

Ectopic pregnancy

This information sheet aims to answer some commonly asked questions about ectopic pregnancy.

IMPORTANT: This is general information only.
Ask your doctor or midwife about what care is right for you.

What is an ectopic pregnancy?

An ectopic pregnancy is when a fertilised egg attaches and starts to grow outside of the uterus. Most ectopic pregnancies (9 out of 10) occur in a fallopian tube. The pregnancy can also grow in other areas such as in your cervix, caesarean scar, ovary or abdomen, but this is not very common. An ectopic pregnancy cannot continue and treatment is needed. About one in every 100 pregnancies is an ectopic pregnancy.

What are the symptoms of an ectopic pregnancy?

At first, an ectopic pregnancy may feel like a normal pregnancy with the usual pregnancy symptoms. If you have an ectopic pregnancy you may also have spotting (small amounts of bleeding from your vagina) or feel:

- pain in your lower abdomen, back or the tip of your shoulder
- sick in your stomach
- faint or dizzy

How is an ectopic pregnancy diagnosed?

Usually more than one test is needed before it is certain that a pregnancy is ectopic. Blood tests for the pregnancy hormone HCG and an ultrasound are needed. An internal vaginal examination may also be needed.

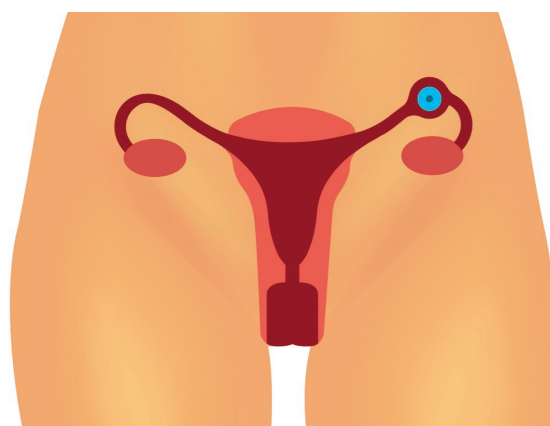
An ectopic pregnancy is suspected if there is no pregnancy in your uterus after you have been pregnant for at least 6 weeks, and the pattern of your HCG blood levels is abnormal. Sometimes the ultrasound scan will show an ectopic pregnancy straight away but sometimes it is not clear immediately what is happening. You may need to wait and have another scan when the pregnancy is bigger.

What are the risks if your pregnancy is ectopic?

An ectopic pregnancy can cause the fallopian tube to burst (rupture). Women can get very sick and even die from a ruptured ectopic pregnancy. It is very important that you talk with your care providers and go to all your appointments. If your symptoms get worse go to the hospital straight away.



Pregnancy in the uterus



Ectopic pregnancy in the fallopian tube

What is the treatment?

Although your pregnancy may continue for several weeks, sadly, your baby cannot develop outside of the uterus. It is not possible to move an ectopic pregnancy into the uterus.

You can expect your care provider to discuss the following three options in more detail with you.

They each have advantages and disadvantages. The best type of treatment for you depends on your individual circumstances.

Wait and see (expectant management)

This is when you wait and see if the ectopic pregnancy disappears by itself. This way is usually only safe if you are well, the ectopic pregnancy is small, has not ruptured and the pregnancy hormone (HCG) level in your blood is low.

Taking medication (medical management)

This is when you are given medication (methotrexate) to stop the pregnancy from developing further. The pregnancy is gradually reabsorbed by the body. This option is usually suitable if you are well, the ectopic pregnancy is not too big and has not ruptured.

An operation (surgical management)

This is when you have an operation in hospital to remove the ectopic pregnancy.

If you have expectant or medical treatment, you will need regular HCG blood tests to make sure the level is going down. You may also need further ultrasound scans. If the ectopic pregnancy does not start to disappear or your symptoms get worse you may need surgical treatment.

How do you choose the right treatment?

Sometimes one type of treatment is more suitable for you than another type. It can depend on how many weeks pregnant you are, where the ectopic pregnancy is located, and the level of pregnancy hormone (HCG) in your blood. Talk with your care provider about what is right for you.

Are your feelings normal?

There is no 'right way' to feel about the loss of your baby. Every woman is different and you may feel tearful, very sad, angry, anxious or relieved. These feelings are normal. You can expect your care provider to talk to you about how you are feeling. Talking about your feelings (when you are ready) and getting extra support can help.

When can you get pregnant again?

If your ectopic pregnancy was treated with medication (methotrexate), wait at least 4 months before getting pregnant again. This is because the drug takes a long time to completely leave your body and could be harmful to your next baby.

If you had medical or expectant treatment, avoid penetrative sex (intercourse) until your HCG levels are very low as there is a small risk of rupture during intercourse. After surgery, sex is ok whenever you feel ready. You may be advised to wait until the bleeding stops.

After one ectopic pregnancy, you have a higher risk of having another ectopic pregnancy in the future. If you get pregnant, tell your doctor as early as possible.

Support & Information

13HEALTH (13 432584) is a phone line that provides health information, referral and services to the public.

Pregnancy, Birth & Baby Helpline 1800 882 436 (free call) offers free, confidential, professional information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care www.health.gov.au/pregnancyhelpline

SANDS (13 000 SANDS or 13 000 72637) offers support and information on miscarriage, stillbirth and neonatal and infant death www.sandsqld.com

Bears of Hope (1300 11 2327) offers support and care after the loss of a baby www.bearsofhope.org.au

Lifeline 13 11 14 Lifeline offers a telephone crisis support service to anyone www.lifeline.org.au

Queensland Clinical Guidelines: Access to the clinical guideline *Early pregnancy loss* aligned with this information and other information sheets including *pain and bleeding in pregnancy* www.health.qld.gov.au/qcg