

# Ectopic Pregnancy & Persistent Pregnancy of Unknown Location

**Obstetrics & Gynaecology  
Women & Children's Services**

This leaflet has been designed to  
give you important information  
about your condition / procedure,  
and to answer some common  
queries that you may have.



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# Information for patients and visitors

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## Introduction

This booklet has been written to give help and guidance to parents who lose a baby in the early stages of pregnancy due to an ectopic pregnancy or pregnancy of unknown location.

Parents who have suffered such a loss find that they need to make a number of choices within a short space of time, choices that they may rather not think about. With the help of the staff and the information in this booklet, we can help you through your period of grief, making this stressful time easier to cope with.

We hope that the information in this booklet will be of value in answering your questions, about both the physical and emotional aspects of recovery, and where extra support is available.

## What is an ectopic pregnancy?

An ectopic pregnancy is the term used to describe a pregnancy that is growing in the wrong place. Ectopic pregnancies are usually found outside of the uterus (womb), in a fallopian tube. More rarely they can be in the cervix, ovary or other parts of the abdomen. Unfortunately, ectopic pregnancies cannot survive or lead to the birth of a baby.

Ectopic pregnancies usually cause abdominal pain and vaginal bleeding in pregnancy. Some women also have shoulder pains, feel faint or even pass out.

Ectopic pregnancies are usually diagnosed following ultrasound scans and monitoring of pregnancy hormone levels called Beta human Choriogonadotrophic hormones (Beta hCG). They are sometimes difficult to diagnose and you may need to have several days of examinations, monitoring and scans

before the diagnosis can be accurately made.

It is very important to attend for all the assessments advised by your doctor. If ectopic pregnancies are not diagnosed and treated early they can rupture and cause severe internal bleeding that can be life threatening.

## Why has the ectopic pregnancy happened?

Approximately 1-2 % of pregnancies end in ectopic, and there are different reasons why it could happen. In some cases the doctor, nurse or midwife will not be able to tell you why you had an ectopic pregnancy.

Ectopic pregnancy is more common in women who have a previous ectopic or assisted conception such as IVF (In Vitro Fertilization).

Sometimes ectopic pregnancies occur because your fallopian tubes have been damaged by pelvic infection or surgery in the past.

Sometimes ectopic pregnancies occur after taking the morning after pill or if you become pregnant while taking the progesterone only pill or have a coil as contraception.

## What is a pregnancy of unknown location?

This means that you have a positive pregnancy test but there is no sign of a definite pregnancy inside or outside of the womb (uterus). Your pregnancy hormone levels stay within a similar range but the location of pregnancy still cannot be identified on scan or operation. These only actually account for a very small number of pregnancies.



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### Choices for management of an ectopic pregnancy / pregnancy of unknown location

All management options are explained below.

#### Surgical management

If severe internal bleeding is suspected, ectopic pregnancies must always be managed with an emergency, life-saving operation.

Surgical management is also the most common form of management for stable patients with ectopic pregnancy. It is often the safest and most convenient option.

Surgery for ectopic pregnancy is an operation that is performed while you are asleep during a general anaesthetic.

Providing you are stable, most ectopic pregnancies can be managed with keyhole surgery called a laparoscopy. A separate information booklet is available which describes this type of surgery in detail. If you are unstable due to internal bleeding or the keyhole surgery is unsuccessful, sometimes it may be necessary to have an operation via a larger cut in your abdomen called a laparotomy.

At the beginning of the operation, the surgeon will look at the outside of your uterus, tubes and ovaries to confirm where the pregnancy is growing. The surgeon may also need to stop any internal bleeding. If an ectopic pregnancy is not seen at this time then nothing else will need to be done during the operation. It could be that there is a very early pregnancy that is too small to see. You will need further blood tests and scans to find out what has happened to the pregnancy. Another operation may be needed a few

days later if ectopic pregnancy is still suspected.

If ectopic pregnancy is confirmed at the time of the operation it will need to be removed to avoid the risk of rupturing that can cause severe internal bleeding. If the pregnancy is in the fallopian tube or ovary they will also usually need to be removed to protect you from internal bleeding.

The surgeon will check all of your pelvic organs such as the uterus, ovaries and fallopian tubes to see whether they look healthy. This information will help assess whether your future fertility has been reduced.

