

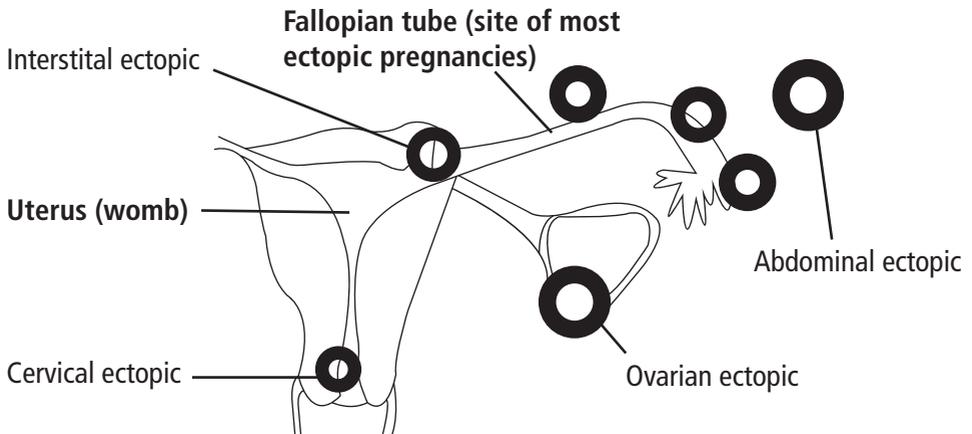
Expectant management of your ectopic pregnancy



We are very sorry you have had an ectopic pregnancy diagnosed. We hope this information is useful for you. It explains what expectant management is, why it may be suitable for you and what treatment options are available, if necessary.

What is an ectopic pregnancy?

This is when your pregnancy occurs outside of your uterus (womb). This normally happens in your fallopian tube but may occur at other sites (see diagram).



How common is it?

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

Why does this happen?

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

Is it possible to move an ectopic pregnancy into the uterus?

This has been tried, but unfortunately without success.

Is it dangerous?

Most of the time, ectopic pregnancies can be managed safely by expectant management, injections of a drug, or surgery, depending on the stage of the pregnancy. However, if not recognised or treated appropriately, it can be dangerous, causing internal bleeding.

What is expectant management?

This is when you are kept under close observation, without any further treatment. This is recommended if your ultrasound scan and blood tests of Beta HCG (pregnancy hormone) suggest that your ectopic pregnancy is very small and probably resolving itself on its own. This often happens.

What is 'Beta HCG?'

This is the pregnancy hormone found in your blood (also called bHCG). The level of it can be measured and from this result, we know whether your ectopic pregnancy is resolving itself.

What happens to the pregnancy tissue?

Usually, your body will re-absorb it.

How do I know the pregnancy is not still growing?

We will take blood tests to measure your bHCG levels – initially every two days and then every week. So long as your bHCG hormone levels are going down, the ectopic pregnancy is resolving itself.

What happens if my bHCG level goes up or stays the same?

If this happens, you may need some treatment – either an injection of medication or an operation to treat your ectopic pregnancy. This happens to one 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 your Fallopian tube. You can take the pain killers we've given you from the clinic, **but if the pain is severe or you are feeling light headed or dizzy or worried, please telephone the ward on the number below.**

How long will it take to fully resolve?

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

Should I take any precautions?

We recommend that you avoid sexual intercourse until your bHCG levels are negative.

How long does the bleeding last?

It is usual to have some vaginal bleeding. This may continue for a few weeks. It should get lighter, like the end of a period. Do not use tampons for the bleeding, just sanitary pads. It is normal to have some tummy cramps and even some small clots, but if:

- the bleeding becomes very heavy
- the pain becomes very severe, or
- you have an unpleasant smelling discharge

please let us know.

When will I get my next period?

Your periods should return within 4-6 weeks, but this does vary.

What are the benefits of expectant management of ectopic pregnancy?

- Expectant management is a safe and effective option for appropriately selected cases.
- The aim is to avoid an operation or medications with side effects.
- The fallopian tube is not removed.

What are the risks of expectant management of ectopic pregnancy?

- Follow-up can be prolonged with the associated uncertainty.
- For two in 10 women, it may become necessary to recommend the medication during the follow-up if the bHCG levels don't fall enough, or go up.
- There is a very small chance that even if the bHCG level is falling, there can be internal bleeding and the need for an emergency operation.

What are my chances of getting pregnant again?

This depends upon how much the ectopic pregnancy has damaged your Fallopian tube and whether your other tube is damaged. Without doing further tests we cannot be absolutely sure, but overall, the chances are about 2 in 3 of having a pregnancy in the right place.

When can I try again?

There is no 'right' time to start trying again, but we advise waiting at least two to three months 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 1 in 10 chance of having another ectopic pregnancy. Stopping smoking and reducing your alcohol intake both increase your chances of having a healthy pregnancy. If you are trying to conceive you should take folic acid to reduce the risk of neural tube defects such as spina bifida.

What should I do if I get pregnant again?

In any future pregnancy, it is important that you have a scan early to make sure it's growing in the right place. As soon as you think you might be pregnant, make an appointment to see your GP, who will organise an ultrasound scan.

Contact us

If you have non-urgent questions

please contact The Emergency Gynaecology Unit (EGU) on 01872 252686

If you need urgent assistance

please contact Gynaecology Ward ward on 01872 253163

Other sources of information and support:

The Ectopic Pregnancy Trust

Tel: 01895 238 025

www.ectopic.org

The Miscarriage Association

Tel: 01924 200799

www.miscarriageassociation.org.uk

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If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

