



A guide to...

Expectant Management of Ectopic Pregnancy

Patient information

How to contact us

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If you need this leaflet in another language, large print, Braille or audio version,
please call **01923 217 198** or email westherts.pals@nhs.net



Language



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Information for women having an expectant management of ectopic pregnancy

We are very sorry that you have had an ectopic pregnancy diagnosed. We hope this information is useful for you.

What is an ectopic pregnancy?

An ectopic pregnancy is when the pregnancy occurs outside the uterus (womb). This normally happens in the fallopian tube but can be at other sites.

How common is it?

Ectopic pregnancy occurs in 1:100 (1%) of all pregnancies.

Why does this happen?

Often the cause is not known, however if you have had damage to your fallopian tubes (by previous infection or surgery) then an ectopic pregnancy is more likely to happen.

Is it possible that an ectopic pregnancy can be moved into the uterus (womb)?

This has been tried, but unfortunately not successfully.

Is an ectopic pregnancy dangerous?

Most of the time, ectopic pregnancies can be managed safely by close observation, injections or surgery (depending on the stage of the pregnancy). However, if not recognised or treated appropriately, it can be dangerous causing internal bleeding.

Why do I not need any treatment at the moment?

The ultrasound scan and blood tests of BhCG (pregnancy hormone) suggest that your ectopic pregnancy is very small and probably getting better on its own. This often happens.

What is Beta-HCG?

This is the pregnancy hormone in the blood. The level of it can be measured and from this result, we know whether the ectopic is resolving.

What happens to the pregnancy tissue?

The pregnancy tissue will get absorbed by the body.

How do I know that the pregnancy is not still growing?

We need to take blood tests to measure the BhCG levels - initially every two days and then every week. So long as the hormone tests (BhCG levels) are going down, then the ectopic is resolving.

What happens if the BhCG goes up or stays the same?

Then you may need some treatment – either an injection of medication or an operation to treat the ectopic pregnancy. This happens to 1 in 10 women.

What symptoms should I look out for?

The most frequent complaint is crampy tummy pains and is probably due to the pregnancy miscarrying from the fallopian tube. You can take painkillers that we have given you from the clinic, **but if the pain is severe, or you are feeling lightheaded or dizzy or worried, please telephone the ward on the number below.**

How long will it take for the ectopic to fully resolve?

It varies depending on how high the BhCG levels are and how your body responds to the treatment. It can take six to eight weeks for the BhCG levels to become undetectable.

What should I avoid whilst I am having treatment?

We also recommend that you avoid sexual intercourse until the BhCG levels are negative.

How long does the bleeding last?

It is usual to have some vaginal bleeding. This can go on for a few weeks. It should be getting lighter – like the tail end of a period. You should not use tampons for the bleeding, just pads. It is normal to experience some tummy cramps and even some small clots, but if the bleeding becomes very heavy or the pain very severe or if you have an unpleasant smelling discharge, you should let us know.

When do I get my period again?

Your periods should return within four to six weeks, but this varies.

Do I need anti-D?

Not unless you are rhesus negative and require surgery.

What are my chances of getting pregnant again?

This depends upon how much the fallopian tube has been damaged by the ectopic pregnancy and whether the other tube is damaged. Without doing further tests we cannot be absolutely sure, but overall, the chances are about two in three of having a pregnancy in the right place.

When can I try again?

There is no “right” time to start trying again, but we would advise waiting at least two to three cycles before trying for a baby again and until you both feel ready. It is important to use contraception to avoid getting pregnant during this time as it is possible to conceive again straight away.

Will it happen again?

There is a chance (1 in 10) of having an ectopic pregnancy again. Stopping smoking and reducing your alcohol intake both increase your chances of having a healthy pregnancy. If you are trying to conceive you should be taking folic acid to reduce the risk of neural tube defects such as spina bifida.

What should I do in my next pregnancy?

It is important that you have a scan early in any other pregnancy to make sure that it is growing in the right place. As soon as you think you might be pregnant, make an appointment to see your GP and they can organise an ultrasound scan.

- **If you have non-urgent questions** please contact the Gynaecology Day Assessment Unit (GDAU) on **01923 217 344** (Mon-Fri 9.00am to 5.00pm)

Other sources of help

The Ectopic Pregnancy Trust Tel 01895-238025 www.ectopic.org

The Miscarriage Association Tel 01924-200799 www.miscarriageassociation.org.uk