We may recommend some tests to be done on the pregnancy tissue and organs removed such as fallopian tube / ovary. These tests are recommended to confirm that the ectopic pregnancy has been completely removed and rule out any abnormality of the tissues removed. This involves some of the pregnancy tissue being examined under a microscope in the pathology laboratory. These tests cannot be carried out without your written permission and a consent form will need to be signed in relation to examination and sensitive disposal of the pregnancy tissue.

#### What are the risks of surgical management?

Surgical management of ectopic is often the safest option. Your surgeon will discuss your operation with you in detail and answer any questions. You will be asked to sign a consent form prior to your operation. Complications are rare but include the following:

- Injury to pelvic organs such as bladder, bowel, uterus



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- Wound problems such as infection/ gaping / hernia
- Failure to find the ectopic pregnancy
- Failure to remove all the pregnancy tissue

Additional procedures that may be necessary include:

- Blood transfusion
- Repair of any injuries to other organs

## Medical management

### What is the treatment?

Medical management of ectopic pregnancy / pregnancy of unknown location is not suitable for everyone. It depends on your symptoms, examination findings, scan and blood test results. Your doctor will discuss the safest option of management with you. However, if this treatment is suitable you will be given a drug called Methotrexate, usually in the form of an injection.

Methotrexate is a drug usually used for conditions such as rheumatoid arthritis, psoriasis and some cancers. Please note that Methotrexate is unlicensed for treating ectopic pregnancies by the manufacturer but recommended by the Royal College of Obstetricians & Gynecologists (RCOG 2004). European Community regulations permit doctors to prescribe unlicensed regimens and permit nurses to administer medicines prescribed outside of a product licence.

### Will the treatment suit me?

The treatment may not be suitable if you have any of the following conditions:

- Infection
- Severe anaemia or blood disorders

- Kidney problems
- Liver problems
- HIV / AIDS
- Peptic ulcer or inflammatory bowel conditions

If so, please tell the doctor. Also let the doctor know of any other conditions you suffer from, and any medicines you are taking.

### How does the treatment work?

Methotrexate is a drug that interferes with the way that the body processes a vitamin called folate. Folate is essential for rapidly dividing cells such as pregnancy tissue to continue to grow. Methotrexate therefore stops the pregnancy growing and the pregnancy will be gradually reabsorbed.

### What are the effects of the treatment?

Methotrexate will hopefully stop the pregnancy growing. 15 in 100 women using this treatment will need a second injection. 7 in 100 women may still need to have surgery. It can take several weeks for the pregnancy to be reabsorbed so your symptoms such as pain and bleeding will take a while to settle.

It is important to monitor you closely during this time with regular blood tests and assessments at the hospital. You will be monitored until your pregnancy test is negative.

Due to the way Methotrexate affects your kidneys, liver and skin, it is important to avoid alcohol and sunlight for 3 months. You must also avoid non-steroidal anti-inflammatory pain reliefs such as Ibuprofen, Aspirin and Diclofenac.



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Medical treatment works by reducing the pregnancy's access to folate. You should therefore stop taking folic acid until your pregnancy test is negative.

Common side effects include:

- Indigestion, nausea or vomiting
- Fatigue, lightheadedness or dizziness

Rare side effects include:

- Skin sensitivity to sunlight
- Inflammation of mucous membranes such as eyes, mouth and throat
- Temporary hair loss
- Severe low blood counts
- Inflammation of the lung

**It is important to avoid becoming pregnant again for at least 3 months after your injection.** This is because Methotrexate works by reducing your stores of folate. Folate is an essential vitamin in avoiding fetal abnormalities such as hare lip, cleft palate and spina bifida. It is therefore advisable to take folic acid supplements for 12 weeks before you try to get pregnant again.

### Are there any risks to medical management?

The most frequently occurring problems are:

- Prolonged bleeding for up to 2 to 6 weeks
- Side effects of Methotrexate as stated above
- Medical treatment may not work, resulting in the need for an operation

Serious risks are rare, these include:

- Ruptured ectopic pregnancy

- Severe allergic reaction to Methotrexate

Every effort is made to reduce the risk of these complications occurring. If you are concerned about any of these complications, please discuss this with the nurse or doctor.

### Expectant Management

Expectant management means no treatment for your ectopic pregnancy or pregnancy of unknown location. This option is only safe for a few patients where the pregnancy is very early and you have few or no symptoms.

It can take several weeks for the pregnancy to be reabsorbed so your symptoms such as pain and bleeding will take a while to settle.

Up to 25% of patients undergoing expectant management will need medical or surgical management if symptoms or hormone levels increase.

