MISCARRIAGE ASSOCIATION

The knowledge to help

Ectopic pregnancy

Ectopic pregnancy can be a very frightening and upsetting experience. This leaflet aims to explain what it is and to answer some of the most common questions about both facts and feelings. We hope this will help at what can be a very difficult time.

What is an ectopic pregnancy?

An ectopic pregnancy is one that develops in the wrong place (the word "ectopic" means "out of place".). Around 1 in 100 pregnancies in the UK is ectopic and for some women, this can be a life-threatening condition.

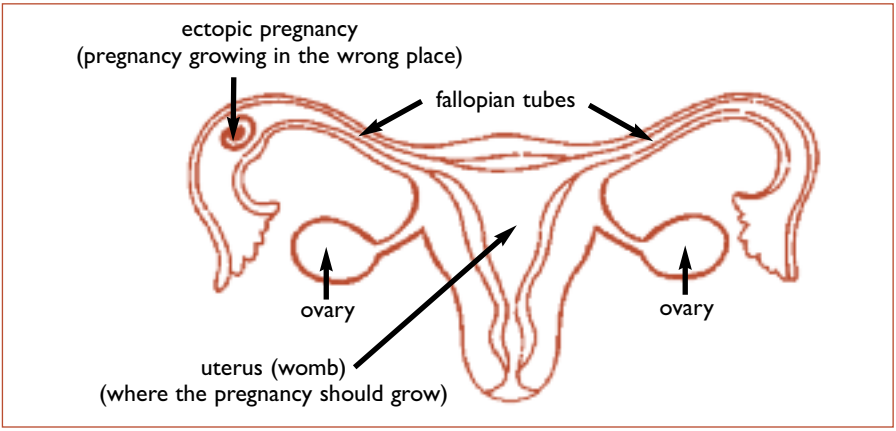
Usually in pregnancy, a sperm and an egg meet in one of the two tubes (the Fallopian tubes) that connect the ovaries to the womb (uterus). The fertilised egg then moves down the tube into the womb where it implants, attaching itself to the womb lining and continuing to grow and develop.

In an ectopic pregnancy however, a fertilised egg implants *outside* of the womb, usually in one of the Fallopian tubes.

In rare cases, the fertilised egg can implant in one of the ovaries, in the top corner of the uterus, in the cervix (neck of the womb) or even in the abdomen. It is also possible, but very rare, to have a twin pregnancy, where one twin is in the correct place but one is ectopic.

In this leaflet, we focus on the most common kind of ectopic pregnancy, which is in the Fallopian tube. It is sometimes called a "tubal pregnancy".

A tubal pregnancy cannot lead to the birth of a baby. The Fallopian tube cannot expand as the womb does to make room for a developing embryo and there is currently no way of transferring the early pregnancy safely to the womb.



Why does it happen?

In a normal pregnancy, the fertilised egg takes four to five days to travel down the Fallopian tube from the ovary to the womb. It implants there between six and seven days after fertilisation.

With an ectopic pregnancy, the fertilised egg's journey is slowed down and it implants in the tube itself, before it reaches the womb. This is usually because of damage to the tube, so it gets narrowed or blocked. This might be due to conditions like appendicitis or pelvic infection.

There might be a problem with the walls of the tube, where tiny hairs would normally "waft" the fertilised egg into the womb.

Anything that makes it harder for the fertilised egg to pass through the tube means that it might still be in the tube when it is ready to implant.

What happens when a pregnancy is ectopic?

Not every case of ectopic pregnancy is the same. It can be that:

The pregnancy stops developing and is gradually re-absorbed back into the body, as in an early miscarriage. The ectopic pregnancy resolves (ends) naturally, and no further treatment is needed.

Your doctor may not be able to tell whether this was an ectopic pregnancy or a very early miscarriage. It may be called a pregnancy of unknown location (PUL).

There is a tubal miscarriage
The pregnancy cannot continue growing in the tube and is miscarried naturally. The tube contracts (tightens and releases) to push the pregnancy out from the tube into the abdomen. Your body gradually absorbs the pregnancy tissue, but an ultrasound scan may show blood or fluid in your pelvis. You may need further tests and perhaps treatment.

The pregnancy continues to grow, stretching the thin wall of the tube. If untreated, the tube may rupture (burst or tear open) and this needs to be dealt with urgently.

> **"The scan showed that the baby was in the tube instead of the womb. I asked if it could be moved but was told it was impossible."**

What are the symptoms of an ectopic pregnancy?

