THE ECTOPIC PREGNANCY TRUST

England & Wales · Charity number 1071811

Details

Other names	EPT
Status	Registered
Legal form	Trust
Registered	1998-10-02
Register	View on the Charity Commission register

Contact

Address

483 Green Lanes
London
N13 4BS

Phone	02070961838
Email	ept@ectopic.org.uk
Website	www.ectopic.org.uk

Activities

Objects: 1. TO PROVIDE INFORMATION, SUPPORT AND ADVICE TO ALL PERSONS SUFFERING FROM AND AFFECTED BY THE EFFECTS OF ECTOPIC PREGNANCY, MISCARRIAGE OR MOLAR PREGNANACY.2. TO ADVANCE EDUCATION AND TO PROMOTE AWARENESS OF ECTOPIC PREGNANCY, MISCARRIAGE OR MOLAR PREGNANACY.3. TO SUPPORT RESEARCH INTO ECTOPIC PREGNANCY, MISCARRIAGE OR MOLAR PREGNANACY.

Activities: Provision of advice to medical personnel and sufferers in the field of Ectopic Pregnancy, Miscarriage, Molar Pregnancy and Early Pregnancy Complications via a web site and help line

Classification

- **How:** Provides Advocacy/advice/information
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** Other Charities Or Voluntary Bodies, The General Public/mankind

Geography

- Northern Ireland
- Scotland
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£247,162	£268,928	-	-
2024-03-31	£212,199	£277,916	-	-
2023-03-31	£184,617	£253,659	-	-
2022-03-31	£191,003	£189,160	-	-
2021-03-31	£135,758	£127,483	-	-

Trustees

Name	Role	Appointed
Amarachukwu Bello		2024-12-01
CHRISTOPHER PHILLIP WOODWARD		
Davor Jurkovic		2025-10-01
Emma Kirk		2025-10-01
MR TOM BOURNE MD, FRCOG		2011-10-27
Michael Andrew Williams		2020-11-22
Rachel Small RM FRCOG		2021-01-20

THE ECTOPIC PREGNANCY TRUST

England & Wales - Charity number 1071811

Accounts

The
Ectopic
Pregnancy
Trust

The Ectopic Pregnancy Trust

Accounts for the Year Ending

31st March 2025

A NOTE OF THANKS

When reflecting that The Ectopic Pregnancy Trust has now provided twenty-seven years of dedicated service, advocacy, and support, it is humbling to think just how much this small, niche but sustainable charity continues to achieve with limited resources and big ambitions. It is testament to an amazing team of employees, consultants, volunteers, medical advisors and trustees who are happy to give their time and support in the support of others, without whom we would not be able to provide the vital services that make such a huge difference. All of the successes of the Trust over this financial year are testament to everyone's efforts and I thank everyone for their kind contribution.

Ectopic pregnancy is a common, life-threatening condition that remains the leading cause of maternal death in early pregnancy. It occurs when an embryo grows outside of the womb and affects around 1 in 80 pregnancies, causing a devastating physical and emotional impact. The experience of major invasive treatment or surgery, often performed in emergency circumstances, is extremely traumatic and is combined with the threat or actual loss of life of the mother, the loss of the child, and leaves people vulnerable in the months and sometimes years after the loss.

The 2024 MBRRACE-UK Report 2020-22 identified that during such two-year period in the UK and Ireland, 12 women died from an early pregnancy-related cause - These were all due to ectopic pregnancy. Ectopic pregnancy deaths have risen again – from 5 reported in 2019, to 8 in 2022, to now 12 in the 2024 report. This almost doubling trend is alarming, particularly given the report states that all 12 women could have received better care. In the 21st century, no woman should die of an ectopic pregnancy.

We provide exceptional support on a large scale and work tirelessly with key stakeholders, such as healthcare professionals and government, to improve diagnosis, treatment and raise awareness. We are successfully positioned and respected as key influencers able to affect change and have the support and guidance from world-class health care professionals as our medical advisers and trustees, alongside strong business acumen. Our team members are driven to help others through their own experiences and empathise with our service users since many have experienced pregnancy loss and difficulties of their own.

Being a small charity that receives no government funding, every penny of our income counts. Many who support us understand first-hand the importance we place on helping people through an ectopic experience. Thanks to the generosity and goodwill of others, we will continue to invest in our support services and work to make the hospital experience the best it can be.

Alex Peace – Gadsby

Alex Peace-Gadsby OBE DL DBA (Hon)
President
The Ectopic Pregnancy Trust

CHARITY INFORMATION TO 31 MARCH 2025

Charity Name: The Ectopic Pregnancy Trust

Charity Number: 1071811 (England and Wales) and SC053187 (Scotland)

Date of registration: 2 October 1998 (England and Wales) and 13 March 2024 (Scotland)

Principal address: 483 Green Lanes, London, N13 4BS

Structure: The Ectopic Pregnancy Trust was registered 2 October 1988 and is constituted as a Trust, with a Trust Deed as its governing document, as amended 6 June 2013.

Trustees and Roles:

During this period of reporting, the following served as Trustees:

Dr Amara Bello (joined November 2024)
Professor Tom Bourne MBBS Ph.D MD FRCOG FAIUM (Hon)
Professor Andrew Horne Ph.D, MRCOG (resigned November 2024)
Mrs Shabana Masavi (Treasurer)
Miss Julie Price (resigned January 2025)
Ms Rachel Small RGN, RM, FRCOG (Hon) (Chair – from November 2024)
Mr Michael Williams LLb
Mr Chris Woodward (Chair – to November 2024)

The Trustees understand the responsibilities associated with this position. The Charity has a clear policy and procedure for the recruitment, selection and induction of Trustees, which runs alongside our equal opportunities policy. Trustees are appointed following a resolution passed at a Trustee meeting.

Additionally, the Board of Trustees benefits from the expertise of our President and Medical Advisors as follows:

President:

Alex Peace-Gadsby OBE DL DBA (Hon)

Medical advisers:

Cecilia Bottomley MB BChir MD MRCOG
Prof. Tom Bourne MBBS Ph.D MD FRCOG FAIUM (Hon)
Sonal Colvin BSc (Hons)
Prof. Colin Duncan BSC (Hons), MBChB (Hons), MD, FRCOG
Janine Elson MD FRCOG
Prof. Andrew Horne Ph.D, MRCOG
Prof. Davor Jurkovic Ph.D MD MRCOG
Emma Kirk MBBS BSc MD FRCOG
Prof. Siobhan Quenby MBE MBBS FRCOG
Nick Raine-Fenning MRCOG, MBChB Ph.D
Prof. Jackie Ross MBBS FROCG
Rachel Small RGN, RM, FRCOG (Hon)
Lisa Starrs BSc (Hons) RN RM

The Charity also benefits from a series of Ambassadors and is grateful for them bravely sharing their personal experiences and using their public profile to raise awareness of the condition as follows:

Ambassadors:

Charlotte Crosby - TV Personality
Michelle Gayle MBE - Actress and Singer
Dame Laura Kenny DBE OLY - British Athlete
Susan Penhaligon - Actress
Amanda Redman MBE - Actress

The Trustees are fortunate that the Charity is supported day-to-day by an able team of full and part time staff and contractors as well as a kind cohort of 91 volunteers who support the charity on an ad-hoc basis.

Team Members:

Munira Oza (Chief Executive)
Jill Ansell (Fundraising Coordinator)
Sonal Colvin (Shop and Donations Coordinator)
Helen Corsi-Cadmore (Projects Coordinator)
Mary Hall (Admin Support)
Natalie Max (Press Officer)
Sam Page (Hospital Coordinator)
Lois Rowland (Fundraising Support Coordinator)
Kerri Stedman (Social Media Coordinator)
Sophie Ashby-Clarke (Support Team)
Joanne Cadle-Junor (Support Team)
Katharine Christopher (Support Team)
Karen Donovan (Support Team)
Michele Fugiel Gartner (Support Team)
Gita Noren (Support Team)
Katie Lewis (Support Team)
Beth Pidd (Support Team)

Volunteers continue to be an essential resource in ensuring that the charity is able to deliver its objectives. They are typically people who have been affected by the condition and want to give something back to the Charity. The Charity has strict policies and procedures for vetting, training and supervision.

The charity ensures that no person applying for employment or for admission as a volunteer to the charity will be treated less favourably on the grounds of their sex, race, class, colour, racial group, ethnicity, marital status, sexual orientation, age, trade union membership or otherwise, religious belief or physical or mental disability.

Decision making:

The Trustees are responsible for strategic decisions with appropriate consultation with the staff. Where medical information is required, the Medical Advisors are consulted. The staff have the authority to make operational decisions without prior Trustee consultation within the Scheme of Delegation and compliance with relevant policies.

OUR PURPOSE AND ACTIVITIES

The Trustees uphold that they have acted in accordance with the aims and objectives of the charity, in the interest of public benefit.

Charity Objects:

The Charity objects as laid out in the Charity's governing document are as follows:

1. To provide information, support and advice to all persons suffering from and affected by the effects of ectopic pregnancy, miscarriage or molar pregnancy.
2. To advance education and to promote awareness of ectopic pregnancy, miscarriage or molar pregnancy.
3. To support research into ectopic pregnancy, miscarriage or molar pregnancy.

Our Purpose and Public Benefit:

The Ectopic Pregnancy Trust exists to advance health and save lives by raising awareness and supporting individuals affected by ectopic pregnancy and related early pregnancy complications. We:

- Provide accessible, medically reviewed and evidence-based **information** and **support** to all persons affected by ectopic pregnancy and other early pregnancy complications and the healthcare professionals who care for them, supporting individuals, families and professionals during emotional and medical crises.

- Advance **education** and promote **awareness** of ectopic pregnancy and other early pregnancy complications among the medical profession and wider public, contributing to earlier diagnosis, improved patient outcomes, and increased patient safety.

- Support **research** into ectopic pregnancy and other early pregnancy conditions, contributing to the sharing of best practices and enabling better care pathways across the UK.

Our services are free, ensuring equitable access. We actively monitor user feedback to maintain our high service standards. The trustees confirm that they have due regard to the Charity Commission's public benefit guidance when planning and reviewing activities. We ensure all services are evidence-based, effective, and aimed at benefitting the public.

Charity Activities:

We are delighted to report that the EPT undertook a series of activities throughout the year in order to fulfil its purpose, continuing its trend of growing its reach year on year. As a small charity with a big heart, we continue to create impact at increasing scale with key activities for the year that include:

Aim 1: Provide Information and Support

- The number of 'treatment packs' of free patient information leaflets sent to hospitals to give to patients over the reporting period exceeded last year's record number, yet again, with over 13,000 packs being sent out, meaning people have access to information quickly and are signposted to ongoing support at the point of need.

- Our leaflets were translated into Arabic, Bengali, Chinese, Polish, Portuguese, Somali, and Welsh and were made available digitally to broaden accessibility, alongside an accessible print version.

- Distribution of our ‘Symptoms’ and ‘Emotions’ posters increased with over 700 further sets being disseminated free of charge to hospitals, plus supporters of the charity continuing to request these and disseminate them across GP surgeries, clinics, pharmacies and Urgent Care Centres. We also sent over 2,000 ‘contact cards’ to be distributed by hospitals at point of need.

- The EPT was awarded the Patient Information Forum (PIF) tick as a trusted information creator. This is a UK-wide quality mark for healthcare information.

- We continued to invest heavily into the redevelopment of our online support infrastructure and, over the year, received over 681,000 sessions and over 2.4m user engagement events on our website, top pages remaining ‘Symptoms of Ectopic Pregnancy’ and ‘Trying to Conceive Again’. 88% of users accessed the site via tablet/phone, 66% of visitors identify as female and 34% male.

- Our message boards received over 1 million page views in the last report year, with over 20,000 members registered and hundreds of thousands more viewing or participating anonymously. In October, we relaunched our forum on new infrastructure through the kind support of the National Lottery Community Fund.

- We responded to over 300 emails requesting support per month, plus responded to numerous emails with medical professionals, journalists and supporters, resulting in over 5,000 email exchanges for the year.

- We successfully supported those who prefer to receive replies in real-time through our telephone help line, Zoom, text exchange service and Skype platforms.

- In collaboration with The Miscarriage Association, we held our first ‘Professional Pause Sessions’, providing space for Early Pregnancy Unit staff to talk and gain support.

- Facebook use continued to increase with our public page receiving a 5.7% increase in followers and some of our top performing posts, such as Ectopic Pregnancy Awareness Day, reaching over a half a million people. Our symptoms video was viewed over 35,000 times. Our private support community currently has over 1,600 members.

- Other social media platform engagement continues to increase, with our Instagram profile reach increasing 44.9% compared with last year, LinkedIn increasing followers by 29.4% and our TikTok account increasing by 23.5% followers and 124% post impressions.

- Our ‘Treasured Tulips Gardens’ on social media saw 604 new virtual tulips ‘planted’ over the financial year.

Aim 2: Education and Awareness

- In April 2024 we launched our ‘Think Ectopic’ campaign by sending samples of ectopic pregnancy biocards to all Early Pregnancy Units in the UK, which rapidly turned into large scale repeat orders and resulted in the Royal College of General Practitioners endorsing the campaign and the College of Paramedics supporting the campaign. The Royal College of Nursing distributed the free biocards at their annual conference in December and the NHS e-Learning hub has uploaded the Think Ectopic video content produced as part of the overall campaign.

- Dame Laura Kenny joined the EPT as an Ambassador, speaking movingly about her miscarriage and ectopic pregnancy at length on ITV's Loose Women and to media outlets.

- Our third annual 'Ectopic Pregnancy Awareness Day' on 1st August centred around our newly launched Think Ectopic campaign and the announcement of Dame Laura Kenny joining the EPT as an Ambassador and resulted in our social media posts being seen half a million times, with each viewing having the possibility of saving a life.

- We continued to collaborate as a member of the Pregnancy & Baby Charities Network, whose focus includes improving care throughout the path to parenthood before, during and after pregnancy and after losing a baby or pregnancy.

- We continued to be members of the All-Party Parliamentary Group (APPG) on Baby Loss, supporting the development of policy that supports families dealing with the grief and loss of a baby.

- We continue to act as a stakeholder on the introduction and development of relevant NICE Clinical Guidelines including 'Pain and Bleeding in Early Pregnancy' and 'Ectopic Pregnancy and Miscarriage: Diagnosis and Initial Management'. Our CEO continues to be Lay Member for subsequent updates of NG126 and sits on the committee for the Women's and Reproductive Health Suite for NICE.

- We worked in collaboration with other charities, the Department of Health and the APPG to review the 'Miscarriage, Ectopic Pregnancy and Molar Pregnancy Pathway' for the 'National Bereavement Care Pathway' and continue to assist with the latest updates. The charity has subsequently begun working with the Scottish National Bereavement Care Pathway, joining regular online sessions with healthcare professionals.

- The 'MBRRACE-UK Report into Maternal Deaths and Morbidity 2024 (Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-2022)' was published and the CEO was invited to join the Lay Summary Writing Panel and participate in the Q&A session at the conference.

- We provided conference and training talks to healthcare professionals and students, including talks to National Unplanned Pregnancy Advisory Service (NUPAS), the Primary Care Show 2024, the Scottish Early Pregnancy Network Conference, hospitals and university societies.

- We continued to assist a number of television and media outlets covering print, on-line, television and radio formats, receiving wide ranging exposure. We assisted with a script review based on an ectopic pregnancy for the storyline for Popular BBC Soap Casualty, which was aired on 20 June 2024.

- Baby Loss Awareness Week took place from 9 to 15 October and we continued to drive the Week forward extensively alongside other charities, with the CEO continuing to sit on the Core Working Group and the Social Media Coordinator sitting on the group for Marketing and Communications.

- The CEO also continued to represent the Patient's voice on the Board of the Association of Early Pregnancy Units (AEPU) and participate in the 'Royal College of Obstetricians and Gynaecologists Women's Voices Advisory Group for Miscarriage Care'.

- We provided oral evidence to the Women and Equalities Committee as part of the government 'Equality at Work: Miscarriage and Bereavement Leave Inquiry'.

Aim 3: Supporting Research

- We worked in collaboration with the Cochrane Gynaecology and Fertility Group, The University of Monash, and University College London on a 'Priority Setting Partnership for Ectopic Pregnancy' seeking to identify the top ten priorities for future research in ectopic pregnancy. The CEO is a key lead in the project and sits on the Scientific Steering Committee. This paper is due to be submitted.

- We assisted The Aberdeen Centre for Women's Health Research with gathering participants for Public and Patient Involvement to gather insights into whether women thought the AMETHYST trial would be a beneficial study through its exploring the impact of existing medical treatment, considering priorities for new medical treatments and acceptability of mifepristone as an experimental treatment. A research grant was subsequently awarded and will investigate whether a drug called mifepristone alongside methotrexate is more effective at treating ectopic pregnancy than the current medical treatment of methotrexate alone. The CEO is the PPIE lead for the research.

- We assisted University College Hospital with a research study investigating the psychological impact of being diagnosed and managed for a caesarean scar ectopic pregnancy. Our CEO is on the steering committee.

- We continue to work with the teams at Kings College London and the University of Liverpool, following the collaboration on the 'PUDDLES project', assisting with a number of papers, including an investigation into psycho-social aspects associated with ectopic pregnancy loss and on early pregnancy loss and support after the pandemic. Our CEO is a member of the PPIE Group for Perinatal Bereavement, Trauma, & Loss.

- We started pro bono health economics research with a specialist organisation.

- Our CEO attended symposia with University College London researchers regarding linguistic challenges in communicating about pregnancy loss and assisted in the paper.

- We are a Project Partner for both the Royal College of Emergency Medicine and the Royal College of Obstetricians and Gynaecologists' research priorities projects and have further strong collaborations with institutions such as NHS Direct, the Department of Health and Social Care, the Royal College of Nurses, the Royal College of General Practitioners, the College of Paramedics, the Royal College of Emergency Medicine, the International Society for Ultrasound in Obstetrics and Gynaecology, and the Health Services Safety Investigation Body.

- Our CEO assisted with primer on ectopic pregnancy for Nature Reviews Disease Primers.

- We were designated Core Participant status for the UK's Covid Inquiry (Healthcare Module) and contributed evidence to the Inquiry in the Autumn.

Future Plans:

We plan to continue to ensure that are services remain accessible and available to all who need them and will continue to evolve our use of technology to ensure we are providing information, education and support to people through modern and popular methods.

We will continue to seek out opportunities to engage with a variety of stakeholders, in representation of the Patients voice, to ensure we continue to influence national policy and are engaged in research projects that consider improvements in care pathways.

FINANCIAL REPORT

In sharing these financial statements, I would also like to offer my thanks to all who have supported the charity over the year. We take every penny we receive very seriously and put it to the best use possible to make the biggest positive impact.

The accounts have been prepared on a cash basis for this accounting period. Please note, in the previous year they were prepared on an accruals basis and Trustees have taken the decision to prepare accounts on a cash basis going forward, provided income does not exceed the ability to do so. The Trustees are currently actively looking at our accounting needs and will be engaging with new accountants in coming months.

The financial statements for the year are set out on pages 12 to 15. The receipts and payments account on page 12 reflects a deficit for the year of £21,765.76 (2024: £65,703.80). Total reserves, including restricted funds amounted to £11,257.64 (2024: £33,023.40).

It is useful to note that, historically, the charity's reserve levels became significantly too high and Trustees took a decision to invest heavily into renewing and upgrading the charity's website and forum infrastructure and invest in new digital assets. A decision was taken upfront not to depreciate this investment over time and instead take all of the depreciation during the year of its expenditure, given it did not carry a cash or tax impact. If these one-off costs were taken out of the accounts, our surplus for the period would have been £10,359.40 (2024: loss of -£8,985.61).

Reserves Policy:

The Trustees consider that, in terms of good governance and to ensure the continuity of the charity and the fulfilment of its charitable aims, it is necessary to maintain an adequate level of reserves. The Trustees aim to maintain free reserves in unrestricted funds which equates to approximately three months' unrestricted charitable expenditure, approximately £60,000. They consider that this will provide sufficient funds to ensure that support and governance costs are covered.

At the point of the 2024 – 2025 financial year end, the charity's reserves had dropped to £11,257.64. This level of reserve fell significantly short of the reserves target and Trustees worked alongside staff to reduce expenditure and quickly return to a 3 months' level of reserves in the 2025-26 financial year. This was aided by the fact that much of the charity's larger expenditure had been on capital investment into the charity.

At the time of signing off this report, the charity's reserves had returned to £71,615, 3.6 months of reserves. The Trustees continue to evaluate the appropriate required level of reserves to ensure the sustainability of the charity on an annual basis.

Risk Management:

The EPT receives no statutory, government, or NHS funding and relies largely on the generosity and goodwill of fundraisers, such as marathon runners and individual donors. We are immensely grateful for their dedication. The main financial risk to the charity is a reduction in donations and fundraising activity by individuals.

To mitigate this, the EPT creates bespoke fundraising initiatives, such as EPT 80 in 1, the EPT1000 Challenge, and EPT Mini Challenges as well as undertaking partnerships with Run4Charity (over 40 participants in 2024 and over 20 already signed up for 2025) and ensuring flagship events like the London Marathon and Great North Run continue to draw significant interest. Adequate reserves are held to cover operational costs in the event of a loss of income and to meet any unforeseen expenditure that may occur.

Investments:

The charity does not hold any assets such as property and does not have any medium or long term investments. The charity holds two bank accounts with Charities Aid Foundation (CAF Bank), a current account and a Gold savings account, and one current account with HSBC. The Treasurer takes responsibility for ensuring that the majority of funds are kept in the Gold account to ensure that the potential for interest is maximised.

Records Maintenance:

The charity's records are maintained and annual accounts are prepared by the Treasurer and the CEO.

Statement of Trustees Responsibilities:

The Trustees are responsible for preparing the Annual Report and Accounts of the charity in accordance with applicable law and regulations.

Under charity law in the United Kingdom, the Trustees must ensure that proper accounting records are kept and that the accounts give a true and fair view of the charity’s receipts and payments during the financial year, as well as the charity’s cash balances at the year end. The accounts have been prepared on a cash accounting basis, which records transactions only when cash is received or paid.

In preparing these accounts, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable accounting standards and relevant guidance have been followed, subject to any material departures disclosed and explained in the accounts;
- Prepare the accounts on the cash accounting basis as required by the charity’s governing document and applicable regulations.

The trustees are responsible for safeguarding the assets of the charity and ensuring that proper systems of internal control are maintained to prevent and detect fraud and other irregularities.

The trustees confirm that, to the best of their knowledge, the annual report and accounts comply with the requirements of the Charities Act 2011 and the Charity Commission’s guidance for accounts prepared on a receipts and payments (cash accounting) basis.

The trustees are also responsible for the contents of the trustees' report.

The accounts were approved by the Trustees on 20 December 2025 and signed on their behalf by:

Rachel Small RGN, RM, FRCOG (Hon)
Chair
The Ectopic Pregnancy Trust

INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF THE ECTOPIC PREGNANCY TRUST

I report on the accounts of the Trust for the year ended 31 March 2025, which are set out on pages 12 to 15.

Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011. The charity's trustees consider that an audit is not required for this year under section 144 of the Charities Act 2011 and that an independent examination is needed.

I report in respect of my examination of the charity's accounts carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable directions given by the Charity Commission under section 145(5)(b) of the Act. It is my responsibility to examine the accounts as required to state whether particular matters have come to my attention.

Basis of independent examiner's statement

My examination is carried out in accordance with the Charities Act 2011. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts and seeks explanations from the trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently I do not express an audit opinion on the view given by the accounts.

Independent examiner's statement

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. Accounting records were not kept in respect of the Trust as required by section 130 of the 2011 Act; or
2. The accounts do not accord with those records.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report to enable proper understanding of the accounts to be reached.

Signature

Date: 20th of December 2025.

Wendy Donovan ACMA,CGMA,MIP,MSc SMA.

Meadowview, Old Shire Lane, Chorleywood WD3 5PN

Independent Examiner's Report to the Trustees of The Ectopic Pregnancy Trust

I report on the accounts of the charity for the year ended 31 March 2025 which are set out on pages 12 to 15.

Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of the accounts in accordance with the terms of the Charities and Trustee Investment (Scotland) Act 2005 and the Charities

Accounts (Scotland) Regulations 2006 (as amended). The charity trustees consider that the audit requirement of Regulation 10(1) (d) of the 2006 Accounts Regulations does not apply. It is my responsibility to examine the accounts as required under section 44(1) (c) of the Act and to state whether particular matters have come to my attention.

Basis of independent examiner's statement

My examination is carried out in accordance with Regulation 11 of the 2006 Accounts Regulations. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeks explanations from the trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently I do not express an audit opinion on the view given by the accounts.

Independent examiner's statement

In the course of my examination, no matter has come to my which gives me reasonable cause to believe that in any material respect the requirements:

- to keep accounting records in accordance with Section 44(1) (a) of the 2005 Act and Regulation 4 of the 2006 Accounts Regulations
- to prepare accounts which accord with the accounting records and comply with Regulation 9 of the 2006 Accounts Regulations

have not been met, or

2. to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Name: Wendy Donovan

ACMA,CGMA,MIP,Msc SMA

Address: Meadowview, Old Shire Lane,Chorleywood,Hertfordshire WD3 5PN

Date:20th of December 2025.

