

ectopic pregnancy

What is an ectopic pregnancy?

An ectopic pregnancy is a pregnancy that is growing outside of the uterus. Most ectopic pregnancies (96%) start growing in the fallopian tubes, but can occur in the ovary, in the cervix, or, very rarely, in the abdomen. Ectopic pregnancies are never viable (going to continue to term and result in a live birth) and must be appropriately diagnosed and treated.

Why is an ectopic pregnancy dangerous?

Normal pregnancies implant (attach) inside the uterus, which is meant to grow and stretch and provide nutrients to the growing fetus. Pregnancies that attach in the fallopian tubes can stretch, and eventually burst the fallopian tubes. When this happens, it is called a “ruptured ectopic pregnancy” and is a medical emergency.

How common is an ectopic pregnancy?

Ectopic pregnancies are relatively rare. It is difficult to estimate exactly how common they are, but most studies say that they occur in 1-2% of all pregnancies.

What causes ectopic pregnancies?

Most of the time, no exact explanation or cause is found for an ectopic pregnancy. There are some things that could put you at higher risk of experiencing one, like:

- a prior ectopic pregnancy
- a history of pelvic infection or PID (pelvic inflammatory disease)
- a history of surgery on your fallopian tubes
- if you get pregnant while using a birth control pills
- if you get pregnant while using an IUD

What will I see and feel when I have an ectopic?

The most common symptoms are vaginal bleeding and sometimes abdominal (lower belly) pain. Sometimes people report having experienced shoulder pain. There can be certain times in early pregnancy when vaginal bleeding, spotting or intermittent pelvic pain can be normal but it is difficult to tell without seeing your care provider. **If you are experiencing vaginal bleeding or spotting, and/or abdominal pain, please let your healthcare provider know.**

How is an ectopic pregnancy diagnosed?

Sometimes diagnosing an ectopic pregnancy can be complicated. It usually involves an ultrasound and drawing blood to look at the amount of pregnancy hormone in your blood. Sometimes your care provider will need to draw your blood 48 hours apart in order to determine if you have either a very early pregnancy that can't be seen in the uterus yet, are experiencing a miscarriage, or if you have an ectopic pregnancy.

How is an ectopic pregnancy treated?

When the ectopic pregnancy has not ruptured

If an ectopic pregnancy is diagnosed before it ruptures, it can often be treated with a single dose of a medication called Methotrexate. Methotrexate is given via injection in the arm or buttocks. Your care provider will recommend checking blood tests every few days to verify that the treatment is working. If it is not working, sometimes surgery or additional doses of Methotrexate are needed.

When the ectopic pregnancy has ruptured

If an ectopic pregnancy has grown large enough to rupture the fallopian tube, this is a medical emergency that can only be treated with immediate surgery. An obstetrician-gynecologist (OB/GYN) can sometimes perform the surgery through several small incisions in the abdomen (also called laparoscopy), but in rare cases a larger incision running vertically (up and down) below the belly button is necessary. During surgery, the OB/GYN will stop any bleeding, remove the ectopic pregnancy, and remove any damaged tissue, such as the ruptured fallopian tube.



What can I expect after an ectopic pregnancy?

After treatment with surgery

Depending on exactly what procedure is necessary, you may go home the same day as surgery or you may need to stay longer in the hospital. You will be sent home with pain medication, but it is still normal to feel tired and sore. It is also normal to have light vaginal bleeding for several weeks. Your OB/GYN will likely recommend that you avoid lifting anything that weighs more than ten pounds, exercise, baths (showers are safe 24 hours or more after surgery), and having sex for 4-6 weeks after surgery to allow your body to heal. You can typically begin birth control immediately after surgery if that is your preference.

After treatment with Methotrexate

Your care provider will recommend blood tests every week until your pregnancy hormone level (also called HCG) has reached zero. It is not safe to lift anything heavier than ten pounds, exercise, or have sex until after that level reaches zero and your care provider specifically clears you for those activities. It is normal to have mild abdominal pain and light vaginal bleeding during treatment and for several weeks afterwards. You can safely try to become pregnant again three months after treatment with Methotrexate. It is not recommended to try earlier than that because the Methotrexate can stay in your body for up to three months and could harm a new pregnancy. Talk to your care provider about starting birth control after Methotrexate treatment - recommendations depend on the type of birth control and your situation.



When you need to be seen in the emergency room

If you are being evaluated for an ectopic pregnancy but the diagnosis hasn't been made yet and you begin to experience:

- heavier bleeding, or are bleeding through a maxi-pad in an hour or less
- worsening abdominal pain

If you are being treated for an ectopic pregnancy with Methotrexate and you experience:

- vaginal bleeding that soaks through a maxi-pad in an hour or less
- severe abdominal pain

If you have had surgery for an ectopic surgery and you experience:

- fever of 101°F or higher
- vaginal bleeding that soaks through a maxi-pad in an hour or less
- severe abdominal pain