Ectopic pregnancy
Women’s Health

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Introduction
The purpose of this leaflet is to explain the following:

- What an ectopic pregnancy is
- What it means for your health
- The different treatment options
- The risks involved in treatment
- The potential risks to future pregnancies

What is an ectopic pregnancy?
A normal pregnancy implants in the cavity of the uterus (womb), after the fertilised egg has travelled through one of the Fallopian tubes. An ectopic pregnancy occurs when a pregnancy implants outside the cavity of the uterus, most commonly in the Fallopian tube. This occurs in approximately 2% of pregnancies.
Why do ectopic pregnancies happen?
In many cases there is no obvious cause for an ectopic pregnancy. It is likely that the pregnancy implants outside the womb by chance. However, it is also known that there are several risk factors that increase the chance of ectopic pregnancy. These include:

**Age:** The incidence of ectopic pregnancy increases steadily with age from 1.4% of all pregnancies at the age of 21 years to 6.9% of pregnancies in women aged 44 years. The reason for this rise is not clear.

**Previous abdominal or pelvic surgery:** Operations on the abdomen can form scar tissue in the pelvis. This scarring can damage the Fallopian tubes and increase the chance of a pregnancy implanting there.

**Endometriosis:** Endometriosis is a condition where the lining of the womb (endometrial tissue) is found outside the womb, most commonly in the pelvis. It can cause painful periods, pain during sex and pelvic pain. It can damage the Fallopian tubes, again increasing the chance of a pregnancy implanting there. Similar to pelvic infections, women may not know they have endometriosis until they are diagnosed with an ectopic pregnancy.

**Previous pelvic infection:** Women who have had a pelvic infection in the past have a higher risk of developing an ectopic pregnancy. These infections are often silent and women may not have even known they had had one. Pelvic infections can damage the Fallopian tubes and increase the chance of a pregnancy implanting there.

**Previous ectopic pregnancy:** Women who have had an ectopic pregnancy in the past have about a 10% chance of developing another one in a future pregnancy.
Is ectopic pregnancy a serious health problem?
Many ectopic pregnancies do not cause significant health problems and do not need any medical intervention. However, a number of ectopic pregnancies can cause severe abdominal pain and internal bleeding, which could put a woman’s health at serious risk. It is therefore important that an ectopic pregnancy is diagnosed as early as possible. Treatment of ectopic pregnancy also carries a small risk of complications which could affect a woman’s health. Women who have suffered an ectopic pregnancy are at increased risk of having another ectopic and may experience difficulties in getting pregnant again.

Can an ectopic pregnancy result in a birth of a healthy baby?
There are reports of women with an undiagnosed ectopic pregnancy giving birth to healthy babies. However, these cases are extremely rare and the vast majority of ectopic pregnancies cannot develop beyond the early stage of pregnancy. If an ectopic pregnancy continues to grow it poses a severe risk to the mother’s health and the only safe option is to remove it by surgery as soon as possible.

What are the symptoms of an ectopic pregnancy?
It is not usually possible to diagnose an ectopic pregnancy from symptoms alone. The most common symptom is pain, which is typically accompanied by vaginal bleeding or spotting. However, some women will have no symptoms at all in the early stages of an ectopic pregnancy.

How is an ectopic pregnancy diagnosed?
Ectopic pregnancy is routinely diagnosed on transvaginal (internal) ultrasound scan. However, sometimes a very small ectopic pregnancy cannot be seen on the first scan and follow-up visits may be required to confirm the diagnosis.
How are ectopic pregnancies managed?
There are several factors that help us guide you towards the safest treatment. These include:
- symptoms
- scan findings
- hormone levels

The options for treatment are:
1. Expectant management – observation but no treatment
2. Medical management – an injection
3. Surgical management – an operation

All the options will be discussed with you.

1. Expectant management
This involves waiting for the pregnancy to resolve on its own without giving you any medicines or performing an operation. Women are managed as outpatients with regular blood tests (between every 2 days to once a week) until the pregnancy hormone levels drop down to normal levels. In the majority of women, pregnancy hormones clear within 3 weeks, but sometimes this can take up to 6 weeks. At University College Hospitals we diagnose many ectopic pregnancies early so this management is used more often than in other hospitals. In our unit, about 40% of ectopic pregnancies are successfully managed expectantly.