Receipts and Payments

For the Year Ended 31 March 2025

Receipts	**Restricted Funds**	**Unrestricted Funds**	**2025 Total**	**Restricted Funds**	**Unrestricted Funds**	**2024 Total**	**2023 Total**
Personal Donations	-	44,881.12	44,881.12	-	13,108.17	13,108.17	23,767.36
Corporate Donations	-	33,166.41	33,166.41	-	9,886.10	9,886.10	540.00
Grants	10,000.00	-	10,000.00	-	-	-	-
Fundraising Activities	-	150,960.03	150,960.03	-	181,509.57	181,509.57	153,797.66
Merchandise Sales	-	7,977.17	7,977.17	-	7,354.37	7,354.37	5,695.23
Interest Income	-	177.21	177.21	-	680.59	680.59	817.59
Total Receipts	**10,000.00**	**237,161.94**	**247,161.94**	**-**	**212,538.80**	**212,538.80**	**184,617.84**
Payments							
People Costs	-	163,224.47	163,224.47	-	147,074.91	147,074.91	149,566.39
Hospital Materials	-	24,794.89	24,794.89	-	33,773.26	33,773.26	39,970.29
Website and Forum	10,000.00	22,125.16	32,125.16	-	56,718.19	56,718.19	35,584.14
Meetings & Conferences	-	4,805.63	4,805.63	-	2,995.94	2,995.94	1,337.72
Shop Costs	-	5,964.33	5,964.33	-	7,121.64	7,121.64	1,420.82
Bank Fees	-	1,389.35	1,389.35	-	839.58	839.58	234.00
Subscriptions	-	10,517.19	10,517.19	-	1,645.92	1,645.92	2,170.75
Training & Welfare	-	6,090.83	6,090.83	-	3,609.25	3,609.25	9,173.58
Insurance	-	520.84	520.84	-	462.93	462.93	426.48
Fundraising Costs	-	19,495.01	19,495.01	-	24,000.98	24,000.98	24,012.31
Total Payments	**10,000.00**	**258,927.70**	**268,927.70**	**-**	**278,242.60**	**278,242.60**	**263,896.48**
Surplus (Deficit) for the Year	**0.00**	**(21,765.76)**	**(21,765.76)**	**0.00**	**(65,703.80)**	**(65,703.80)**	**(79,278.64)**
Total Funds Bought Forward	**0.00**	**33,023.40**	**33,023.40**	**0.00**	**98,727.20**	**98,727.20**	**178,005.84**
Total Funds Carried Forward	**0.00**	**11,257.64**	**11,257.64**	**0.00**	**33,023.40**	**33,023.40**	**98,727.20**

Bank and Cash Balances at 31 March	2025	2024	2023
Stripe	1,048.27	-	-
CAF Cash Account	726.07	20,986.72	3,397.32
CAF Gold Account	4.65	2,164.98	95,329.88
HSBC Account	8,107.48	9,871.70	-
PayPal feed	1,371.17	-	-
	11,257.64	33,023.40	98,727.20

NOTES TO THE ACCOUNTS

Accounting Convention:

The financial statements have been prepared under the historical cost convention, on a receipts and payments basis and in accordance with the Charities Act 2011. The Trustees have had regard to the Charity Commission's guidance on public benefit.

Receipts and Payment Account:

For the purpose of the Receipts and Payments Account as shown on page 12, unrestricted funds comprise donations, grants and other income received for the objects of the charity without further specified purpose and are available as general funds. Restricted funds comprise income which has been received for the objects of the charity and specified for a restricted purpose within these objects by the donor.

Analysis of Receipts:

Receipts	Restricted Funds	Unrestricted Funds	2025 Total
Personal Donations	-	44,881.12	44,881.12
Corporate Donations	-	33,166.41	33,166.41
Grants	10,000.00	-	10,000.00
Fundraising Activities	-	150,960.03	150,960.03
Merchandise Sales	-	7,977.17	7,977.17
Interest Income	-	177.21	177.21
Total Receipts	**10,000.00**	**237,161.94**	**247,161.94**

As is typical for the EPT, the vast majority of income (79%) came as a result of the kind generosity of individuals making personal donations or taking part in fundraising activities to raise money for the charity. This is unrestricted.

The charity received £10,000 restricted funding from the National Lottery Community Fund in June 2024 to support the building of the new forum. This represented 4% of income for the financial year. All of the funds were spent within year and the forum was successfully launched in October 2024.

The remaining 17% of receipts were unrestricted corporate donations (13%), shop sales (3%) and interest income (1%).

Analysis of Payments:

Payments	**Restricted Funds**	**Unrestricted Funds**	**2025 Total**
People Costs	-	163,224.47	163,224.47
Hospital Materials	-	24,794.89	24,794.89
Website and Forum	10,000.00	22,125.16	32,125.16
Meetings & Conferences	-	4,805.63	4,805.63
Shop Costs	-	5,964.33	5,964.33
Bank Fees	-	1,389.35	1,389.35
Subscriptions	-	10,517.19	10,517.19
Training & Welfare	-	6,090.83	6,090.83
Insurance	-	520.84	520.84
Fundraising Costs	-	19,495.01	19,495.01
Total Payments	**10,000.00**	**258,927.70**	**268,927.70**

Given the support service nature of the charity, people costs are naturally the biggest expense to the charity, representing 61% of all costs.

Hospital materials, such as the leaflet packs and biocards, account for 9% of expenditure and represent a key resource. A further 12% was spent on upgrading the charity's website and forum with an additional 4% also being spent on subscriptions that include such infrastructure as the digital telephone system and the charity's database, all contributing further to the supportive and accessible service for those in need. The 2% of expenditure on meetings and conferences is representative of our advocacy work.

It is useful to note that the large increase in subscription costs in the 2024-2025 accounts, from 2024: £1645.92 to 2025: £10,517.19, is due to a multi-year subscription investment into a new database to upgrade the charity's services and governance.

It is also reiterated for completeness that, historically, the charity's reserve levels had become significantly too high and Trustees took a decision to use the surplus to invest heavily into modernising the charity's infrastructure. A decision was taken upfront not to depreciate this investment over time, even prior to switching to cash based accounting. If these one-off costs were taken out of the accounts, the charity would have made a surplus for the financial of £10,359.40 (2024: loss of -£8,985.61).

The final 12% of payments includes 7% being committed to supporting fundraising and the remaining 5% straddling good governance initiatives, such as investment in staff training and insurance.

Small Discrepancy:

It is noted by Trustees that there has been a £13.41 reduction in loss filed for 2024 in the 2025 accounts.

This is due to the identification of some small coding errors in Xero where receipts had historically been recorded into expenditure categories. Amending this coding resulted in an increase in receipts from the previously filed income of £212,199.41 to an income of £212,538.80 and also a similar increase in expenditure once the offset had been moved. A loss of £60,703.80 is reported in this set of financial accounts versus a £65,717.21 loss in the previously filed version. A difference of £13.41.

It is also noted that the accounts have moved from accruals accounting to receipts and payments and that this 'switch' was made within Xero which potentially impacted how numbers were reported.

Trustee Remuneration:

No trustees received remuneration or other benefits from employment with The Ectopic Pregnancy Trust during the reporting period.

Staff Remuneration:

At the end of the financial period, 3 members of staff were employed by the charity and a further 14 were self-employed working for the charity. No member of staff or contractor earned financial benefit above £60,000 in the financial year.

Remuneration	Unrestricted Funds
Staff Salaries	105,175.24
Self-employed Consultants	58,049.23
	163,224.47

The total employee benefits of the key staff salaries, including employer's national insurance contributions and pension contributions in 2024-2025, were £105,175.24. The Charity operates a defined contribution pension scheme in respect of employees. The number of employees to whom benefits were accruing under a pension scheme was 3 (2024: 3).

Taxation:

As a registered charity, The Ectopic Pregnancy Trust is exempt from income and corporation tax to the extent that its receipts and payments are applicable to charitable purposes only. Value Added Tax is not recoverable by the charity and is therefore included in the relevant costs in the Statement of Financial Activities.

THE ECTOPIC PREGNANCY TRUST

England & Wales - Charity number 1071811

Accounts

The Ectopic Pregnancy Trust

Accounts for the Year Ending

31st March 2024

A NOTE FROM THE BOARD

Alex Peace-Gadsby stepped down from the position of Chair and was replaced by fellow Trustee, Chris Woodward in December 2023.

This year has again been another challenging one. We continued to see the impacts of the Covid-19 crisis including within hospitals, the treatment of ectopic pregnancy and creating additional emotional stress on people during one of the toughest experiences of their lives. The Ectopic Pregnancy Trust has continued to be there to support those in need through this traumatic time through all the various lockdowns.

The condition remains the leading cause of death in the first trimester of pregnancy and has a devastating physical and emotional impact. People must come to terms with the risk of life to the woman/pregnant person, the experience of major invasive treatment or surgery, often performed in emergency circumstances, and a loss of part or all of the woman/person's natural fertility, at the same time as coming to terms with losing their baby. All of this happens in a short period of time, often in circumstances where the people affected have never heard of the condition until it happens, and leaves people vulnerable to emotional difficulties in the months and sometimes years after the loss.

The Ectopic Pregnancy Trust remains a niche charity with limited resources but big ambitions. We provide exceptional support on a large scale and work tirelessly with key stakeholders, such as healthcare professionals and government, to improve diagnosis, treatment and raise awareness. We are successfully positioned and respected as key influencers in affecting change.

These great outcomes are achieved thanks to an amazing team of employees, consultants and volunteers who really care and give their time and support for nothing or nominal financial amounts. Without the dedication of team members, volunteers, fundraisers, trustees, medical advisers and ambassadors, we would not be able to provide our vital services that make such a huge difference at such a difficult time. The success of the Trust over this financial year is testament to everyone's efforts and I thank everyone for their kind contribution.

Being a small charity, every penny of income is really made to count. No money is ever spent on advertising for donations. Instead, many who support us have used our services historically and understand first-hand the importance we play in helping people through this devastating experience, others have great sympathy for the cause. Thanks to everyone's generosity and goodwill, we will continue to invest in our support services and work to make the hospital experience the best it can be in the difficult circumstances.

No one should ever die from an ectopic pregnancy and, for anyone affected by the condition, the quality of their hospital experience and emotional support should be excellent.

Chair, The Ectopic Pregnancy Trust

OUR PURPOSE AND STRATEGIC AIMS

Our Purpose

Ectopic pregnancy is a common, life-threatening condition that is the leading cause of maternal death in the first trimester of early pregnancy. The condition affects around 1 in 80 pregnancies in the UK and occurs when an embryo grows outside of the womb. The pregnancy can never be saved. A variety of treatments are available depending on the presenting symptoms and speed of diagnosis.

Ectopic pregnancies have an incidence of approximately 11 per 1,000 pregnancies which means that nearly 12,000 women have ectopic pregnancies diagnosed each year [Source: Confidential Enquiry into Maternal Deaths and Morbidity 2009-14, December 2016]. However, from anecdotal evidence, this may be closer to more than 30,000 admissions in the UK alone, as some instances may not be diagnosed as an ectopic pregnancy but instead as a miscarriage and undergo expectant management. Unfortunately, women can still die from an ectopic pregnancy. The 2019 MBRRACE-UK Maternal Deaths and Morbidity Report 2015-17 states that six women died from early pregnancy problems, five of whom had ectopic pregnancies. All five women with ectopic pregnancies died within 48 hours of presentation and three of the six women who died were from Black or other ethnic minority groups. [Source: Confidential Enquiry into Maternal Deaths and Morbidity 2015-17, November 2019]. According to the 2022 MBRRACE-UK Report, 8 women died in the report period between 2018-2020, which is an increase from the previous report [Source: Confidential Enquiry into Maternal Deaths and Morbidity 2018-20, November 2022]. In the 21st century, no woman or pregnant person should die of an ectopic pregnancy.

The legacy of suffering an ectopic pregnancy can be far-reaching for women/people, couples and wider family and friends. Women and people who suffer have to endure the physical trauma of invasive treatment and face their own mortality, the impact on their future fertility and the sad loss of losing their baby all very quickly. This can be a very frightening and distressing experience. The impact can be long-lasting and many people require ongoing support many months and even years after the experience. We also provide support when people are ready to try for another baby; whether they are struggling to conceive, are trying naturally or through assisted conception routes as well as those who do go on to conceive successfully. Given the increased risk of a subsequent ectopic pregnancy, early pregnancy post-ectopic is also a traumatic time for many people. The Trust also provides its services to medical professionals who treat early pregnancy complications.

We are a small, niche UK-based charity with an extensive reach. We have the support and guidance from world-class health care professionals as our medical advisers and trustees. Our team members are driven to help others through their own experiences and empathise with our service users since many have experienced pregnancy loss and difficulties of their own. We operate with the assistance of our committed team members, volunteers and fundraisers (many of whom have suffered an ectopic pregnancy and used our services historically) and are grateful for the support of our ambassadors.

Our services have been in demand now more than ever due to the challenges that the Covid-19 pandemic brought and its ongoing impacts. We continue to rise to that need.

Our Vision

The Ectopic Pregnancy Trust believes:

- no woman or person should die from an ectopic pregnancy;

- any woman or person capable of conceiving of childbearing age, who is sexually active or undergoing assisted reproductive technology (ART) treatment, having ectopic pregnancy symptoms, should be considered to be pregnant until proven otherwise to maximise the speed of diagnosis; anyone diagnosed with an ectopic pregnancy should receive as many treatment options as the stability of their medical condition allows; this includes conservative management, medical treatment with methotrexate, and surgical treatment;

- it should be universally recognised that early diagnosis enables treatment choice, preserves fertility and enables a person to feel a greater degree of control over her medical condition. This commonly reduces the emotional impact of the ectopic pregnancy;

- it should be universally recognised that the emotional effects of losing a baby can far outweigh the physical condition even in the early stages of pregnancy; and

- anyone who has suffered an early pregnancy loss should have access to all of the information and support they need to aid their physical and emotional recovery.

Our Aims

Our strategic aims are:

- to provide **information** and **support** to all persons affected by ectopic pregnancy and other early pregnancy complications and the healthcare professionals who care for them;

- to advance **education** and to promote **awareness** of ectopic pregnancy and other early pregnancy complications among the medical profession and wider public; and

- to support **research** into ectopic pregnancy and other early pregnancy conditions.

Strategic aim 1: Information and support

> **Just a quick message to say a huge thank you for the [group Zoom] session yesterday and for creating such a warm, encouraging space.**

> **The Ectopic Pregnancy Trust has made a huge difference in my life the past month, I especially loved having the opportunity to dedicate a tulip to my baby.**

> **I have found a lot of solace and hope and really good information on your websites and forums lately that's really helped. It's nice to know I'm not alone. I sent my story in recently via email hoping it may help others. The work you do is amazing. X**

We play a key role in disseminating information and supporting anyone who experiences the condition during diagnosis, treatment and recovery from the condition. Our medical advisers continue to support us to ensure we provide current and accurate information.

We provide training so that the team can gain insights into lived experience for the range of people who can be impacted by ectopic pregnancy. The Director completed two sets of training for safeguarding provided by NSPCC – *child protection for governors and trustees* and *safeguarding 16-25 year olds* and sent the link for latter to support team highlighting the excellent training. These sessions help the charity to reflect the diverse range of relationships and people that can be impacted by ectopic pregnancy. We aim to produce and easy read guide to ectopic pregnancy if funding is secured.

Our annual Strategy day planned for May 2023 was held online via Teams due to rail strikes and the venue booking has been moved to 2024. This was a welcome opportunity for the team to reconnect as well as to plan for the forthcoming financial year. We also held our first team Reflective Practice session in June 2023 and plan to hold further sessions, aiming for twice a year. In March 2024, The EPT became a registered charity in Scotland.

The team has continued to work incredibly hard to maintain a consistently high-standard of service. A new team member joined in January 2024 providing administrative support and continuing to support on Facebook fundraising groups and, over the last financial year, we have achieved the following:

Information disseminated via our website

We believe that equipping people with information about the condition at such a challenging time helps to process what is happening to them. Empowering people in this way results in an increase in their personal knowledge (particularly on the assessment and treatment processes and expected outcomes) and thus reduces the degree of stress and confusion, helping the healing process.

The EPT was awarded the Patient Information Forum tick as a trusted information creator. This is a UK-wide quality mark for healthcare information. Through PIF Tick membership, we have made connections with providers of information to professionals and the EPT's information is accessible to them through those platforms.

Our website provides a valuable resource for women and their families who are being diagnosed or treated for ectopic pregnancy, with sections covering the definition of ectopic pregnancy, diagnosis and treatment, physical and emotional recovery and trying to conceive again as well as information for partners and medical professionals. The information is relevant, accurate, accessible, peer-reviewed and up-to-date. We had over 860,500 users on our website and forum (increase from over 651,000 users in previous financial year) with top pages again being symptoms of ectopic pregnancy and trying to conceive again. Most website users find us through organic searches.

88% of users accessed the site via tablet/phone. This is consistent with previous years and reasons for such intense mobile-usage could include increased privacy or people accessing information at the point of need, such as while at hospital. Broadly consistent with the previous financial year, 65% of visitors to the website are female with 35% male (forum being 68% female and 32% male).

We continue to invest in the website and a recent project involved adding a search capability and we plan to update the forum in the next financial year. The website also has new content on scans and IUDs. The ReachDeck toolbar continues to be used regularly, It has various accessibility tools to reduce barriers including being able to translate the website into 100 languages, reading aloud in 40 languages, screen-masking, and reducing distracting content. We now have animations on symptoms of ectopic pregnancy in English, Welsh, Bengali, Chinese, Somali, Portuguese, and Polish.

Information disseminated through hospitals

We distribute a suite of free patient information leaflets to hospitals across the UK. These are then disseminated to patients on diagnosis or when leaving hospital which means that people have access to information quickly and are signposted to our services at the point of need. This information suite was Highly Commended at the BMA Patient Information Awards 2019 and shortlisted for the overall BMA Patient Information Award 2019.

We produce three specialist leaflets on treatment routes for ectopic pregnancy (Surgical, Medical and Expectant Management) as well as one on Pregnancy of Unknown Location. The relevant leaflet is inserted into the back pocket of EPT-branded A5 wallets which have inserts covering general information on ectopic pregnancy and FAQs. This means that the information is tailored to the patient's individual treatment need. The look and feel of the leaflets and wallets are welcoming yet thoroughly professional in tone and content.

We also have produced EPT-branded gestation wheels with a reminder to hospital staff to reorder leaflets. The number of treatment packs sent over the reporting period exceeded last year's record number with over 12707 packs being sent out, which is a 6% increase on the previous year. We have also sent out 7245 leaflets on pregnancy of unknown location.

We arranged for the general information and individual leaflets to be translated into seven languages and produced an accessible print version. The languages are: Arabic, Bengali, Chinese, Polish, Portuguese, Somali, and Welsh. These have been uploaded to a dedicated section on our website and each treatment pack includes an A5 leaflet signposting to the various language versions in the corresponding language and English. This is so that healthcare professionals can advise their patients' about the language versions and native speakers can also locate them.

We sent out over 869 EPT-branded posters which is again an expected increase following the fall during the previous financial year. These raise awareness of the symptoms and emotional impact of ectopic pregnancy and are disseminated free of charge to hospitals. We also encourage supporters of the charity to disseminate these across GP surgeries, clinics, pharmacies and Urgent Care Centres. Our "symptoms" poster informs the general public of the signs of ectopic pregnancy with the aim of educating communities so that anyone experiencing symptoms seek the care that they need as soon as possible. The "emotions" poster reassures people that their feelings are common. Both posters include the EPT's contact details and website address.

We produced simple, wallet-sized contact cards and sent out 3700 during the financial year. These are useful not only for people to keep in their purses and wallets over time in case of future need but also helps healthcare professionals with an added printed resource. These are especially helpful for hospitals who do not distribute our leaflets and give out their own (e.g. due to Trust policies) and can instead include these cards with their own materials.

Key support services

Equipping people with information goes hand-in-hand with our providing more personalised support services.

We offer emotional support and information in a number of ways: via support line, email exchange, Zoom group sessions, text exchange, social media direct messaging and through our online forum. Topics range from experiencing symptoms, going through diagnosis of ectopic pregnancy, to information on trying to conceive successfully again. We also frequently help those who need us after a number of years of heartbreak. The information we provide is medically moderated and overseen by trained staff and team members. Our support team members are exceptional in their care for anyone suffering the aftermath of an ectopic pregnancy. We are known among healthcare professionals for providing empathic support and evidence-based information and are approached by them with suggested ideas and content. For instance, a leading clinician contacted us to offer training to help us support women and people who experience caesarean section scar ectopic pregnancy and we discussed what more we could be doing for this type of ectopic pregnancy. The team aims to provide a dedicated space for women and people who experience caesarean section scar ectopic pregnancy.

Support line: Support calls provide in-depth opportunities for callers to discuss events, their emotions and ask any questions. Our support line functionality in moving to a call-back service continues to be highly effective. By encouraging callers to leave contact details on voicemail, we are able to communicate quickly via email/text message to arrange a call at a time that suits best which can include evenings or weekends. We aim to respond via text message/email within an hour or two of the message being left so that callers receive acknowledgement fast at an anxious time and strive to ensure calls take place within 24 hours of the original request or accommodate alternative times to suit individuals. To break down barriers, we have put in place interpreting services with two specialist suppliers to enable people whose first language is not English and British Sign Language to use our support line without hindrance.

Emails: We respond to over 300 emails per month requesting specific help and support during or after treatment for ectopic pregnancy. We continue to recruit and train additional team members who are supervised by senior staff. In addition, we also exchange emails and other forms of communication with medical professionals, journalists and supporters, resulting in over 5,000 email exchanges a year. Due to demand, we recruited a further trained team member to respond to emails.

Forum: Our message boards provide peer support but are moderated and contributed to by trained team members. They can be found via our website and are 'live', thereby offering virtually instant information and support for those in need. We had over 486,000 page views in the last report year (over 310,000 last report year). 92% of users access the forum via tablet/phone.. A volunteer with lived experience of ectopic pregnancy who is a website user experience (UX) student has kindly assisted with suggestions on how to improve the forum and we hope to upgrade to an improved, more user-friendly platform next financial year. We are planning to secure grant funding for this. We will look into alternative, more user-friendly forum platforms, gather user experiences, and web developer will perform a review and report on phpBB performance and tracking to inform the process and select the most effective for our audience's needs. For every person who has the confidence to post on the boards, there are many more who take their comfort from reading the messages of others. Our Forum Moderators continue to monitor the boards on a daily basis and aim to respond to posters within 24 hours; this is so that no person is waiting for more than a day for a reply at an anxious time in their lives.

Social media: We have solid, active presence on social media platforms, namely Facebook, X (formerly known as Twitter), Instagram, TikTok, Threads and LinkedIn accounts. Some direct message via these social media sites for support and many others read and take comfort. Some people comment and find support on our posts from others who have been through similar experiences.

The EPT follower growth across all platforms has increased by 14%, with over 41,000 followers at the end of this financial period. Our engagement rate was 4.39% (Anything between 1% and 3.5% is considered an average engagement rate, with a higher engagement rate represented by anything over 3.5%).

On Facebook, we have a public page with over 21,000 followers (18,900 last financial year) centred on information. However, Facebook made changes to public groups which resulted in lack of control over who could join and visibility of group/comments.

The EPT has a closed Facebook group with over 1.6k members and it provides a virtual community enabling those who have experienced ectopic pregnancy to reach out to others going through a similar experience and facilitate our directing users to sources of accurate information on our website and other support services. Some of our top performing posts reach over a quarter of a million people.

The EPT's Instagram and X accounts have over 11,300 and 3,900 followers respectively (9,500 and 3,800 respectively last financial year). The EPT's reach on Instagram for this financial year shows an increase of 291.9% compared with last year. Instagram is our fastest growing platform and the use of reels and stories is increasing our reach and Ectopic Pregnancy Awareness Day had a big impact.

For LinkedIn, since updating our profile in March 2022 to a "company" (there is no not for profit option) for a more professional appearance, at the end of this reporting period has 819 followers. Increasing reach on LinkedIn will be a focus for the coming financial year.

Our TikTok account is primarily used to reach the key 13+ demographic and since launch have over 2500 followers.

Our Treasured Tulips gardens on social media enables anyone visiting our website the ability to request a "plant" and dedicate a tulip which they can choose to personalise. People are provided with the option to donate so there are no barriers to remembrance. During this financial year, we had 670 tulips, with 83 completed and published garden patches. At year end this increased our total patches to 279 since July 2021.

February saw the launch, in England, of certificates for pregnancies and babies lost before the 24th week of pregnancy. This is optional and can be a way to remember your baby. The certification includes ectopic pregnancy, miscarriages, and termination at any gestation before 24 weeks. This subject quickly became one of our top performing posts across social media.

During this year's Baby Loss Awareness Week, our social media posts were seen half a million times, with that number still increasing daily since the end of the Week. Every share allows our content to reach those who may need our support and resources. Our symptoms animation video was viewed over 27,000 times, with many of the community sharing to help others identify symptoms.

Marking 25 years of The EPT, we chose a respectful acknowledgement across social media with an accompanying blog with stand out achievements chosen by The EPT team. This was met with a very powerful response of support from our community with comments such as 'Thank you for everything you do. It really is so important for not only educating people but also for helping those who, like myself, find themselves all of a sudden in this scary situation suffering an ectopic, needing support & trying to make some sense of everything.' being shared across social media.

As of end of April, linked Shopify with Instagram and Facebook channels to make purchasing easier particularly after shop posts and already seeing impact.

Face-to-face support: As a very small charity, we do not have the resources for regular face-to-face support across the country. However, harnessing the power of technology and the appetite for using video calling etc, we offer remote face-to-face support now using Zoom. This can be requested on an individual, couples or group basis. We hold monthly sessions and include a mix of general and dedicated groups for those who have experienced more than one ectopic pregnancy, non-tubal ectopic pregnancy, and partners.

