Medical Management of Ectopic Pregnancy

What is an ectopic pregnancy?
An ectopic pregnancy is when the pregnancy is growing outside the womb (uterus), usually in the fallopian tube.

How can an ectopic pregnancy be treated?
There are three ways of treating an ectopic pregnancy and your doctor will discuss each option with you depending on your symptoms and test results. These are:
- Surgery or operation
- Medical management
- Observation

What is the medical management of ectopic pregnancy?
Medical management involves giving you a drug called methotrexate. The drug is given as an injection which is then absorbed into the blood stream and reaches the ectopic pregnancy. The drug causes the ectopic pregnancy to dissolve by stopping the pregnancy tissue from growing.

What is Methotrexate?
Methotrexate is a drug that causes the pregnancy tissue in an ectopic pregnancy to shrink away. The drug stops the pregnancy cells developing any further and the pregnancy is gradually reabsorbed.

Am I suitable for the medical management option for ectopic pregnancy?
There are fairly strict rules about which women are suitable for methotrexate.

It is more likely to be successful in the following circumstances:
- You must have minimal pain and bleeding
- Your pulse and blood pressure must be normal
- The ectopic pregnancy must be small
- The pregnancy hormone level (hCG) must be less than 3000 iu/l
- The ectopic pregnancy must not have heart pulsations
- You must understand the treatment and be motivated to keep follow up appointments

Your doctor will discuss and explain whether you are suitable to have this option after proper assessment of your condition.

What are the advantages of medical management?
Because medical management does not involve an operation, the recovery is quicker. It can also be useful if the ectopic pregnancy is situated in the neck of the womb. It also allows you to keep the fallopian tube rather than have it removed.

Treatment of ectopic pregnancy with Methotrexate is not appropriate if you suffer from any of the following conditions:
- An on-going infection
• Severe anaemia or shortage of other blood cells
• Kidney problems
• Liver problems
• Active infection
• HIV/AIDS
• Peptic ulcer or ulcerative colitis

**How is this medication given?**

Methotrexate is given as a single injection into the muscle. Before you are given the injection, a checklist will be completed to make sure that you fulfill the criteria. You will be asked to sign a consent form. Your weight and height will be calculated and the dose prescribed, depending on your body surface area.

**What happens after treatment?**

You should be able to go home after the injection, after a period of observation. Your pregnancy hormone (hCG) level will be checked to ensure that it is falling appropriately. Levels of pregnancy hormone (hCG) are checked four and seven days after the injection, and further testing will depend on the rise and fall of the levels.

Your hospital will make arrangements for you to have the hormone level checked. The level frequently rises in the first week and it will take between two and four weeks for it to fall to normal, sometimes it may take longer. You will need regular blood tests until the pregnancy hormone levels are undetectable.

A few days after the injection it is usual to begin to bleed and this bleeding can last between a few days and up to 6 weeks but not all women bleed immediately. It is usual to have some discomfort and pain initially but as long as this is not severe and you are feeling well, there is nothing to worry about. If it is severe, or you feel faint, you will need to go to hospital immediately to make sure that the treatment has not failed and that the fallopian tube has not started bleeding.

**What should I avoid after treatment?**

- Avoid alcohol and vitamin preparations containing folic acid until the pregnancy hormone level is undetectable.
- Avoid Aspirin or drugs such as Ibuprofen for one week after treatment. Paracetamol is safe to use (up to two tablets, four times a day).
- You should avoid sexual intercourse during the first weeks of treatment due to the risk of tubal rupture.
- You should avoid pregnancy for three months after a single injection and six months after more than one injection, as Methotrexate may affect the development of a new pregnancy.

**What are the side effects?**

Sometimes you may notice abdominal pain. This tends to occur on the third or fourth day after treatment and is sometimes referred to as separation pain. Other occasional side effects (affecting up to 15% of patients) include nausea, indigestion, diarrhoea, sore mouth, inflammation of the eye (conjunctivitis) and fatigue. Very occasionally, changes in the blood count, liver and kidney function may occur, but these are usually very rare and short-lasting.

Abdominal pain is a common symptom which can occur in 75% of women after methotrexate injection.
What should I do after having methotrexate?
You should seek medical advice as soon as you get any of the side effects of methotrexate (abdominal pain, inflammation of your eyes or a sore mouth). Sometimes you might need to be admitted to hospital for observation and assessment especially if you have got abdominal pain. Although abdominal pain is common after methotrexate treatment, it is difficult to differentiate between whether this pain is due to the effect of the drug or due to rupture of the tube.