It is important to monitor you closely during this time with regular blood tests and assessments at the hospital. You will be monitored until your pregnancy test is negative. If you feel unwell during this period of monitoring it is essential that you inform the staff at the hospital immediately.

### Are there any risks to expectant management?

The most frequently occurring problems with expectant management include:

- Prolonged bleeding and pelvic pain for up to 2 to 6 weeks
- Expectant management may not work, resulting in the need for an operation or medical treatment

Serious risks are rare, these include:

- Ruptured ectopic pregnancy



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### **What happens to the baby after I have had treatment for the ectopic pregnancy?**

This depends on the type of treatment you have had. If you have medical or expectant treatment, the pregnancy will stay inside your abdomen and slowly be reabsorbed. There is no risk to you providing the pregnancy has stopped growing and your pregnancy hormone levels have returned to negative.

Unfortunately, babies are not easily identifiable following surgery for ectopic pregnancy. We may recommend some tests to be done on the pregnancy tissue and organs removed such as fallopian tube / ovary. These tests are recommended to confirm that the ectopic pregnancy has been completely removed and rule out any abnormality of any other tissues / organs that have been removed. This involves some of the pregnancy tissue being examined under a microscope in the pathology laboratory. These tests cannot be carried out without your written permission and a consent form will need to be signed in relation to examination and sensitive disposal of the pregnancy tissue. The doctors and nursing staff will discuss this with you.

Fetal remains are disposed of by incineration at the local crematorium. This service is provided free of charge by the hospital. The cremation cannot be carried out without your written permission and a consent form will need to be signed in relation to examination and sensitive disposal of the pregnancy tissue.

If you would prefer to arrange for private funeral arrangements or disposal this would be at your own expense. A consent form will need to be signed in relation to examination

and sensitive disposal of the pregnancy tissue.

Written information is available explaining all of these options. Further information and support is also available from the nursing staff and Hospital Chaplaincy.

### **Your physical recovery**

Your physical recovery depends on how your ectopic pregnancy was treated.

If you had keyhole (laparoscopic) surgery you will usually be feeling physically well within 7 – 14 days. Your wounds may be a little tender until healed. The stitches are usually dissolvable and take between 2-3 weeks to fall out. You can remove the dressings within 1-2 days and may bath / shower as normal after this time. You should be physically well enough to go back to work within 1-2 weeks. If you need a sick note please ask your doctor or nurse before leaving the hospital.

If you have had an operation via a larger cut in your abdomen (laparotomy) your physical recovery may take a little longer. Wound stitches or staples usually need to be removed by your practice nurse 5 to 7 days after your operation. You can remove the dressings within 1 to 2 days and may bath / shower as normal after this time. You may require between 3 to 6 weeks off work, depending on what sort of job you do. If you need a sick note please ask your doctor or nurse before leaving the hospital.

Due to the very low risk of some pregnancy tissue still being left behind following your surgery, it is advisable to repeat a urine pregnancy test 3 weeks after your operation to ensure your pregnancy hormone levels (BHCG) have returned to negative. If your test is still positive you should inform your



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GP immediately as you may need some further investigations. If the pregnancy test is negative you do not need to do anything.

If you had medical or expectant management you will need to attend hospital as an outpatient for regular blood tests and assessments for several weeks. You may experience irregular vaginal bleeding and pelvic pain during this time. However, most women feel well enough to continue their usual daily routine or go to work. If you feel unwell at any time it is essential that you inform your gynaecology nurse or doctor as soon as possible.

### **Bleeding**

You will usually experience some vaginal bleeding within 1 to 2 weeks of treatment for ectopic pregnancy. This bleeding is caused by the drop in pregnancy hormones and may feel different to your normal period. It is often heavier than a normal period and you may lose some clots and tissue. The bleeding will then begin to slow down like the end of a normal period. It will also change colour, going from red to brown. Your periods will go back to normal after this bleeding.

### **Sexual Intercourse & Contraception**

Resuming a sexual relationship is up to each individual, but many wait until the bleeding has stopped. If you have had medical or expectant management of your ectopic, your doctor may advise you to abstain from having intercourse until your pregnancy hormone levels have gone to negative.

If you do not wish to become pregnant again in the near future, discuss contraception with either your hospital doctor, GP or the Family Planning Clinic. You can ovulate (produce eggs), and therefore become pregnant soon

after an ectopic pregnancy, even before resuming your periods.