Live Chat: We offer a Live Chat service using the Skype platform to accommodate anyone who prefers to type and receive replies in real-time. This is currently operated on a requested basis due to resourcing constraints.

Support for healthcare professionals: At the recent AEPU conference, we started conversations with The Miscarriage Association about support for healthcare professionals working in early pregnancy following a workshop. Our organisations started collaborating to create a space dedicated to facilitating peer support for staff in early pregnancy.

The support services process involves recruitment, training, and on-going support and pastoral care. The support is medically overseen and moderated. The support team is very collaborative and are able to refer to each other seamlessly. For example, someone having a one-to-one phone call may then wish to participate in a group Zoom session or vice versa and relevant team members liaise direct to organise. The team works efficiently and each support route has at least two dedicated team members. This is so that no one person is overly burdened by emails/calls/messages which are intense in content, there is shared learning and peer-to-peer support among these team members, and we have means for cover during absences.

Our Project Support Team (members help with a variety of administrative tasks on an ad hoc basis) grew to 80 during the report year. Our improved newsletter, e-topic, continues to be delivered electronically.

Strategic aim 2: Education and awareness

Brilliant works you guys are creating !!
Creating awareness is outstanding, but what will make it even more amazing is .. as you so confidently and beautifully stated... women and families need to know there are places of support and The Ectopic Pregnancy Trust is at the top tier for information, support and just all round sisterhood !!!

The Trust seeks to raise awareness among the medical profession and public at large so that earlier diagnosis can be achieved. To facilitate this over the last year, we have:

Ectopic Pregnancy Awareness Day

The EPT held the second Ectopic Pregnancy Awareness Day on 1 August 2023.

Ectopic Pregnancy Awareness Day saw our engagement rate average 6.91% across all channels, and the hashtag #ectopicpregnancyawarenessday has over 732k views on TikTok. Social media influencers such as Becca Maberly (AMotherPlace) and Alicia Burnett (BlackBabyLossAwareness) shared their own experiences of ectopic pregnancy and supported the day with posts and signposts. Charlotte Crosby shared the symptoms of an ectopic pregnancy, although from a different account's content rather than our own.

Collaborations

Pregnancy & Baby Charities Network: The EPT is a member of this Network which represents UK charities whose focus includes improving care throughout the path to parenthood before, during and after pregnancy and after losing a baby or pregnancy. The group collaborates to influence the Government and the NHS to improve care for parents. The EPT strives to ensure that people who experience early pregnancy losses are represented. The Director of the EPT was formerly one of the vice co-chairs of the Network (and previously to that its secretary) and is instrumental in governance, oversight, and strategy.

All-Party Parliamentary Group: We are members of the All-Party Parliamentary Group on Baby Loss which brings together MPs and Peers from across parties to work on this vital issue. The EPT has been a part of the Group from inception in 2016. The APPG's overall aims are to develop policy that supports families dealing with the grief and loss of a baby and to raise awareness of what more can be done by the government, Parliament or other agencies to help those affected. By participating in discussions, The EPT constantly ensures that ectopic pregnancy and early pregnancy loss remain within the Government's agenda.

NICE Guideline: Following representation as a stakeholder on the introduction of a NICE Guideline for Pain and Bleeding in Early Pregnancy in 2013, we registered as stakeholder for updating the clinical guideline on CG154 Ectopic pregnancy and miscarriage: diagnosis and initial management. EPT director Munira Oza continues to be a Lay Member for subsequent updates and participates in the NICE Women and Reproductive Health Suite committee.. Ms Oza has been part of the committee for the Women's and

Reproductive Health Suite for NICE since March 2023 and was contacted to contribute to a blog post for International Women's Day 2024 as lay member. She participated in a recent update published in August 2023 concerning NG126 Ectopic Pregnancy and Miscarriage; *medical management of miscarriage.*

Maternal Mental Health Alliance; The EPT joined the Maternal Mental Health Alliance in December 2023 and The EPT and MMHA are planning to collaborate on content.

National Bereavement Care Pathway: The EPT worked in collaboration with other charities and with the support of the Department of Health and the APPG on Baby Loss to produce a National Bereavement Care Pathway. We were reviewed the Pathway on Miscarriage, Ectopic Pregnancy and Molar Pregnancy Pathway to ensure that information on ectopic pregnancy is up to date and clear so that all bereaved parents are offered the same high standard of parent-centred, empathic and safe care when a baby or pregnancy is lost through the condition. The EPT continues to support the Pathway.

Training talks

The EPT offers training talks to healthcare professionals and students which include lived experiences of ectopic pregnancy. We provided talks to healthcare professionals across the NHS, medical courses, government departments, and charities.

Other key collaborations:

We along with 12 other pregnancy/baby/parenting charities designated Core Participant status for the UK's Covid Inquiry (healthcare module).

The Director joined Women's Voices Advisory Group for Miscarriage Care and various Patient and Public Involvement (PPI) groups joined into a collective, formally named as the Women's Advisory Group Tommy's National Centre for Maternity Improvement.

Campaigning and Policy

Think Ectopic campaign: We progressed our Think Ectopic campaign focused on raising awareness among primary, urgent, emergency, and out of hours care. At the heart of the project is a biocard on ectopic pregnancy which reminds healthcare professionals about ectopic pregnancy. There are also supporting materials which include patient safety netting pro forma and clinical handover template. All materials for the Think Ectopic campaign were co-created with health professionals and we launched the pilot in September 2023. The feedback from these pilot sites was highly positive. 100% of clinical staff surveyed had used the biocards. 78% of respondents felt that it had increased their knowledge about ectopic pregnancy symptoms and 68% stated that their knowledge of how to refer someone with symptoms had increased. Rather than a second phase of the pilot as originally intended, due to the incredibly positive feedback, we planned to go straight to launch. Launch will entail enlisting staff in early pregnancy units to become Think Ectopic champions at their hospitals and disseminating copies among their colleagues in accident and emergency, paramedics, and midwifery thereby raising awareness in those specialist units.

We continue to participate in three focused campaigns: Baby Loss Awareness Week; Small Charity Week and Volunteers' Week as opportunities for our voice to be part of a powerful, collective message. Through campaigning, we are able to shine a spotlight on ectopic pregnancy and early pregnancy loss and seek to influence policy and action change.

Baby Loss Awareness Week: Baby Loss Awareness Week takes place annually from 9 to 15 October and is an opportunity for bereaved parents and their loved ones to acknowledge and remember their losses. It is also a chance to raise awareness of the emotional impact of pregnancy and infant loss, and the scale of the tragedy, which affects up to one in five families in the UK. Baby Loss Awareness Week is a collaboration of a number of charities united in their support for families who experience the death of a baby including Bliss, Child Bereavement UK, The Miscarriage Association and Tommy's as well as the EPT. We have participated since inception and this year was the 20TH anniversary. Today, the EPT continues to drive the Week forward extensively alongside other charities as the EPT Director sits on the core Working Group and social media coordinator sits on the group for Marketing and Communications.

The EPT were contacted by an internationally known company to assist with early pregnancy loss support for employees, providing talks in the workplace and sharing circle with another charity. The EPT also secured a case study for BBC Radio London during Baby Loss Awareness Week and Director, Munira Oza spoke on the Shay Kaur Grewal show.

As part of the BLAW campaign, we sold special Baby Loss Awareness pins and used social media to reach out to our followers, particularly on Facebook. On 15 October, as in previous years, the week closed with the Global 'Wave of Light' where candles were lit across the globe as part of the international Pregnancy and Infant Loss Awareness Day. During this year's Baby Loss Awareness Week, our social media posts were seen half a million times, with that number still increasing daily since the end of the Week. Every share allows our content to reach those who may need our support and resources. Our symptoms animation video was viewed over 27,000 times, with many of the community sharing to help others identify symptoms.

Collectively across the participating charities, the number of families reached will have reached into the many hundreds of thousands. As well as participating in Baby Loss Awareness Week on an annual basis, this group shares best practice and identifies potential joint opportunities.

Small Charity Week: Small Charity Week takes place annually and is devoted to raising the profile of small charities. Held between 24 and 28 June, we reached over 45000 (up from 26000 last report year), largely down to a post focused on symptoms ("Five things you should know about symptoms of an ectopic pregnancy").

Volunteers' Week: The first week of June sees Volunteers' Week and, was a valuable opportunity to highlight our valued volunteers for their support and publicly thank.

Women's Health Strategy: The charity had submitted evidence for the government's Women Health Strategy and it published in July 2022, with focus on improvements for women's and girl's healthcare in

England. The EPT continues to work alongside the Department of Health and Social Care to further actions on early pregnancy loss care and Pregnancy Loss Review recommendations.

Conferences

We frequently participate in external conferences focusing on early pregnancy. The Director sits on the Board of the Association of Early Pregnancy Units (AEPU) offering the patient's voice. Our Director represents the Trust at AEPU meetings and attends the annual conference.. Our Director also usually presents at in-house hospital seminars and meetings and we often provide EPT materials for displays which largely ceased during the pandemic.

We attended the SEPN conference and this was a valuable opportunity, having three sessions in the day with focus on ectopic pregnancy as well as other important topics like supporting transgender patients in early pregnancy.

We attended the Primary Care Conference where we introduced the Think Ectopic project and concept of the ectopic pregnancy biocard, gathering valuable feedback on our ideas. We presented the idea of an ectopic pregnancy biocard and received very positive feedback on our plans. We will build on this feedback to develop a strategy, including co-creating materials with healthcare professionals and piloting the campaign. This work will be a key part of the charity's activities in the next financial year.

We attended a Pregnancy and Baby Loss Awareness event at Boots HQ.

Media

We continued to assist a number of media outlets covering print, on-line and television/radio formats. We received wide ranging exposure in print newspapers and magazines. Coverage included a headline article on The Guardian website about ectopic pregnancy contributed to by the director and a case study, referenced by ITV's This Morning as a source of support, assisting an article in The Telegraph, and articles in the Daily Mail and The Sun, the former of which signposted to our support and latter needed some corrections to article for which we contacted the journalist. We were asked to review magazine articles and a script for a well-known BBC TV programme.

Our dedicated team of volunteer fundraisers continue to spread the word through interviews such as with BBC local radio stations and local press, which often include the Trust's contact details.

We are fortunate to have the continued support of a PR agency through someone we had supported and the agency's foundation sought to work with us for PR/marketing.

Merchandise

Our on-line shop stocks a range of branded merchandise that promotes the Trust. By purchasing and using our products, awareness about ectopic pregnancy and the Trust's name and website get increased exposure among the general public.

Our biggest sellers continue to be our pin badges which are excellent for increasing awareness about the condition. Our second most popular item this financial year has been a new product, a branded scented candle, which was received extremely well. We added a new design 25 year Christmas bauble and 25 year EPT badge which have been popular too. Shop sales for this financial year increased by 17% as compared with the previous financial year. During the next financial year, we aim to launch new products for remembrance as we recognise that people appreciate a meaningful purchase and plan to introduce four new items.

Fundraising

We receive no Government funding and exist through the goodwill of our fundraisers. Through the dedication and energies of our fundraisers, we have had another successful year.

Our bespoke fundraising initiatives EPT80in1, EPT1000 Challenge, and EPT Mini Challenges continued to be popular. We continue our successful partnership with Run4Charity which provides access to local runs covering distances from 5k to full marathons both across the UK and internationally.

The London Marathon and Great North Run continue to draw significant interest from our fundraisers. For The GNR, we had 15 runners. For LM, we had 15 runners. During this financial period, we had a mixture of events; these included race nights, being nominated for charity of the year, golf days, wedding favours, raffles, runs including 5 -10ks, half and full marathons in the UK and Paris, a dinner dance (in memory of a friend who died of ectopic pregnancy), swimming, biking, and walking challenges and skydives!

The EPT 80 in 1 challenge, where people cover 80 miles during the month of August (8th month), continues to be popular. This financial year had 223 participants who helped~~s~~ to raise awareness of the 1 in 80 pregnancies that are ectopic. This is now an annual event.

Our Fundraising Coordinator continues to be supported by our press officer who assists fundraisers in getting press coverage, fundraising supports who looks after the EPT 1000 Challenge dedicated closed Facebook page for fundraisers to offer a space for mutual support and encouragement, running and LM groups amongst other activities and closely with our social media coordinator to promote activities, achievements and works closely with creating campaigns and digital support.

Strategic aim 3: Supporting research

> **Ectopic pregnancy is still the commonest cause of death in early pregnancy and, even if not fatal, the effects are distressing and far-reaching. Women can suffer from long term psychological problems and it can impact on their future fertility.**
>
> **If an ectopic pregnancy is diagnosed early, it is likely it can be treated effectively and perhaps avoiding the need for invasive surgery. That's why it's important that there is more research like our trial into ways that we can improve the medical management of the condition.**
>
> **- Professor Andrew Horne, University of Edinburgh**

The EPT continues to seek to effect change by improving speed of diagnosis, treatment choice and levels of care. Over the last year, we have participated in the following to support this objective:

Improving treatment choice

The EPT supports research into biological processes that may be connected to ectopic pregnancy. The Trust sponsors a PhD student at The University of Edinburgh who is researching the causes of ectopic pregnancy. This involves examining cellular changes in the lining the Fallopian tube with may result in ectopic embryo implantation. This work was supported by a joint Medical Research Council/Ectopic Pregnancy Trust PhD Fellowship. This research was briefly paused during the pandemic but was restarted in Autumn 2021 and final third year pledge was advanced. The research completed and the paper is to follow soon.

The EPT worked with Sands, The Miscarriage Association, and Antenatal Results and Choices on audit questions concerning bereavement care in early pregnancy/gynaecology units and participated in the Pregnancy Loss Review on whether the law should be changed to allow registration of pregnancy losses before 24 weeks. The report was published in July 2023 and The EPT remains part of the steering group regarding implementation of recommendations. A key recommendation involved the implementation of a certification process for pregnancy losses prior to 24 weeks which was launched in February 2024.

We continue to work on a Priority Setting Partnership for Ectopic Pregnancy. The project is a collaboration between the Cochrane Gynaecology and Fertility Group, the University of Monash, University College London, and The EPT and commenced the previous financial year. It aims to identify the top ten priorities for future research in ectopic pregnancy. The first stage brought together people from across the world who suggested their top five 'unanswered' research questions, which to then prioritised in an international survey. The final stage involved refining the interim list to the top ten research questions. Ms Oza is a key lead in the project and sits on the Scientific Steering Committee and attended ESHRE for PSP this year, to finalise the list. It is anticipated that the paper will be published in the next financial year.

We assisted Kings College London on a study on early pregnancy loss during the Covid-19 pandemic (along with the baby loss counselling charity Petals). The study is part of wider research entitled PUDDLES (Parents who suffer pregnancy loss and whose babies die during the pandemic) and is a global collaboration between the UK, Australia, Brazil, Canada, India, Italy, and New Zealand to understand the experiences of bereaved parents during the COVID-19 pandemic using qualitative interviews and analyses. This specific collaboration with The EPT and Petals investigates women's experiences of early pregnancy loss and care during the COVID-19 pandemic. The EPT requested participants for the study which was quickly oversubscribed due to huge interest in those wishing to take part. The paper is expected to be published next financial year. In connection with our work on PUDDLES, we reviewed a consensus statement on post-pandemic perinatal mental health,

Last year we were contacted by the Aberdeen Centre for Women's Health Research to assist with Public and Patient Involvement to explore the impact of existing medical treatment, priorities for new medical treatments and acceptability of mifepristone as an experimental treatment. We assisted with gathering participants for PPI engagement and participating in meetings to gather insights into whether women thought this would be a beneficial study. Entitled the AMETHYST trial (Adding Mifepristone to mETHotrexate for ectopic pregnancY STudy), the stage 1 bid was submitted to the National Institute for Health and Care Research (NIHR).

We were contacted last financial year by University College Hospital to assist with a research study investigating the psychological impact of being diagnosed and managed for a caesarean scar ectopic pregnancy. We were contacted in December 2023 by UCL for the development of a core outcome set for treatment of caesarean scar ectopic pregnancies - COSCAR. We continue to progress COSCAR

We were invited by Sergio Silverio to join regular Lifecourse Analysis of Women's Mental Health Research group meetings. The EPT were also asked by Sergio Silverio to be involved in a new study to look at early pregnancy loss and complications in the post-pandemic era. This is a follow-on study from VESPA and PUDDLES.

We were contacted by the Royal College of Midwives to assist on a priority setting partnership for maternity and midwifery care. We joined as project partner alongside other organisations including The Miscarriage Association, Antenatal Results and Choices, and Birmingham Women and Children's Hospital.

We supported research through UCL including sharing a survey on patient experiences of early pregnancy units which seeks to look into ways to improve care and participated in a symposium regarding linguistic challenges in pregnancy loss communication alongside Tommys, Sands, and ARC.

Representing lived experiences of ectopic pregnancy

Exactly 21 years ago for me. No support whatsoever, just expected to brush it off and carry on. People around me didn't like it when I fell to pieces. Thank you for bringing this out into the open.

The Trust has forged key relationships with a number of similar focused organisations and inform the debate through lived experiences and best practice. These include other charities and groups such as:

The Association of Early Pregnancy Units: The Trust has a representative on the executive board of the AEPU which develops best practice to managing ectopic pregnancy and other early pregnancy complications, participating in regular meetings and the AEPU strategy day.

Professional/governmental organisations: These include NHS Direct, the National Institute for Health and Care Excellence, the Department of Health and Social Care, the Royal College of Nurses, the Royal College of Obstetricians and Gynaecologists, the Royal College of General Practitioners, the Healthcare Services Safety Investigation Body, the Maternity and Newborn Safety Investigations programme, and the International Society for Ultrasound in Obstetrics and Gynaecology. This ensures that the condition and lived experiences are well represented and included in the development of best practice.

The Ectopic Pregnancy Trust

The report of the trustees for the year ended 31 March 202~~3~~4.

Charity name: The Ectopic Pregnancy Trust

Registered charity number: 1071811

Date of registration: 2 October 1998

Principal address: 483 Green Lanes, London, N13 4BS

Telephone: Admin - 020 7096 1838; Helpline - 0207 733 2653

Trustees: Mrs Alex Peace-Gadsby (Chair until December 2023); Mrs Shabana Masavi (Treasurer) Miss Julie Price; Prof. Tom Bourne; Prof. Andrew Horne; Mr Chris Woodward (Chair from December 2023); Rachel Small; Michael Wood-Williams

Staff/Team members: Munira Oza (Director); Jill Ansell (Fundraising coordinator); Sonal Colvin (Shop and donations coordinator); Sam Page (Hospital leaflets coordinator); Kerri Stedman (Social Media Coordinator); Helen Corsi-Cadmore (Projects coordinator); Lois Rowland (Fundraising support coordinator); Tara Moverley (Volunteer support coordinator/Administration); Natalie Max (Press officer); Karen Donovan (Support Team); Michele Fugiel Gartner (Support Team); Joanne Cadle-Junor (Support Team); Gita Noren (Support Team); Katharine Christopher (Support Team); Beth Pidd (Support Team); Sophie Ashby-Clarke (Support Team); Katie Lewis (Support Team); Mary Hall (Administrative support)

Medical advisers: Cecilia Bottomley MB BChir MRCOG; Prof. Tom Bourne PHD MD MRCOG; Sonal Colvin BSc; Professor Colin Duncan BSC(hons), MBChB(hons), MD, FRCOG; Janine Elson MD FRCOG; Prof Andrew Horne Ph.D, MRCOG; Davor Jukovic PHD MD MRCOG; Emma Kirk BSc, MD, MRCOG; Nick Raine-Fenning MRCOG, MBChB Ph.D; Jackie Ross MBBS MROCG; Prof. Siobhan Quenby; Rachel Small RGN, RM,FRCOG(Hon);Lisa Starrs BSc (Hons) RN RM

Ambassadors: Michelle Gayle (Actress and Singer); Susan Penhaligon (Actress); Amanda Redman MBE (Actress); Philip Cairns (Actor); Charlotte Crosby (TV Personality)

Volunteers

Volunteers continue to be an essential resource in ensuring that the charity is able to deliver its objectives. They are typically people who have been affected by the condition and want to give something back to the charity, such as by answering helpline enquiries, facilitating the message boards, becoming a buddy through to administrative tasks. The charity has strict policies and procedures for vetting, training and supervision.

The charity ensures that no person applying for employment or for admission as a volunteer to the charity will be treated less favourably on the grounds of their sex, race, class, colour, racial group, ethnicity, marital status, sexual orientation, age, trade union membership or otherwise, religious belief or physical or mental disability.

Decision making

The Trustees are responsible for strategic decisions with appropriate consultation with the staff. Where medical information is required, the Medical Advisors are consulted. The staff have the authority to make operational decisions without prior Trustee consultation.

Records maintenance

The charity's records are maintained and annual accounts are prepared by the treasurer.

Type of governing document

Trust deed.

How the charity is constituted

The charity is constituted as a Trust.

Charity Trustee selection methods

The Charity has a clear policy and procedure for the recruitment, selection and induction of Trustees, which runs alongside our equal opportunities policy.

Policy on reserves

The charity holds two bank accounts with Charities Aid Foundation, a cash account and a Gold account. The Treasurer takes responsibility for ensuring that excess funds are moved into the Gold account to ensure that the potential for interest is maximised.

The trustees have set a reserves policy which requires that the reserves be maintained at a level that ensures that the charity's core activity continue during the period of unforeseen difficulty. The calculation of the level is an integral part of the organisation's planning, budget and forecast cycle and takes into account risks associated with each stream of income and expenditure being different from that budgeted, the planned activity level and the organisation's commitments.

Further financial review details

The 2024 accounts continue the improvement in income generation shown in the 2023 results. During the year the Trustees spending on charitable activities increased by over £10k from 2023 This was as a result of the Trustees' active decision to seek out areas where reserves built up over the last 5+ years could be effectively used. A key area was work to upgrade the website.

The Trustees will continue to monitor the situation to ensure the Charity is in a position to enable it to continue to meet its objectives for the foreseeable future and continue to grow.

Availability and adequacy of funds

The board of trustees is satisfied that the charity's assets in each fund are available and adequate to fulfil the obligations in respect of each fund.

Statement of Trustees Responsibilities

Charity Law requires the Board to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity as at the end of the financial year and of the surplus or deficit of the charity. In preparing those financial statements, the Board is required to;

1. select suitable accounting methods and them apply them consistently;

2. make estimates and judgements which are prudent;

3. prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

4. state whether applicable accounting standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements.

The trustees are also responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and which are sufficient to show and explain the charity's transactions and enable them to ensure that the financial statements comply with regulations made under the Charities Act. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are also responsible for the contents of the trustees' report.

Signature

Chris Woodward

Acting Treasurer

Independent examiner's report to the trustees of The Ectopic Pregnancy Trust

I report on the accounts of the Trust for the year ended 31 March 2024.

Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year under Section 43(2) of the Charities Act 1993 (the 1993 Act) and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 43 of the 1993 Act;
- to follow the procedures laid down in the general Directions given by the Charity
- Commission under section 43(7)(b) of the 1993 Act; and
- to state whether particular matters have come to my attention.

Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts and seeking explanations from you as trustees concerning any such matters. The procedures do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statement below.

Independent examiner's statement

In connection with my examination, no matter has come to my attention which gives me reasonable cause to believe that in any material respect the requirements to keep accounting records in accordance with section 41 of the 1993 Act and to prepare accounts which accord with the accounting records and comply with the accounting requirements of the 1993 Act have not been met or to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Signature

Date: 22.01.2025

Profit and Loss - Detailed View

The Ectopic Pregnancy Trust
For the year ended 31 March 2024

	2024	2023
Turnover		
201 - Corporate Donations	9,047.36	540.00
270 - Interest Income	667.18	817.59
206 - Fundraising Activities	53,066.53	141,072.43
209 - Merchandise Sales	7,354.37	5,695.23
203 - Other Donations	20,087.52	-
204 - Other Fundraising Platforms	10,832.78	23,725.23
200 - Personal Donations	111,143.67	12,767.36
Total Turnover	**212,199.41**	**184,617.84**
Cost of Sales		
1001 - Shop Merchandise Costs	6,046.03	1,420.82
402 - Management Costs: AEPU	906.00	-
505 - Support Group Costs: Forum	7,221.24	6,900.00
400 - Leaflets	22,217.22	25,726.08
502 - PAYE	9,427.04	-
506 - Support Group Costs: Helpline	13,508.54	11,378.99
901 - Project Costs: Think Ectopic	9,715.00	-
501 - Net Salaries	65,482.33	63,793.23
503 - Pensions Costs	-	2,684.15
504 - Support Group Costs: Email	3,425.00	7,625.34
Total Cost of Sales	**137,948.40**	**119,528.61**
Gross Profit	**74,251.01**	**65,089.23**
Administrative Costs		
101 - Bank Fees	206.00	234.00
478 - Admin Costs	-	9,561.16
401 - Helpline Consultants	-	670.00
Leaflets		
400b - Storage for Leaflets	872.80	1,153.61
Total Leaflets	**872.80**	**1,153.61**
Management Costs		
512 - Management Costs: General	14,851.04	13,611.32
403 - Management Costs: Strategy Day	2,865.25	-
Total Management Costs	**17,716.29**	**13,611.32**
108 - Payroll Costs	33,658.59	42,218.66
461 - Postage & Stationery	439.16	-
Shop Costs		
1003 - Storage: Shop	1,075.61	-
Total Shop Costs	**1,075.61**	**-**
106 - Sundry Expenses	1,173.78	1,337.72
Support Group Costs		
507 - Support Group Costs: Zoom	1,632.79	1,560.75
Total Support Group Costs	**1,632.79**	**1,560.75**
704 - Telephone & Internet	381.20	979.60
105 - Training & Welfare	-	318.00
493 - Travel & Subsistence	916.16	-
425 - Website & Digital Marketing	56,718.19	35,568.81
Fundraising Costs		
300 - Fundraising Costs: Supporting fundraisers	19,094.97	17,105.11
301 - Fundraising Costs: London Marathon	5,553.60	6,907.20
Total Fundraising Costs	**24,648.57**	**24,012.31**
Project Costs		
350 - Design Print & Post	529.08	13,090.60
Total Project Costs	**529.08**	**13,090.60**
Total Administrative Costs	**139,968.22**	**144,316.54**
Operating Profit	**(65,717.21)**	**(79,227.31)**
Profit on Ordinary Activities Before Taxation	**(65,717.21)**	**(79,227.31)**
Profit after Taxation	**(65,717.21)**	**(79,227.31)**

Accounts

The Ectopic Pregnancy Trust

Accounts for the Year Ending

31st March 2023

A NOTE FROM THE BOARD

UPDATE BY AND FOR BOARD

This year has again been another challenging one. We continued to see the impacts of the Covid-19 crisis including within hospitals, the treatment of ectopic pregnancy and creating additional emotional stress on people during one of the toughest experiences of their lives. The Ectopic Pregnancy Trust has continued to be there to support those in need through this traumatic time through all the various lockdowns.

