NICE National Institute for Health and Care Excellence

NICE quality standard

Ectopic pregnancy and miscarriage

Quality standard
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www.nice.org.uk/guidance/qs69

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This standard is based on NG126.

This standard should be read in conjunction with QS22, QS15, QS46, QS109, QS115, QS129 and QS32.

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Quality statement 1: Timely referral to early pregnancy assessment services

Quality statement

Women, trans men and non-binary people referred to early pregnancy assessment services are seen by the service at least within 24 hours of referral. **[2014]**

Rationale

Women, trans men and non-binary people with a suspected ectopic pregnancy or miscarriage should be referred to an early pregnancy assessment service for diagnosis and management based on an initial clinical assessment. They should always be seen within 24 hours of referral. However, depending on the clinical assessment, some people may need to be seen immediately to avoid adverse incidents, such as the rupture of a fallopian tube in an ectopic pregnancy. In addition, some people should be referred directly to an accident and emergency department, for example if they are haemodynamically unstable. It is important that appropriate measures are put in place to ensure safety.

Quality measures

The following measure can be used to assess the quality of care or service provision specified in the statement. It is an example of how the statement can be measured, and can be adapted and used flexibly.

Process

Proportion of women, trans men and non-binary people referred to early pregnancy assessment services who are seen by the service at least within 24 hours of referral.

Numerator – the number in the denominator who are seen in early pregnancy assessment services at least within 24 hours of referral.

Denominator – the number of women, trans men and non-binary people referred to early

pregnancy assessment.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers (secondary care services) ensure that a system is in place to enable women, trans men and non-binary people referred to early pregnancy assessment services to be seen by the service at least within 24 hours of referral.

Healthcare professionals (such as consultant obstetricians, gynaecologists and ultra sonographers) see women, trans men and non-binary people in an early pregnancy assessment service at least within 24 hours of referral.

Commissioners ensure that early pregnancy assessment services are able to see women, trans men and non-binary people at least within 24 hours of referral. They may also work with NHS England and NHS Improvement regional teams to raise awareness and ensure that clear protocols and referral pathways are in place.

Women, trans men and non-binary people who are referred to a hospital early pregnancy assessment service are seen within 24 hours of referral. They may be referred by a healthcare professional (for example, their GP, midwife or nurse, or an emergency department doctor) or, if they have had an ectopic pregnancy in the past, or 3 or more miscarriages, they should be able to book an appointment themselves.

Source guidance

Ectopic pregnancy and miscarriage: diagnosis and initial management. NICE guideline NG126 (2019, updated 2026), recommendation 1.3.4

Definitions of terms used in this quality statement

Early pregnancy assessment services

An early pregnancy assessment service can be located in a dedicated early pregnancy assessment unit or within a hospital gynaecology ward. All early pregnancy assessment services should:

- be a dedicated service provided by healthcare professionals competent to diagnose and care for women, trans men and non-binary people with pain and/or bleeding in early pregnancy **and**
- offer transvaginal ultrasound and assessment of serum human chorionic gonadotrophin (hCG) levels **and**
- be staffed by healthcare professionals with training in sensitive communication and breaking bad news.

[Adapted from NICE's guideline on ectopic pregnancy and miscarriage, recommendation 1.3.2 and expert opinion]

Referral

Women, trans men and non-binary people can be referred by a healthcare professional (such as a GP, emergency department doctor, midwife or nurse) who has made a clinical decision about whether they should be seen immediately or within 24 hours of the referral.

Women, trans men and non-binary people who have had recurrent miscarriage (the loss of 3 or more pregnancies before 24 weeks of gestation) or a previous ectopic pregnancy can self-refer to an early pregnancy assessment service. [NICE's guideline on ectopic pregnancy and miscarriage, recommendations 1.3.3 and 1.4.7, 1.4.9, 1.4.11 and expert opinion]

Equality and diversity considerations

Appropriate care may depend on the ability of a woman, trans man and non-binary person to access services quickly, which may be difficult for some groups, such as recent migrants, asylum seekers, refugees, or those who have difficulty reading or speaking

English. It is important to ensure that services are easily accessible to women, trans men and non-binary people from these groups.