Only women with mild symptoms and no evidence of significant internal bleeding when scanned can be offered expectant management. The blood test measuring your pregnancy hormone level is also done to see if expectant management is a safe option. The blood result is generally available on the same day (If the blood tests are taken late in the afternoon the results may not be available until the following morning) and you will be able to go home. We will contact you when the results are back. From the pregnancy hormone levels we will be able to assess the likelihood of the pregnancy resolving spontaneously. Generally, the lower the hormone level, the more likely this will happen. If the hormone levels are within a safe range then expectant management will be offered to you. Sometimes the levels will rise slowly to start with and then decrease after a few days.

Unfortunately, expectant management is not always successful. If the pregnancy hormone levels continue to rise or if you develop pelvic pain, we will usually advise you to have surgery.

If your pain increases suddenly, it is very important that you either attend the unit immediately or, if out of hours, your nearest A&E department. This is because there is a small risk of significant internal bleeding that would require emergency surgery. During expectant management you may also experience vaginal bleeding. This is normal and can be an indicator of the pregnancy resolving.
2. Medical management
This involves giving an injection of a drug called methotrexate. This stops placental tissue growing and therefore stops the development of an ectopic pregnancy. We do not routinely offer medical management for ectopic pregnancies as recent research suggests it may be no more effective than expectant management in women with low levels of pregnancy hormones. Before you are given the drug you will require blood tests to check if you are suitable for this type of treatment.

The most common side effect of methotrexate is abdominal pain and it can be difficult to tell whether this pain is due to internal bleeding or the drug itself. If you have severe pain it is always best to come to the unit for assessment or your nearest A&E if it is out of hours. The other occasional side effects are sore eyes, sore mouth and diarrhoea. You will need to avoid alcohol, painkillers and to stop taking vitamins containing folic acid. You will need to use a reliable method of contraception for three months after this treatment, as there is a small risk of the baby developing abnormalities if you conceive too soon.

As with expectant, medical management carries a small risk of significant internal bleeding that would require emergency surgery, even with falling hormone levels. We therefore advise that you do not travel outside London, or away from your local hospital, until your follow up is complete.
3. **Surgical management**
Surgery to remove the ectopic pregnancy is the most well-established treatment. Situations where we recommend surgery include:

- significant internal bleeding detected on the scan
- ectopic pregnancy with a heart beat
- severe pain
- hormone levels are high and/or rising

Surgery is usually performed by laparoscopy or ‘key-hole surgery’ which allows you to go home sooner. You will be asleep for the procedure (given a general anaesthetic). The surgery involves inserting a camera through the belly button and instruments through two small cuts in the lower abdomen.

**Salpingectomy**
This means removing the affected Fallopian tube completely. In general, salpingectomy is the recommended operation in women who are found to have a normal tube on the side opposite to the ectopic pregnancy.

The fertility rate following salpingectomy is about 55%.

**Salpingotomy**
This means removing just the pregnancy through a cut in the Fallopian tube. The main reason to perform a salpingotomy is if there is evidence of damage to the opposite tube.

This is carried out less often than salpingectomy, in part because the risk of complications at the time of surgery is higher than with a salpingectomy.

Around 20% of planned salpingotomies will be converted to salpingectomies due to persistent bleeding. If salpingotomy is carried out there is around a 7% risk of some ectopic pregnancy tissue being left behind which might require further surgery or an injection. For this reason these women are asked to attend for a blood test a week after the operation to ensure that the operation has been successful.

Although a salpingotomy has a more favourable fertility rate (61%) than salpingectomy, the risk of a woman developing another ectopic is slightly increased (8%) compared with a salpingectomy (5%). In many cases, a salpingectomy is the only option as the affected tube is already damaged.
What are the risks and benefits of the different options

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Consent
We will obtain your written consent before we perform any procedures. The doctors will explain all the risks, benefits and choices before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a senior member of staff.

Sensitive disposal of fetal tissue
We are committed to a practice of sensitive disposal of fetal tissue. Following surgical management we send the pregnancy tissue to our laboratory to confirm the diagnosis. After it has been analysed, if fetal tissue is identified, we arrange sensitive disposal after three months, in the form of a communal cremation at Golders Green Crematorium, with our chaplaincy present. There are no formal services or prayers unless specifically requested.