The condition remains the leading cause of death in the first trimester of pregnancy and has a devastating physical and emotional impact. People must come to terms with the risk of life to the woman/pregnant person, the experience of major invasive treatment or surgery, often performed in emergency circumstances, and a loss of part or all of the woman/person's natural fertility, at the same time as coming to terms with losing their baby. All of this happens in a short period of time, often in circumstances where the people affected have never heard of the condition until it happens, and leaves people vulnerable to emotional difficulties in the months and sometimes years after the loss.

The Ectopic Pregnancy Trust remains a niche charity with limited resources but big ambitions. We provide exceptional support on a large scale and work tirelessly with key stakeholders, such as healthcare professionals and government, to improve diagnosis, treatment and raise awareness. We are successfully positioned and respected as key influencers in affecting change.

These great outcomes are achieved thanks to an amazing team of employees, consultants and volunteers who really care and give their time and support for nothing or nominal financial amounts. Without the dedication of team members. volunteers, fundraisers, trustees, medical advisers and ambassadors, we would not be able to provide our vital services that make such a huge difference at such a difficult time. The success of the Trust over this financial year is testament to everyone's efforts and I thank everyone for their kind contribution.

Being a small charity, every penny of income is really made to count. No money is ever spent on advertising for donations. Instead, many who support us have used our services historically and understand first-hand the importance we play in helping people through this devastating experience, others have great sympathy for the cause. Thanks to everyone's generosity and goodwill, we will continue to invest in our support services and work to make the hospital experience the best it can be in the difficult circumstances.

No-one should ever die from an ectopic pregnancy and, for anyone affected by the condition, the quality of their hospital experience and emotional support should be excellent.

TRUSTEE
The Ectopic Pregnancy Trust

OUR PURPOSE AND STRATEGIC AIMS

Our Purpose

Ectopic pregnancy is a common, life-threatening condition that is the leading cause of maternal death in the first trimester of early pregnancy. The condition affects around 1 in 80 pregnancies in the UK and occurs when an embryo grows outside of the womb. The pregnancy can never be saved. A variety of treatments are available depending on the presenting symptoms and speed of diagnosis.

Ectopic pregnancies have an incidence of approximately 11 per 1,000 pregnancies which means that nearly 12,000 women have ectopic pregnancies diagnosed each year [Source: Confidential Enquiry into Maternal Deaths and Morbidity 2009-14, December 2016]. However, from anecdotal evidence, this may be closer to more than 30,000 admissions in the UK alone, as some instances may not be diagnosed as an ectopic pregnancy but instead as a miscarriage and undergo expectant management. Unfortunately, women can still die from an ectopic pregnancy. The 2019 MBRRACE-UK Maternal Deaths and Morbidity Report 2015-17 states that six women died from early pregnancy problems, five of whom had ectopic pregnancies. All five women with ectopic pregnancies died within 48 hours of presentation and three of the six women who died were from Black or other ethnic minority groups. [Source: Confidential Enquiry into Maternal Deaths and Morbidity 2015-17, November 2019]. According to the 2022 MBRRACE-UK Report, 8 women died in the report period between 2018-2020, which is an increase from the previous report [Source: Confidential Enquiry into Maternal Deaths and Morbidity 2018-20, November 2022]. In the 21st century, no woman or pregnant person should die of an ectopic pregnancy.

The legacy of suffering an ectopic pregnancy can be far-reaching for women/people, couples and wider family and friends. Women and people who suffer have to endure the physical trauma of invasive treatment and face their own mortality, the impact on their future fertility and the sad loss of losing their baby all very quickly. This can be a very frightening and distressing experience. The impact can be long-lasting and many people require ongoing support many months and even years after the experience. We also provide support when people are ready to try for another baby; whether they are struggling to conceive, are trying naturally or through assisted conception routes as well as those who do go on to conceive successfully. Given the increased risk of a subsequent ectopic pregnancy, early pregnancy post-ectopic is also a traumatic time for many people. The Trust also provides its services to medical professionals who treat early pregnancy complications.

We are a small, niche UK-based charity with an extensive reach. We have the support and guidance from world-class health care professionals as our medical advisers and trustees. Our team members are driven to help others through their own experiences and empathise with our service users since many have experienced pregnancy loss and difficulties of their own. We operate with the assistance of our committed team members, volunteers and fundraisers (many of whom have suffered an ectopic pregnancy and used our services historically) and are grateful for the support of our ambassadors.

Our services have been in demand now more than ever due to the challenges that the Covid-19 pandemic brought and its ongoing impacts. We continue to rise to that need.

Our Vision

The Ectopic Pregnancy Trust believes:

- no woman or person should die from an ectopic pregnancy;

- any woman or person capable of conceiving of childbearing age, who is sexually active or undergoing assisted reproductive technology (ART) treatment, having ectopic pregnancy symptoms, should be considered to be pregnant until proven otherwise to maximise the speed of diagnosis; anyone diagnosed with an ectopic pregnancy should receive as many treatment options as the stability of their medical condition allows; this includes conservative management, medical treatment with methotrexate, and surgical treatment;

- it should be universally recognised that early diagnosis enables treatment choice, preserves fertility and enables a person to feel a greater degree of control over her medical condition. This commonly reduces the emotional impact of the ectopic pregnancy;

- it should be universally recognised that the emotional effects of losing a baby can far outweigh the physical condition even in the early stages of pregnancy; and

- anyone who has suffered an early pregnancy loss should have access to all of the information and support they need to aid their physical and emotional recovery.

Our Aims

Our strategic aims are:

- to provide **information** and **support** to all persons affected by ectopic pregnancy and other early pregnancy complications and the healthcare professionals who care for them;

- to advance **education** and to promote **awareness** of ectopic pregnancy and other early pregnancy complications among the medical profession and wider public; and

- to support **research** into ectopic pregnancy and other early pregnancy conditions.

Strategic aim 1: Information and support

The Ectopic Pregnancy Trust - thank you so much this group has normalised ectopics and made me feel like I'm not alone.

The world needs to be more informed on ectopic pregnancy and this wonderful charity is the only one I've come across that does their part to do so, thank you EPT for being the voice of so many women.

I just wanted to say a huge thank you for hosting the support session today. I found it incredibly helpful to hear similar stories and discuss difficulties and feelings towards this experience with like-minded people!

We play a key role in disseminating information and supporting anyone who experiences the condition during diagnosis, treatment and recovery from the condition. Our medical advisers continue to support us to ensure we provide current and accurate information.

We provide training so that the team can gain insights into lived experience for the range of people who can be impacted by ectopic pregnancy. We obtained training by LGBT Mummies (LGBT+ community) on how to support people from LGBTQ+ communities. Through social media messaging about this training, we received lived-experience story received from LGBT+ community. We also received training from MenCao on how to support people with learning disabilities and difficulties and autistic people. These sessions help the charity to reflect the diverse range of relationships and people that can be impacted by ectopic pregnancy. We aim to produce and easy read guide to ectopic pregnancy next year.

We held the return of our annual Strategy day in May 2023. This was a welcome opportunity for the team to reconnect and meet new members as well as to plan for the forthcoming financial year.

As we have readjusted to life following repeated lockdowns, the team has continued to work incredibly hard to maintain a consistently high-standard of service and, over the last financial year, we have achieved the following:

Information disseminated via our website

We believe that equipping people with information about the condition at such a challenging time helps to process what is happening to them. Empowering people in this way results in an increase in their personal knowledge (particularly on the assessment and treatment processes and expected outcomes) and thus reduces the degree of stress and confusion, helping the healing process.

The EPT was awarded the tick as a trusted information creator. This is a UK-wide quality mark for healthcare information. Through PIF Tick membership, we have made connections with providers of information to professionals and the EPT's information is accessible to them through those platforms.

Our website provides a valuable resource for women and their families who are being diagnosed or treated for ectopic pregnancy, with sections covering the definition of ectopic pregnancy, diagnosis and treatment, physical and emotional recovery and trying to conceive again as well as information for partners and medical professionals. The information is relevant, accurate, accessible, peer-reviewed and up-to-date. We had over 651,000 sessions on our website with top pages being symptoms of ectopic pregnancy and trying to conceive again.

88% of users accessed the site via tablet/phone. This is consistent with previous years and reasons for such intense mobile-usage could include increased privacy or people accessing information at the point of need, such as while at hospital. Broadly consistent with the previous financial year, 65% of visitors are female with 35% male.

The new website was launched in June 2022 after extensive changes to its "look and feel" and all content was reviewed. We continue to invest in the website and upcoming projects include adding a search capability and updating the forum.

The ReachDeck toolbar has been installed since last financial year and continues to be used regularly, It has various accessibility tools to reduce barriers including being able to translate the website into 100 languages, reading aloud in 40 languages, screen-masking, and reducing distracting content.

Information disseminated through hospitals

We distribute a suite of free patient information leaflets to hospitals across the UK. These are then disseminated to patients on diagnosis or when leaving hospital which means that people have access to information quickly and are signposted to our services at the point of need. This information suite was Highly Commended at the BMA Patient Information Awards 2019 and shortlisted for the overall BMA Patient Information Award 2019.

We produce three specialist leaflets on treatment routes for ectopic pregnancy (Surgical, Medical and Expectant Management) as well as one on Pregnancy of Unknown Location. The relevant leaflet is inserted into the back pocket of EPT-branded A5 wallets which have inserts covering general information on ectopic pregnancy and FAQs. This means that the information is tailored to the patient's individual treatment need. The look and feel of the leaflets and wallets are welcoming yet thoroughly professional in tone and content. We also have produced EPT-branded gestation wheels with a reminder to hospital staff to reorder leaflets. The number of treatment packs sent over the reporting period exceeded last year's record number with over 11000 packs being sent out.

We arranged for the general information and individual leaflets to be translated into seven languages and produced an accessible print version. The languages are: Arabic, Bengali, Chinese, Polish, Portuguese, Somali, and Welsh. These have been uploaded to a dedicated section on our website and each treatment pack includes an A5 leaflet signposting to the various language versions in the corresponding language and English. This is so that healthcare professionals can advise their patients' about the language versions and native speakers can also locate them.

We sent out over 650 EPT-branded posters which is again an expected increase following the fall during the previous financial year. These raise awareness of the symptoms and emotional impact of ectopic pregnancy and are disseminated free of charge to hospitals. We also encourage supporters of the charity to disseminate these across GP surgeries, clinics, pharmacies and Urgent Care Centres. Our "symptoms" poster informs the general public of the signs of ectopic pregnancy with the aim of educating communities so that anyone experiencing symptoms seek the care that they need as soon as possible. The "emotions" poster reassures people that their feelings are common. Both posters include the EPT's contact details and website address.

We produced simple, wallet-sized contact cards and sent out over 4000 during the financial year, an increase of 33%. These are useful not only for people to keep in their purses and wallets over time in case of future need but also helps healthcare professionals with an added printed resource. These are especially helpful for hospitals who do not distribute our leaflets and give out their own (eg due to Trust policies) and can instead include these cards with their own materials.

Key support services

Equipping people with information goes hand-in-hand with our providing more personalised support services.

We offer emotional support and information in a number of ways: via support line, email exchange, Zoom group sessions, text exchange, social media direct messaging and through our online forum. Topics range from experiencing symptoms, going through diagnosis of ectopic pregnancy, to information on trying to conceive successfully again. We also frequently help those who need us after a number of years of heartbreak. The information we provide is medically moderated and overseen by trained staff and team members. Our support team members are exceptional in their care for anyone suffering the aftermath of an ectopic pregnancy. We are known among healthcare professionals for providing empathic support and evidence-based information and are approached by them with suggested ideas and content. For instance, a leading clinician contacted us to offer training to help us support women and people who experience caesarean section scar ectopic pregnancy and we discussed what more we could be doing for this type of ectopic pregnancy. The team aims to provide a dedicated space for women and people who experience caesarean section scar ectopic pregnancy.

Support line: Support calls provide in-depth opportunities for callers to discuss events, their emotions and ask any questions. Our support line functionality in moving to a call-back service continues to be highly effective. By encouraging callers to leave contact details on voicemail, we are able to communicate quickly via email/text message to arrange a call at a time that suits best which can include evenings or weekends. We aim to respond via text message/email within an hour or two of the message being left so that callers receive acknowledgement fast at an anxious time and strive to ensure calls take place within 24 hours of the original request or accommodate alternative times to suit individuals. To break down barriers, we have put in place interpreting services with two specialist suppliers to enable people whose first language is not English and British Sign Language to use our support line without hindrance.

Emails: We respond to over 300 emails per month requesting specific help and support during or after treatment for ectopic pregnancy. We continue to recruit and train additional team members who are supervised by senior staff. In addition, we also exchange emails and other forms of communication with medical professionals, journalists and supporters, resulting in over 5,000 email exchanges a year. Due to demand, we recruited a further trained team member to respond to emails.

Forum: Our message boards provide peer support but are moderated and contributed to by trained team members. They can be found via our website and are 'live', thereby offering virtually instant information and support for those in need. We had over 310,000 page views in the last report year. To improve search engine performance, our web developer performed an audit and cull of redundant and empty threads and so this fall on the last year's visits may be due to historic spam/bot visits previously. A volunteer with lived experience of ectopic pregnancy who is a website user experience student has kindly assisted with suggestions on how to improve the forum and we hope to upgrade to an improved, more user-friendly platform next financial year. For every person who has the confidence to post on the boards, there are many more who take their comfort from reading the messages of others. Our Forum Moderators continue to monitor the boards on a daily basis and aim to respond to posters within 24 hours; this is so that no person is waiting for more than a day for a reply at an anxious time in their lives.

Social media: We have solid, active presence on social media platforms, namely Facebook, Twitter, Instagram, and LinkedIn accounts. Some direct message via these social media sites for support and many others read and take comfort. Some people comment and find support on our posts from others who have been through similar experiences.

On Facebook, we had open and closed discussion groups with over 5,500 providing peer support as well as a public page with over 18,900 followers (17,700 last financial year) centred on information. However, Facebook made changes to these public groups which resulted in lack of control over who could join and visibility of group/comments. Lack of control meant that anyone could see the posts within the group and could attempt to privately contact that member. The EPT closed the open discussion group as it was felt it no longer provided "safe space" and asked members to join the closed (private) Facebook group.

As of June 2022, The EPT has only the closed Facebook group and it provides a virtual community enabling those who have experienced ectopic pregnancy to reach out to others going through a similar experience and facilitate our directing users to sources of accurate information on our website and other support services. Some of our top performing posts reach over a quarter of a million people. The EPT's Facebook reach for this financial year is up 47.8% on the previous year.

The EPT's Instagram and Twitter accounts have over 9,500 and 3,800 followers respectively (8,400 and 3,600 respectively last financial year). The EPT's reach on Instagram for this financial year shows an increase of 291.9% compared with last year. Instagram is our fastest growing platform and the use of reels and stories is increasing our reach and Ectopic Pregnancy Awareness Day had a big impact. For LinkedIn, we updated our profile in March 2022 to a "company" (there is no not for profit option) for a more professional appearance and at the end of this reporting period has 637 followers. We launched our TikTok account to reach the key 13+ demographic and since launch have over 1700 followers.

Our Treasured Tulips gardens on social media enables anyone visiting our website is able to request to "plant" and dedicate a tulip which they can choose to personalise. People are provided with the option to donate so there are no barriers to remembrance. As at the end of this financial year, we had 1,368 dedications, with 171 completed and published garden patches.

We saw misinformation increasing in the wake of Roe v Wade ruling, conflating ectopic pregnancy treatment and termination of viable pregnancy. The EPT issued a response.

We obtained a grant for the Microsoft search engine, Bing. This will help us reach healthcare professionals whose IT systems are wedded to Microsoft.

Face-to-face support: As a very small charity, we do not have the resources for regular face-to-face support across the country. However, harnessing the power of technology and the appetite for using video calling etc, we offer remote face-to-face support now using Zoom. This can be requested on an individual, couples or group basis. We aim to increase monthly sessions and include a mix of general and dedicated groups.

Live Chat: We offer a Live Chat service using the Skype platform to accommodate anyone who prefers to type and receive replies in real-time. This is currently operated on a requested basis due to resourcing constraints.

The support services process involves recruitment, training, and on-going support and pastoral care. The support is medically overseen and moderated. The support team is very collaborative and are able to refer to each other seamlessly. For example, someone having a one-to-one phone call may then wish to participate in a group Zoom session or vice versa and relevant team members liaise direct to organise. The team works efficiently and each support route has at least two dedicated team members. This is so that no one person is overly burdened by emails/calls/messages which are intense in content, there is shared learning and peer-to-peer support among these team members, and we have means for cover during absences.

Our Project Support Team (members help with a variety of administrative tasks on an ad hoc basis) grew to 70 during the report year. Our improved newsletter, e-topic, continues to be delivered electronically.

Strategic aim 2: Education and awareness

The Trust seeks to raise awareness among the medical profession and public at large so that earlier diagnosis can be achieved. To facilitate this over the last year, we have:

Ectopic Pregnancy Awareness Day

The EPT held the first ever Ectopic Pregnancy Awareness Day on 1 August. This date was selected as we have, over the last few years started the EPT 80 in 1 Challenge then. Having the Ectopic Pregnancy Awareness Day to coincide was a natural fit. With August being the eighth month, we were able to craft creative communications around the numbers 1 and 08.

Social media posts from The Ectopic Pregnancy Trust platforms reached a total of 520,834. #Ectopicpregnancyawarenessday had 388,000 impressions on TikTok.Social media reach is measured: (1) direct through our own social media channels; and (2) activity on our supporters' social media channels in which we are tagged. Therefore the total combined reach is almost 4.5 million.

Collaborations

Pregnancy & Baby Charities Network: The EPT is a member of this Network which represents UK charities whose focus includes improving care throughout the path to parenthood before, during and after pregnancy and after losing a baby or pregnancy. The group collaborates to influence the Government and the NHS to improve care for parents. The EPT strives to ensure that people who experience early pregnancy losses are represented. The Director of the EPT is appointed one of the vice co-chairs of the Network and is instrumental in governance, oversight, and strategy.

All-Party Parliamentary Group: We are members of the All-Party Parliamentary Group on Baby Loss which /.';

brings together MPs and Peers from across parties to work on this vital issue. The EPT has been a part of the Group from inception in 2016. The APPG's overall aims are to develop policy that supports families dealing with the grief and loss of a baby and to raise awareness of what more can be done by the government, Parliament or other agencies to help those affected. By participating in discussions, The EPT constantly ensures that ectopic pregnancy and early pregnancy loss remain within the Government's agenda.

NICE Guideline: Following representation as a stakeholder on the introduction of a NICE Guideline for Pain and Bleeding in Early Pregnancy in 2013, we registered as stakeholder for updating the clinical guideline on CG154 Ectopic pregnancy and miscarriage: diagnosis and initial management. EPT director Munira Oza continues to be Lay Member for subsequent updates of what is now known as NG126. Ms Oza sits on the committee for the Women's and Reproductive Health Suite for NICE.

National Bereavement Care Pathway: The EPT worked in collaboration with other charities and with the support of the Department of Health and the APPG on Baby Loss to produce a National Bereavement Care Pathway. We reviewed the Pathway on Miscarriage, Ectopic Pregnancy and Molar Pregnancy Pathway to ensure that information on ectopic pregnancy is up to date and clear so that all bereaved parents are offered the same high standard of parent-centred, empathic and safe care when a baby or pregnancy is lost through the condition. The EPT continues to support the Pathway and assisted with the latest update published in July 2022.

Training talks

The EPT offers training talks to healthcare professionals and students which include lived experiences of ectopic pregnancy. We provided talks to North West London Integrated Urgent Care, midwife-led Health in Pregnancy Service team, emergency care nurses course, and charities. We also gave talks to the British Undergraduate Societies of Obstetricians and Gynaecologists and organised talks for university midwifery societies.

Other key collaborations:

We along with 12 other pregnancy/baby/parenting charities designated Core Participant status for the UK's Covid Inquiry (healthcare module).

The Director joined Women's Voices Advisory Group for Miscarriage Care and various Patient and Public Involvement (PPI) groups joined into a collective, formally named as the Women's Advisory Group Tommy's National Centre for Maternity Improvement.

Campaigning and Policy

We participated in three focused campaigns: Baby Loss Awareness Week; Small Charity Week and Volunteers' Week as opportunities for our voice to be part of a powerful, collective message. Through campaigning, we are able to shine a spotlight on ectopic pregnancy and early pregnancy loss and seek to influence policy and action change.

Baby Loss Awareness Week: Baby Loss Awareness Week takes place annually from 9 to 15 October and is an opportunity for bereaved parents and their loved ones to acknowledge and remember their losses. It is also a chance to raise awareness of the emotional impact of pregnancy and infant loss, and the scale of the tragedy, which affects up to one in five families in the UK. Baby Loss Awareness Week is a collaboration of a number of charities united in their support for families who experience the death of a baby including Bliss, Child Bereavement UK, The Miscarriage Association and Tommy's as well as the EPT. We have participated since inception and this year was the 20TH anniversary. Today, the EPT continues to drive the Week forward extensively alongside other charities as the EPT Director sits on the core Working Group and social media coordinator sits on the group for Marketing and Communications. The EPT was involved in a webinar held by Peppy Health (employee health benefits specialising in fertility, having a baby, and women's and men's health) during Baby Loss Awareness Week which reached their employer client base which covers over one million employees. This was an important opportunity to educate workplaces about ectopic pregnancy.

As part of the BLAW campaign, we sold special Baby Loss Awareness pins and used social media to reach out to our followers, particularly on Facebook. On 15 October, as in previous years, the week closed with the Global 'Wave of Light' where candles were lit across the globe as part of the international Pregnancy and Infant Loss Awareness Day. In posting our image of our candle on our social media pages and encouraging people to share, we united with others across the world in honour of those babies who lit up lives for such a short time and in doing so our image reached over 163,000 people on Instagram and Facebook (150,000 last year). Posts from the charity reached over 500,000 people (450,000 last year). Collectively across the participating charities, the number of families reached will have reached into the many hundreds of thousands. As well as participating in Baby Loss Awareness Week on an annual basis, this group shares best practice and identifies potential joint opportunities.

We were asked by the International Society of Ultrasonographers, Obstetricians, and Gynaecologists (ISUOG) to assist with planning BLAW communications and this demonstrates the relationship we have cultivated. We were asked to give a talk on pregnancy and baby loss to the British Undergraduate Societies of Obstetricians and Gynaecologists.

We were approached by a media outlet to assist with content to go out on their local radio stations across the country during BLAW and sent materials to shopping centres including W12, O2, and The Harpur Centre. BLAW social media channels promoted our EPT Walk of Remembrance for that Week.

"Baby Loss Awareness Week 2022" was searched for 14,000 times of which we captured almost 10% of vistis and we were in the top ten for rankings including with the phrase "Baby Loss Awareness Week", competing with large charities who placed (paid) ads.

Small Charity Week: Small Charity Week takes place annually and is devoted to raising the profile of small charities. We participated in June 2022 highlighting the services we provide and the big impact they can have. Our posts reached over 26,000.

Volunteers' Week: The first week of June sees Volunteers' Week and, was a valuable opportunity to highlight our valued volunteers for their support and publicly thank.

Women's Health Strategy: The charity had submitted evidence for the government's Women Health Strategy during the previous financial year. The Strategy was published in July 2022 which focuses on improvements for women's and girl's healthcare in England. Going forward, The EPT aims to work alongside the Department of Health and Social Care to further actions on early pregnancy loss care.

Conferences

We frequently participate in external conferences focusing on early pregnancy. The Director sits on the Board of the Association of Early Pregnancy Units (AEPU) offering the patient's voice. Our Director represents the Trust at AEPU meetings. The November 2022 Association of Early Pregnancy Units conference was held in person which was the first once since the pandemic and was attended by our Director. Our Director also usually presents at in-house hospital seminars and meetings and we often provide EPT materials for displays which largely ceased during the pandemic.

Media

We continued to assist a number of media outlets covering print, on-line and television/radio formats. We received wide ranging exposure in print newspapers and magazines. Popular ITV Soap Coronation Street had a storyline on inconclusive scan and ectopic pregnancy and a result our social media post had lots of engagement and website saw a spike in sessions. There was related online press-coverage some of which was not entirely accurate and referred to "phantom pregnancies" and we commented on the article to correct and remind symptomatic women/people to seek medical attention. Ms Oza was contacted by The Economist to contribute to a piece on Roe v Wade and concerns related to ectopic pregnancy.