Quality statement 2: Ultrasound to identify miscarriage or tubal ectopic pregnancy

Quality statement

Women, trans men and non-binary people who are referred with suspected ectopic pregnancy or miscarriage are offered a transvaginal ultrasound scan to identify the location and viability of the pregnancy. **[2014]**

Rationale

An initial ultrasound scan should be performed to diagnose an ectopic pregnancy or assess for miscarriage. A transvaginal ultrasound scan provides the best quality imaging and is more effective than a transabdominal scan because it can offer clearer pictures of the womb, ovaries and surrounding areas. However, a single transvaginal ultrasound scan may not always accurately diagnose miscarriage.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Process

a) Proportion of women, trans men and non-binary people who are referred with a suspected ectopic pregnancy and who receive a transvaginal ultrasound scan to identify the location and viability of the pregnancy.

Numerator – the number in the denominator who receive a transvaginal ultrasound scan to identify the location and viability of the pregnancy.

Denominator – the number of women, trans men and non-binary people who are referred with a suspected ectopic pregnancy.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Proportion of women, trans men and non-binary people who are referred with a suspected miscarriage and who receive a transvaginal ultrasound scan to identify the location and viability of the pregnancy.

Numerator – the number in the denominator who receive a transvaginal ultrasound scan to identify the location and viability of the pregnancy.

Denominator – the number of women, trans men and non-binary people who are referred with a suspected miscarriage.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers (secondary care services) ensure that protocols and equipment are in place for transvaginal ultrasound scans to be offered to women, trans men and non-binary people with a suspected ectopic pregnancy or miscarriage to identify the location and viability of the pregnancy.

Healthcare professionals (such as consultant obstetricians, gynaecologists and ultrasonographers) offer women, trans men and non-binary people with a suspected ectopic pregnancy or miscarriage a transvaginal ultrasound scan to identify the location and viability of the pregnancy.

Commissioners ensure that protocols and equipment are in place to offer transvaginal ultrasound for the diagnosis of ectopic pregnancy and miscarriage, and ensure that they monitor the provision of transvaginal ultrasound by relevant service providers.

Women, trans men and non-binary people with a suspected ectopic pregnancy (when a fertilised egg is outside the womb) or a suspected miscarriage are offered a scan called a transvaginal ultrasound scan (where a small probe is inserted into the vagina) to check whether the pregnancy is in the womb and if it is continuing.

Source guidance

Ectopic pregnancy and miscarriage: diagnosis and initial management. NICE guideline NG126 (2019, updated 2026), recommendation 1.5.1

Definitions of terms used in this quality statement

Suspected ectopic pregnancy

Presentation of symptoms and signs of ectopic pregnancy as outlined in NICE's guideline on ectopic pregnancy and miscarriage, recommendations 1.4.3 and 1.4.4.

Suspected miscarriage

Women, trans men and non-binary people with bleeding or other symptoms and signs of early pregnancy complications who have:

- pain **or**
- a pregnancy of 6 weeks' gestation or more **or**
- a pregnancy of uncertain gestation.

[NICE's guideline on ectopic pregnancy and miscarriage, recommendation 1.4.9 and expert opinion]

Transvaginal ultrasound scan

In a transvaginal ultrasound scan, a small probe is inserted into the vagina to check whether the pregnancy is in the womb and if it is continuing. The use of transvaginal ultrasound scanning is outlined in NICE's guideline on ectopic pregnancy and miscarriage, recommendations 1.5.1 and 1.7.1 to 1.7.6.

Equality and diversity considerations

When offering a transvaginal ultrasound scan, healthcare professionals should provide information about the scan that is sensitive to the person's religious, ethnic or cultural needs and takes into account whether they have learning disabilities, or difficulties in communication or reading.

If the person does not wish to undergo a transvaginal ultrasound scan, healthcare professionals should offer a transabdominal ultrasound scan and explain the limitations of this method.

There should be an option to be examined by a female member of staff if requested. This may be particularly important for people from certain cultural or religious groups.