You may have had one or more of the symptoms listed below, probably between the fourth and tenth week of your pregnancy – but sometimes there are no obvious symptoms. This can make ectopic pregnancy difficult to diagnose, especially if you do not know or even suspect that you are pregnant.

Symptoms can include:

- **Pain low in your abdomen**, perhaps just on one side. It might start suddenly or develop gradually and it can be constant and severe.
- **Shoulder-tip pain** Pain where your shoulder meets your arm. This happens if there is internal bleeding into your abdomen.
- **Irregular vaginal bleeding** Bleeding that is different from your normal period. It may be constant but light over a number of weeks or you may have a brown discharge or spotting.
- **A missed or late period** You may suspect you are pregnant and have other pregnancy symptoms (like sickness or sore breasts).
- **Bowel or bladder problems** You may have diarrhoea and perhaps vomiting; or pain when opening your bowels or passing urine.

> **"I had a feeling something wasn't quite right with the pregnancy and at six and a half weeks I doubled up in excruciating pain."**

- **Collapse** You may feel light-headed, dizzy and/or faint. You may also have a feeling that something is very wrong. You might look very pale, have a racing pulse and feel sick.
- **No symptoms** You may have no symptoms at all.

If you are or could possibly be pregnant now and you have

- abdominal pain or
- shoulder-tip pain or
- feel dizzy or faint

– you should seek medical advice **immediately**, even if you are using contraception and don't think you could become pregnant.

If you have any of the other symptoms listed on this page and your pregnancy test is positive, you should speak to your doctor or midwife within 24 hours.

How is an ectopic pregnancy diagnosed?

Ectopic pregnancy can be very difficult to diagnose. The symptoms can be mistaken for gastro-enteritis, irritable bowel syndrome, miscarriage or even appendicitis.

In hospital, unless you are extremely unwell, the first steps are usually:

- **A medical history**
  You will be asked about your symptoms and your pregnancy history
- **A pregnancy test (urine or blood)**
- **An ultrasound scan**
  You are most likely to have a trans-vaginal (internal) scan, as this provides the clearest picture in early pregnancy. It will not damage your pregnancy. The scan could show:
  - A pregnancy that is developing normally in the womb. You probably won't need further treatment unless your symptoms continue or get worse.
  - A pregnancy that seems to be failing or has died. You will probably be offered an appointment for another scan or options for treating a miscarriage
  - An empty womb. This might be a complete miscarriage, where there is no need for further treatment. But if the symptoms continue or if the scan shows other signs, such as fluid or blood in the pelvis, this finding is called a pregnancy of unknown location (PUL) and you will need further tests.
  - A pregnancy developing outside the womb – an ectopic pregnancy. This often can't be seen in the first weeks of pregnancy, but might be seen later.
- **Blood tests**
  Repeated after 48 hours, these are to measure levels of the pregnancy hormone βHCG. In early pregnancy, the levels should double roughly every 48 hours. After a miscarriage, they drop quite quickly. If they rise slowly, or stay around the same level over this time, this can mean an ectopic pregnancy.
- **Laparoscopy**
  This investigation is done under general anaesthetic. A small camera is passed through a cut in your abdomen so the tubes can be seen directly. If it is clear that there is a tubal pregnancy, you will probably be treated as part of the same operation.

> **"I did not have any of the typical symptoms and only minimal pain but had I not pushed for blood tests, there is little doubt that the ectopic would have ruptured."**

How is ectopic pregnancy treated?

If you are very unwell, the only safe option may be an urgent operation to confirm the diagnosis and to stop internal bleeding.

In most cases, though, there may be several treatment options and you should have time to discuss these with your doctor. We describe these over the next few pages.

Conservative or expectant treatment

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
- your βHCG levels are less than 1,000 units/ml and
- these levels continue to fall

You won't be offered this treatment if a live ectopic pregnancy is seen on the scan, in case the tube ruptures and causes internal bleeding.

It is also not advised if

- your hormone levels are higher than 1,000 and/or do not drop consistently
- there is a large mass seen next to the womb

If you do have conservative treatment, you will need repeated visits to hospital to have your pregnancy hormone levels checked. Until they are back to normal, there is still a risk that your tube might rupture.

> **"I was given plenty of information throughout the process but I think this was because as an ex-nurse I knew and was not afraid to ask."**

Medical treatment

Sometimes an ectopic pregnancy can be treated with drugs that stop the development of the pregnancy and allow it to be re-absorbed by the body.

The drug that is most often used is methotrexate and it is usually injected into a muscle.