Our dedicated team of volunteer fundraisers continue to spread the word through interviews such as with BBC local radio stations and local press, which often include the Trust's contact details.

We were contacted by an account executive at a PR agency whom we had supported whose foundation sought to work with us for PR/marketing. We have put together a small PR team.

Merchandise

Our on-line shop stocks a range of branded merchandise that promotes the Trust. By purchasing and using our products, awareness about ectopic pregnancy and the Trust's name and website get increased exposure among the general public.

Our biggest sellers continue to be Christmas cards and pin badges which are excellent for increasing awareness about the condition. We added new design keepsakes and bobble hat in EPT colours which were popular. During the next financial year, we aim to launch new products for remembrance as we recognise that people appreciate a meaningful purchase.

In mid-December, we refreshed the look and feel of the shop. The shop now includes a donations button at the top. On sending the annual round-up newsletter soon after, we saw increased donations.

Shop sales for this financial year increased by 4% as compared with the previous financial year.

Fundraising

We receive no Government funding and exist through the goodwill of our fundraisers.

Our bespoke fundraising initiatives EPTea Party, EPT1000 Challenge, and EPT Mini Challenges continued to be popular. In particular, the Walk of Remembrance during Baby Loss Awareness Week (which has a modest donation to participate) was very successful with some participants engaging in extra fundraising. We signed up to Run4Charity which provides access to local runs covering distances from 5k to full marathons both across the UK and internationally. This is already proving popular as the platform offers variety and we should see the impact of the offering in the next financial year.

The London Marathon and Great North Run continue to draw significant interest from our fundraisers. For The GNR, we had 15 runners which is a good increase from the previous year's five. For LM, we had 12 runners. During this financial period, we had a mixture of events; these included race nights, being nominated for charity of the year, golf days, wedding favours, raffles, runs including 5 -10ks, half and full marathons in the UK and Paris, a virtual cookery course, live gaming, crocheting toys in memory of a loved one who lost her life to an ectopic pregnancy, swimming, biking, and walking challenges and skydives!

The EPT 80 in 1 where people cover 80 miles during the month of August (8th month) continues to be popular with over 300 participants and helps to raise awareness of the 1 in 80 pregnancies that are ectopic. This is now an annual event. The impact of these initiatives have meant that we have had a successful fundraising year.

Our Fundraising Coordinator continues to be supported by our press officer who assists fundraisers in getting press coverage, fundraising social media coordinator who looks after the EPT 1000 Challenge dedicated closed Facebook page for fundraisers to offer a space for mutual support and encouragement, and social media coordinator to promote activities and achievements.

Strategic aim 3: Supporting research

> **Ectopic pregnancy is still the commonest cause of death in early pregnancy and, even if not fatal, the effects are distressing and far-reaching. Women can suffer from long term psychological problems and it can impact on their future fertility.**
>
> **If an ectopic pregnancy is diagnosed early, it is likely it can be treated effectively and perhaps avoiding the need for invasive surgery. That's why it's important that there is more research like our trial into ways that we can improve the medical management of the condition.**
>
> **- Professor Andrew Horne, University of Edinburgh**

The EPT continues to seek to effect change by improving speed of diagnosis, treatment choice and levels of care. Over the last year, we have participated in the following to support this objective:

Improving treatment choice

The Trust has been involved in supporting ground-breaking research with medical adviser and trustee Professor Andrew Horne of the University of Edinburgh on combining two drugs (methotrexate with gefitinib) to improve the effectiveness of medical treatment. Professor Horne's team ran the GEM3 trial, a multi-centre, double-blind, placebo-controlled randomised trial. The study sites were 50 centres across the UK which were publicised by the EPT, making it the largest study ever on ectopic pregnancy. The study was published in February 2023 and, while it showed no benefit in adding gefitinib with methotrexate treatment, it did gather data to further understanding about methotrexate treatment.

The EPT supports research into biological processes that may be connected to ectopic pregnancy. The Trust sponsors a PhD student at The University of Edinburgh who is researching the causes of ectopic pregnancy. This involves examining cellular changes in the lining the Fallopian tube with may result in ectopic embryo implantation. This work was supported by a joint Medical Research Council/Ectopic Pregnancy Trust PhD Fellowship. This research was briefly paused during the pandemic but was restarted in Autumn 2021 and final third year pledge was advanced. The research completes in May 2023 with the paper to follow thereafter.

The EPT assisted Monash University with research in ectopic pregnancy with the aim of standardising core outcomes in published papers. We provided feedback on the patient information leaflet and survey questions and helped to promote to gather participants. The paper was published online in February 2023.

The EPT worked with Sands, The Miscarriage Association, and Antenatal Results and Choices on audit questions concerning bereavement care in early pregnancy/gynaecology units and participated in the Pregnancy Loss Review on whether the law should be changed to allow registration of pregnancy losses before 24 weeks. We await the publishing of the report which is expected to take place during the next financial year.

We were approached to work on a Priority Setting Partnership for Ectopic Pregnancy. The project is a collaboration between the Cochrane Gynaecology and Fertility Group, the University of Monash, University College London, and The EPT and commenced early this financial year. It aims to identify the top ten priorities for future research in ectopic pregnancy. The first stage brought together people from across the world who suggested their top five 'unanswered' research questions, which were then prioritised in an international survey. The final stage involves refining the interim list to the top ten research questions. Ms Oza is a key lead in the project and sits on the Scientific Steering Committee.

We were also approached to work with Kings College London on a study on early pregnancy loss during the Covid-19 pandemic (along with the baby loss counselling charity Petals). The study is part of wider research entitled PUDDLES (Parents who suffer pregnancy loss and whose babies die during the pandemic) and is a global collaboration between the UK, Australia, Brazil, Canada, India, Italy, and New Zealand to understand the experiences of bereaved parents during the COVID-19 pandemic using qualitative interviews and analyses. This specific collaboration with the EPT and Petals investigates women's experiences of early pregnancy loss and care during the COVID-19 pandemic. The EPT requested participants for the study which was quickly oversubscribed due to huge interest in those wishing to take part.

We have been contacted by the Aberdeen Centre for Women's Health Research to assist with Public and Patient Involvement to explore the impact of existing medical treatment, priorities for new medical treatments and acceptability of mifepristone as an experimental treatment. We assisted with gathering participants for PPI engagement and participating in meetings to gather insights into whether women thought this would be a beneficial study.

We were contacted by University College Hospital to assist with a research study investigating the psychological impact of being diagnosed and managed for a caesarean scar ectopic pregnancy.

Representing lived experiences of ectopic pregnancy

> **Exactly 21 years ago for me. No support whatsoever, just expected to brush it off and carry on. People around me didn't like it when I fell to pieces. Thank you for bringing this out into the open.**

The Trust has forged key relationships with a number of similar focused organisations and inform the debate through lived experiences and best practice. These include other charities and groups such as:

The Association of Early Pregnancy Units: The Trust has a representative on the executive board of the AEPU which develops best practice to managing ectopic pregnancy and other early pregnancy complications, participating in regular meetings and the AEPU strategy day.

Professional/governmental organisations: These include NHS Direct, the Department of Health and Social Care, the Royal College of Nurses, the Royal College of Obstetricians and Gynaecologists, the International Society for Ultrasound in Obstetrics and Gynaecology, and the Health Care Safety Investigation Branch. This ensures that the condition and lived experiences are well represented and included in the development of best practice.

The Ectopic Pregnancy Trust

The report of the trustees for the year ended 31 March 2023.

Charity name: The Ectopic Pregnancy Trust

Registered charity number: 1071811

Date of registration: 2 October 1998

Principal address: 483 Green Lanes, London, N13 4BS

Telephone: Admin - 020 7096 1838; Helpline - 0207 733 2653

Trustees: Mrs Alex Peace-Gadsby (Chair); Mrs Shabana Masavi (Treasurer) Miss Julie Price; Prof. Tom Bourne; Prof. Andrew Horne; Mr Chris Woodward; Rachel Small; Michael Wood-Williams

Staff/Team members: Munira Oza (Director); Jill Ansell (Fundraising coordinator); Sonal Colvin (Shop and donations coordinator); Sam Page (Hospital leaflets coordinator); Kerri Stedman (Social Media Coordinator); Helen Corsi-Cadmore (Projects coordinator); Lois Rowland (Fundraising support coordinator); Tara Moverley (Volunteer support coordinator/Administration); Natalie Max (Press officer); Karen Donovan (Support Team); Michele Fugiel Gartner (Support Team); Joanne Cadle-Junor (Support Team); Gita Noren (Support Team); Katharine Christopher (Support Team); Beth Pidd (Support Team); Sophie Ashby-Clarke (Support Team); Katie Lewis (Support Team)

Medical advisers: Cecilia Bottomley MB BChir MRCOG; Fiona Bottomley, Superintendent Sonographer; Prof. Tom Bourne PHD MD MRCOG; Sonal Colvin BSc; Professor Colin Duncan BSC(hons), MBChB(hons), MD, FRCOG; Janine Elson MD FRCOG; Prof Andrew Horne Ph.D, MRCOG; Suzanne Hollamby MB.BS, MRCOG CCST; Davor Jukovic PHD MD MRCOG; Emma Kirk BSc, MD, MRCOG; Marjorie McLean; Nick Raine-Fenning MRCOG, MBChB Ph.D; Jackie Ross MBBS MROCG; Prof. Siobhan Quenby; Rachel Small RGN, RM, FRCOG (Hon): Dirk Timmerman MD, Ph.D

Ambassadors: Michelle Gayle (Actress and Singer); Susan Penhaligon (Actress); Amanda Redman MBE (Actress); Philip Cairns (Actor); Charlotte Crosby (TV Personality)

Volunteers

Volunteers continue to be an essential resource in ensuring that the charity is able to deliver its objectives. They are typically people who have been affected by the condition and want to give something back to the charity, such as by answering helpline enquiries, facilitating the message boards, becoming a buddy through to administrative tasks. The charity has strict policies and procedures for vetting, training and supervision.

The charity ensures that no person applying for employment or for admission as a volunteer to the charity will be treated less favourably on the grounds of their sex, race, class, colour, racial group, ethnicity, marital status, sexual orientation, age, trade union membership or otherwise, religious belief or physical or mental disability.

Decision making

The Trustees are responsible for strategic decisions with appropriate consultation with the staff. Where medical information is required, the Medical Advisors are consulted. The staff have the authority to make operational decisions without prior Trustee consultation.

Records maintenance

The charity's records are maintained and annual accounts are prepared by the treasurer.

Type of governing document

Trust deed.

How the charity is constituted

The charity is constituted as a Trust.

Charity Trustee selection methods

The Charity has a clear policy and procedure for the recruitment, selection and induction of Trustees, which runs alongside our equal opportunities policy.

Policy on reserves

The charity holds two bank accounts with Charities Aid Foundation, a cash account and a Gold account. The Treasurer takes responsibility for ensuring that excess funds are moved into the Gold account to ensure that the potential for interest is maximised.

The trustees have set a reserves policy which requires that the reserves be maintained at a level that ensures that the charity's core activity continue during the period of unforeseen difficulty. The calculation of the level is an integral part of the organisation's planning, budget and forecast cycle and takes into account risks associated with each stream of income and expenditure being different from that budgeted, the planned activity level and the organisation's commitments.

Availability and adequacy of funds

The board of trustees is satisfied that the charity's assets in each fund are available and adequate to fulfil the obligations in respect of each fund.

The Charity changed from Excel Spreadsheets to the Xero Accounting package in 2022/23 so the accounts will be more useful in future years. As a result, the 2022/23 accounts are shown simply as 1 year rather than showing comparatives from the previous years.

Statement of Trustees Responsibilities

Charity Law requires the Board to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity as at the end of the financial year and of the surplus or deficit of the charity. In preparing those financial statements, the Board is required to;

1. select suitable accounting methods and them apply them consistently;

2. make estimates and judgements which are prudent;

3. prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

4. state whether applicable accounting standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements.

The trustees are also responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and which are sufficient to show and explain the charity's transactions and enable them to ensure that the financial statements comply with regulations made under the Charities Act. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are also responsible for the contents of the trustees' report.

Independent examiner's report to the trustees of The Ectopic Pregnancy Trust

I report on the accounts of the Trust for the year ended 31 March 2023.

Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year under Section 43(2) of the Charities Act 1993 (the 1993 Act) and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 43 of the 1993 Act;
- to follow the procedures laid down in the general Directions given by the Charity
- Commission under section 43(7)(b) of the 1993 Act; and
- to state whether particular matters have come to my attention.

Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts and seeking explanations from you as trustees concerning any such matters. The procedures do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statement below.

Independent examiner's statement

In connection with my examination, no matter has come to my attention which gives me reasonable cause to believe that in any material respect the requirements to keep accounting records in accordance with section 41 of the 1993 Act and to prepare accounts which accord with the accounting records and comply with the accounting requirements of the 1993 Act have not been met or to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Signature

Date: 31/01/2024

Profit and Loss - Detailed View

The Ectopic Pregnancy Trust
For the year ended 31 March 2023

	2023
Turnover	
201 - Corporate Donations	540.00
270 - Interest Income	817.59
206 - Fundraising Activities	141,072.43
209 - Merchandise Sales	5,695.23
204 - Other Fundraising Platforms	23,725.23
200 - Personal Donations	12,767.36
Total Turnover	**184,617.84**
Gross Profit	**184,617.84**
Administrative Costs	
404 - Bank Fees	234.00
478 - Admin Costs	9,561.16
401 - Helpline Consultants	670.00
Leaflets	
400 - Leaflets	21,451.08
400b - Storage for Leaflets	1,153.61
Total Leaflets	**22,604.69**
Management Costs	
420 - Management Costs: General	13,023.32
Total Management Costs	**13,023.32**
437 - Payroll Costs	42,218.66
482 - Pensions Costs	2,684.15
477 - Salaries	61,044.07
Shop Costs	
412 - Shop Merchandise Costs	1,420.82
Total Shop Costs	**1,420.82**
429 - Sundry Expenses	906.48
Support Group Costs	
453 - Support Group Costs: Email	7,625.34
451 - Support Group Costs: Forum	6,900.00
452 - Support Group Costs: Helpline	11,378.99
454 - Support Group Costs: Zoom	1,560.75
Total Support Group Costs	**27,465.08**
489 - Telephone & Internet	799.60
425 - Website & Digital Marketing	33,929.45
Fundraising Costs	
300 - Fundraising Costs: General	17,100.31
301 - Fundraising Costs: London Marathon	6,907.20
Total Fundraising Costs	**24,007.51**
Project Costs	
350 - Design Print & Post	13,090.60
Total Project Costs	**13,090.60**
Total Administrative Costs	**253,659.59**
Operating Profit	**(69,041.75)**
Profit on Ordinary Activities Before Taxation	**(69,041.75)**
Profit after Taxation	**(69,041.75)**

Balance Sheet

The Ectopic Pregnancy Trust
As at 31 March 2023

	31 Mar 2023
Current Assets	
Cash at bank and in hand	
CAF Cash	13,634.21
CAF Gold	95,329.88
Total Cash at bank and in hand	**108,964.09**
Total Current Assets	**108,964.09**
Creditors: amounts falling due within one year	
Suspense	(1,864.00)
Total Creditors: amounts falling due within one year	**(1,864.00)**
Net Current Assets (Liabilities)	**110,828.09**
Total Assets less Current Liabilities	**110,828.09**
Net Assets	**110,828.09**
Capital and Reserves	
Accumulated Funds	179,869.84
Current Year Earnings	(69,041.75)
Total Capital and Reserves	**110,828.09**

Notes to the accounts

1. Accounting policies

Basis of preparation of accounts

These accounts have been prepared on the basis of historic cost in accordance with Accounting and Reporting by Charities - Statement of Recommended Practice (SORP 2006) and with Financial Reporting Standards for Smaller Enterprises (FRSSE) and with the Charities Act 1993.

The accounts are prepared on a going concern basis under the historic cost convention.

Incoming resources

Incoming resources are accounted for on a receivable basis.

Investment income

Bank interest is included on an actual receipts basis.

Deferred income

In accordance with the Statement of Recommended Practice (SORP 2006), grants received in advance and specified by the donor as relating to specific accounting periods or alternatively which are subject to conditions which are still to be met, and which are outside the control of the charity or where it is uncertain whether the conditions can or will be met, are deferred on an accruals basis to the period to which they relate. Such deferrals are shown in the notes in the accounts and the sums involved are shown as creditors in the accounts.

Recognition of liabilities

Liabilities are recognised on the accruals basis in accordance with normal accounting principles, modified where necessary in accordance with the guidance in the Statement of Recommended Practice (SORP 2006).

Resources expended

All resources expended relate to marketing and administration of fundraising activities.

Fixed assets and depreciation

All tangible fixed assets, except buildings and freehold land, are stated at cost less depreciation. Items of less than £500 are not capitalised. Depreciation has been provided for at the following rates in order to write off the assets (less their estimated residual value) over their estimated useful economic lives.

Fixtures and fittings: 25% straight line

Computers: 25% straight line

Capital Gains

The Board of Trustees consider that, in order to comply with the Statement of Recommended Practice (SORP 2006), gifts or tangible fixed assets or grants of a capital nature given for specific purposes and fully utilised in the furtherance of the objects of the charity should be credited to the relevant fixed asset fund after the sums have been properly expended on the restricted purpose. The related asset is shown in the balance sheet at the cost of acquisition or subsequent revaluation.

If the related assets are subject to restrictions by the grant making organisation or on their use and disposal, then these restrictions are noted in the fixed asset section of these accounts. In such circumstances, the fixed asset fund created is treated as a restricted fixed asset fund. As the related assets are depreciated, then a transfer is made from restricted fixed asset funds to unrestricted revenue reserves to reflect the diminution in the asset subject to the restriction. In this year there were no restricted funds.

If the related assets are not subject to restriction by the grant making organisation on their use, then the fixed asset fund created is treated as a designated fixed asset fund. As the related assets are depreciated, then a transfer is made from designated fixed asset funds to unrestricted revenue reserves to reflect the diminution in the asset in the year.

Any residual liability to the donor arising from, for example, the assets future sale, is disclosed as a contingent liability unless the event that would trigger repayment of the grant becomes probable in which case a liability for repayment is recognised.

Taxation

As a registered charity, The Ectopic Pregnancy Trust is exempt from income and corporation tax to the extent that its income and gains are applicable to charitable purposes only. Value Added Tax is not recoverable by the charity and is therefore included in the relevant costs in the Statement of Financial Activities.

Funds structure policy

The charity maintains a general unrestricted fund which represent funds which are expendable at the discretion of the Trustees in furtherance of the objects of the charity. Such funds may be held in order to finance both working capital and capital investment.

Restricted funds have been provided to the charity for particular purposes and it is the policy of the Board to carefully monitor the application of those funds in accordance with the restrictions placed upon them.

2. Winding up or dissolution of the charity

If upon winding up or dissolution of the charity there remain any assets, after the satisfaction of all debts and liabilities, the assets represented by the accumulated fund shall be transferred to some other charitable body or bodies having similar objects to the charity.

Accounts

The Ectopic Pregnancy Trust

Accounts for the Year Ending

31st March 2022

A NOTE FROM THE BOARD

This year has again been another challenging one. We continued to see the impacts of the Covid-19 crisis including within hospitals, the treatment of ectopic pregnancy and creating additional emotional stress on people during one of the toughest experiences of their lives. The Ectopic Pregnancy Trust has continued to be there to support those in need through this traumatic time through all the various lockdowns.

The condition remains the leading cause of death in the first trimester of pregnancy and has a devastating physical and emotional impact. People must come to terms with the risk of life to the woman/pregnant person, the experience of major invasive treatment or surgery, often performed in emergency circumstances, and a loss of part or all of the woman/person's natural fertility, at the same time as coming to terms with losing their baby. All of this happens in a short period of time, often in circumstances where the people affected have never heard of the condition until it happens, and leaves people vulnerable to emotional difficulties in the months and sometimes years after the loss.

The Ectopic Pregnancy Trust remains a niche charity with limited resources but big ambitions. We provide exceptional support on a large scale and work tirelessly with key stakeholders, such as healthcare professionals and government, to improve diagnosis, treatment and raise awareness. We are successfully positioned and respected as key influencers in affecting change.

These great outcomes are achieved thanks to an amazing team of employees, consultants and volunteers who really care and give their time and support for nothing or nominal financial amounts. Without the dedication of team members. volunteers, fundraisers, trustees, medical advisers and ambassadors, we would not be able to provide our vital services that make such a huge difference at such a difficult time. The success of the Trust over this financial year is testament to everyone's efforts and I thank everyone for their kind contribution.

Being a small charity, every penny of income is really made to count. No money is ever spent on advertising for donations. Instead, many who support us have used our services historically and understand first-hand the importance we play in helping people through this devastating experience, others have great sympathy for the cause. Thanks to everyone's generosity and goodwill, we will continue to invest in our support services and work to make the hospital experience the best it can be in the difficult circumstances.

Noone should ever die from an ectopic pregnancy and, for anyone affected by the condition, the quality of their hospital experience and emotional support should be excellent.

Chris Woodward, Trustee, The Ectopic Pregnancy Trust

OUR PURPOSE AND STRATEGIC AIMS

Our Purpose

Ectopic pregnancy is a common, life-threatening condition that is the leading cause of maternal death in the first trimester of early pregnancy. The condition affects around 1 in 80 pregnancies in the UK and occurs when an embryo grows outside of the womb. The pregnancy can never be saved. A variety of treatments are available depending on the presenting symptoms and speed of diagnosis.

Ectopic pregnancies have an incidence of approximately 11 per 1,000 pregnancies which means that nearly 12,000 women have ectopic pregnancies diagnosed each year [Source: Confidential Enquiry into Maternal Deaths and Morbidity 2009-14, December 2016]. However, from anecdotal evidence, this may be closer to more than 30,000 admissions in the UK alone, as some instances may not be diagnosed as an ectopic pregnancy but instead as a miscarriage and undergo expectant management. Unfortunately, women can still die from an ectopic pregnancy with nine maternal deaths reported between 2009-14. [Source: Confidential Enquiry into Maternal Deaths and Morbidity 2009-14, December 2016]. The 2019 MBRRACE-UK Maternal Deaths and Morbidity Report 2015-17 states that six women died from early pregnancy problems, five of whom had ectopic pregnancies. All five women with ectopic pregnancies died within 48 hours of presentation and three of the six women who died were from Black or other ethnic minority groups. [Source: Confidential Enquiry into Maternal Deaths and Morbidity 2015-17, November 2019]. In the 21st century, noone should die of an ectopic pregnancy.

The legacy of suffering an ectopic pregnancy can be far-reaching for women, couples and wider family and friends. Women who suffer have to endure the physical trauma of invasive treatment and face their own mortality, the impact on their future fertility and the sad loss of losing their baby all very quickly. This can be a very frightening and distressing experience. The impact can be long-lasting and many people require ongoing support many months and even years after the experience. We also provide support when people are ready to try for another baby; whether they are struggling to conceive, are trying naturally or through assisted conception routes as well as those who do go on to conceive successfully. Given the increased risk of a subsequent ectopic pregnancy, early pregnancy post-ectopic is also a traumatic time for many people. The Trust also provides its services to medical professionals who treat early pregnancy complications.

We are a small, niche UK-based charity with an extensive reach. We have the support and guidance from world-class health care professionals as our medical advisers and trustees. Our team members are driven to help others through their own experiences and empathise with our service users since many have experienced pregnancy loss and difficulties of their own. We operate with the assistance of our committed team members, volunteers and fundraisers (many of whom have suffered an ectopic pregnancy and used our services historically) and are grateful for the support of our patrons.

Our services have been in demand now more than ever due to the challenges that the Covid-19 pandemic has brought. We continue to rise to that need.

Our Vision

The Ectopic Pregnancy Trust believes:

- no woman or person should die from an ectopic pregnancy;

- any woman or person capable of conceiving of childbearing age, who is sexually active or undergoing assisted reproductive technology (ART) treatment, having ectopic pregnancy symptoms, should be considered to be pregnant until proven otherwise to maximise the speed of diagnosis; anyone diagnosed with an ectopic pregnancy should receive as many treatment options as the stability of their medical condition allows; this includes conservative management, medical treatment with methotrexate, and surgical treatment;

- it should be universally recognised that early diagnosis enables treatment choice, preserves fertility and enables a person to feel a greater degree of control over her medical condition. This commonly reduces the emotional impact of the ectopic pregnancy;

- it should be universally recognised that the emotional effects of losing a baby can far outweigh the physical condition even in the early stages of pregnancy; and

- anyone who has suffered an early pregnancy loss should have access to all of the information and support they need to aid their physical and emotional recovery.

Our Aims

Our strategic aims are:

- to provide **information** and **support** to all persons affected by ectopic pregnancy and other early pregnancy complications and the healthcare professionals who care for them;

- to advance **education** and to promote **awareness** of ectopic pregnancy and other early pregnancy complications among the medical profession and wider public; and

- to support **research** into ectopic pregnancy and other early pregnancy conditions.

Strategic aim 1: Information and support

I've said it before and I will keep on saying it. I have eternal gratitude for the support of the EPT who saw me through some really difficult days. I will never forget x

I wanted to just thank you so much, your forums honestly got me through my surgery and recovery, as a 23 year old with no family around me at the time it really was a life saver so I just wanted to personally thank you for creating such a fantastic space.

I just want to say how awesome you guys are as a charity and support group network. I am father who (not physically) suffered an ectopic pregnancy but having to watch my wife struggle and nearly die was horrific so a massive thank you for the support we were given, it helped us cope and come through everything stronger.

