Ectopic pregnancy: information for you

This information is for you if you want to know more about Ectopic Pregnancy, how it is diagnosed and how it is treated. It may also be helpful if you are a relative or friend of someone who is in this situation.

This information is mainly about an ectopic pregnancy in the fallopian tube (tubal ectopic pregnancy), although it does provide some information on ectopic pregnancy at sites other than the tubes (non-tubal ectopic pregnancy).

What is an ectopic pregnancy?

An ectopic pregnancy is a pregnancy outside the womb (uterus). In the UK, 1 in 90 pregnancies (just over 1%) result in an ectopic pregnancy. A pregnancy cannot survive in these situations and can pose a serious risk to you.

Usually to become pregnant, a sperm and an egg meet in one of the two fallopian tubes (the tube that carries the egg from the ovary to the womb). The fertilised egg then moves into the womb for the pregnancy to grow and develop. If this does not happen, the fertilised egg may implant and start to develop outside of the womb, usually in one of the fallopian tubes (also known as a tubal pregnancy).

Most ectopic pregnancies develop in the fallopian tubes (tubal pregnancy) but an ectopic pregnancy can rarely (3 to 5 out of 100 ectopic pregnancies) occur in other places such as:

- Cervix or neck of the womb (cervical pregnancy)
- Previous caesarean section scar in the womb (Caesarean scar pregnancy)
- Underdeveloped horn of the womb (cornual pregnancy)
- Ovary (ovarian pregnancy)
- Inside the tummy (abdominal pregnancy)
- In the part of the fallopian tube inside the muscle wall of the womb (Interstitial pregnancy)
- Ectopic pregnancy at any site along with a pregnancy inside the womb (Heterotopic pregnancy)
An ectopic pregnancy can be life-threatening because as the pregnancy gets bigger it:

- can run out of space to grow
- can rupture (burst) causing severe pain and internal bleeding.

**What is Pregnancy of Unknown Location (PUL)?**

A pregnancy of unknown location means that you have a positive pregnancy test but there is no identified pregnancy inside or outside the womb, on an ultrasound scan.

In this situation, you will be advised to have blood tests to measure your pregnancy hormone levels at regular interval/s and treatment plan is based on the results of these blood tests and ultrasound scan.

**What are the symptoms of an ectopic pregnancy?**

Most women get physical symptoms in the sixth week of pregnancy - about two weeks after a missed period. You may or may not be aware you are pregnant if your periods are irregular or if the contraception you are using has failed.

Each woman is affected differently by an ectopic pregnancy. Some women have no symptoms, some have a few symptoms whilst others have many symptoms. Because symptoms vary so much, it is not always straightforward to make a diagnosis of an ectopic pregnancy.

The symptoms of an ectopic pregnancy may include:

- Pain in your lower abdomen
  This may develop suddenly for no apparent reason or may come on gradually over several days. It may be on one side only.
- Vaginal bleeding
You may have some spotting or bleeding that is different from your normal period. The bleeding may be lighter/heavier/darker than normal.

- Pain in the tip of your shoulder
  This occurs due to blood leaking into the abdomen and is a sign of worsening condition. This pain is there all the time and may be worse when you are lying down. It is not helped by movement and may not be relieved by painkillers. You should seek urgent medical opinion if you experience this.
- Upset tummy
  You may have diarrhoea or pain on opening your bowels.
- Severe abdominal pain / collapse
  If the fallopian tube ruptures and causes internal bleeding, you may develop intense tummy pain or you may collapse. This is an emergency situation and you should seek urgent medical opinion. In rare instances, collapse is the first sign of an ectopic pregnancy.

Should I seek medical advice immediately?

Yes! An ectopic pregnancy can pose a serious risk to your health. If you have had sex within the last 3 to 4 months (even if you have used contraception) and are experiencing these symptoms, get medical help immediately. Seek advice even if you do not think you could be pregnant.

You can get medical advice from:

- your general practitioner or midwife
- the A&E department at your local hospital
- an Early Pregnancy Assessment Unit. Details of the unit nearest to you can be found at [http://www.earlypregnancy.org.uk/FindUsMap.asp](http://www.earlypregnancy.org.uk/FindUsMap.asp)
- NHS Direct on 0845 4647 (if you are in England or Wales)
- NHS 24 on 0845 242424 (if you are in Scotland).

Am I at increased risk of an ectopic pregnancy?

Any woman of childbearing age who is having sex could have an ectopic pregnancy. You have an increased risk of an ectopic pregnancy if:

- You have had a previous ectopic pregnancy
- You have a damaged fallopian tube. The main causes of damage are:
  - Previous surgery to your fallopian tubes including sterilisation
  - Previous infection in your fallopian tubes (see RCOG patient information ‘Acute pelvic inflammatory disease - tests and treatment’)
- You become pregnant when you have an intrauterine device (IUD/coil) or if you are on the progesterone-only contraceptive pill (mini-pill)
- Your pregnancy is as a result of assisted conception: in-vitro fertilisation (IVF) or intracytoplasmic sperm injection (ICSI)
- You are over 40 years
- You smoke.
How is it diagnosed?

