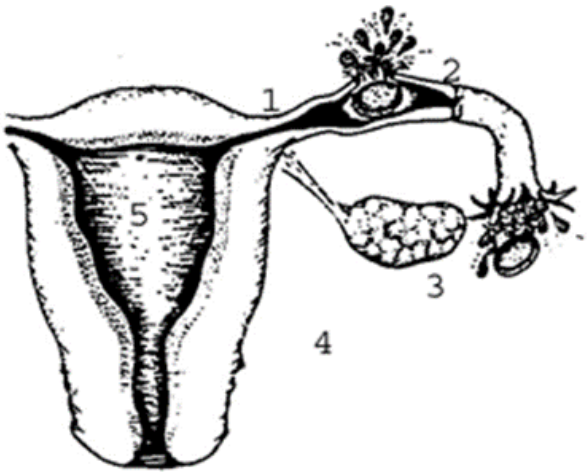
Ectopic pregnancy

In an ectopic pregnancy, the fertilized egg has implanted outside of the uterus, usually the fallopian tube, or, in rarer cases, the uterine horn, the ovary, or the abdominal cavity. Annually, ectopic pregnancies account for 1/1000 of all pregnancies. The abnormally placed pregnancy is problematic only in certain cases. Up to a third of ectopic pregnancies are minimally symptomatic and are resolved spontaneously.



1. uterine horn pregnancy
2. tubal pregnancy
3. ovarian pregnancy
4. abdominal pregnancy
5. uterus

Ectopic pregnancy – risk factors

- History of pelvic inflammatory disease
- History of previous pelvic surgical procedures
- Previous ectopic pregnancy
- Using an IUD
- History of infertility and use of assisted reproductive technology

Recognize the symptoms

Ectopic pregnancy is suspected in a woman of childbearing age if she is experiencing lower abdominal pain and abnormal vaginal bleeding regardless of contraceptive use. Pain related to ectopic pregnancy usually starts around 6 to 9 weeks of pregnancy.

Mild symptoms are not a cause for concern. If you suspect that you are pregnant, you can self-monitor your symptoms to see if they are increasing or changing. A sudden, strong abdominal pain, shoulder pain and fainting are serious symptoms. In this case, it is possible that the fallopian tube has ruptured and you are bleeding into the abdominal cavity. **In case of serious symptoms, contact the hospital responsible for your care immediately**! Early diagnosis and quick access to treatment lower the risk of complications and help to preserve fertility.

- **Mild symptoms:** Passing lower abdominal pain, pain during intercourse, abnormal vaginal bleeding.
- **Serious symptoms:** Sudden strong lower abdominal pain, shoulder pain, fainting.

Diagnosing ectopic pregnancy

Ectopic pregnancy is diagnosed after a doctor has performed a pelvic examination and an ultrasound. This is to determine the cause of the lower abdominal pain and pregnancy location. In addition, a pregnancy test from a blood sample is performed; it measures the rise of the pregnancy hormone.

Treatment

Expectant treatment

The level of pregnancy hormone can be low and in this case, the pregnancy is not visible with an ultrasound. This is confirmed with another ultrasound examination and by re-examining the level of pregnancy hormone through a blood sample.

An ectopic pregnancy can resolve by itself. In this case, the level of pregnancy hormone in your blood is monitored 1 to 2 times a week **until it is less than** 10 UI/l. You can experience lower abdominal pain and bleeding during this period.

Medical management

A medicine called methotrexate accelerates the passing of the placenta. The medicine can be given if the blood samples do not give cause for concern. The medicine is usually administered through intramuscular injection. In most cases, one dose is enough, but rarely (in about 4 to 5 % of cases) another dose is required, and it is given a week after the first dose. In about 6 % of cases, the medical management proves to be insufficient and surgical management is needed.

After you have received the medication you will usually experience stomach pain on the fourth day after treatment, and you can experience fleeting bouts of nausea. **You should not consume alcohol** during the treatment. **The level of pregnancy hormone in your blood is monitored 1 to 2 times a week until it is less than 1.**

Surgical management

Surgical management is chosen if the level of pregnancy hormone will not decrease, you start experiencing strong lower abdominal pain, or if the doctor discovers signs of bleeding into the abdominal cavity during the ultrasound examination. The operation is usually performed through a laparoscopic procedure. Preservative surgery where the Fallopian tube is opened and the pregnancy removed is performed if the Fallopian tube is intact. The tube must be removed if it is badly damaged or if you have already previously had a tubal pregnancy.

The length of the **sick leave** is decided on case-by-case basis depending on the treatment. There is no need for a **routine follow-up appointment.**

If your blood type is Rh negative, you will receive an anti-D immunoglobulin injection if needed, which is used to prevent the formation of antibodies in your blood in future pregnancies.

New pregnancy

Many wish for a new pregnancy after an ectopic pregnancy. In this case it is important that the ability to have children is preserved and the risk of ectopic pregnancy reoccurring is as low as possible. When ectopic pregnancy is managed well, it is caught early and tubal ruptures are rare. Only 20 to 35 per cent of ectopic pregnancies are treated surgically. It is estimated that approximately 80 per cent of women who wish for another pregnancy conceive, and only 10 per cent of them experience another ectopic pregnancy.

If the treatment has included methotrexate medication, you must ensure you use reliable pregnancy protection for 1 to 3 months, depending on the dosage you received. The medication can cause fetal abnormalities.

In the next pregnancy, it is recommended that the implantation location be assessed by 7 weeks of pregnancy. This is done though an ultrasound examination and you can make an appointment to the gynaecological outpatient clinic for the ultrasound. A daily 0.4 milligram **folic acid supplement** is recommended for all women who are trying to get pregnant.

Available support

It is possible to receive **support from our crisis workers**. You can talk with the hospital chaplain or the nurse experienced in crisis support. Receiving counseling from the hospital chaplain does not require you to be a member of any religion. The support our crisis workers provide is always focused on your needs.