We play a key role in disseminating information and supporting anyone who experiences the condition during diagnosis, treatment and recovery from the condition. Our medical advisers continue to support us to ensure we provide current and accurate information. Our services have been all the more needed during the Covid-19 pandemic and lockdowns.

In spite of the numerous challenges of the pandemic and repeated lockdowns, the team has worked incredibly hard to maintain a consistently high-standard of service and, over the last financial year, we have achieved the following:

Information disseminated via our website

We believe that equipping people with information about the condition at such a challenging time helps to process what is happening to them. Empowering people in this way results in an increase in their personal knowledge (particularly on the assessment and treatment processes and expected outcomes) and thus reduces the degree of stress and confusion, helping the healing process.

The dedicated Covid-19 area on the website was updated to reflect guidance as the world opened up. It has been a much-needed resource and we have been able to provide information and support for people dealing with the trauma of ectopic pregnancy with the added challenges of being in the midst of a global pandemic and changing guidance.

Our website provides a valuable resource for women and their families who are being diagnosed or treated for ectopic pregnancy, with sections covering the definition of ectopic pregnancy, diagnosis and treatment, physical and emotional recovery and trying to conceive again as well as information for partners and medical professionals. The information is relevant, accurate, accessible, peer-reviewed and up-to-date. We had

800,000 sessions on our website. While this is in the region of previous years' figures, we aim to increase sessions and will be putting in place a focused strategy with the web developer in the forthcoming financial year alongside improved search engine performance.

88% of users accessed the site via tablet/phone. This is consistent with previous years and reasons for such intense mobile-usage could include increased privacy or people accessing information at the point of need, such as while at hospital. Broadly consistent with the previous financial year, 67% of visitors are female with 33% male.

The new website was launched in June after extensive changes to its "look and feel" and all content was reviewed. We started with a soft launch section-by-section, starting with the crucial medical sections. We had worked closely with medical advisers and volunteers from a range of backgrounds: Medical advisers reviewed medical content and volunteers reviewed and created new non-medical content. The soft launch enabled us to be responsive to feedback for published sections while informing the as yet published areas. We worked with the organisation LGBT Mummies to ensure we provide a welcoming space for members of the LGBT communities and SignVideo to create BSL (British Sign Language) videos, explaining symptoms of ectopic pregnancy and the support we can provide.

We added the ReachDeck toolbar which has various accessibility tools to reduce barriers including being able to translate the website into 100 languages, reading aloud in 40 languages, screen-masking, and reducing distracting content. From implementation until the end of the first quarter, almost 6,000 people used the toolbar resources.

Information disseminated through hospitals

We distribute a suite of free patient information leaflets to hospitals across the UK. These are then disseminated to patients on diagnosis or when leaving hospital which means that people have access to information quickly and are signposted to our services at the point of need. This information suite was Highly Commended at the BMA Patient Information Awards 2019 and shortlisted for the overall BMA Patient Information Award 2019.

We produce three specialist leaflets on treatment routes for ectopic pregnancy (Surgical, Medical and Expectant Management) as well as one on Pregnancy of Unknown Location. The relevant leaflet is inserted into the back pocket of EPT-branded A5 wallets which have inserts covering general information on ectopic pregnancy and FAQs. This means that the information is tailored to the patient's individual treatment need. The look and feel of the leaflets and wallets are welcoming yet thoroughly professional in tone and content. We also have produced EPT-branded gestation wheels with a reminder to hospital staff to reorder leaflets. The number of treatment packs sent over the reporting period not only regained ground but exceeded forecast following the previous financial year's aberration due to the pandemic where numbers had fallen. For the first time ever, we sent out over 10,000 treatment packs and aim to exceed this for the next financial year, going from strength to strength.

We arranged for the general information and individual leaflets to be translated into seven languages and produced an accessible print version. The languages are: Arabic, Bengali, Chinese, Polish, Portuguese, Somali, and Welsh. These have been uploaded to a dedicated section on our website and each treatment pack includes an A5 leaflet signposting to the various language versions in the corresponding language and English. This is so that healthcare professionals can advise their patients' about the language versions and native speakers can also locate them.

We sent out almost 600 EPT-branded posters which is again an expected increase following the fall during the previous financial year. These raise awareness of the symptoms and emotional impact of ectopic pregnancy and are disseminated free of charge to hospitals. We also encourage supporters of the charity to disseminate these across GP surgeries, clinics, pharmacies and Urgent Care Centres. Our "symptoms" poster informs the general public of the signs of ectopic pregnancy with the aim of educating communities so that anyone experiencing symptoms seek the care that they need as soon as possible. The "emotions" poster reassures people that their feelings are common. Both posters include the EPT's contact details and website address.

We produced simple, wallet-sized contact cards and sent out over 3000 during the financial year. These are useful not only for people to keep in their wallets over time in case of future need but also helps healthcare professionals with an added printed resource. These are especially helpful for hospitals who do not distribute our leaflets and give out their own (eg due to Trust policies) and can instead include these cards with their own materials.

Key support services

Equipping people with information goes hand-in-hand with our providing more personalised support services by way of telephone support line, email, Skype and on-line message boards and these are a core part of the Trust's offering to those in need. We were able to provide the second session of two of dedicated bereavement care training for the support services team (the first session took place just before the end of the previous financial year). This was funded by a grant from The Hospital Saturday Fund and all team members found it incredibly useful.

We offer emotional support and information in a number of ways: via support line, email exchange, Zoom group sessions, text exchange, social media direct messaging and through our online forum. Topics range from experiencing symptoms, going through diagnosis of ectopic pregnancy, to information on trying to conceive successfully again. We also frequently help those who need us after a number of years of heartbreak. The information we provide is medically moderated and overseen by trained staff and team members. Our support team members are exceptional in their care for anyone suffering the aftermath of an ectopic pregnancy.

Support line: Support calls provide in-depth opportunities for callers to discuss events, their emotions and ask any questions. Our support line functionality in moving to a call-back service continues to be highly effective. By encouraging callers to leave contact details on voicemail, we are able to communicate quickly via email/text message to arrange a call at a time that suits best which can include evenings or weekends.

We aim to respond via text message/email within an hour or two of the message being left so that callers receive acknowledgement fast at an anxious time and strive to ensure calls take place within 24 hours of the original request or accommodate alternative times to suit individuals. To break down barriers, we have put in place interpreting services with two specialist suppliers to enable people whose first language is not English and British Sign Language to use our support line without hindrance.

Emails: We respond to over 300 emails per month requesting specific help and support during or after treatment for ectopic pregnancy. We continue to recruit and train additional team members who are supervised by senior staff. In addition, we also exchange emails and other forms of communication with medical professionals, journalists and supporters, resulting in over 5,000 email exchanges a year. Due to demand, we recruited a further trained team member to respond to emails.

Forum: Our message boards provide peer support but are moderated and contributed to by trained team members. They can be found via our website and are 'live', thereby offering virtually instant information and support for those in need. We had over 300,000 page views in the last report year. To improve search engine performance, our web developer performed an audit and cull of redundant and empty threads and so this fall on the last year's visits may be due to historic spam/bot visits previously. We upgraded the forum to the latest software version last financial year and are considering upgrading to an improved, more user-friendly platform next financial year. For every person who has the confidence to post on the boards, there are many more who take their comfort from reading the messages of others. Our Forum Moderators continue to monitor the boards on a daily basis and aim to respond to posters within 24 hours; this is so that no person is waiting for more than a day for a reply at an anxious time in their lives.

Social media: We have solid, active presence on social media platforms, namely Facebook, Twitter, Instagram, and LinkedIn accounts. Some direct message via these social media sites for support and many others read and take comfort. Some people comment and find support on our posts from others who have been through similar experiences.

On Facebook, we have open and closed discussion groups with over 5,400 members (4800 last financial year) providing peer support as well as a public page with over 17,700 followers (15,000 last financial year) centred on information. Principally, our Facebook pages provide a virtual community enabling those who have experienced ectopic pregnancy to reach out to others going through a similar experience and facilitate our directing users to sources of accurate information on our website and other support services. Some of our top performing posts reach over a quarter of a million people. The EPT's Facebook reach for this financial year is up 56.2% on the previous year.

The EPT's Instagram and Twitter accounts have over 8,400 and 3,600 followers respectively (5,000 and 3,000 respectively last financial year). The EPT's reach on Instagram for this financial year shows an increase of 55.36% compared with last year. For LinkedIn, we updated our profile in March to a "company" (there is no not for profit option) for a more professional appearance and at the end of this reporting period has 432 followers. As the profile change was at the end of this reporting period, we hope to see a meaningful impact of such update during the next financial year. We launched our TikTok account to reach the key 13+ demographic and since launch have over 1200 followers.

Of note for social media reach is that a national civic society organisation comprised of ethnic Romany Gypsies, Irish Travellers, and Roma called The Traveller Movement, shared our content and this is particularly impactful as such community is often very marginalised. We were also mentioned on one of the biggest Facebook groups with over 1 million followers, Family Lowdown (formerly Family Lockdown), as a trusted resource. For Mind's national Time to Talk campaign in February, Baby Loss Awareness shared our post and Mind commented on our Facebook post. It is highly encouraging to see our work publicly supported and shared by wider national organisations, not only amplifying the messaging around ectopic pregnancy but also adding extra credibility to our charity and work that we do. In August 2021 (second year of EPT 80 in 1 Challenge), our Facebook reach increased by 150% as compared to August 2020 and Instagram reach increased by 215%.

In October 2021 Meta was launched (owns Facebook, Instagram and WhatsApp), and with that introduction Facebook organic reach has been heavily affected. As part of the changes, one of the page visibility preferences settings was changed from the user being able to see all posts to seeing limited posts and so without a user taking the active step of changing their settings and/or paid advertising, we rely on the engagement of our followers to reach more unique accounts. However, in spite of this, with The EPT's presence on social media steadily growing, we were able to achieve figures for reach and engagement beyond our expectations at the end of 2021.

We launched our Treasured Tulips gardens on social media. Anyone visiting our website is able to request to "plant" and dedicate a tulip which they can choose to personalise. People are provided with the option to donate so there are no barriers to remembrance. As at the end of this financial year, we had 592 dedications, with 74 completed and published garden patches.

Podcasts: We collaborated with podcasters a Woman's Journey with Chrissie and Ayshen Webb (wife of singer Simon Webb) and Our Sam. Our Sam had its inaugural special focus by creating a three-part series on ectopic pregnancy: the first part was an interview with one of their trustees Hemant Maraj (Consultant Obstetrician and Gynaecologist at Wrexham Maelor Hospital) who explained the clinical side of ectopic pregnancy; the second part was an interview with EPT social media coordinator Kerri discussing lived-experience; and the third was with EPT director Munira covering information and support and the work of The EPT. We are evaluating doing more podcasts either by joining other podcasters or starting our own experiences-led casts.

Face-to-face support: As a very small charity, we do not have the resources for regular face-to-face support across the country. However, harnessing the power of technology and the appetite for using video calling etc, we offer remote face-to-face support now using Zoom. This can be requested on an individual, couples or group basis. Since the pandemic, Zoom group sessions have increased in demand with slots being filled through individuals' enquiries organically rather than needing publicity. We have increased sessions to at least once a month and recruited a dedicated team member to organise and facilitate the sessions.

Live Chat: We offer a Live Chat service using the Skype platform to accommodate anyone who prefers to type and receive replies in real-time. This is currently operated on a requested basis due to resourcing constraints. We aim to explore incorporating chat functionality via the website.

The support services process involves recruitment, training, and on-going support and pastoral care. The support is medically overseen and moderated. The support team is very collaborative and are able to refer to each other seamlessly. For example, someone having a one-to-one phone call may then wish to participate in a group Zoom session or vice versa and relevant team members liaise direct to organise. The team works efficiently and each support route has at least two dedicated team members. This is so that no one person is overly burdened by emails/calls/messages which are intense in content, there is shared learning and peer-to-peer support among these team members, and we have means for cover during absences. Facilitating support for couples remains an on-going task.

Our Project Support Team (members help with a variety of administrative tasks on an ad hoc basis) grew to 60 during the report year. Our improved newsletter, e-topic, continues to be delivered electronically.

Strategic aim 2: Education and awareness

The Trust seeks to raise awareness among the medical profession and public at large so that earlier diagnosis can be achieved. To facilitate this over the last year, we have:

Collaborations

Pregnancy & Baby Charities Network: The EPT is a member of this Network which represents UK charities whose focus includes improving care throughout the path to parenthood before, during and after pregnancy and after losing a baby or pregnancy. The group collaborates to influence the Government and the NHS to improve care for parents. The EPT strives to ensure that people who experience early pregnancy losses are represented. The Director of the EPT is appointed one of the vice co-chairs of the Network and is instrumental in governance, oversight, and strategy.

All-Party Parliamentary Group: We are members of the All-Party Parliamentary Group on Baby Loss which brings together MPs and Peers from across parties to work on this vital issue. The EPT has been a part of the Group from inception in 2016. The APPG’s overall aims are to develop policy that supports families dealing with the grief and loss of a baby and to raise awareness of what more can be done by the government, Parliament or other agencies to help those affected. By participating in discussions, The EPT constantly ensures that ectopic pregnancy and early pregnancy loss remain within the Government’s agenda.

NICE Guideline: Following representation as a stakeholder on the introduction of a NICE Guideline for Pain and Bleeding in Early Pregnancy in 2013, we registered as stakeholder for updating the clinical guideline on CG154 Ectopic pregnancy and miscarriage: diagnosis and initial management. EPT director Munira Oza was appointed Lay Member on Ectopic Pregnancy for the limited guideline update previously in during the FYE ending March 2019 which focused on two areas only: ultrasound diagnostic criteria and expectant management. During this financial year, Ms Oza participated in the further review question about offering progesterone for threatened miscarriage. Ms Oza also helped to develop the Pathway. Ms Oza also participated in a listening event for equality, diversity, and inclusion.

National Bereavement Care Pathway: During FYE ending March 2019, The EPT worked in collaboration with other charities and with the support of the Department of Health and the APPG on Baby Loss to produce a National Bereavement Care Pathway. We were asked to review the Pathway on Miscarriage, Ectopic Pregnancy and Molar Pregnancy Pathway to ensure that information on ectopic pregnancy is up to date and clear so that all bereaved parents are offered the same high standard of parent-centred, empathic and safe care when a baby or pregnancy is lost through the condition. The EPT continues to support the Pathway.

Other key collaborations:

- We issued a joint statement on a proposed anti-abortion “trigger” bill in Missouri which criminalised treatment of an ectopic pregnancy with the Royal College of Obstetricians and Gynaecologists, Association of Early Pregnancy Units, Scottish Early Pregnancy Network, and the Miscarriage Association.

- We are increasingly known and signposted to by companies such as the British Transport Police which requested our materials for one of their roadshows and the Co-op’s pregnancy loss policy which lists our website as a resource.

- We were approached for content within a textbook for secondary school children and other audiences resulting in three dedicated pages on ectopic pregnancy.

Campaigning

We participated in three focused campaigns: Baby Loss Awareness Week; Small Charity Week and Volunteers’ Week as opportunities for our voice to be part of a powerful, collective message.

Baby Loss Awareness Week takes place annually from 9 to 15 October and is an opportunity for bereaved parents and their loved ones to acknowledge and remember their losses. It is also a chance to raise awareness of the emotional impact of pregnancy and infant loss, and the scale of the tragedy, which affects up to one in five families in the UK. Baby Loss Awareness Week is a collaboration of a number of charities united in their support for families who experience the death of a baby including Bliss, Child Bereavement UK, The Miscarriage Association and Tommy’s as well as the EPT. We have participated since inception in 2004. Today, the EPT continues to drive the Week forward extensively alongside other charities as the EPT Director sits on the core Working Group as well as the group for Public Affairs and Policy. The EPT was involved in many of the panel discussions held by Natwest during Baby Loss Awareness Week focusing on remembrance and highlighted early pregnancy loss including ectopic pregnancy through the conversation: Ms Oza was compere for the session on partners with a colleague participating (Ms Stedman) and a further colleague (Ms Cadle-Junor) participated in the session focused on healthcare professionals.

As part of the campaign, we sold special Baby Loss Awareness pins and used social media to reach out to our followers, particularly on Facebook. On 15 October, the week closed with the Global ‘Wave of Light’ where candles were lit across the globe as part of the international Pregnancy and Infant Loss Awareness Day. In posting our image of our candle on our social media pages and encouraging people to share, we united with others across the world in honour of those babies who lit up lives for such a short time and in doing so our image reached over 150,000 people on Instagram and Facebook. Posts from the charity reached over 450,000 people and had over 47,000 engagements. Collectively across the participating charities, the number of families reached will have reached into the many hundreds of thousands. As well as participating in Baby Loss Awareness Week on an annual basis, this group shares best practice and identifies potential joint opportunities.

Small Charity Week takes place annually and is devoted to raising the profile of small charities. We participated in June 2021 highlighting the services we provide and the big impact they can have. Our posts reached over 24,300.

The first week of June sees Volunteers' Week and, by highlighting our volunteers and opportunities, we often receive new interested volunteers with this financial year being no exception. During Volunteers Week 2020, we received record number of enquiries.

Ms Oza participated in roundtable discussions on Angela Crawley MSP's Paid Miscarriage Care bill and provided detailed feedback on the text of the draft bill.

The charity submitted evidence for the government's Women Health Strategy in three spheres: individually as The EPT concerning policy asks for ectopic pregnancy care; collaboratively with the charities Antenatal Results and Choices for early pregnancy care; and more widely with The Pregnancy & Baby Charities Network covering the range of pregnancy and baby loss.

Conferences

We frequently participate in external conferences focusing on early pregnancy. Our Chair sits on the Board of the Association of Early Pregnancy Units (AEPU) and the Patient Committee for the International Society for Ultrasound in Obstetrics and Gynaecology (ISUOG), offering the patient's voice. Our Chair represents the Trust at AEPU meetings. The 2021 Association of Early Pregnancy Units conference was held online due to the pandemic and was attended by our Director. Our Chair and Director also usually present at in-house hospital seminars and meetings and we often provide EPT materials for displays which largely ceased during the pandemic.

Media

We continued to assist a number of media outlets covering print, on-line and television/radio formats. We received wide ranging exposure in print newspapers and magazines. Our ambassador Charlotte Crosby spoke about her experience and raised awareness for the charity on her podcast. Ms Oza was quoted in The Independent relating to a hypothesis on how chlamydia might increase the risk of ectopic pregnancy. The BBC show This is Going to Hurt had a storyline on a ectopic pregnancy as a result our social media post had lots of engagement and website saw a spike in sessions. Ms Oza contacted the BBC to include signposting to our website on their Action Line resources and we are now listed there.

Our dedicated team of volunteer fundraisers continue to spread the word through interviews such as with BBC local radio stations and local press, which often include the Trust's contact details.

Merchandise

Our on-line shop stocks a range of branded merchandise that promotes the Trust. By purchasing and using our products, awareness about ectopic pregnancy and the Trust's name and website get increased exposure among the general public.

Our biggest sellers continue to be Christmas cards and pin badges which are excellent for increasing awareness about the condition.

We launched our EPT Boxes and there are three to choose from: Care Box; Remembrance Box; and Fitness Box;

Fundraising

We receive no Government funding and exist through the goodwill of our fundraisers.

Our bespoke fundraising initiatives EPTea Party, EPT1000 Challenge, and EPT Mini Challenges continued to be popular. We added a new dedicated donation form to our website which means donations are now easier and separated from fundraising through JustGiving (although people do still have the option to donate through JustGiving too). Our Fundraising Coordinator now includes match-funding information within her fundraising packs which makes it easier for people to approach their employers. We continued to adapt to changing circumstances and signed up to Work for Good to diversify fundraising opportunities. Work for Good promoted us during Baby Loss Awareness Week.

Plans for mass participation events, such as the Virgin London Marathon and Great North Run, began to restart. For The GNR, we had five participants with a further six people deferring to September 2022. For the London Marathon, we had seven runners in the Capital and six Virtual London Marathon. During this financial period, we had a mixture of virtual and self-motivated events, with a slow rise in people signing up to organised events.

Following the hugely successful launch of the EPT 80 in 1 where people cover 80 miles during the month of August (8th month) to raise awareness of the 1 in 80 pregnancies that are ectopic, this event was repeated. This was again a huge success with 240 people taking part. The impact of these initiatives have meant that we have had a successful fundraising year.

Our Fundraising Coordinator continues to be supported by our press officer who assists fundraisers in getting press coverage and fundraising social media coordinator who looks after the EPT 1000 Challenge dedicated closed Facebook page for fundraisers to offer a space for mutual support and encouragement.

Strategic aim 3: Supporting research

> **We believe that the drugs [that are the subject of this trial]… will be of greater benefit to women in terms of fewer operations, hospital visits and blood tests**
>
> **- Professor Andrew Horne, University of Edinburgh**

The EPT continues to seek to effect change by improving speed of diagnosis, treatment choice and levels of care. Over the last year, we have participated in the following to support this objective:

Improving treatment choice

The Trust is involved in supporting ground-breaking research with medical adviser and trustee Professor Andrew Horne of the University of Edinburgh on combining two drugs (methotrexate with gefitinib) to improve the effectiveness of medical treatment. Following approval of the stage three clinical trial into this potential treatment, Professor Horne's team is running the GEM3 trial which is a multi-centre, double-blind, placebo-controlled randomised trial. The study is available at around 50 centres across the UK which are being publicised by the EPT via our website and social media platforms. It is hoped that this treatment will help preserve fertility and decrease the need for invasive surgery through increasing the percentage of women whose bodies respond successfully to medical management.

The EPT supports research into biological processes that may be connected to ectopic pregnancy. The Trust sponsors a PhD student at The University of Edinburgh who is researching the causes of ectopic pregnancy. This involves examining cellular changes in the lining the Fallopian tube with may result in ectopic embryo implantation. This work was supported by a joint Medical Research Council/Ectopic Pregnancy Trust PhD Fellowship. This research was briefly paused during the pandemic but was restarted in Autumn 2021 and final third year pledge was advanced.

The EPT is assisting Monash University with research in ectopic pregnancy with the aim of standardising core outcomes in published papers. We provided feedback on the patient information leaflet and survey questions and helped to promote to gather participants.

The EPT worked with Sands, The Miscarriage Association, and Antenatal Results and Choices on audit questions concerning bereavement care in early pregnancy/gynaecology units and participated in the Pregnancy Loss Review on whether the law should be changed to allow registration of pregnancy losses before 24 weeks. We await the publishing of the report.

We were approached to work on a Priority Setting Partnership for Ectopic Pregnancy. The project is a collaboration between the Cochrane Gynaecology and Fertility Group, the University of Monash, University College London, and The EPT. It will be global and aims to identify the top ten priorities for future research in ectopic pregnancy. The goal is to bring together people from across the world to suggest their top five 'unanswered' research questions, which will then be prioritised in an international survey, and finally refined to the top ten research questions. The research is by way of a two-part online survey and launch date is expected to be early next financial year. Ms Oza is a key lead in the project and sits on the Scientific Steering Committee.

We were also approached to work with Kings College London on a study on early pregnancy loss during the Covid-19 pandemic (along with the baby loss counselling charity Petals). The study is part of wider research entitled PUDDLES (Parents who suffer pregnancy loss and whose babies die during the pandemic) and is a global collaboration between the UK, Australia, Brazil, Canada, India, Italy, and New Zealand to understand the experiences of bereaved parents during the COVID-19 pandemic using qualitative interviews and analyses. This specific collaboration with the EPT and Petals investigates women's experiences of early pregnancy loss and care during the COVID-19 pandemic.

Representing lived experiences of ectopic pregnancy

> **Exactly 21 years ago for me. No support whatsoever, just expected to brush it off and carry on. People around me didn't like it when I fell to pieces. Thank you for bringing this out into the open.**

The Trust has forged key relationships with a number of similar focused organisations and inform the debate through lived experiences and best practice. These include other charities and groups such as:

The Association of Early Pregnancy Units: The Trust has a representative on the executive board of the AEPU which develops best practice to managing ectopic pregnancy and other early pregnancy complications, participating in regular meetings and the AEPU strategy day.

Professional/governmental organisations: These include NHS Direct, the Department of Health and Social Care, the Royal College of Nurses, the Royal College of Obstetricians and Gynaecologists, the International Society for Ultrasound in Obstetrics and Gynaecology, and the Health Protection Agency. This ensures that the condition and lived experiences are well represented and included in the development of best practice.

The Ectopic Pregnancy Trust

The report of the trustees for the year ended 31 March 2022.