Medical treatment isn't suitable for everyone, and especially not if:

- you are acutely unwell
- the pregnancy is large or
- your pregnancy hormone levels are high
- you have other medical problems that mean you should not use methotrexate

The advantage of medical treatment is that if it is successful, you avoid having an operation and probably won't need to stay in hospital. If it is unsuccessful, you may still need to have an operation.

After the injection you will need regular blood tests to measure your hormone levels and check that they are dropping. About 15% of women need a second injection and a smaller number may need surgery.

You will continue to have your hormone levels checked until they return to normal, and this can take 4 to 6 weeks.

Some women have side-effects from the treatment, such as mouth ulcers, abdominal pain, nausea and skin rashes.

If you have medical treatment, you will probably be advised to wait three months before trying for another pregnancy, to make sure the drug is out of your system before you get pregnant again.

> **"I was able to have methotrexate as the ectopic was caught quite early. The injection was fine and I had no side-effects, but I needed two lots of treatment and repeated blood tests before the pregnancy was over."**

Surgical treatment

(under general anaesthetic).
This is the recommended treatment if:

- You are acutely unwell
- There is a live ectopic pregnancy
- Your hormone level is very high
- The diagnosis is uncertain

It may also be the treatment that you prefer.

In most hospitals, the operation is done by laparascopy (key-hole surgery). This involves making two or three small cuts to the abdomen so that a camera can directly show the pregnancy in the tube and instruments can then be used to remove it.

Laparoscopic (key-hole) surgery shortens the length of time you need to stay in hospital and you will recover physically more quickly than after open surgery.

But this might not be possible, because, for example:

- you are too unwell or
- you have had previous abdominal surgery or
- you are very overweight or
- the doctor operating is more skilled and experienced at performing open rather than key-hole surgery.

In this case, you will have an operation which leaves a scar along the pubic hair line (bikini line).

> **"It was like a double loss. I lost my baby and I lost one of my tubes. It felt like the end of the world."**

In either operation, the doctor looks carefully at the Fallopian tubes and other pelvic organs. This might give an idea of what caused the ectopic pregnancy, though this isn't always clear. It might also help your doctor advise you about a future pregnancy.

If this is your first ectopic pregnancy, your doctor will advise removing the affected tube completely, with the pregnancy tissue inside. But if you have had a previous ectopic, and especially if you have already had one tube removed, it might be possible to remove the ectopic pregnancy from the remaining tube, and leave the tube behind.

The advantage of this second option is that you will still have at least one tube left. The disadvantages are that:

- it increases the risk that not all the pregnancy tissue is removed and
- you will need additional follow-up to check your hormone levels and
- there is a higher risk of a future tubal pregnancy.

How long does it take to recover?

Recovering from an ectopic pregnancy is different for everyone. You might also find that you recover physically fairly soon, but that your feelings about what has happened stay with you for longer.

Physical recovery: your body

When can I go back to work or my usual routine?

Once you are home from hospital, you'll probably need to take things easy for at least a few days, whatever treatment you have had. If possible, it is best to return to work only when you feel ready both physically and emotionally. Your GP will be able to provide you with a certificate (a fit note) for work.

After surgical treatment

After key-hole surgery, you should recover physically after two weeks. If you have open surgery it is likely to be six weeks.

You should get a period about 6 to 8 weeks after your treatment, but this can take longer.

After medical treatment

You will need to wait for the results of your blood test on day 7 after treatment. If the results show that the hormone level is dropping and the pregnancy is resolving, you can start to return to your normal routine.

You may still have bleeding for some time, and it is best to wear pads rather than tampons to reduce the risk of infection.

Your period will not start until at least 4 weeks after your hormones have reached very low levels.

When is it OK to start having sex again?

This very much depends on how you are feeling after the ectopic pregnancy and what treatment you have had. Medically, it is safe to have sexual intercourse once any bleeding and discharge have stopped.

But you may want to wait longer, especially if you are feeling very tired and/or you are still sore or in pain. You might also be worried about the possibility of getting pregnant again (see page 13).

> **"The surgery was the easy part and I recovered quickly. It was the emotional recovery that was hardest."**

Emotional recovery: your feelings

Are my feelings normal?

Everyone is different, but many women say that ectopic pregnancy is a very upsetting and frightening experience, even if they weren't planning to have a baby.

There is no right or wrong way to feel and you'll probably find that you have lots of ups and downs in the days, weeks and months after your loss.

