

ECTOPIC PREGNANCY

What is it?

Ectopic pregnancy occurs when the fertilised egg is implanted outside the womb. Over 95% of cases develop in one of the fallopian tubes, but they can occur in an ovary, in the abdominal cavity, or in the cervix (neck of the womb).

Why does it happen?

The most common reason for an ectopic pregnancy is damage to the fallopian tube, causing a blockage or narrowing which prevents the fertilised egg from travelling down the tube to the womb. There could also be a problem with the mucus lining, or the walls of the tube, which should normally contract to propel the egg into the womb. Conditions such as appendicitis or pelvic infection can damage the tube by causing kinks or adhesions (where the tissue sticks together), which delay the passage of the egg and allow it to implant in the tube. However, in most cases the cause of the tubal implantation is unknown.

At present, around 1 in every 100 pregnancies is ectopic. The figure is actually thought to be much higher than this, as many go unrecorded because a high percentage of women with ectopic pregnancy suffer early miscarriage. In the last 30 years, the sharply rising incidence of sexually transmitted infections has led to a large increase in the occurrence of pelvic inflammatory disease, involving inflammation and narrowing of the fallopian tubes.

What are the symptoms?

Any sexually active woman of child-bearing age who has lower abdominal pain might be suspected of having an ectopic pregnancy until proved otherwise. The symptoms of ectopic pregnancy usually start with cramping, period-like pains and slight vaginal bleeding between the fourth and tenth week of pregnancy. The blood may be brownish in colour, or bright red like a normal period.

These symptoms are more likely to be indications of threatened miscarriage, but if they are followed by a more severe pain, particularly in the lower abdomen and to one side, an ectopic pregnancy must be considered. The pain is sometimes likened to appendicitis. There may also be pain or diarrhoea when having a bowel movement.

Other symptoms include nausea and vomiting, dizziness, and tenderness. Diagnosing ectopic pregnancy can be difficult because symptoms are not always 'typical'.

If an ectopic pregnancy is not detected and a fallopian tube ruptures (bursts), further symptoms include sudden, severe pain which spreads gradually through the abdomen, and pain in the shoulder (caused by internal bleeding irritating the diaphragm). Sudden internal bleeding can cause shock, leading to sweating, light-headedness and feeling faint. Severe shock causes the woman to lose consciousness (black out) and her internal organs to start to fail. This is why it is essential to seek medical treatment immediately.

Treatment

If an ectopic pregnancy is suspected, an ultra-sound scan and a pregnancy test will be done. If the scan shows an empty uterus, but the pregnancy test is positive, an ectopic pregnancy is likely, although it is possible that the pregnancy may be too early to see on a scan or a miscarriage might have occurred. Sometimes a false result can be returned from a pregnancy test, so it is important to have constant monitoring and not to rely on this result solely in diagnosis.

If the diagnosis is obvious, abdominal surgery to remove the ectopic pregnancy is likely. However, if early diagnosis is reached, less invasive treatment can be offered:

- Injection of Methotrexate, either into the bloodstream or directly into the ectopic pregnancy, which will make the pregnancy shrink away by preventing the cells from dividing;
- Keyhole surgery can be used either to remove the tube containing the ectopic pregnancy or in some cases just the pregnancy itself;
- Open surgery to preserve the tube. This will be done to increase the chances of a normal pregnancy in the future, although it also increases the risk of another ectopic pregnancy.

Future pregnancy

If one of the fallopian tubes has ruptured or has been removed, ovulation will still occur as before but the chances of conceiving will be reduced to about 50%. If the tube has been saved, the chance of future pregnancy will rise to around 60%. The overall chance of a further ectopic pregnancy is between 7 and 10%, depending on the type of surgery carried out (if any). Any woman who has suffered an ectopic pregnancy should consult her doctor as soon as a further pregnancy is suspected so that close monitoring can be carried out.

Individual circumstances will vary, but most doctors advise women to wait at least three months before attempting another pregnancy to give their bodies time to recover. Emotional recovery after ectopic pregnancy is extremely variable. It is undoubtedly a traumatic experience for both the woman and her partner.

Some women will want to get pregnant again immediately, while others will find the thought of another pregnancy very frightening. There will be, as has been shown, only a small risk of another ectopic pregnancy. The best advice is to wait until both partners are ready to try again, and to consult a doctor as soon as the woman thinks she may be pregnant, or has missed a period (whichever is sooner) to ensure that everything runs as smoothly as possible.

Further information:

The Ectopic Pregnancy Trust works to raise awareness of ectopic pregnancies amongst women of childbearing age, the medical profession and the general public. The Trust also: provides support and information to couples who have suffered an ectopic pregnancy; supports research into the underlying causes, treatment and prevention of ectopic pregnancy; seeks to improve the diagnosis and treatment of ectopics through the establishment of Best Practice Guidelines.

Helpline: 020 7733 2653

Website: <http://www.ectopic.org>

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