

A Guide to Tubal Ectopic Pregnancy

The ultrasound examination has shown an ectopic pregnancy. This information leaflet will help you to understand what this means and what will happen next.

An ectopic pregnancy is one that develops outside of the womb. 1-2% of pregnancies are ectopic and for some women, this can be a life-threatening condition. There are many different types of ectopic pregnancy depending on where the pregnancy implants outside of the womb. The most common of these is a tubal ectopic where the pregnancy implants into the fallopian tube. Sadly, an ectopic will always be a pregnancy that will not survive.

Why does Ectopic pregnancy happen?

It can be difficult to know why an ectopic pregnancy has occurred, but there are some known causes and risk factors. These include:

- A previous ectopic pregnancy
- Abdominal surgery, such as having your appendix out, a caesarean section
- Infection in the uterus, fallopian tubes or ovaries
- Endometriosis
- Some fertility procedures, such as IVF
- Some forms of contraception, cigarette smoking, age

However, many women who have an ectopic pregnancy have no known risk factors.

What happens when a pregnancy is ectopic?

All cases are different, here are some examples:

1. *The pregnancy stops developing* and is gradually reabsorbed back into the body, as in an early miscarriage. If the ectopic pregnancy resolves naturally, then no further treatment is needed. Your doctor may not be able to tell whether this was an ectopic pregnancy or a very early miscarriage. If so, it may be called a pregnancy of unknown location (PUL).
2. *There is a tubal miscarriage.* The pregnancy cannot continue growing in the tube and is miscarried naturally. The fallopian tube contracts to push the pregnancy out from the tube into the abdomen. You may need further tests and perhaps treatment if this occurs.
3. *The pregnancy continues to grow*, stretching the thin wall of the tube. If untreated, the tube may rupture and this needs to be dealt with urgently.
4. *Non-tubal ectopic pregnancies* (pregnancy developing outside the womb and tube) may continue to grow for longer as they may have more room to do so. They rarely resolve without treatment, which is usually surgical. They can also be more difficult to diagnose so additional tests may be needed.

How is an ectopic pregnancy treated?

Treatment options depend on the size and location of the ectopic, level of pregnancy hormone and patient's wishes and suitability. Possible options are outlined below.

Expectant Management

This is sometimes described as "watchful waiting". It means that you don't have any active treatment but are checked regularly to make sure that the ectopic pregnancy is ending naturally. You might be offered this treatment if:

- You are well (you have a normal pulse and blood pressure and little or no pain).
- There is no sign on the ultrasound scan that the tube has ruptured.

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- Your pregnancy hormone levels are relatively low &
- During monitoring these levels continue to fall.

If you do have conservative management, you will need repeated visits to hospital to have your pregnancy hormone levels checked. Until your results are back to normal, there is still a risk that your tube might rupture. It is also important not to have sexual intercourse, as this can increase the risk of rupture. Also, avoid alcohol as it may complicate the situation if you become unwell.

Medical Management

Sometimes, an ectopic pregnancy can be treated with drugs that stop the development of the pregnancy and allow it to be reabsorbed by the body. This may be offered if:

- You are well (you have a normal pulse and blood pressure and little or no pain)
- There is no sign on the ultrasound scan that the tube has ruptured
- You have a small ectopic pregnancy with no heartbeat
- Your pregnancy hormone levels are relatively low.

The drug that is most often used is methotrexate and it is usually injected into a muscle. Please refer to the separate information leaflet about methotrexate. Medical management isn't suitable for everyone. The doctor assesses you and your suitability for this and will discuss treatment options with you. After medical management, you will still need to be monitored until the pregnancy hormone is undetected in your blood.

Surgical Management

This is the recommended treatment if:

- You are unwell, with severe pain or bleeding
- Ultrasound features
- Your hormone level is very high
- Please refer to the separate leaflet about laparoscopy

When can I return to work?

This is very much dependent on how you are both physically and emotionally. It also depends on what treatment you might need, if you have to stay in hospital for a period of time or have surgery. Please discuss this in more detail with your doctor.

Am I at higher risk of having an ectopic in my next pregnancy?

The chances of having another ectopic pregnancy are about 1 in 10. This depends on what treatment you have. The doctor will go through the fertility implications of the different treatments during your consultation and ongoing assessment. We recommend that you attend the Early Pregnancy Clinic for an early scan in your next and subsequent pregnancies at 6 weeks. Your GP will make a referral for you, or you can phone the Early Pregnancy Clinic directly. If you have any symptoms of an ectopic pregnancy before this scan, please contact your GP or the Emergency room.

If you have any questions or worries, please contact Cork University Maternity Hospital

If you were due to be seen at the community early pregnancy unit and there are changes in your symptoms or concerns. It is important to please phone us directly or the CUMH emergency room which is open 24 hours for advice +/- assessment as it may be more appropriate to look after you in the CUMH.

Reception	(021) 4920500
Emergency Room	(021) 4920545
Early Pregnancy Unit	(021) 4927441
Bereavement & Loss Service	(021) 4920500
2 South Ward	(021) 4920628

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