



HUTT maternity

Hutt Valley Maternity Care

Ectopic Pregnancy

Information for women

An ectopic pregnancy occurs when the embryo implants outside the uterus. Usually this occurs in the fallopian tubes, but it can involve other sites, such as the ovaries, the abdominal cavity, the junction of the fallopian tube and uterus (horn) and the cervix.

Normally the ovum (egg) moves down the fallopian tube towards the uterus, and within days of conception attaches itself to the lining of the uterus. If the passage of the fertilized ovum is delayed the ovum is ready to implant before it reaches the uterus and this will lead to a tubal pregnancy.

Ectopic pregnancies can occur if there has been

- Infection in the pelvis (pelvic inflammatory disease)
- Peritonitis (inflammation of abdominal organs)
- Surgery: to fallopian tubes or ovaries, including tubal ligation and caesarean section

- An intra-uterine contraceptive device (IUCD) in situ
- History of fertility problems – including assisted conception
- Previous ectopic

Abdominal pain and a positive pregnancy test will alert your doctor to the possibility of an ectopic pregnancy.

What test will I have?

Further investigations are needed and may include:

- An ultrasound scan. Often it will be necessary to insert a small ultrasound probe into your vagina for better images.
- a blood test of the pregnancy hormone (BhCG)
- A pelvic and vaginal examination.

What happens now?

An ultrasound scan will show if there is an embryo (pregnancy) in the uterus. Sometimes if the pregnancy is very early this will be inconclusive, as the pregnancy may be too small to see. If

this happens and your symptoms are mild, you may go home, and report back to the Maternity Assessment Unit for a series of blood test to measure the pregnancy hormone (BhCG), and have a repeat ultrasound scan.

If you have **worsening abdominal pain, shoulder tip pain or feel dizzy or faint,** you should make contact with the Maternity Assessment Unit or out of hours the Emergency Department urgently for further assessment.

If the ultrasound scan shows an ectopic pregnancy, treatment options will be discussed with you.

Treatment options

There are two primary methods for management of an ectopic pregnancy based on your situation, investigations and decision after discussion with the medical staff.

- **Medical management:** In certain circumstances a drug called Methotrexate can be given, as an injection. Methotrexate is a drug that works on rapidly multiplying tissue such as embryonic tissue. Once it dies it is reabsorbed by the body.
 - The advantage of this method is avoiding surgery, and the risk associated with surgery.
 - You must have ongoing blood tests to measure the level of BhCG to ensure it is returning to normal.
 - Methotrexate, like any medication, has side effects; the most common is colicky abdominal pain. It may also cause nausea, diarrhoea, oral irritation, hair loss and liver upsets. Before having Methotrexate we will check your liver function tests in a blood sample.

- Sometimes you may need more than one treatment with Methotrexate.
 - You may have some pain in the abdomen as the pregnancy resolves. You may take simple pain relief.
 - Avoid alcohol for 7 days
 - Avoid herbal remedies and vitamin preparations containing folate.
- **Surgical management:** If Methotrexate is not the best management option for you then surgery will be discussed.
- Surgery for an ectopic pregnancy is most commonly a Laparoscopy. This is when you will have 2-3 small 'keyhole' incisions made into your abdomen for instruments.
 - It involves a general anaesthetic (where you will be asleep), and may be a short stay in the hospital afterwards.

- The doctors will try and remove the ectopic pregnancy from the tube (salpingostomy), or if this is not possible they will remove the whole tube (salpingectomy).
- A couple of days after surgery you will menstruate as the lining of the uterus is shed.
- Just like Methotrexate having side effects there are risks associated with having surgery.
- In some circumstances a more involved procedure called a Laparotomy is needed. This is where a larger incision is made in order to treat the ectopic pregnancy, and will mean a 2-3 night stay in hospital.

What will happen after the ectopic pregnancy?

- We will confirm your blood group. If you are Rhesus Negative, you will be offered an Anti-D injection. This will be explained more if it is required.
- Women vary in their recovery. Not only is there the physical recovery,

but the emotional aspect of losing a pregnancy. Do not expect too much of yourself and rest as much as possible. You can take Panadol as per instructions on the packet.

- If you continue to bleed heavily, have ongoing pain/cramping, feel unwell with fever or chills, or have an unusual smelling vaginal discharge you need to contact your GP, LMC or the Maternity Assessment Unit.
- You can still get pregnant with one tube- 70% chance of an intrauterine pregnancy after one ectopic.
- We advise that you wait until your blood tests are normal and until you have had at least one normal period, before you try to get pregnant again. If you have had a regular cycle prior to the pregnancy, you can expect a period within 4-6 weeks.

Wait until you feel ready within yourself to cope with another pregnancy.

Further counseling and support is available through:

- Wellington Miscarriage Support Group, 384 4272
- SANDS - 022 398 3917 or sandswgtnhutt@gmail.com
- Marlene Beasley, Senior Social Worker, Hutt Valley District Health Board, 5666 999
- Your Lead Maternity Carer, or GP

Other written information:

- A Guide to Coping with Miscarriage, Wellington Miscarriage Support Group

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**Maternity Assessment Unit
Ground Floor, Heretaunga Block, Hutt
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