### **Future fertility and pregnancies**

Most women go on to have normal pregnancies following an ectopic pregnancy. However, women who have experienced an ectopic pregnancy may be more susceptible to another ectopic pregnancy and can happen in 7 to 10 % of cases. Future fertility depends on how healthy your remaining fallopian tube is following the ectopic pregnancy. It may not be possible to tell you whether your remaining tube is healthy, especially if you did not have surgical management of your ectopic. Your doctor should discuss all the investigation findings with you before and after treatment.

It is advisable that you have an early scan in future pregnancies to ensure the pregnancy is growing in the right place. This scan is most accurate when you are over 6 weeks pregnant and should be arranged by your GP or midwife.

Most doctors advise waiting until you have had least one period after the ectopic pregnancy before you try to conceive again. However, there is no evidence to show that this makes any difference to your next pregnancy. You and your partner are the best judges on when you should try again. If you have had medical treatment you should wait at least 3 months to ensure your folate levels are back to normal. This will reduce the chances of fetal abnormalities in your next pregnancy.

Following any pregnancy loss a woman's feelings may vary from wanting to fall pregnant as quickly as possible, to feeling very apprehensive at the thought of another pregnancy. Talk to your partner about your



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feelings and between yourselves work out when would be the best possible time to try.

No doubt, you did all that was needed to have a normal pregnancy when you had your ectopic pregnancy. However here are a few recommendations before you try to become pregnant:

- Take folic acid tablets for 3 months before trying to conceive. This is especially important if you had medical treatment with Methotrexate
- Do not smoke, limit your alcohol intake, and eat a healthy diet
- Do not take any unprescribed drugs
- Check that you are immune to Rubella (German Measles)
- Get treatment for any vaginal infections

### Emotional Support

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

We hope that the choice that you will make about the management of your ectopic will allow you some control in coping with the loss of your pregnancy. It is a hard choice to make and, with guidance from the staff, we hope you will have the support you need to help you through this time.

### Hospital Chaplain

The hospital chaplain is there to help, comfort, support and guide you, regardless of your religious beliefs. Please ask the nursing staff to contact the chaplain if you wish to speak with him.

After the ectopic pregnancy, you may like the chaplain to conduct a short service of

blessing for your baby. This can sometimes be done before you leave the ward or after you have gone home.

At Grimsby, the Chaplaincy department runs the Blue Butterfly Group which is open to anyone who has been affected by the loss of a baby due to miscarriage, ectopic pregnancy or stillbirth. Meetings are on the first Thursday of every month, between 10:00 – 11:30 in the chaplaincy department at Diana Princess of Wales Hospital. No appointment is necessary.

The Grimsby Hospital Chapel also has a Book of Remembrance. For more information please contact the Chaplain via the hospital switchboard.

A commemorative service is held annually for all bereaved parents at St Lawrence's Church, Church Lane, Scunthorpe on the second Saturday afternoon in November. All members of your family are invited to attend. Details of the service are printed in the local press or may be obtained via the chaplain's office on the following numbers:

**Scunthorpe 01724 282282 Ext 2489**

**Grimsby 01472 874111 Ext 7099**

### National Support Groups

#### Ectopic Support Group

The Ectopic Pregnancy Trust  
C/o 2<sup>nd</sup> Floor  
Golden Jubilee Wing  
King's College Hospital  
Denmark Hill  
London  
SE5 9RS  
Tel: 020 77332653  
E-mail: [ept@ectopic.org.uk](mailto:ept@ectopic.org.uk)

#### The Miscarriage Association



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C/o Clayton Hospital  
Northgate  
Wakefield  
West Yorkshire WF1 3JS  
Telephone: 01924 200799 (Mon-Fri 9am to 4pm)  
Fax: 01924 298334  
[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

### Further reference sources used in the compilation of this booklet

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The Ectopic Pregnancy Trust 2012.  
<http://www.ectopic.org.uk/index.php/patients/treatment/> Accessed 15.10.15

### Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

#### For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

#### For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email:  
[nlg-tr.PALS@nhs.net](mailto:nlg-tr.PALS@nhs.net)

### Confidentiality

Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.



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# Information for patients and visitors

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## Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

## Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

## Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust,

please speak to a member of staff in the ward or department you are visiting.

## Northern Lincolnshire and Goole NHS Foundation Trust

**Diana Princess of Wales Hospital**  
Scarcho Road  
Grimsby  
01472 874111

**Scunthorpe General Hospital**  
Cliff Gardens  
Scunthorpe  
01724 282282

**Goole & District Hospital**  
Woodland Avenue  
Goole  
01405 720720

[www.nlg.nhs.uk](http://www.nlg.nhs.uk)

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