> **"The question I asked everyone was when will the pain go away and when will I feel normal."**

You may have felt – or you might still feel – one or more of the following:

Shock

Perhaps you didn't know you were pregnant until your ectopic was diagnosed. You had to cope with finding you were pregnant and that it couldn't survive all at the same time.

You might have been treated as an emergency, with everything happening very quickly. You might have been very frightened, especially if you knew your life was at risk. You may still be replaying those feelings of shock and fear in your mind.

Perhaps you are shocked by thoughts about what might have happened – such as *"What if I hadn't been diagnosed in time?"*. This can be true for your partner too.

You may feel very anxious – about what happened or about all sorts of things. And you may have difficulty sleeping. If this becomes a real problem for you, then it is probably a good idea to talk to your GP.

> **"Everything happened so quickly I never had time to think about it until after my operation. Once I was discharged from hospital I was left feeling very alone with so many "what ifs" running through my head."**

Loss and grief

You may feel very sad for the loss of your baby, and for the hopes and dreams you had for her or him. Those feelings might be very strong and last longer than you expect.

It can be very difficult if other people don't understand that.

You may find it helps to talk to other people who have had an ectopic pregnancy (see page 15).

Feeling "in limbo"

If you have been treated with methotrexate or are waiting for the ectopic to resolve naturally, you may feel in a kind of "limbo" for several weeks.

It can be very upsetting to have to go back to the hospital for repeated blood tests until your hormone levels are back to normal.

If you have been advised to wait some months before trying again, you might feel that it is even harder to recover and to begin to move forward.

> **"Everyone tells me how lucky I am to be alive. But I've lost my baby and I just feel so empty."**

> **"I'm glad I kept the tube but in some ways I feel the treatment made the process longer. I think there was always a tiny hope that the pregnancy was still viable."**

Guilt and blame

You might wonder whether you are somehow to blame for what has happened. This may be especially true if you find that you have or had an infection, such as chlamydia.

It is important to know that infections like chlamydia are easily transmitted and often have no symptoms, so can stay hidden for many years. They are also easy to treat.

You may feel angry with some of the health professionals who treated you, especially if it took some time before your ectopic pregnancy was diagnosed. You may feel that had they been more alert or aware, you might have been spared some of what you went through.

You might want to talk this through with someone whom you feel you can trust (see page 15).

Your partner

The experience of ectopic pregnancy can put a real strain on a relationship. It might bring you and your partner closer together but you might find that he or she doesn't seem to understand how you feel and doesn't react in the way you want or expect.

You may feel differently about what has happened. Your partner may focus on your health, especially if s/he saw you in pain and distress and perhaps felt powerless to help.

Partners sometimes think they need to be strong and supportive, rather than show any feelings of loss or sadness.

It may just be that you deal with things or express yourself differently and this can lead to misunderstandings, anger and hurt, especially at a vulnerable time.

It may be that you do not have a partner, and feel very alone.

Anxiety about the future

You may worry about whether you'll be able to get pregnant again. Or you might be frightened that if you do become pregnant, you might have another ectopic pregnancy. You may wonder whether you should try again, or whether you even want to.

We provide some information about this on page 13.

> **"I was so worried that I wouldn't be able to get pregnant again."**

It may be helpful to discuss your questions and concerns with your doctor.

If you had surgery for the ectopic pregnancy, your doctor should be able to tell you about the condition of your womb, tube(s) and ovaries and how this might affect your future fertility – particularly if there is any obvious damage to the other tube.

If you had problems getting pregnant this time, you may want to ask if you can see a specialist before trying again.

Getting support

Many women who have had an ectopic pregnancy – and their partners too – find that it can help to talk to someone who understands what they are going through. This may be a friend or relative, or perhaps a bereavement nurse or midwife or counsellor.

You may prefer to talk to someone you don't know personally, perhaps by phone or by using an Internet support forum. See page 15 for some suggestions.

> **"I felt completely powerless and wasted. Vicki was terribly upset and having a lot of pain too. I wanted to rescue her or take away the pain,and I couldn't do a damn thing except watch her cry."**

Thinking about the future

What about future pregnancies?

The chances of having a healthy pregnancy are still good after treatment for an ectopic, even if your tube is removed.

You will ovulate (release an egg) as before, probably once a month. And even if you have just one Fallopian tube, it's possible to get pregnant even when you ovulate on the opposite side.

Overall about two thirds (64%) of women will get pregnant again naturally, while some will need help to do so (e.g. fertility treatment) and others will decide not to try again.

What are the chances that I'll have another ectopic pregnancy?

