Ectopic Pregnancies and Suspected Ectopic Pregnancies

Introduction

This leaflet is designed to answer some of the questions and concerns that you may have. If you have any queries after reading this leaflet, please do not hesitate to ask a member of the nursing team on the ward or the Specialist Nurse in the clinic for advice.

What is an ectopic pregnancy?

An ectopic pregnancy is when the fertilised egg (pregnancy) implants and develops outside the womb. The most common site for an ectopic pregnancy is in the fallopian tube (the tube which connects the ovary to the womb).

In some cases the pregnancy gets bigger and damages the tissue around it causing pain and bleeding. It can also break blood vessels and become a life threatening condition.

What causes an ectopic pregnancy?

There are a number of causes, although we do not always know why it happens. Sometimes the tube may be affected by a previous infection such as appendicitis or pelvic infection. Infection may result in the tubes becoming kinked or bands of scar tissue forming (adhesions). These factors can delay the passage of the egg which may then implant in the tube.

Anyone who has a past history of inflammation in their pelvis from appendicitis, infection or endometriosis (see below) may have some tubal damage which increases the chance of an ectopic pregnancy occurring.

Endometriosis is a condition where endometrial tissue (the lining of the womb), which is usually shed during your period, may be found outside the womb.

Women using the intrauterine contraceptive device (coil) as a method of contraception and have had a previous ectopic pregnancy, and those who may have had pelvic infection resulting in tubal damage, may be at risk of developing an ectopic pregnancy. The coil prevents implantation in the womb; it cannot, however, prevent implantation in the tube. Ectopic pregnancy occurs in 1 in every 70 pregnancies.

Symptoms of an ectopic pregnancy

Most cases present between the fourth and tenth week of pregnancy. Low, one sided, stomach pain is a main feature of an ectopic pregnancy. You may experience some vaginal bleeding, and/or shoulder-tip pain. Often, women may not even be aware that they are pregnant if it occurs within four to six weeks of their last period. A blood test can be taken by your GP or the hospital to determine this.

If you have persistent abdominal pain, or a sudden onset of pain, it is very important to get it checked by a doctor to rule out an ectopic pregnancy as it can be life threatening.

How can I find out if I have an ectopic pregnancy? How is it managed?

If you miss a period or have a positive pregnancy test and have abdominal pain and/or bleeding, you should contact your GP. If your GP thinks you may have a significant chance of an ectopic pregnancy, you will be sent to hospital.

The hospital doctor will ask you some questions about your symptoms and examine you. A pregnancy test will be performed either on

urine, blood or both. An ultrasound scan will be arranged which may show if there is a pregnancy in the womb. This can be done by placing a probe on the abdomen, or by putting a probe in the vagina to give a clearer picture. None of these procedures will cause a miscarriage if the pregnancy is in the womb.

If the womb is empty, but a pregnancy test is positive, an ectopic pregnancy is suspected, although a miscarriage may have occurred. An ectopic pregnancy cannot always be seen on an ultrasound scan, especially if the pregnancy is at a very early stage. Sometimes we may see a small area on the scan that could represent an ectopic pregnancy. It may be impossible however to be absolutely sure on scan. If you are well and not in severe pain, you will be investigated with a series of blood tests to monitor the pregnancy hormone. Blood will be taken every 48 hours initially to see whether the level of hormone is rising or falling. This will help to determine if the pregnancy is positioned normally in the womb or an ectopic pregnancy. The test may also be helpful in determining whether the pregnancy is continuing or miscarrying. If the pregnancy hormone indicates an ectopic pregnancy, a specialist nurse or doctor will

Serious problems are rare. These may be:

- HIV/AIDS;
- peptic ulcer or ulcerative colitis.

The treatment is given by means of an injection, usually given in the buttock. Your hormone level will be checked on day 4 after the injection (when we would expect a slight rise) and day 7, and if this has fallen by 15% you will be monitored regularly with blood tests until your hormone level is less than 10. Most women only need one injection but in up to a third of cases a further injection may be required if the pregnancy hormone levels are not decreasing.

It is common to have some discomfort and pain, but as long as this is not severe and you are feeling well, this is nothing to worry about.

You will need to come straight in to hospital if your pain persists, is severe and not helped by taking simple pain killers or you feel faint. Approximately 90% of women will have their ectopic pregnancy successfully treated by medical treatment with Methotrexate, but 1:10 will need an operation either due to hormone levels not falling or because of pain or concerns of internal bleeding.

Emotional aspects

An ectopic pregnancy can be very painful and traumatic experience. It is natural to feel tearful and upset after the operation, even if you did not realise you were pregnant. You may experience a number of feelings. The sudden end to your pregnancy will have an affect on your hormone levels, which can cause your moods to fluctuate. The emotional reaction to an ectopic pregnancy can put an enormous strain on a relationship, therefore it is important to try and talk to your partner about your feelings. As well as having to come to terms with the loss or damage of your fallopian tube and the possible subsequent reduction in your fertility. Your partner may be equally as distressed as you, so take some time to talk to each other and support one another.

You may find it helpful to discuss your feelings with the nurses on Wynard, your doctor, friends and relatives. There is a nurse counsellor on the ward; if you would like to speak to her, just ask a member of the nursing team.

What about the next pregnancy?

As you have two fallopian tubes, even if you have one completely removed, you can still get pregnant. If the tube was saved during the operation, you may still be able to get pregnant through that tube. The doctor will be able to explain exactly what was done at the time of the operation, so please ask.

There is a good chance that you will go on to have a normal pregnancy, although there is a slightly higher risk of another ectopic pregnancy occurring.

In all cases, a woman who has had an ectopic pregnancy should consult their GP immediately she suspects she may be pregnant, so that the pregnancy can be monitored closely from the early stages. The GP will arrange an early scan at around six to eight weeks.

How soon can I try to become pregnant again?