Most ectopic pregnancies are suspected between 6 and 10 weeks of pregnancy. Sometimes the diagnosis is made quickly - if you are in the early stages of pregnancy, it can take longer (a week or more) to make a diagnosis of an ectopic pregnancy.

Your diagnosis will be made based on the following:

Consultation and examination
The doctor will ask about your medical history and symptoms. The doctor will examine your abdomen and may also do a vaginal (internal) examination with your consent. You should be offered a female chaperone (someone to accompany you) for this. You may also wish to bring someone to support you during your examination.

Urine pregnancy test
If you have not already had a positive pregnancy test, you will be asked for a urine sample so this can be tested for pregnancy. If the pregnancy test is negative, it is very unlikely that your symptoms are due to an ectopic pregnancy.

Ultrasound scan
A transvaginal scan (where a probe is gently inserted in your vagina) is known to be more accurate in diagnosing an ectopic pregnancy as compared to a scan through the tummy (trans abdominal scan). Hence you will be offered a transvaginal scan to help identify the exact location of your pregnancy. However, if you are in the early stages of pregnancy, it may be difficult to locate the pregnancy on scanning and you may be offered another scan after a few days.

Blood tests
• A test for the level of the pregnancy hormone βhCG (beta human chorionic gonadotrophin) or a change in this level every few days (usually checked every 48 hours) may help to give a diagnosis. In a normal pregnancy this hormone usually doubles every 48 hours while in ectopic pregnancies, the levels are usually lower and rise more slowly or plateau.
• A test for the level of the hormone progesterone may sometimes be advised.

Laparoscopy
If the diagnosis is still unclear, an operation under a general anesthetic called a laparoscopy may be necessary. The doctor uses a small telescope to look at your pelvis by making a tiny cut usually into the umbilicus (tummy button). This is also called key-hole surgery.

If an ectopic pregnancy is detected, treatment may be undertaken as part of the same operation. This would be discussed with you prior to surgery apart from acute emergency situations.
What happens when an ectopic pregnancy is suspected or confirmed?
When an ectopic pregnancy is suspected or confirmed, your doctor will discuss your treatment options with you. The options usually depend on where the ectopic pregnancy is suspected or located.

Make sure you:
- fully understand all your options
- ask for more information if there is something you do not understand
- raise your concerns if any
- understand what each option means for your fertility (see section What about future pregnancies?)
- have enough time to make your decision.

In an emergency situation
If the tubal or non-tubal pregnancy has ruptured, emergency surgery is needed to stop the bleeding. This operation is often life-saving. This is done by removing the ruptured fallopian tube and pregnancy. Your doctors will need to act quickly and this may mean that they have to make a decision on your behalf to operate. In this situation you may need a blood transfusion (see RCOG patient information on ‘Blood Transfusion, Pregnancy and Birth’).

What are the options for treatment of tubal ectopic pregnancy?
Because an ectopic pregnancy cannot lead to the birth of a baby, all options will end the pregnancy in order to reduce the risks to your own health.

Your options depend upon:
- how many weeks pregnant you are
- your symptoms and clinical condition
- the level of βhCG
- your scan result
- your fertility status
- your general health
- your personal views and preferences – this should involve a discussion about your future pregnancy plans
- the options available at your local hospital

What are my options for treatment of tubal ectopic pregnancy?
These are listed below - not all may be suitable for you and the health care professional should guide you in making an informed decision.

Expectant management (wait and see)
Ectopic pregnancies sometimes end on their own - similar to a miscarriage. Depending on your situation, it may be possible to monitor the βhCG levels with blood tests every few days until these are back to normal (see section on What happens next?). Although you do not have to stay in hospital, you should go back to hospital if you get any symptoms. You
should be given a direct contact number for the emergency or gynaecology ward at your hospital.

Expectant management is not an option for all women. It is usually only possible when the pregnancy is still in the early stages and when you have a few or no symptoms. Up to 29 in 100 (29%) of women undergoing expectant management may require additional medical or surgical management.

**Medical treatment**

In certain circumstances, an ectopic pregnancy may be treated by medication (drugs). The fallopian tube is not removed. A drug (methotrexate) is given as an injection and this prevents the ectopic pregnancy from growing and the ectopic pregnancy gradually disappears.

If your pregnancy is beyond the very early stages or the βhCG level is high, methotrexate is less likely to succeed. Many women experience some pain in the first few days but this usually settles with paracetamol or similar pain relief. Although long-term treatment with methotrexate for other illnesses can cause significant side effects, this is rarely the case with one or two injections as used to treat ectopic pregnancy.

You may need to stay in hospital overnight and return to the clinic or ward a few days later. You will be asked to return sooner if you have any symptoms. It is very important that you attend your follow-up appointments (see *What happens next?*):

- Fifteen in 100 women (15%) need to have a second injection of methotrexate.
- Seven in 100 women (7%) will need surgery, even after medical treatment.