The overall chance of you having another ectopic is between 7% and 10% – so at most, 1 in 10. This will depend on the kind of treatment that you had and the health of your remaining tube or tubes.

When one Fallopian tube is damaged (because of infection or scarring, for example), there is a higher chance than normal that the other tube may be damaged too. This means:

- That the chance of getting pregnant is less than normal
- There is an increased risk of another ectopic pregnancy if you do become pregnant

In cases where the ectopic pregnancy is associated with having an IUCD (coil), there doesn't seem to be an increased risk of another ectopic pregnancy if the coil is removed.

When is it best to try for another pregnancy?

This will depend on the type of ectopic pregnancy you have and the treatment you receive.

If you have had surgical treatment, your doctor will probably advise you to wait until you have had at least one period before trying again. After medical treatment, you will usually be advised to wait at least three months.

You might want to get pregnant again as soon as possible or you may find the thought of another pregnancy very frightening. You and your partner are the best judges of when – or whether – to try again.

> **"The next time I fell pregnant I was full of fear, but an early scan reassured me, showing the baby safely in the womb."**

What about contraception?

If you don't want to get pregnant, you may want to talk to your doctor or family planning clinic about what kind of contraception is best for you to use and what to avoid. After an ectopic pregnancy an IUCD (coil) is not recommended; and some types of progesterone-only contraception can increase the chance of having another ectopic.

Will I need special care in my next pregnancy?

The most important thing in your next pregnancy is to find out early if it is developing in the right place. So once you have a positive pregnancy test, it is best to consult your GP so that he or she can arrange for an ultrasound scan at around six to seven weeks.

If you see a GP or hospital doctor who doesn't know your history, it is important to tell them about your ectopic pregnancy so they understand that an early scan is important.

It is also important to talk to your doctor if you might be pregnant and have any symptoms that might mean another ectopic: a late period, bleeding that is different from usual or any of the other symptoms listed on page 4.

If you are pregnant and an early scan shows a developing pregnancy in the womb, then you are unlikely to need any further special care or tests. You'll be booked in for routine scans at around 12 and 20 weeks.

Finally:

The experience of ectopic pregnancy can be extremely distressing. You may feel very relieved to be alive and free of pain, yet still feel deeply sad at the loss of your baby and anxious about the future.

Whatever your feelings and anxieties, you don't have to bear them alone. We hope that reading this leaflet has been of some help and that you can use some of the resources opposite to help on your journey to recovery.

> **"Just talking to people that understand what I've been through and how I'm feeling makes me feel like I'm not alone."**

Information and support

The Miscarriage Association

has a telephone helpline, a volunteer support service, an online support forum and a range of helpful leaflets on pregnancy loss.
Helpline: 01924 200799
www.miscarriageassociation.org.uk
17 Wentworth Terrace, Wakefield
WF1 3QW

Ectopic Pregnancy Trust

provides information and support on ectopic pregnancy
www.ectopic.org.uk

For advice on symptoms and/or your nearest hospital:

NHS Direct (England & Wales)
0845 4647

NHS24 (Scotland)
08454 242424

For a list of Early Pregnancy Units:

www.earlypregnancy.org.uk
(Association of Early Pregnancy Units)

Useful reading

Books:

Small Sparks of Life, by Lysanne Sizoo
Gopher Publishers, 2001;
ISBN 90-76953-26-0

Hidden Loss: Miscarriage and Ectopic Pregnancy, edited by V. Hey, C. Itzin, L. Saunders and M.A. Speakman
Women's Press 1995, 1996;
ISBN 0-7043-44572

Other leaflets from the Miscarriage Association:

Men and miscarriage

Pregnancy loss and infertility

When the trying stops

Thanks

Our sincere thanks to Dr Jayne Shillito, Consultant Obstetrician and Gynaecologist, Leeds Teaching Hospitals NHS Trust, for her help in writing this leaflet; and to everyone who shared their thoughts and experiences with us.

Need to talk to someone who understands?

Call our support line on 01924 200799. Monday to Friday, 9am-4pm

Or email **info@miscarriageassociation.org.uk**

MISCARRIAGE
ASSOCIATION

The knowledge to help

The Miscarriage Association
17 Wentworth Terrace
Wakefield WF1 3QW
Telephone: 01924 200799
e-mail: info@miscarriageassociation.org.uk
www.miscarriageassociation.org.uk

Registered Charity Number 1076829 (England & Wales) SC039790 (Scotland)
A company limited by guarantee, number 3779123
Registered in England and Wales

EP/07/13