Quality statement 3: Confirming a diagnosis of miscarriage

Quality statement

Women, trans men and non-binary people with a suspected miscarriage who have had an initial transvaginal ultrasound scan are offered a second assessment to confirm the diagnosis. **[2014]**

Rationale

A single transvaginal ultrasound scan may not always accurately diagnose miscarriage, and so a second assessment should be offered to confirm the diagnosis in women, trans men and non-binary people with suspected miscarriage. Treatment for miscarriage should not start until the site and viability of the pregnancy have been confirmed by a second assessment.

Quality measures

The following measure can be used to assess the quality of care or service provision specified in the statement. It is an example of how the statement can be measured, and can be adapted and used flexibly.

Process

Proportion of women, trans men and non-binary people with a suspected miscarriage who have had an initial transvaginal ultrasound scan and are offered a second assessment to confirm the diagnosis.

Numerator – the number in the denominator who receive a second assessment to confirm the diagnosis.

Denominator – the number of women, trans men and non-binary people with a suspected miscarriage who have had an initial transvaginal ultrasound scan.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers (secondary care services) ensure that procedures and protocols are in place for women, trans men and non-binary people with a suspected miscarriage who have had an initial transvaginal ultrasound scan to be offered a second assessment to confirm the diagnosis.

Healthcare professionals (such as consultant obstetricians, gynaecologists and ultrasonographers) offer women, trans men and non-binary people with a suspected miscarriage who have had an initial transvaginal ultrasound scan a second assessment to confirm the diagnosis.

Commissioners ensure that they monitor service providers to make sure they are offering second assessments to women, trans men and non-binary people with a suspected miscarriage who have had an initial transvaginal ultrasound scan to confirm the diagnosis.

Women, trans men and non-binary people with a suspected miscarriagewho have had a transvaginal ultrasound scan (where a small probe is inserted into the vagina) are offered a second assessment to confirm the diagnosis. This may involve a second opinion from another healthcare professional and/or a second scan 1 or 2 weeks after the first.

Source guidance

Ectopic pregnancy and miscarriage: diagnosis and initial management. NICE guideline NG126 (2019, updated 2026), recommendations 1.6.3, 1.6.4, 1.6.6 and 1.6.7

Definitions of terms used in this quality statement

Suspected miscarriage

Women, trans men and non-binary people with bleeding or other symptoms and signs of

early pregnancy complications who have:

- pain **or**
- a pregnancy of 6 weeks' gestation or more **or**
- a pregnancy of uncertain gestation.

[NICE's guideline on ectopic pregnancy and miscarriage, recommendation 1.4.9 and expert opinion]

Second assessment

Performing a repeat transvaginal ultrasound scan at a minimum of 7 days after the initial scan to confirm diagnosis, and/or seeking a second opinion on the viability of the pregnancy. [NICE's guideline on ectopic pregnancy and miscarriage, recommendations 1.6.3, 1.6.4, 1.6.6 and 1.6.7]

Equality and diversity considerations

When offering a repeat transvaginal ultrasound scan, healthcare professionals should provide information about the scan that is sensitive to the person's religious, ethnic or cultural needs and takes into account whether they have learning disabilities, or difficulties in communication or reading.

If the person does not wish to undergo a transvaginal ultrasound scan, healthcare professionals should offer a transabdominal ultrasound scan and explain the limitations of this method.

There should be an option to be examined by a female member of staff if requested. This may be particularly important for people from certain cultural or religious groups.

Quality statement 4: Anti-D immunoglobulin prophylaxis (up to and including 11+6 weeks of pregnancy)

Quality statement

Women, trans men and non-binary people who are rhesus D (RhD) negative with an ectopic pregnancy or miscarriage up to and including 11+6 weeks of pregnancy are not prescribed anti-D immunoglobulin prophylaxis. **[2026]**

Rationale

Anti-D immunoglobulin is used to prevent RhD sensitisation in people who are pregnant and RhD negative. However, there is no clear benefit in providing anti-D immunoglobulin prophylaxis to people who are RhD negative with an ectopic pregnancy or miscarriage up to and including 11+6 weeks of pregnancy.

Quality measures

The following measure can be used to assess the quality of care or service provision specified in the statement. It is an example of how the statement can be measured, and can be adapted and used flexibly.

