

Ectopic pregnancy

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

IMPORTANT: This is general information only. Talk with your health care provider about your own situation.

What is an ectopic pregnancy?

This 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. About one in every 100 pregnancies is an ectopic pregnancy.

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.

What are the symptoms?

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 pregnancy hormones (beta hCG) and an ultrasound are needed. An internal vaginal examination may also be needed.

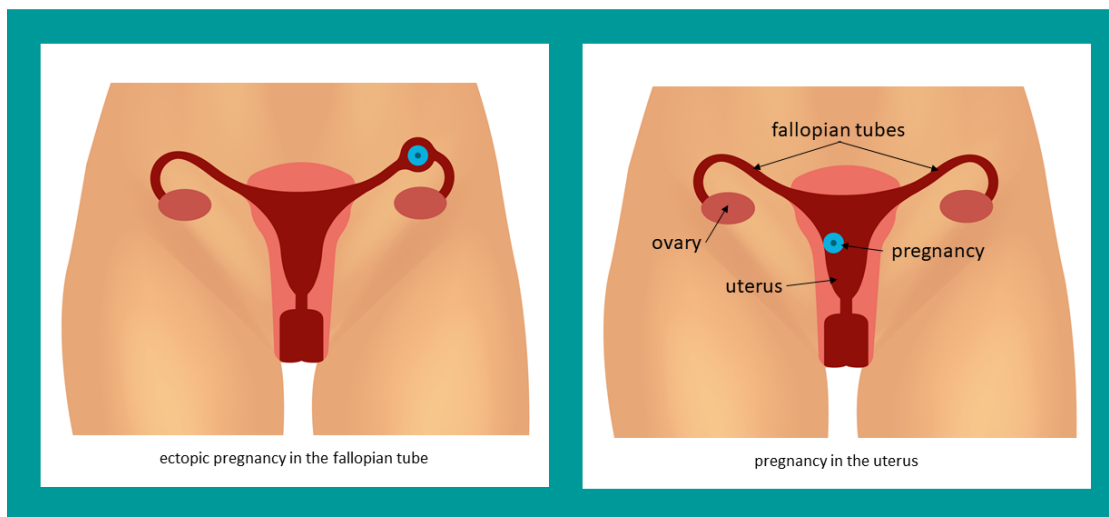
An ectopic pregnancy is suspected if there is no pregnancy in your uterus after you have been pregnant for at least 6 weeks.

Sometimes the ultrasound scan will show an ectopic pregnancy straight away, but sometimes it is not clear, and another scan is needed when your pregnancy is a further along.

What can happen if your pregnancy is ectopic?

An ectopic pregnancy can cause the fallopian tube to burst (rupture). This can cause internal bleeding. Women can get very sick and can even die from a ruptured ectopic pregnancy.

It is very important that you talk with your healthcare providers and go to all your appointments. If your symptoms get worse go to the hospital straight away.



What is the treatment?

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

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 (beta hCG) in your blood is low and decreasing.

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. You might like to read Queensland Clinical Guideline information sheet on *Methotrexate for ectopic pregnancy*.

If you have expectant or medical treatment, you will need regular blood tests to make sure the pregnancy hormone (beta hCG) 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.

An operation (surgical management)

This is when you have a procedure in hospital to remove the ectopic pregnancy. This is usually done via keyhole surgery (3-4 small cuts) in your abdomen.

What treatment is right for you?

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

Are your feelings normal?

There is no 'right way' to feel about the loss of your pregnancy. Every woman is different, and you may feel tearful, very sad, angry, anxious or relieved. These feelings are normal. Your healthcare provider can 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), it is best to wait at least 3 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. Talk with your healthcare provider about when it is safe to plan for another pregnancy.

If you had medical or expectant treatment, avoid sexual intercourse (vaginal or anal) until your pregnancy hormone (beta hCG) levels are very low as there is a small risk of the ectopic pregnancy rupturing 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

Queensland Clinical Guidelines information for parents and families www.health.qld.gov.au/qcg
13HEALTH (13 432584) health information, referral and services to the public by phone.

Pregnancy, Birth & Baby Helpline (1800 882 436) (free call) information and counselling on conception, pregnancy, birthing and postnatal care. www.health.gov.au/pregnancyhelpline

Red Nose Grief and Loss Support Line (1300 308 307) available 24/7 for anyone affected by the loss of a pregnancy, still-birth or death of a baby or child www.rednosegriefandloss.org.au

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

Registry of Births, Deaths and Marriages (Queensland) (1300 366 430) offers a free early pregnancy loss recognition certificate on application www.qld.gov.au/law/births-deaths-marriages-and-divorces

Lifeline (13 11 14) a telephone crisis support service. www.lifeline.org.au

The Pink Elephants Support Network support through miscarriage and pregnancy loss www.miscarriagesupport.org.au