**Surgical treatment**

An operation to remove the ectopic pregnancy will involve a general anaesthetic.

The surgery will either be:

- Laparoscopy (key-hole surgery) - your stay in hospital is shorter (24-36 hours) and physical recovery is quicker than after open surgery. (see RCOG patient information Recovering Well – information for you after a laparoscopy). Laparoscopy might not be an option for some women and your doctor will discuss this with you.

- Open surgery - known as a laparotomy – is done through a larger cut in your lower abdomen. It is usually done if severe internal bleeding is suspected. You will need to stay in hospital for 2 to 4 days. It usually takes about 4 to 6 weeks to recover.

The aim of surgery is to remove the ectopic pregnancy. The type of operation you have will depend on your wishes or plans for a future pregnancy and what your surgeon finds during the operation (laparoscopy).

To have the best chance of a future pregnancy inside your uterus, and to reduce the risk of having another ectopic pregnancy, you will usually be advised to have your affected fallopian tube removed (salpingectomy).
If you only have one tube or your other tube does not look healthy, this already affects your chances of getting pregnant. In this circumstance, you may be advised to have a different operation (salpingotomy). This operation aims to remove the pregnancy without removing the tube. It carries a higher risk of a future ectopic pregnancy but means you retain the possibility of a pregnancy in the uterus in the future. Some women may need to have a further operation to remove the tube later if the pregnancy has not been completely removed.

There are risks associated with any operation. This may be due to the surgery itself or the use of an anaesthetic. Your surgeon and anaesthetist will discuss these with you.

What are the options of treatment for non-tubal ectopic pregnancy?

The treatment of non-tubal ectopic pregnancies depends upon where the pregnancy is growing. Each patient is managed on an individual basis to help provide best possible outcome. Your doctor will discuss the treatment options with you based on a number of factors like location of non-tubal pregnancy, blood hCG levels, ultrasound scan findings etc.

**Expectant management**
Your doctor will need to check your blood levels of βhCG every few days until normal levels are reached. This is to ensure that the pregnancy has completely ended. You may need further ultrasound scans.

**Medical management**
You will need to return twice in the first week and then once a week to check your blood levels of βhCG. It may take a few weeks to ensure the pregnancy has completely ended and you may need further ultrasound scans. During this time, you should not have sex. You should avoid getting pregnant by using reliable contraception for at least three months.

**Surgical management**
You may be offered a follow-up appointment with your gynaecologist, particularly if you have had an emergency operation. If you have not had your fallopian tube removed, you will need to have the βhCG level checked until this is back to normal.

**Follow-up appointments: what happens next?**
It is important that you attend your follow-up appointments. The check-ups and tests you have will depend on the treatment you had.

**What about future pregnancies?**
For most women an ectopic pregnancy occurs as a ‘one off’ event and does not occur again. The chance of having a successful pregnancy in the future is good.
Even if you have only one fallopian tube, your chance of conceiving is only slightly reduced. The overall chance of having an ectopic pregnancy next time is between 7 and 10 in 100 (7-10%). However, this depends on any underlying damage to the remaining tube(s).

In a future pregnancy, you may be offered an ultrasound scan between 6 and 8 weeks to confirm that the pregnancy is developing in the womb.

If you do not want to become pregnant, seek further advice from your doctor or family planning clinic as some forms of contraception may be more suitable after an ectopic pregnancy.

How will I feel afterwards?

The impact of an ectopic pregnancy can be very significant. It can mean coming to terms with the loss of a baby, with the potential impact on future fertility, or with the realisation that you could have lost your life.

Each woman copes in her own way – an ectopic pregnancy is a very personal experience. This experience may affect your partner and others in your family as well as close friends.

It is important to remember that the pregnancy could not have continued without causing a serious risk to your health.

Before trying for another baby, it is important to wait until you feel ready emotionally and physically.

However traumatic your experience of an ectopic pregnancy has been, it may help to know that the possibility of a normal pregnancy next time is much greater than having another ectopic pregnancy. If you have questions, make sure you speak with your midwife, general practitioner or gynaecologist.

Key points:

- An ectopic pregnancy is a pregnancy outside the womb (uterus).
- In the UK, 1 in 90 pregnancies (just over 1%) result in an ectopic pregnancy.
- Most ectopic pregnancies develop in the fallopian tubes (tubal pregnancy) but these can develop at other sites in rare cases.
- Diagnosis is made based on your symptoms, examination, blood tests, scan and other tests as appropriate.
- Treatment options vary depending upon the location of ectopic pregnancy and results of your tests.
Further information and support

- Association of Early Pregnancy Units [www.earlypregnancy.org.uk].
  - The Ectopic Pregnancy Trust [www.ectopic.org.uk].
  - Infertility Network UK [www.infertilitynetworkuk.com].

A glossary of all medical terms is available on the RCOG website at https://www.rcog.org.uk/en/patients/medical-terms/

Sources and acknowledgements

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