectopic pregnancy or miscarriage, anti-D should be offered. This is unchanged from the previous recommendation, and is because of the increased risk of sensitisation after the first trimester (12+0 weeks). A recommendation to consider anti-D was made for people who are 12+0 to 12+6 weeks of pregnancy and experiencing threatened miscarriage with heavy or recurrent bleeding, because it is uncertain as to whether there is a link between heavy bleeding and sensitisation. The committee chose not to

define heavy or recurrent bleeding, and discussed that this should be down to clinical judgement.

The committee also agreed that where anti-D immunoglobulin is a suitable treatment for women, trans men and non-binary people experiencing an ectopic pregnancy or miscarriage, they should be made aware that it is a blood product so they can make an informed choice about its use. The committee discussed the importance of ensuring this discussion takes place, as people may not want to receive blood products for personal reasons.

How the recommendations might affect practice

The recommendations represent a change in current practice. Anti-D immunoglobulin is no longer offered to women, trans men and non-binary people with an ectopic pregnancy or miscarriage at up to and including 11+6 weeks of pregnancy, including anyone having surgical procedures for management of the same. The change in recommendations also means that anti-D prophylaxis can be considered for women, trans men and non-binary people who experience a threatened miscarriage with heavy and recurrent bleeding between 12+0 and 12+6 weeks of pregnancy. This change in recommendations means that, overall, there is expected to be a reduction in costs as fewer people will be offered anti-D immunoglobulin. The recommendations may remove barriers from early pregnancy services being provided in community locations, such as being incorporated within a woman's health hub.

Return to recommendations

Finding more information and committee details

To find NICE guidance on related topics, including guidance in development, see the NICE topic page on pregnancy.

For details of the evidence and the guideline committee's discussions for the 2012 recommendation, see the full guideline. You can also find information about how the guideline was developed, including details of the committee.

NICE has produced tools and resources to help you put this guideline into practice. For general help and advice on putting NICE guidelines into practice, see resources to help you put guidance into practice.

Update information

February 2026: We have reviewed the evidence and made new recommendations on anti-D immunoglobulin prophylaxis.

Recommendations marked **[2012]** last had an evidence review in 2012. In some cases minor changes have been made to the wording to bring the language and style up to date, without changing the meaning.

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