Process

Proportion of women, trans men and non-binary people who are RhD negative with an ectopic pregnancy or miscarriage up to and including 11+6 weeks of pregnancy who are prescribed anti-D immunoglobulin prophylaxis.

Numerator – the number in the denominator prescribed anti-D immunoglobulin prophylaxis.

Denominator – the number of women, trans men and non-binary people who are RhD

negative with an ectopic pregnancy or miscarriage up to and including 11+6 weeks of pregnancy.

As the quality statement requires that anti-D immunoglobulin prophylaxis is not prescribed to this population, the appropriate target achievement level is 0%

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers (secondary care services) ensure that procedures and protocols are in place to ensure that anti-D immunoglobulin prophylaxis is not prescribed for people who are RhD negative with an ectopic pregnancy or miscarriage up to and including 11+6 weeks of pregnancy.

Healthcare professionals (such as maternity staff including midwives, consultant obstetricians and gynaecologists) do not prescribe anti-D immunoglobulin prophylaxis for people who are RhD negative with an ectopic pregnancy or miscarriage up to and including 11+6 weeks of pregnancy. If there is a discrepancy between length of gestation as measured from ultrasound and that calculated from last menstrual period, they use the findings from ultrasound to guide management.

Commissioners ensure that service providers do not prescribe anti-D immunoglobulin prophylaxis for people who are RhD negative with an ectopic pregnancy or miscarriage up to and including 11+6 weeks of pregnancy.

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 as there is no clear benefit to them. If there is a difference between the number of weeks' pregnancy as measured from ultrasound and that calculated from their last menstrual period, their healthcare professional will use the findings from the ultrasound to guide the treatment they should receive.

Source guidance

Ectopic pregnancy and miscarriage: diagnosis and initial management. NICE guideline NG126 (2019, updated 2026), recommendation 1.18.1

Definitions of terms used in this quality statement

RhD negative

Blood is known as RhD positive when it has an inherited protein called the RhD antigen on the surface of the red blood cells, and as RhD negative when it does not. Around 15% of the UK population are RhD negative. RhD status is inherited and does not change over a person's lifetime. [Adapted from NICE's guideline on ectopic pregnancy and miscarriage, glossary and abbreviations and the NHS website]

Anti-D immunoglobulin prophylaxis and RhD sensitisation

Anti-D immunoglobulin prophylaxis neutralises any RhD positive antigens that can pass to the RhD negative person's blood from the RhD positive fetus. If the antigens have been neutralised, the pregnant person's blood won't produce these antibodies. Production of these antibodies is a process known as RhD sensitisation. Once sensitisation has occurred, the person's immune system is primed to recognise RhD positive red blood cells. On any future exposure, their body produces anti-D antibodies rapidly. If they are carrying an RhD positive fetus, these antibodies can cross the placenta and attack the baby's red blood cells, leading to rhesus disease. [Adapted from NICE's full guideline on ectopic pregnancy and miscarriage, section 9]

Update information

June 2026: Changes have been made to align this quality standard with the updated NICE guideline on ectopic pregnancy and miscarriage. Statement 4 has been added to highlight that this is a key area for quality improvement. Gender language, links, definitions and source guidance sections have also been updated throughout.

Minor changes since publication

November 2021: Changes have been made to align this quality standard with the updated NICE guideline on ectopic pregnancy and miscarriage. Definitions have been updated throughout.

April 2019: References and source guidance sections have been updated throughout to align this quality standard with the updated NICE guideline on ectopic pregnancy and miscarriage. The heading for statement 2 has been amended for clarity.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the resource impact statement for the NICE guideline on ectopic pregnancy and miscarriage to help estimate local costs.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

For all quality statements where information is given, it is important that people are provided with information that they can easily read and understand themselves, or with support, so they can communicate effectively with health and social care services. Information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate. People should have access to an interpreter if needed. People should also have access to an advocate, if needed, as set out in NICE's guideline on advocacy services for adults with health and social care needs.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard or the equivalent standards for the devolved nations.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of

the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Miscarriage Association
- Royal College of General Practitioners (RCGP)
- Royal College of Nursing (RCN)
- Royal College of Obstetricians and Gynaecologists