

Ectopic Pregnancy

What is an ectopic pregnancy?

An ectopic pregnancy is a pregnancy that implants outside of the uterus. Usually, when the egg and the sperm meet, the fertilised egg travels along the fallopian tube and into the uterus where it implants and begins to grow. In an ectopic pregnancy, the egg implants in another location, most commonly in the fallopian tube but can also be found in the cervix, ovary or a previous caesarean scar. This is an uncommon but serious complication of early pregnancy which affects approximately 1:100 pregnancies.

Unfortunately, an ectopic pregnancy cannot survive without the nourishing environment of the uterus, although it can continue to grow for several weeks. Whilst the uterus is designed to stretch and grow to accommodate a pregnancy, the fallopian tubes cannot grow and expand in the same way. As the pregnancy grows, this can cause pressure on the fallopian tubes which may lead to pain and some vaginal bleeding.

In severe situations, if an ectopic pregnancy is not diagnosed early, the pregnancy can continue to grow causing the tube to rupture. This can cause severe pain and internal bleeding. Early diagnosis and treatment is important to avoid life threatening complications and, if possible, preserve the function of the fallopian tube. In some instances, an ectopic pregnancy can also shrink on its own and miscarry.

Am I at risk?

Often no reason is found for an ectopic pregnancy, but it is more common in the following situations

- Pregnancy resulting from in-vitro fertilisation (IVF)
- Having a history of pelvic infections or pelvic inflammatory disease (PID)
- In women with damaged fallopian tubes
- In women who have had previous gynaecology surgery (caesarean section, ovarian cyst removal etc.)
- In women who fall pregnant whilst using contraception such as an intra-uterine device (IUD) or the progesterone only pill (mini pill).



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What are the symptoms?

Signs of an ectopic pregnancy include:

- One sided pelvic pain. This may be mild to start and slowly worsen. It generally does not go away with pain relief such as paracetamol
- If the pain is worsening pain, you may also notice some pain radiating to the tip of your shoulder.
- Vaginal bleeding or spotting.
- Feeling faint or unwell.

How is it diagnosed?

An ectopic pregnancy is generally diagnosed through a combination of blood tests and ultrasounds. In a normal pregnancy, the pregnancy hormone level (HCG) will approximately double every 2 days. In ectopic pregnancy, hormone levels are usually slow to rise or don't rise at all. An ultrasound may then be recommended to investigate further. Sometimes, the pregnancy can be hard to see as it is too small. This means that sometimes ultrasound findings can be inconclusive and your doctor may recommend further testing. Your doctor will give you a plan for future blood tests or ultrasounds.

What are the treatment options?

Medication

If your doctor thinks you have a low risk of internal bleeding or severe complications, they may recommend treating the ectopic pregnancy with medication. The medication is a once off injection called Methotrexate. This medication is a treatment for many conditions such as ectopic pregnancy, rheumatoid arthritis and a wide variety of neoplastic diseases. In pregnancy, it is used to stop the pregnancy growing and allow your body to pass the pregnancy tissue. The injection takes some time to work and is not always successful. Some women may need a second dose, or surgery to completely end the pregnancy. After the medication you will be required to have some blood tests in Women's Assessment Service to check your pregnancy hormone levels and ensure the medication is working. The midwives or doctors will organise a time for you to come back.

For more information

Women's Assessment Service
Women's & Children's Hospital
Ground floor – Queen Victoria Building
72 King William Road, North Adelaide, SA 5006
Telephone: 08 8161 7530

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Surgery

Surgery may be recommended if you have internal bleeding or if your doctor believes you are likely to bleed internally. This decision will be made based on your symptoms and test results.

Surgery is performed under a general anaesthesia, using keyhole surgery (laparoscopy). The doctor will make a 3-4 small incisions into your abdomen where they will place surgical tools and cameras to locate and remove the ectopic pregnancy. If the ectopic pregnancy is in the fallopian tube, it is often necessary to remove part or all of the tube to control the bleeding. After surgery, you should expect to take approximately 2 weeks to recover. You may have some pain during the healing process, it is recommended you take Panadol (or other medication as prescribed by your doctor) as you need it. Your wounds should heal relatively quickly but if you have concerns that they are not healing or may be infected, you should contact Women's Assessment Service for more advice.

In rare circumstances, your doctor may need to perform an "open" surgery (laparotomy) if the ectopic pregnancy is difficult to remove or there is severe bleeding. If this occurs you may take a little while longer to recover.

Expectant Management ("Wait and See")

Not all ectopic pregnancies are life threatening or lead to risk to the mother. In some cases the ectopic resolves itself with no future problems. Close monitoring is required with expectant management, with frequent blood tests to ensure the pregnancy hormone levels are dropping. Blood tests initially will be 48 hours apart and then weekly. The length of time for the hormone levels to drop can vary considerably. As long as the hormone levels are consistently dropping you may continue to be managed expectantly. You may, however, require alternative treatment if your symptoms worsen.

What does this mean for future pregnancies?

If you have already had an ectopic pregnancy, you have an increased risk of having another one in the future. This is because the risk factors that contributed to the first ectopic pregnancy may still be present or you may develop some scarring in your fallopian tube after the first one. Your doctor can discuss further in detail your risks of having another ectopic pregnancy.

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Ectopic pregnancy, its causes and the treatment required can all impact your future fertility. Your doctor will give you the best information about your individual circumstances. If you are considering trying to conceive again, we recommend you wait two months after surgery to fall pregnant again. After medication, you must wait three months before falling pregnant. It is important to know your fertility can return straight away and therefore it is strongly recommended you consider using a form of contraception during this time if you wish to resume sexual activity. You may wish to discuss this with your doctors. Alternatively, you can discuss this with your GP when you feel ready.

After an ectopic pregnancy, we recommend you have an early ultrasound with your next pregnancy to ensure it is in the correct location. Your GP can arrange this for you.

Who can I contact for help?

- Your local / regular GP
- Your nearest emergency department
- **Women's Assessment Service** at the Women's and Children's Hospital
Ph: (08) 8161 7530 (24 hours a day, 7 days a week)
- **Virtual Women's Assessment Service** by the Women's and Children's Hospital
(8am – 4pm, 7 days a week)
Access via the website: www.wch.sa.gov.au, or the QR code

Virtual Women's Assessment Service



Who can I contact for support?

- **SANDS** (Stillbirth and Neonatal Death Support Australia)
Ph: 1300 308 307 (24 hours a day, 7 days a week)
- **The Pink Elephants Support Network**
Web: www.pinkelephants.org.au
- **Lifeline:**
Lifeline provides 24-hour access to crisis support services.
Ph: 13 11 14 (24 hours a day, 7 days a week)
Web: www.lifeline.org.au
- **Miscarriage Australia:**
Web: miscarriageaustralia.com.au

We recognise that the ending of a wanted pregnancy is upsetting for both you and your family. For many, emotional healing will take time. We encourage you to talk about your feelings with your family, friends, support networks, your GP or the midwives and doctors at the hospital.

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