Charity name: The Ectopic Pregnancy Trust

Registered charity number: 1071811

Date of registration: 2 October 1998

Principal address: 483 Green Lanes, London, N13 4BS

Telephone: Admin - 020 7096 1838; Helpline - 0207 733 2653

Trustees: Mrs Alex Peace-Gadsby (Chair); Mrs Shabana Masavi (Treasurer) Miss Julie Price; Prof. Tom Bourne; Prof. Andrew Horne; Mr Chris Woodward; Rachel Small; Michael Wood-Williams

Staff/Team members: Munira Oza (Director); Jill Ansell (Fundraising coordinator); Sonal Colvin (Shop and donations coordinator); Sam Page (Hospital leaflets coordinator); Kerri Stedman (Social Media Coordinator); Helen Corsi-Cadmore (Projects coordinator); Lois Rowland (Fundraising support coordinator); Tara Moverley (Volunteer support coordinator/Administration); Natalie Max (Press officer); Karen Donovan (Support Team); Michele Fugiel Gartner (Support Team); Joanne Cadle-Junor (Support Team); Gita Noren (Support Team); Katharine Christopher (Support Team); Beth Pidd (Support Team); Sophie Ashby-Clarke (Support Team); Katie Lewis (Support Team)

Medical advisers: Cecilia Bottomley MB BChir MRCOG; Fiona Bottomley, Superintendent Sonographer; Prof. Tom Bourne PHD MD MRCOG; Sonal Colvin BSc; Professor Colin Duncan BSC(hons), MBChB(hons), MD, FRCOG; Janine Elson MD FRCOG; Prof Andrew Horne Ph.D, MRCOG; Suzanne Hollamby MB.BS, MRCOG CCST; Davor Jukovic PHD MD MRCOG; Emma Kirk BSc, MD, MRCOG; Marjorie McLean; Julie Price MBBS FROCG (to November 2021); Jackie Ross MBBS MROCG; Prof. Siobhan Quenby; Nick Raine-Fenning MRCOG, MBChB Ph.D; Rachel Small RGN, RM, FRCOG (Hon): Dirk Timmerman MD, Ph.D

Ambassadors: Michelle Gayle (Actress and Singer); Susan Penhaligon (Actress); Amanda Redman MBE (Actress); Philip Cairns (Actor); Charlotte Crosby (TV Personality)

Volunteers

Volunteers continue to be an essential resource in ensuring that the charity is able to deliver its objectives. They are typically people who have been affected by the condition and want to give something back to the charity, such as by answering helpline enquiries, facilitating the message boards, becoming a buddy through to administrative tasks. The charity has strict policies and procedures for vetting, training and supervision.

The charity ensures that no person applying for employment or for admission as a volunteer to the charity will be treated less favourably on the grounds of their sex, race, class, colour, racial group, ethnicity, marital status, sexual orientation, age, trade union membership or otherwise, religious belief or physical or mental disability.

Decision making

The Trustees are responsible for strategic decisions with appropriate consultation with the staff. Where medical information is required, the Medical Advisors are consulted. The staff have the authority to make operational decisions without prior Trustee consultation.

Records maintenance

The charity's records are maintained and annual accounts are prepared by the treasurer.

Type of governing document

Trust deed.

How the charity is constituted

The charity is constituted as a Trust.

Charity Trustee selection methods

The Charity has a clear policy and procedure for the recruitment, selection and induction of Trustees, which runs alongside our equal opportunities policy.

Policy on reserves

The charity holds two bank accounts with Charities Aid Foundation, a cash account and a Gold account. The Treasurer takes responsibility for ensuring that excess funds are moved into the Gold account to ensure that the potential for interest is maximised.

The trustees have set a reserves policy which requires that the reserves be maintained at a level that ensures that the charity's core activity continue during the period of unforeseen difficulty. The calculation of the level is an integral part of the organisation's planning, budget and forecast cycle and takes into account risks associated with each stream of income and expenditure being different from that budgeted, the planned activity level and the organisation's commitments.

Further financial review details

The 2022 accounts continue the improvement in income generation shown in the 2021 results. During the year the Trustees spending on charitable activities increased by c.£60k from 2021. This was as a result of the Trustees' active decision to seek out areas where reserves built up over the last 5+ years could be effectively used. A key area was work to upgrade the website. Despite the planned additional expenditure, there has been a modest increase in the funds carried forward at the end of the year. This is as a result of the significant increase in income generation achieved during the year.

The strong position in the 2021 accounts is as a result of the strategy introduced at the end of the 2016 year to create a strong base. The Trustees will, however, continue to monitor the situation to ensure the Charity is in a position to enable it to continue to meet its objectives for the foreseeable future and continue to grow.

Availability and adequacy of funds

The board of trustees is satisfied that the charity's assets in each fund are available and adequate to fulfil the obligations in respect of each fund.

Statement of Trustees Responsibilities

Charity Law requires the Board to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity as at the end of the financial year and of the surplus or deficit of the charity. In preparing those financial statements, the Board is required to;

1. select suitable accounting methods and them apply them consistently;

2. make estimates and judgements which are prudent;

3. prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

4. state whether applicable accounting standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements.

The trustees are also responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and which are sufficient to show and explain the charity's transactions and enable them to ensure that the financial statements comply with regulations made under the Charities Act. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are also responsible for the contents of the trustees' report.

Signature

Masavi

Shabana Masavi

Treasurer/Trustee

Independent examiner's report to the trustees of The Ectopic Pregnancy Trust

I report on the accounts of the Trust for the year ended 31 March 2022.

Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year under Section 43(2) of the Charities Act 1993 (the 1993 Act) and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 43 of the 1993 Act;
- to follow the procedures laid down in the general Directions given by the Charity
- Commission under section 43(7)(b) of the 1993 Act; and
- to state whether particular matters have come to my attention.

Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts and seeking explanations from you as trustees concerning any such matters. The procedures do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statement below.

Independent examiner's statement

In connection with my examination, no matter has come to my attention which gives me reasonable cause to believe that in any material respect the requirements to keep accounting records in accordance with section 41 of the 1993 Act and to prepare accounts which accord with the accounting records and comply with the accounting requirements of the 1993 Act have not been met or to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Signature

Charlotte Morrison

Charlotte Morrison, Fellow of the Institute and Faculty of Actuaries

Date: January 2022

The Ectopic Pregnancy Trust			
Year ended 31 March 2022			
		2022	**2021**
		£	**£**
Statement of Financial Activities			
Voluntary Income		19,106	17,750
Fundraising Activities		163,980	109,869
Revenue from Merchandise		7,888	8,070
Investment Income		29	69
Total Income		191,003	135,758
Fundraising Expenses		23,051	16,336
Cost of Charitable Activities		156,163	100,604
Governance Costs		9,946	10,543
Total Expenses		189,160	127,483
Net movement of funds		1,842	8,275
Funds brought forward		178,028	169,752
Funds carried forward		**179,870**	**178,028**
Income & Expenditure			
Turnover		190,974	135,689
Direct Costs		(179,215)	(116,940)
Gross Income/(Deficit)		11,759	18,749
Governance Costs		(9,946)	(10,543)
Operating Income/(Deficit)		1,814	8,206
Interest receivable		29	69
Net Income/(Deficit)		1,842	8,275
Statement of recognised gains & losses			
Excess of income over expenditure		1,842	8,275
		1,842	8,275
Movement in revenue & capital funds			
Accumulated funds brought forward		178,028	169,752
Recognised gains & losses		1,842	8,275
Closing revenue accumulated funds		179,870	178,028

Note: In 2021 £1,000 was received towards ‘Remote Enhanced Training’ for the Trust’s Support Team and these funds were used in the 2021/22 reporting year. In 2022 there were no restricted funds.

The Ectopic Pregnancy Trust				
Year ended 31 March 2022				
Balance Sheet				
		2022		**2021**
	£	**£**	**£**	**£**
Fixed Assets				
Tangible Fixed Assets				
Total Fixed Assets		-		0
Current Accounts				
Current bank account		18,516		3,729
Gold Deposit Account		159,490		171,461
Creditors				
Amounts due within one year		0		0
Net Current Assets		1,864		2,837
Total Assets less Current Liabilities		179,870		178,028
Creditors				
Amounts due after more than one year		-		-
Provision for liabilities & Charges		-		-
Net Assets		179,870		178,028
Accumulated Funds		179,870		178,028
Total Charity Funds		179,870		178,028

Notes to the accounts

1. Accounting policies

Basis of preparation of accounts

These accounts have been prepared on the basis of historic cost in accordance with Accounting and Reporting by Charities - Statement of Recommended Practice (SORP 2006) and with Financial Reporting Standards for Smaller Enterprises (FRSSE) and with the Charities Act 1993.

The accounts are prepared on a going concern basis under the historic cost convention.

Incoming resources

Incoming resources are accounted for on a receivable basis.

Investment income

Bank interest is included on an actual receipts basis.

Deferred income

In accordance with the Statement of Recommended Practice (SORP 2006), grants received in advance and specified by the donor as relating to specific accounting periods or alternatively which are subject to conditions which are still to be met, and which are outside the control of the charity or where it is uncertain whether the conditions can or will be met, are deferred on an accruals basis to the period to which they relate. Such deferrals are shown in the notes in the accounts and the sums involved are shown as creditors in the accounts.

Recognition of liabilities

Liabilities are recognised on the accruals basis in accordance with normal accounting principles, modified where necessary in accordance with the guidance in the Statement of Recommended Practice (SORP 2006).

Resources expended

All resources expended relate to marketing and administration of fundraising activities.

Fixed assets and depreciation

All tangible fixed assets, except buildings and freehold land, are stated at cost less depreciation. Items of less than £500 are not capitalised. Depreciation has been provided for at the following rates in order to write off the assets (less their estimated residual value) over their estimated useful economic lives.

Fixtures and fittings: 25% straight line

Computers: 25% straight line

Capital Gains

The Board of Trustees consider that, in order to comply with the Statement of Recommended Practice (SORP 2006), gifts or tangible fixed assets or grants of a capital nature given for specific purposes and fully utilised in the furtherance of the objects of the charity should be credited to the relevant fixed asset fund after the sums have been properly expended on the restricted purpose. The related asset is shown in the balance sheet at the cost of acquisition or subsequent revaluation.

If the related assets are subject to restrictions by the grant making organisation or on their use and disposal, then these restrictions are noted in the fixed asset section of these accounts. In such circumstances, the fixed asset fund created is treated as a restricted fixed asset fund. As the related assets are depreciated, then a transfer is made from restricted fixed asset funds to unrestricted revenue reserves to reflect the diminution in the asset subject to the restriction. In this year there were no restricted funds.

If the related assets are not subject to restriction by the grant making organisation on their use, then the fixed asset fund created is treated as a designated fixed asset fund. As the related assets are depreciated, then a transfer is made from designated fixed asset funds to unrestricted revenue reserves to reflect the diminution in the asset in the year.

Any residual liability to the donor arising from, for example, the assets future sale, is disclosed as a contingent liability unless the event that would trigger repayment of the grant becomes probable in which case a liability for repayment is recognised.

Taxation

As a registered charity, The Ectopic Pregnancy Trust is exempt from income and corporation tax to the extent that its income and gains are applicable to charitable purposes only. Value Added Tax is not recoverable by the charity and is therefore included in the relevant costs in the Statement of Financial Activities.

Funds structure policy

The charity maintains a general unrestricted fund which represent funds which are expendable at the discretion of the Trustees in furtherance of the objects of the charity. Such funds may be held in order to finance both working capital and capital investment.

Restricted funds have been provided to the charity for particular purposes and it is the policy of the Board to carefully monitor the application of those funds in accordance with the restrictions placed upon them.

2. Winding up or dissolution of the charity

If upon winding up or dissolution of the charity there remain any assets, after the satisfaction of all debts and liabilities, the assets represented by the accumulated fund shall be transferred to some other charitable body or bodies having similar objects to the charity.

3. Analysis of Incoming Sources

Analysis of Incoming sources		
	2022	**2021**
	£	**£**
Voluntary Income		
Personal donations	1,836	3,055
Corporate donations	2,934	9,434
Payroll giving	2,485	4,262
Other donations	11,850	1,000
Total Voluntary Income	19,106	17,750
Fundraising activities		
Other fundraising platforms	33,674	9,449
PayPal	4,741	9,162
Just Giving	101,231	72,679
Virgin Money	24,334	18,579
Additional GiftAid	-	-
Merchandise	7,888	8,070
Total of Activities for generating funds	171,868	117,939
Investment Income		
Bank Deposit Interest Received	29	69
Total Investment Income	29	69
Total Incoming Resources	191,003	135,758

4. Analysis of resources expended

	2022	2021
	£	£
Fundraising costs		
London Marathon costs	2,745	3,300
Other fund raising expenses	20,306	13,036
	23,051	16,336
Cost of Charitable activities		
Helpline consultants	32,284	17,905
Leaflets & distribution	28,896	17,570
Shop costs	8,714	9,180
Shop merchandise	7,123	6,421
Research	12,000	14,000
Management costs	23,307	20,205
Training and welfare	700	0
Travel and subsistence	114	0
Meetings	1,670	150
Website	33,434	8,955
Insurance	418	407
Postage & Stationary	6,879	4,621
Telephone	625	1,190
	156,163	100,604
Governance costs		
Payroll costs	479	198
Depreciation of fixed assets	0	0
Membership fees	365	285
Banking fees	699	673
Gross wages	7,968	9,051
Sundry expenses	435	336
	9,946	10,543
Total expenditure	189,160	127,483

5. Paid employees

	2022	2021
Gross wages & salaries	42,333	37,655
Helpline consultants	52,891	36,385
Total staff costs	95,224	74,040
Number of full time employees	0	0
Number of part time employees	4	2
Number of helpline consultants	12	12
Engaged on charitable activities	16	14

There were no employees with emoluments in excess of £30,000.

6. Tangible fixed assets

	2022	2021
Asset cost, valuation or revalued amount at start of year	0	0
Accumulated depreciation	0	0
Net book value end of year	0	0
Charge for year	0	0

7. Creditors and accruals

	2022	2021
Accrued expenses	0	0
PAYE/NIC	0	0
Employee expenses	0	0
	0	0

THE ECTOPIC PREGNANCY TRUST

England & Wales - Charity number 1071811

Accounts

The Ectopic Pregnancy Trust

Accounts for the Year Ending

31st March 2021

A NOTE FROM THE BOARD

This year has again been another challenging one. We continued to see the impacts of the Covid-19 crisis including within hospitals, the treatment of ectopic pregnancy and creating additional emotional stress on people during one of the toughest experiences of their lives. The Ectopic Pregnancy Trust has continued to be there to support those in need through this traumatic time through all the various lockdowns.

The condition remains the leading cause of death in the first trimester of pregnancy and has a devastating physical and emotional impact. People must come to terms with the risk of life to the woman/pregnant person, the experience of major invasive treatment or surgery, often performed in emergency circumstances, and a loss of part or all of the woman/person's natural fertility, at the same time as coming to terms with losing their baby. All of this happens in a short period of time, often in circumstances where the people affected have never heard of the condition until it happens, and leaves people vulnerable to emotional difficulties in the months and sometimes years after the loss.

The Ectopic Pregnancy Trust remains a niche charity with limited resources but big ambitions. We provide exceptional support on a large scale and work tirelessly with key stakeholders, such as healthcare professionals and government, to improve diagnosis, treatment and raise awareness. We are successfully positioned and respected as key influencers in affecting change.

These great outcomes are achieved thanks to an amazing team of employees, consultants and volunteers who really care and give their time and support for nothing or nominal financial amounts. Without the dedication of team members. volunteers, fundraisers, trustees, medical advisers and ambassadors, we would not be able to provide our vital services that make such a huge difference at such a difficult time. The success of the Trust over this financial year is testament to everyone's efforts and I thank everyone for their kind contribution.

Being a small charity, every penny of income is really made to count. No money is ever spent on advertising for donations. Instead, many who support us have used our services historically and understand first-hand the importance we play in helping people through this devastating experience, others have great sympathy for the cause. Thanks to everyone's generosity and goodwill, we will continue to invest in our support services and work to make the hospital experience the best it can be in the difficult circumstances.

No one should ever die from an ectopic pregnancy and, for anyone affected by the condition, the quality of their hospital experience and emotional support should be excellent.

Chris Woodward, Trustee

OUR PURPOSE AND STRATEGIC AIMS

Our Purpose

Ectopic pregnancy is a common, life-threatening condition that is the leading cause of maternal death in the first trimester of early pregnancy. The condition affects 1 in 80 pregnancies in the UK and occurs when an embryo grows outside of the womb. The pregnancy can never be saved. A variety of treatments are available depending on the presenting symptoms and speed of diagnosis.

Ectopic pregnancies have an incidence of approximately 11 per 1,000 pregnancies which means that nearly 12,000 women have ectopic pregnancies diagnosed each year [Source: Confidential Enquiry into Maternal Deaths and Morbidity 2009-14, December 2016]. However, from anecdotal evidence, this may be closer to more than 30,000 admissions in the UK alone, as some instances may not be diagnosed as an ectopic pregnancy but instead as a miscarriage and undergo expectant management. Unfortunately, women can still die from an ectopic pregnancy with nine maternal deaths reported between 2009-14. [Source: Confidential Enquiry into Maternal Deaths and Morbidity 2009-14, December 2016]. The 2019 MBRRACE-UK Maternal Deaths and Morbidity Report 2015-17 states that six women died from early pregnancy problems, five of whom had ectopic pregnancies. All five women with ectopic pregnancies died within 48 hours of presentation and three of the six women who died were from Black or other ethnic minority groups. [Source: Confidential Enquiry into Maternal Deaths and Morbidity 2015-17, November 2019]. In the 21st century, noone should die of an ectopic pregnancy.

The legacy of suffering an ectopic pregnancy can be far-reaching for women, couples and wider family and friends. Women who suffer have to endure the physical trauma of invasive treatment and face their own mortality, the impact on their future fertility and the sad loss of losing their baby all very quickly. This can be a very frightening and distressing experience. The impact can be long-lasting and many people require ongoing support many months and even years after the experience. We also provide support when people are ready to try for another baby; whether they are struggling to conceive, are trying naturally or through assisted conception routes as well as those who do go on to conceive successfully. Given the increased risk of a subsequent ectopic pregnancy, early pregnancy post-ectopic is also a traumatic time for many people. The Trust also provides its services to medical professionals who treat early pregnancy complications.

We are a small, niche UK-based charity with an extensive reach. We have the support and guidance from world-class health care professionals as our medical advisers and trustees. Our team members are driven to help others through their own experiences and empathise with our service users since many have experienced pregnancy loss and difficulties of their own. We operate with the assistance of our committed team members, volunteers and fundraisers (many of whom have suffered an ectopic pregnancy and used our services historically) and are grateful for the support of our patrons.

Our services have been in demand now more than ever due to the challenges that the Covid-19 pandemic has brought. We continue to rise to that need.

Our Vision

The Ectopic Pregnancy Trust believes:

- noone should die from an ectopic pregnancy;
- any woman or person capable of conceiving of childbearing age, who is sexually active or undergoing assisted reproductive technology (ART) treatment, having ectopic pregnancy symptoms, should be considered to be pregnant until proven otherwise to maximise the speed of diagnosis; anyone diagnosed with an ectopic pregnancy should receive as many treatment options as the stability of their medical condition allows; this includes conservative management, medical treatment with methotrexate, and surgical treatment;
- it should be universally recognised that early diagnosis enables treatment choice, preserves fertility and enables a person to feel a greater degree of control over her medical condition. This commonly reduces the emotional impact of the ectopic pregnancy;
- it should be universally recognised that the emotional effects of losing a baby can far outweigh the physical condition even in the early stages of pregnancy; and
- anyone who has suffered an early pregnancy loss should have access to all of the information and support they need to aid their physical and emotional recovery.

Our Aims

Our strategic aims are:

- to provide **information** and **support** to all persons affected by ectopic pregnancy and other early pregnancy complications and the healthcare professionals who care for them;
- to advance **education** and to promote **awareness** of ectopic pregnancy and other early pregnancy complications among the medical profession and wider public; and
- to support **research** into ectopic pregnancy and other early pregnancy conditions.

Strategic aim 1: Information and support

I genuinely can't tell you how in such an unusual time when I felt so alone on the ward, I also felt comforted to read the forum/pages on the website and weirdly didn't feel alone

Thank you for your call. No one else has been as helpful or to the point in getting our experience

When I clap later at 8pm in our street, I will be clapping for you too

Thank you so much for your email, I really appreciate you taking time out to help share with me. The EPT is a truly wonderful charity and service which I don't know what I would do without

We play a key role in disseminating information and supporting anyone who experiences the condition during diagnosis, treatment and recovery from the condition. Our medical advisers continue to support us to ensure we provide current and accurate information. Our services have been all the more needed during the Covid-19 pandemic and lockdowns.

In spite of the numerous challenges of the pandemic and repeated lockdowns, the team has worked incredibly hard to maintain a consistently high-standard of service and, over the last financial year, we have achieved the following:

Information disseminated via our website

We believe that equipping people with information about the condition at such a challenging time helps to process what is happening to them. Empowering people in this way results in an increase in their personal knowledge (particularly on the assessment and treatment processes and expected outcomes) and thus reduces the degree of stress and confusion, helping the healing process.

The dedicated Covid-19 area on the website was regularly updated as new queries arose and guidance (such as from RCOG) was issued. It has been a much-needed resource and we have been able to provide information and support for people dealing with the trauma of ectopic pregnancy with the added challenges of being in the midst of a global pandemic.

Our website provides a valuable resource for women and their families who are being diagnosed or treated for ectopic pregnancy, with sections covering the definition of ectopic pregnancy, diagnosis and treatment, physical and emotional recovery and trying to conceive again as well as information for partners and medical professionals. The information is relevant, accurate, accessible, peer-reviewed and up-to-date. We had over 700,000 sessions on our website. While this is in the region of previous years' figures, we aim to increase sessions and will be putting in place a focused strategy with the web developer in the forthcoming financial year.

90% of users accessed the site via tablet/phone. This has increased year on year and represents a massive proportion. Reasons for such intense mobile-usage could include increased privacy or people accessing information at the point of need, such as while at hospital. 64% of visitors are female with 36% male and the proportion of male visitors has increased by 10% since last year. This perhaps reflects the increasing recognition of the impact of loss among partners and willingness to seek support and information. This may also be due to the fact that partners have not been with loved ones in hospital during the pandemic and so have sought information in the absence of first hand conversations with doctors.

As mentioned in last year's accounts, a key priority for this financial year has been to update the website's "look and feel" and review content, with focus on diversity and inclusivity and search engine optimisation. We have been working closely with medical advisers and volunteers from a range of backgrounds. Medical advisers have reviewed medical content and volunteers have reviewed and created new non-medical content. We have also been working with the LGBT Mummies Tribe to ensure we provide a welcoming space for members of the LGBT communities and SignVideo to create BSL videos, explaining symptoms of ectopic pregnancy and the support we can provide. The new website is close to launch and will be unveiled early next financial year

Information disseminated through hospitals

We distribute a suite of free patient information leaflets to hospitals across the UK. These are then disseminated to patients on diagnosis or when leaving hospital which means that people have access to information quickly and are signposted to our services at the point of need. This information suite was Highly Commended at the BMA Patient Information Awards 2019 and shortlisted for the overall BMA Patient Information Award 2019.

We produce three specialist leaflets on treatment routes for ectopic pregnancy (Surgical, Medical and Expectant Management) as well as one on Pregnancy of Unknown Location. The relevant leaflet is inserted into the back pocket of EPT-branded A5 wallets which have inserts covering general information on ectopic pregnancy and FAQs. This means that the information is tailored to the patient's individual treatment need. The look and feel of the leaflets and wallets are welcoming yet thoroughly professional in tone and content. We also have produced EPT-branded gestation wheels with a reminder to hospital staff to reorder leaflets. The number of treatment packs sent over the reporting period fell by 16% as compared to the previous reporting year, bucking year on year increases over previous years. This is not surprising given the impact of the pandemic on staff and resources within hospital units. Government health advice during the pandemic included reducing touch-points between people and the reluctance to hand items generally meant there was a significant number of months where hospitals were not giving leaflets to patients and not reordering stock. This is an aberration and we expect subsequent years not only to recover but increase order numbers significantly.

A modest 250 EPT-branded posters were distributed over the reporting period, again reflecting the pressures of the pandemic and demand is expected to increase looking-ahead. These raise awareness of the symptoms and emotional impact of ectopic pregnancy and are disseminated free of charge to hospitals. We also encourage supporters of the charity to disseminate these across GP surgeries, clinics, pharmacies and Urgent Care Centres. Our “symptoms” poster informs the general public of the signs of ectopic pregnancy with the aim of educating communities so that anyone experiencing symptoms seek the care that they need as soon as possible. The “emotions” poster reassures people that their feelings are common. Both posters include the EPT’s contact details and website address.

Key support services

Equipping people with information goes hand-in-hand with our providing more personalised support services by way of helpline, email, Skype and on-line message boards and these are a core part of the Trust's offering to those in need. We were able to provide the first session of two of dedicated bereavement care training for the support services team with the second session scheduled for the beginning of the next financial year. This was funded by a grant from The Hospital Saturday Fund and all team members found it incredibly useful.

We offer emotional support in a number of ways: via support line, email exchange, Zoom group sessions, text exchange, social media direct messaging and through our online forum. Topics range from experiencing symptoms, going through diagnosis of ectopic pregnancy, to information on trying to conceive successfully again. We also frequently help those who need us after a number of years of heartbreak. The information we provide is medically moderated and overseen by trained staff and team members. Our support team members are exceptional in their care for anyone suffering the aftermath of an ectopic pregnancy.

Support line: Support calls provide in-depth opportunities for callers to discuss events, their emotions and ask any questions. Our support line functionality in moving to a call-back service continues to be highly effective. By encouraging callers to leave contact details on voicemail, we are able to communicate quickly via email/text message to arrange a call at a time that suits best which can include evenings or weekends. We aim to respond via text message/email within an hour or two of the message being left so that callers receive acknowledgement fast at an anxious time and strive to ensure calls take place within 24 hours of the original request or accommodate alternative times to suit individuals. To break down barriers, we aim to put in place interpreting services to enable people whose first language is not English to use our support line without hindrance including facilitating British Sign Language.

Emails: We respond to over 300 emails per month requesting specific help and support during or after treatment for ectopic pregnancy. We continue to recruit and train additional team members who are supervised by senior staff. In addition, we also exchange emails and other forms of communication with medical professionals, journalists and supporters, resulting in over 5,000 email exchanges a year. Due to demand, we recruited a further trained team member to respond to emails.