How long should I expect to bleed after methotrexate?
The response of women to treatment with methotrexate varies greatly. The bleeding is from the lining of the womb and is hormonally controlled. It will probably last a week or two, changing in colour from red to brown. As long as it is not too heavy, and is not associated with pain, you should not worry. Some women report bleeding and spotting for up to six weeks.

How successful is this treatment?
Studies show that on average only 1 in 15 women require surgery as a result of unsuccessful treatment. Also, Methotrexate is at least as good as surgery in terms of subsequent successful pregnancies. The main risk associated with treating you medically, is that the medicine may not work and the cells of the ectopic pregnancy might continue to divide which could result in there still being a need for surgery. It is thought that up to 15% of women, who are treated with Methotrexate initially, go on to need other forms of treatment. This decision will be based on your symptoms and the pregnancy hormone levels.

Occasionally if the pregnancy hormone level has not dropped enough, your doctor may advice a second injection of methotrexate.

What if my blood type is Rhesus negative?
You should receive Anti-D immunoglobulin injection.

How will I feel afterwards?
Ectopic pregnancy can be a devastating experience. You are recovering from the shock of a lost pregnancy and the uncertainty of your future fertility. You may not have known you were pregnant in the first place. Your feelings will probably vary enormously in the first weeks and months that follow treatment. Waiting for your hormone levels to fall can be a difficult thing to cope with, as you may continue to ‘feel’ pregnant until they do. You may even feel relieved to be out of danger from the pregnancy and yet feel desperately sad for your loss. It is only natural to search for a reason why this has happened to you. Especially if there is no clear medical reason and you may begin to blame yourself in some way but it is important to realise you are not to blame for what has happened to you. The sudden end to your pregnancy leaves your hormones in disarray and this can leave you feeling very depressed and vulnerable. It is important to allow yourself time to recover from the emotional shock and upset of losing a pregnancy.

Your partner’s emotions
The emotional responses to the loss of your pregnancy can put a strain on a relationship. The experience may bring you and your partner closer together. Sometimes this isn’t the case. Partners can find it difficult to understand your feelings and you may feel your partner isn’t supporting you. Many men find it difficult to express their emotions and feelings and feel powerless in the situation.

Your partner will most certainly be suffering too. Often they are relieved that you have survived the experience and feel that as the situation cannot be changed it is better to move on.
Undoubtedly it will be your welfare that will be his main concern. He may feel he should be strong for you and keep his feelings to himself. It is important that when you feel able to, that you talk to your partner about how you feel, what support you need and in what ways he can help you to recover. In time, if not immediately, your partner may too show grief and sadness at the loss of the pregnancy and may need your support.

**What about future pregnancy?**
Before trying for another baby it is important to give yourself time to recover from your loss and to allow your body to return to normal. Usually it is recommended that you wait for three months before trying for another pregnancy after one injection of methotrexate or six months if you needed two injections.

**Will my treatment make me more likely to suffer again?**
No. Treatment with Methotrexate makes you no more likely to suffer with ectopic pregnancy again, compared to other forms of treatment. In fact the treatment is at least as successful as surgery and the chances of successful pregnancy are high.

**What are my chances of a future successful pregnancy?**
It is usually possible to conceive, but this depends very much on the health of your fallopian tubes. Over 60% of women are healthily pregnant within 18 months of an ectopic pregnancy.

**When is it safe to have sex again?**
Resuming a sexual relationship can be quite stressful for both yourself and your partner. It is important to give each other time and to speak about your feelings. You may resume a normal sexual relationship as and when you are ready, both physically and emotionally. You will need to use contraception to avoid pregnancy for three months and you should speak about the alternatives with your doctor.

**What are my chances of another ectopic pregnancy?**
Where a fallopian tube is damaged, for example from scarring caused by infection, previous surgery or a previous ectopic pregnancy, there is a an increased risk that the other tube may also be damaged. This means that not only is the chance of conceiving less than normal but there is an increased risk of ectopic pregnancy. The overall chances of a repeat ectopic pregnancy are around 10% (1 in 10) and this depends on the underlying damage to the tubes. In women whose ectopic pregnancies were associated with the use of a contraceptive coil (IUCD), there does not appear to be any greater risk once the coil has been removed.