The fetal tissue is stored prior to cremation to allow parents sufficient time to consider alternative arrangements. If you wanted to make your own funeral arrangements please contact our bereavement midwife on 07539 215 484.

Blood group
Some women have a blood type called ‘rhesus negative’. If your blood group is rhesus negative and you had surgical management of your ectopic pregnancy, you will need an injection called Anti-D. This helps to prevent antibodies developing against fetal blood cells, which could reduce your chance of having a healthy pregnancy in the future.
Other appointments
If you already have antenatal and/or midwife appointments booked for the pregnancy, please inform the nurse who is looking after you. We can then notify the relevant departments.

Emotion and feelings
It can be easy for people to forget during all of the investigations and treatment that a pregnancy has been lost and for many women and their partners, a much wanted pregnancy.

Women who were unsure about whether to continue with the pregnancy or who did not realise they were pregnant also have complex emotions to cope with. In addition to this, the pregnancy hormones affect feelings and moods. It is not surprising that some women experience a period of depression or grief following an ectopic pregnancy.

Common expressions of grief include tearfulness, anger and guilt. These are normal and tend to ease with time. If these feelings continue or you feel that you and/or your partner would benefit from psychological support, please contact the early pregnancy nurses or your GP who should be able to arrange this for you.

Future pregnancies and trying again
Some women may need a little more time to recover emotionally and physically from the pregnancy loss. The best time to start again is when you and your partner feel ready to do so. There is no medical reason why you need to wait unless you had medical management for your ectopic pregnancy in which case you will need to use a reliable method of contraception for three months.

There are several things you can do to increase your chance of having a healthy pregnancy although none of them are known to reduce the risk of ectopic pregnancy:

• Take folic acid supplements
• Reduce alcohol intake
• Stop smoking
• Eat a healthy, balanced diet

The chance of having a normal pregnancy in the future depends on the condition of your remaining Fallopian tube/s and your age. In general women who have had an ectopic pregnancy have reduced chances of becoming pregnant again. However the majority of women will conceive and have a successful pregnancy.

If you undergo surgery, the surgeon will be able to tell you about the condition of your other tube and ovaries.

If you become pregnant again it is important that you attend our unit for an early scan at around 5 weeks’ gestation. This is to check that the pregnancy has implanted in the right place. If we cannot see the pregnancy at first, you will be monitored closely.

If there is a lot of damage to your Fallopian tubes, there is little that can be done to reverse this. If this scarring is severe, our doctors may talk to you about being referred to a fertility clinic. We have a clinic at University College Hospitals, (the Reproductive Medicine Unit). If you have any queries about the referral processes please discuss this with your G.P.


**Contraception**

Having had an ectopic pregnancy does not change your contraceptive choices. The national body that advises on contraception says that women who have had an ectopic pregnancy can start or continue any form of contraception available to them before they had the ectopic pregnancy.

**How to contact us**

Should you have any questions please contact the staff in our Early Pregnancy Unit:

**Early Pregnancy Nurses 020 3447 6515 (Voicemail)**

Early Pregnancy Unit opening times:
Mondays to Friday 09:00 till 12:30 and 14:00 till 16:30
Saturday and Sunday 09:00 till 12:00 (Accident and Emergency referrals only)

For advice out of hours you may contact NHS Direct on 111.
For emergencies after hours please attend your nearest Accident and Emergency department.

**Address:**
The Gynaecological Diagnostic and Outpatient Treatment Unit
Clinic 3,
Lower Ground Floor
Elizabeth Garrett Anderson Wing
University College Hospital
25 Grafton Way,
London,
WC1E 6DB

**Further Information**

**The Ectopic Pregnancy Trust**
Telephone: 01895 238025
Website: www.ectopic.org

**The Miscarriage Association**
(Leaflets available in the unit)
Telephone: 01924 200799
Website: www.miscarriageassociation.org.uk

**PALS**
The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors.

The PALS office is located on Ground Floor Atrium,
Telephone: 020 3447 9975
Email: PALS@uclh.nhs.uk
Address: PALS
Ground Floor Atrium
University College Hospital
235 Euston Road
London
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