Forum: Our message boards provide peer support but are moderated and contributed to by trained team members. They can be found via our website and are ’live‘, thereby offering virtually instant information and support for those in need. We had over 430,000 page views in the last report year. We upgraded the forum to the latest software version this financial year. For every person who has the confidence to post on the boards, there are many more who take their comfort from reading the messages of others. Our Forum Moderators continue to monitor the boards on a daily basis and aim to respond to posters within 24 hours; this is so that no person is waiting for more than a day for a reply at an anxious time in their lives.

Social media: We have presence on social media platforms, namely Facebook, Twitter, Instagram and LinkedIn accounts. Some direct message via these social media sites for support and many others read and take comfort. On Facebook, we have open and closed discussion groups with over 4,800 members providing peer support as well as a public page with over 15,000 followers centred on information. Principally, our Facebook pages provide a virtual community enabling those who have experienced ectopic pregnancy to reach out to others going through a similar experience and facilitate our directing users to sources of accurate information on our website and other support services. Some of our top performing Facebook posts reach over a quarter of a million people. The EPT’s Instagram and Twitter accounts have over 5,000 and 3,000 followers respectively. We aim to launch our presence on TikTok next financial year.

Face-to-face support: As a very small charity, we do not have the resources for regular face-to-face support across the country. However, harnessing the power of technology and the appetite for using video calling etc, we offer remote face-to-face support now using Zoom. This can be requested on an individual, couples or group basis. Since the pandemic, Zoom group sessions have increased in demand with slots being filled through individuals’ enquiries organically rather than needing publicity. We are looking to increase sessions to at least once a month in the forthcoming financial year.

Live Chat: We offer a Live Chat service using the Skype platform to accommodate anyone who prefers to type and receive replies in real-time. This is currently operated on a requested basis due to resourcing constraints. We aim to explore incorporating chat functionality via the website.

The support services process involves recruitment, training and on-going support and pastoral care. The support is medically overseen and moderated. While our aim for the last financial year, to promote couples support has not been at the pace that we had hoped due to day to day challenges of the pandemic, nonetheless we have worked hard to improve sections on the website so that it reflects all types of relationships and none. Facilitating support for couples remains an on-going task.

Implementing Office 365 in March 2020 proved to show excellent planning in light of the pandemic and has proved a huge success. It has meant that we have been able to connect even as circumstances were becoming increasingly challenging. In addition, our Project Support Team (members help with a variety of administrative tasks on an ad hoc basis) grew to 50 during the report year. Our improved newsletter, e-topic, continues to be delivered electronically.

Strategic aim 2: Education and awareness

The Trust seeks to raise awareness among the medical profession and public at large so that earlier diagnosis can be achieved. To facilitate this over the last year, we have:

Collaborations

Pregnancy & Baby Charities Network: The EPT is a member of this Network which represents UK charities whose focus includes improving care throughout the path to parenthood before, during and after pregnancy and after losing a baby or pregnancy. The group collaborates to influence the Government and the NHS to improve care for parents. The EPT strives to ensure that people who experience early pregnancy losses are represented. The Director of the EPT is appointed secretary of the Network and is instrumental in governance, oversight, and strategy.

All-Party Parliamentary Group: We are members of the All-Party Parliamentary Group on Baby Loss which brings together MPs and Peers from across parties to work on this vital issue. The EPT has been a part of the Group from inception in 2016. The APPG’s overall aims are to develop policy that supports families dealing with the grief and loss of a baby and to raise awareness of what more can be done by the government, Parliament or other agencies to help those affected. By participating in discussions, The EPT constantly ensures that ectopic pregnancy and early pregnancy loss remain within the Government’s agenda.

Royal College of Nursing: Building on this existing relationship, The EPT worked again with the Royal College of Nursing to produce combined pocket guides covering a range of women’s health issues. These combined guides cover a range of women’s health issues including specific cards on ectopic pregnancy and will be distributed to thousands of nurses so that they can be more aware of the symptoms of ectopic pregnancy to ensure that women get the care that they need as quickly as possible. These guides also provide information on the support services provided by the EPT so that nurses can advise women and couples on where to go for support during and after treatment

Campaigning

We participated in three focused campaigns: Baby Loss Awareness Week; Small Charity Week and Volunteers’ Week as opportunities for our voice to be part of a powerful, collective message.

Baby Loss Awareness Week takes place annually from 9 to 15 October and is an opportunity for bereaved parents and their loved ones to acknowledge and remember their losses. It is also a chance to raise awareness of the emotional impact of pregnancy and infant loss, and the scale of the tragedy, which affects up to one in five families in the UK. Baby Loss Awareness Week is a collaboration of a number of charities united in their support for families who experience the death of a baby including Bliss, Child Bereavement UK, The Miscarriage Association and Tommy’s as well as the EPT. We have participated since inception in 2004. Today, the EPT continues to drive the Week forward extensively alongside other charities as the EPT Director sits on the core Working Group as well as the group for Public Affairs and Policy. Ms

Oza participated in a panel discussion held by Natwest during Baby Loss Awareness Week focusing on remembrance and highlighted early pregnancy loss including ectopic pregnancy through the conversation.

As part of the campaign, we sold special Baby Loss Awareness pins and used social media to reach out to our followers, particularly on Facebook. On 15 October, the week closed with the Global 'Wave of Light' where candles were lit across the globe as part of the international Pregnancy and Infant Loss Awareness Day. In posting our image of our candle on our Facebook page and encouraging people to share, we united with others across the world in honour of those babies who lit up lives for such a short time and in doing so our image reached over 150,000 people. Posts from the charity reached over 310,000 people and had over 31,000 engagements. Collectively across the participating charities, the number of families reached will have reached into the many hundreds of thousands. As well as participating in Baby Loss Awareness Week on an annual basis, this group shares best practice and identifies potential joint opportunities.

During Baby Loss Awareness Week, the EPT was publicly thanked in the House of Commons. This was during the Baby Loss debate which was again held in Parliament putting pregnancy complications and baby loss on the political agenda and bringing the issue wider recognition.

Small Charity Week takes place annually and is devoted to raising the profile of small charities. We participated in June 2020 highlighting the services we provide and the big impact they can have. Our posts reached over 24,000.

The first week of June sees Volunteers' Week and, by highlighting our volunteers and opportunities, we often receive new interested volunteers with this financial year being no exception. During Volunteers Week 2020, we received record number of enquiries.

Conferences

We frequently participate in external conferences focusing on early pregnancy. Our Chair sits on the Board of the Association of Early Pregnancy Units (AEPU) and the Patient Committee for the International Society for Ultrasound in Obstetrics and Gynaecology (ISUOG), offering the patient's voice. Our Chair represents the Trust at AEPU meetings and would usually be part of the annual conference presenting the patient's perspective on ectopic pregnancy. The 2020 Association of Early Pregnancy Units conference was postponed due to the pandemic. Our Chair and Director also usually present at in-house hospital seminars and meetings and we often provide EPT materials for displays which largely ceased during lockdowns.

Media

We continued to assist a number of media outlets covering print, on-line and television/radio formats. We received wide ranging exposure in print newspapers and magazines. Our ambassador Charlotte Crosby spoke about her experience on MTV and raised awareness for the charity on the BBC's Mastermind. After the piece on MTV, our Instagram followers and demand for support requests increased over the weekend. She also raised awareness and funds on the platform Memmo.uk through personalised video messages.

Our dedicated team of volunteer fundraisers continue to spread the word through interviews such as with BBC local radio stations and local press, which often include the Trust's contact details. We also were referenced in a podcast. With the joining of a new press officer, we implemented a strategy for link-building with journalists and referrals from external websites.

Merchandise

Our on-line shop stocks a range of branded merchandise that promotes the Trust. By purchasing and using our products, awareness about ectopic pregnancy and the Trust's name and website get increased exposure among the general public.

Our biggest sellers continue to be Christmas cards and pin badges which are excellent for increasing awareness about the condition. =

Led by requests from our social media followers, we launched a new fitness item, running buffs branded with the EPT tulip logo. We will be focusing on updating the shop in the forthcoming financial year.

Fundraising

We receive no Government funding and exist through the goodwill of our fundraisers.

Our bespoke fundraising initiatives EPTea Party, EPT1000 Challenge, and EPT Mini Challenges continued to be popular. Responding quickly to the limitations placed by the Covid-19 lockdown, we had already adapted many fundraising ideas to facilitate remote/virtual participation and also generated new ideas in 2021.

Mass participation events, such as the Virgin London Marathon, were paused and the quick thinking of our committed Fundraising Coordinator and social media team planned alternative fundraising ideas for the changing landscape and expected reduction of donations. We launched a fundraising at home section which enabled people to adapt ideas and have a focus while recovering at home during the pandemic. We enabled Facebook birthday fundraisers which sees a steady monthly stream of income. We also embraced the virtual offerings by VLM and GNR.

The most successful idea was the launch of the EPT 80 in 1 where people cover 80 miles during the month of August (8th month) to raise awareness of the 1 in 80 pregnancies that are ectopic. This was a huge success and will be an annual event. The impact of these initiatives have meant that we have had a successful fundraising year.

Our Fundraising Coordinator has been supported by the new press officer who assists fundraisers in getting press coverage and a new fundraising social media coordinator who looks after dedicated closed Facebook pages for fundraisers to offer a space for mutual support and encouragement.

Strategic aim 3: Supporting research

> **We believe that the drugs [that are the subject of this trial]… will be of greater benefit to women in terms of fewer operations, hospital visits and blood tests**
>
> **- Professor Andrew Horne, University of Edinburgh**

The EPT continues to seek to effect change by improving speed of diagnosis, treatment choice and levels of care. Over the last year, we have participated in the following to support this objective:

Improving treatment choice

The Trust is involved in supporting ground-breaking research with medical adviser and trustee Professor Andrew Horne of the University of Edinburgh on combining two drugs (methotrexate with gefitinib) to improve the effectiveness of medical treatment. Following approval of the stage three clinical trial into this potential treatment, Professor Horne's team is running the GEM3 trial which is a multi-centre, double-blind, placebo-controlled randomised trial. The study is available at around 50 centres across the UK which are being publicised by the EPT via our website and social media platforms. It is hoped that this treatment will help preserve fertility and decrease the need for invasive surgery through increasing the percentage of women whose bodies respond successfully to medical management.

The EPT supports research into biological processes that may be connected to ectopic pregnancy. The Trust sponsors a PhD student at The University of Edinburgh who is researching the causes of ectopic pregnancy. This involves examining cellular changes in the lining the Fallopian tube with may result in ectopic embryo implantation. This work was supported by a joint Medical Research Council/Ectopic Pregnancy Trust PhD Fellowship.

The EPT is assisting Monash University with research in ectopic pregnancy with the aim of standardising core outcomes in published papers. We provided feedback on the patient information leaflet and survey questions and helped to promote to gather participants.

The EPT worked with Sands, The Miscarriage Association, and Antenatal Results and Choices on audit questions concerning bereavement care in early pregnancy/gynaecology units and participated in the Pregnancy Loss Review on whether the law should be changed to allow registration of pregnancy losses before 24 weeks. We await the publishing of the report.

We were approached to review and provide input on a study to assess the safety of using a standard dose treatment for women with unruptured tubal ectopic pregnancy (OSPREY) and on research on psychological therapies for post traumatic stress after an ectopic pregnancy.

Representing the patient's voice

The Trust has forged key relationships with a number of similar focused organisations and inform the debate through the "patient's voice" and best practice. These include other charities and groups such as:

The Association of Early Pregnancy Units: The Trust has a representative on the executive board of the AEPU which develops best practice to managing ectopic pregnancy and other early pregnancy complications, participating in regular meetings and the AEPU strategy day.

Professional/governmental organisations: These include NHS Direct, the Department of Health and Social Care, the Royal College of Nurses, the Royal College of Obstetricians and Gynaecologists, the International Society for Ultrasound in Obstetrics and Gynaecology, and the Health Protection Agency. This ensures that the condition and the "patient's voice” is well represented and included in the development of best practice.

The Ectopic Pregnancy Trust

The report of the trustees for the year ended 31 March 2021.

Charity name: The Ectopic Pregnancy Trust

Registered charity number: 1071811

Date of registration: 2 October 1998

Principal address: 483 Green Lanes, London, N13 4BS

Telephone: Admin - 020 7096 1838; Helpline - 0207 733 2653

Trustees: Mrs Alex Peace-Gadsby (Chair); Mrs Shabana Masavi (Treasurer) Miss Julie Price; Prof. Tom Bourne; Dr Suzie Hollamby (to January 2021); Prof. Andrew Horne; Mr Chris Woodward; Mrs Sam Gold (to November 2020); Rachel Small (from January 2021); Michael Wood-Williams (from November 2020)

Staff/Team members: Munira Oza (Director); Jill Ansell (Fundraising coordinator); Sonal Colvin (Shop and donations coordinator); Sam Page (Hospital leaflets coordinator); Kerri Stedman (Social Media Coordinator); Helen Corsi-Cadmore (Projects coordinator); Lois Rowland (Fundraising support coordinator); Tara Moverley (Volunteer support coordinator/Administration); Natalie Max (Press officer); Karen Donovan (Support Team); Michele Fugiel Gartner (Support Team); Joanne Cadle-Junor (Support Team); Gita Noren (Support Team); Katharine Christopher (Support Team); Beth Pidd (Support Team)

Medical advisers: Cecilia Bottomley MB BChir MRCOG; Fiona Bottomley, Superintendent Sonographer; Prof. Tom Bourne PHD MD MRCOG; Sonal Colvin BSc;Janine Elson MD FRCOG; Prof Andrew Horne Ph.D, MRCOG; Suzanne Hollamby MB.BS, MRCOG CCST; Davor Jukovic PHD MD MRCOG; Emma Kirk BSc, MD, MRCOG; Marjorie McLean; Julie Price MBBS FROCG; Jackie Ross MBBS MROCG; Prof. Siobhan Quenby; Nick Raine-Fenning MRCOG, MBChB Ph.D; Rachel Small RGN, RM, FRCOG (Hon): Dirk Timmerman MD, Ph.D

Ambassadors: Michelle Gayle (Actress and Singer); Susan Penhaligon (Actress); Amanda Redman MBE (Actress); Philip Cairns (Actor); Charlotte Crosby (TV Personality)

Volunteers

Volunteers continue to be an essential resource in ensuring that the charity is able to deliver its objectives. They are typically people who have been affected by the condition and want to give something back to the charity, such as by answering helpline enquiries, facilitating the message boards, becoming a buddy through to administrative tasks. The charity has strict policies and procedures for vetting, training and supervision.

The charity ensures that no person applying for employment or for admission as a volunteer to the charity will be treated less favourably on the grounds of their sex, race, class, colour, racial group, ethnicity, marital status, sexual orientation, age, trade union membership or otherwise, religious belief or physical or mental disability.

Decision making

The Trustees are responsible for strategic decisions with appropriate consultation with the staff. Where medical information is required, the Medical Advisors are consulted. The staff have the authority to make operational decisions without prior Trustee consultation.

Records maintenance

The charity's records are maintained and annual accounts are prepared by the treasurer.

Type of governing document

Trust deed.

How the charity is constituted

The charity is constituted as a Trust.

Charity Trustee selection methods

The Charity has a clear policy and procedure for the recruitment, selection and induction of Trustees, which runs alongside our equal opportunities policy.

Policy on reserves

The charity holds two bank accounts with Charities Aid Foundation, a cash account and a Gold account. The Treasurer takes responsibility for ensuring that excess funds are moved into the Gold account to ensure that the potential for interest is maximised.

The trustees have set a reserves policy which requires that the reserves be maintained at a level that ensures that the charity's core activity continue during the period of unforeseen difficulty. The calculation of the level is an integral part of the organisation's planning, budget and forecast cycle and takes into account risks associated with each stream of income and expenditure being different from that budgeted, the planned activity level and the organisation's commitments.

Further financial review details

The 2021 accounts continue the improvement in income generation shown in the 2020 results. During the year the Trustees spending on charitable activities was broadly consistent with 2020, however fundraising expenses were c.30% lower. This was largely as a result of COVID-19 – leading to lower travelling and meeting costs. Overall, this has led to a modest increase in the funds carried forward at the end of the year.

The strong position in the 2021 accounts is as a result of the strategy introduced at the end of the 2016 year to create a strong base. The Trustees will, however, continue to monitor the situation to ensure the Charity is in a position to enable it to continue to meet its objectives for the foreseeable future and continue to grow.

Availability and adequacy of funds

The board of trustees is satisfied that the charity's assets in each fund are available and adequate to fulfil the obligations in respect of each fund.

Statement of Trustees Responsibilities

Charity Law requires the Board to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity as at the end of the financial year and of the surplus or deficit of the charity. In preparing those financial statements, the Board is required to;

1. select suitable accounting methods and them apply them consistently;

2. make estimates and judgements which are prudent;

3. prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

4. state whether applicable accounting standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements.

The trustees are also responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and which are sufficient to show and explain the charity's transactions and enable them to ensure that the financial statements comply with regulations made under the Charities Act. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are also responsible for the contents of the trustees' report.

Signature

Masavi

Shabana Masavi

Treasurer/Trustee

Independent examiner's report to the trustees of The Ectopic Pregnancy Trust

I report on the accounts of the Trust for the year ended 31 March 2021.

Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year under Section 43(2) of the Charities Act 1993 (the 1993 Act) and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 43 of the 1993 Act;
- to follow the procedures laid down in the general Directions given by the Charity
- Commission under section 43(7)(b) of the 1993 Act; and
- to state whether particular matters have come to my attention.

Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts and seeking explanations from you as trustees concerning any such matters. The procedures do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statement below.

Independent examiner's statement

In connection with my examination, no matter has come to my attention which gives me reasonable cause to believe that in any material respect the requirements to keep accounting records in accordance with section 41 of the 1993 Act and to prepare accounts which accord with the accounting records and comply with the accounting requirements of the 1993 Act have not been met or to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Signature

Charlotte Morrison

Date: 26 January 2022

The Ectopic Pregnancy Trust			
Year ended 31 March 2021			
		2021	**2020**
		£	**£**
Statement of Financial Activities			
Voluntary Income		17,750	13,097
Fundraising Activities		109,869	111,279
Revenue from Merchandise		8,070	7,261
Investment Income		69	236
Total Income		135,758	131,873
Fundraising Expenses		16,336	22,578
Cost of Charitable Activities		100,604	99,566
Governance Costs		10,543	10,053
Total Expenses		127,483	132,196
Net movement of funds		8,275	(323)
Funds brought forward		169,752	170,075
Funds carried forward		**178,028**	**169,752**
Income & Expenditure			
Turnover		135,689	131,638
Direct Costs		(116,940)	(122,143)
Gross Income/(Deficit)		18,749	9,495
Governance Costs		(10,543)	(10,053)
Operating Income/(Deficit)		8,206	(559)
Interest receivable		69	236
Net Income/(Deficit)		8,275	(323)
Statement of recognised gains & losses			
Excess of income over expenditure		8,275	(323)
		8,275	(323)
Movement in revenue & capital funds			
Accumulated funds brought forward		169,752	170,075
Recognised gains & losses		8,275	(323)
Closing revenue accumulated funds		178,028	169,752

Note: In 2020 all funds were unrestricted. In 2021 £1,000 was received towards ‘Remote Enhanced Training’ for the Trust’s Support Team and these funds were used in the 2021/22 reporting year.

The Ectopic Pregnancy Trust				
Year ended 31 March 2021				
Balance Sheet				
		2021		**2020**
	£	**£**	**£**	**£**
Fixed Assets				
Tangible Fixed Assets				
Total Fixed Assets		-		0
Current Accounts				
Current bank account		3,729		16,949
Gold Deposit Account		171,461		151,393
Creditors				
Amounts due within one year		0		0
Net Current Assets		2,837		1,411
Total Assets less Current Liabilities		178,028		169,752
Creditors				
Amounts due after more than one year		-		-
Provision for liabilities & Charges		-		-
Net Assets		178,028		169,752
Accumulated Funds		178,028		169,752
Total Charity Funds		178,028		169,752

Notes to the accounts

1. Accounting policies

Basis of preparation of accounts

These accounts have been prepared on the basis of historic cost in accordance with Accounting and Reporting by Charities - Statement of Recommended Practice (SORP 2006) and with Financial Reporting Standards for Smaller Enterprises (FRSSE) and with the Charities Act 1993.

The accounts are prepared on a going concern basis under the historic cost convention.

Incoming resources

Incoming resources are accounted for on a receivable basis.

Investment income

Bank interest is included on an actual receipts basis.

Deferred income

In accordance with the Statement of Recommended Practice (SORP 2006), grants received in advance and specified by the donor as relating to specific accounting periods or alternatively which are subject to conditions which are still to be met, and which are outside the control of the charity or where it is uncertain whether the conditions can or will be met, are deferred on an accruals basis to the period to which they relate. Such deferrals are shown in the notes in the accounts and the sums involved are shown as creditors in the accounts.

Recognition of liabilities

Liabilities are recognised on the accruals basis in accordance with normal accounting principles, modified where necessary in accordance with the guidance in the Statement of Recommended Practice (SORP 2006).

Resources expended

All resources expended relate to marketing and administration of fundraising activities.

Fixed assets and depreciation

All tangible fixed assets, except buildings and freehold land, are stated at cost less depreciation. Items of less than £500 are not capitalised. Depreciation has been provided for at the following rates in order to write off the assets (less their estimated residual value) over their estimated useful economic lives.

Fixtures and fittings: 25% straight line

Computers: 25% straight line

Capital Gains

The Board of Trustees consider that, in order to comply with the Statement of Recommended Practice (SORP 2006), gifts or tangible fixed assets or grants of a capital nature given for specific purposes and fully utilised in the furtherance of the objects of the charity should be credited to the relevant fixed asset fund after the sums have been properly expended on the restricted purpose. The related asset is shown in the balance sheet at the cost of acquisition or subsequent revaluation.

If the related assets are subject to restrictions by the grant making organisation or on their use and disposal, then these restrictions are noted in the fixed asset section of these accounts. In such circumstances, the fixed asset fund created is treated as a restricted fixed asset fund. As the related assets are depreciated, then a transfer is made from restricted fixed asset funds to unrestricted revenue reserves to reflect the diminution in the asset subject to the restriction. In this year there were no restricted funds.

If the related assets are not subject to restriction by the grant making organisation on their use, then the fixed asset fund created is treated as a designated fixed asset fund. As the related assets are depreciated, then a transfer is made from designated fixed asset funds to unrestricted revenue reserves to reflect the diminution in the asset in the year.

Any residual liability to the donor arising from, for example, the assets future sale, is disclosed as a contingent liability unless the event that would trigger repayment of the grant becomes probable in which case a liability for repayment is recognised.

Taxation

As a registered charity, The Ectopic Pregnancy Trust is exempt from income and corporation tax to the extent that its income and gains are applicable to charitable purposes only. Value Added Tax is not recoverable by the charity and is therefore included in the relevant costs in the Statement of Financial Activities.

Funds structure policy

The charity maintains a general unrestricted fund which represent funds which are expendable at the discretion of the Trustees in furtherance of the objects of the charity. Such funds may be held in order to finance both working capital and capital investment.

Restricted funds have been provided to the charity for particular purposes and it is the policy of the Board to carefully monitor the application of those funds in accordance with the restrictions placed upon them.

2. Winding up or dissolution of the charity

If upon winding up or dissolution of the charity there remain any assets, after the satisfaction of all debts and liabilities, the assets represented by the accumulated fund shall be transferred to some other charitable body or bodies having similar objects to the charity.

3. Analysis of Incoming Sources

	2021	2020
	£	£
Voluntary Income		
Personal donations	3,055	6,411
Corporate donations	9,434	3,077
Payroll giving	4,262	3,609
Other donations	1,000	
Total Voluntary Income	17,750	13,097
Fundraising activities		
Other fundraising platforms	9,449	1,341
PayPal	9,162	27,325
Just Giving	72,679	49,732
Virgin Money	18,579	32,881
Additional GiftAid	-	
Merchandise	8,070	7,261
Total of Activities for generating funds	117,939	118,541
Investment Income		
Bank Deposit Interest Received	69	236
Total Investment Income	69	236
Total Incoming Resources	135,758	131,873

4. Analysis of resources expended

	2021	2020
	£	£
Fundraising costs		
London Marathon costs	3,300	7,716
Other fund raising expenses	13,036	14,862
	16,336	22,578
Cost of Charitable activities		
Helpline consultants	17,905	13,529
Leaflets & distribution	17,570	18,350
Shop costs	9,180	9,000
Shop merchandise	6,421	7,975
Research	14,000	14,000
Management costs	20,205	18,960
Training and welfare	0	2,307
Travel and subsistence	0	2,069
Meetings	150	1,396
Website	8,955	5,241
Insurance	407	401
Postage & Stationary	4,621	5,341
Telephone	1,190	998
	100,604	99,566
Governance costs		
Payroll costs	198	673
Depreciation of fixed assets	0	0
Membership fees	285	305
Banking fees	673	627
Gross wages	9,051	8,000
Sundry expenses	336	448
	10,543	10,053
Total expenditure	127,483	132,196

5. Paid employees

	2021	2020
Gross wages & salaries	37,655	34,542
Support consultants	36,385	31,529
Total staff costs	74,040	66,070
Number of full time employees	0	0
Number of part time employees	2	2
Number of helpline consultants	12	10
Engaged on charitable activities	14	12

There were no employees with emoluments in excess of £30,000.

6. Tangible fixed assets

	2021	2020
Asset cost, valuation or revalued amount at start of year	0	0
Accumulated depreciation	0	0
Net book value end of year	0	0
Charge for year	0	0

7. Creditors and accruals

	2021	2020
Accrued expenses	0	0
PAYE/NIC	0	0
Employee expenses	0	0
	0	0