**When should I return to work or resume normal activities?**
You may feel tired and emotional and most women take about two weeks leave of absence from work. Some find they need a little longer and if you feel this is the case for you, you should discuss it with your doctors. After about two weeks, so long as you feel well and your hormone levels are dropping, you can resume normal activities. But you should discuss your needs with your doctor and avoid strenuous activity for around a month.

**When should I expect my first proper period?**
Some vaginal bleeding occurs after treatment with Methotrexate. For some women this would last only a few days, for others there may be spotting for up to six weeks. When this has stopped, the average time for the first period to arrive is four weeks, but it could take from any time between two and ten weeks. This period may be lighter or heavier than usual, and may be
more painful or less so. There are no hard and fast rules. Periods may also be a little irregular in the early cycles after treatment.

**What can I do to prevent another ectopic pregnancy?**

As ectopic pregnancy is more related to past tubal damage than the present and there is little to be done to prevent it from happening again. However, if you feel there may be on-going problems of pelvic infection (such as infection with chlamydia, a common cause of ectopic pregnancy), then testing and antibiotic treatment for this could help reduce the risk of a future ectopic pregnancy.

**What should I do in my next pregnancy?**

In all cases, a woman who has suffered an ectopic pregnancy should contact her GP as soon as she knows she is pregnant. Usually you will be referred to an Early Pregnancy Unit. Here it is normal to arrange an ultrasound scan at around six weeks to check the pregnancy is in the womb. If your period is late, if menstrual bleeding is different from normal or if there is abnormal abdominal pain, you should ask to be examined and remind the doctor if necessary that you have had a previous ectopic pregnancy.

**Sources of information**

<table>
<thead>
<tr>
<th>Early Pregnancy Assessment Unit</th>
<th>Early Pregnancy Assessment Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mirrfees Ward</td>
<td>Hailsham 2 Ward</td>
</tr>
<tr>
<td>Conquest Hospital</td>
<td>Eastbourne District General Hospital</td>
</tr>
<tr>
<td>The Ridge</td>
<td>Kings Drive</td>
</tr>
<tr>
<td>St Leonards-on-Sea, TN37 7RD</td>
<td>Eastbourne</td>
</tr>
<tr>
<td>Tel: (01424) 755255 ext 7047</td>
<td>East Sussex, BN22 2UD</td>
</tr>
<tr>
<td></td>
<td>Tel: (01323) 417400 ext 4218</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Ectopic Pregnancy Trust</th>
<th>Miscarriage Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity Unit, The Hillingdon Hospital</td>
<td>Clayton Hospital</td>
</tr>
<tr>
<td>Pield Heath Road</td>
<td>Northgate</td>
</tr>
<tr>
<td>Uxbridge</td>
<td>Wakefield</td>
</tr>
<tr>
<td>Middlesex UB8 3NN</td>
<td>West Yorkshire WF1 3JS</td>
</tr>
<tr>
<td>Tel: 01895 238025</td>
<td>Helpline 01924 299799</td>
</tr>
<tr>
<td>Web: <a href="http://www.ectopic.org.uk">www.ectopic.org.uk</a></td>
<td>Web: <a href="http://www.miscarriageassociation.org.uk">www.miscarriageassociation.org.uk</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Early Pregnancy Information Centre</th>
<th>Web: <a href="http://www.earlypregnancy.org.uk">www.earlypregnancy.org.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>This leaflet is based on information from The Royal College of Obstetrician and Gynaecologists (Guideline no. 21 May 2004) and the Ectopic Pregnancy Trust.</td>
<td></td>
</tr>
</tbody>
</table>

**Important information**

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

**Your comments**

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: (01323) 417400 Ext: 5860 or by email at: esh-tr.patientexperience@nhs.net
Hand hygiene
The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats
If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 01424 755255 Ext: 2620
After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Reference
The following Consultants in Obstetrics and Gynaecology have been consulted and agreed this patient information:

Mr David K C Chui, Miss Nicky Roberts

The directorate group that have agreed this patient information leaflet:
The EPAU Working Group

Next review Date: April 2019
Responsible Clinician: Mr David Chui

© East Sussex Healthcare NHS Trust – www.esht.nhs.uk