

If your fertility specialist suspects that you may have an ectopic pregnancy or thinks that you are at risk of having one, this fact sheet will help you understand the condition and treatment.

## THE FACTS ABOUT:

# Ectopic pregnancy

## What is an ectopic pregnancy?

When a fertilised egg or early embryo implants outside the uterus and starts to grow, it is known as an ectopic pregnancy. The most common place for an ectopic pregnancy is in the fallopian tube (the tube which takes the egg from the ovary to the uterus). Occasionally a pregnancy can become established partly in the uterus and partly in the fallopian tube but that is exceedingly rare.

One out of every few hundred pregnancies is ectopic.

## What causes an ectopic pregnancy?

Anything that affects the normal function of the fallopian tube's increases the risk of an ectopic pregnancy.

Fallopian tubes aren't like a hollow pipe but have tiny hairs on the inside (cilia), which move in waves to help move the egg toward the uterus.

If the tube becomes blocked or the hairs damaged, which can happen following a local infection, an ectopic pregnancy is more likely. Women who have had surgery on their tubes are also at greater risk of ectopic pregnancy.

## Does IVF prevent ectopic pregnancy?

No, it is still possible that an embryo transferred into the uterus as part of IVF treatment can find its way into a fallopian tube and cause an ectopic pregnancy.

If the tubes are damaged (which may be the reason you are having IVF in the first place), then an embryo that finds its way into a tube is less likely to get carried back to the uterus naturally.

## How do I know if I have an ectopic pregnancy?

Once you have a positive pregnancy test, the signs to look out for are unusual pain in your abdomen and vaginal bleeding.

A vaginal ultrasound scan can show whether your pregnancy is in the uterus from about 5 to 6 weeks onwards.

During the 11 to 14 days when your pregnancy test is positive but it is too early for an ultrasound to confirm exactly where the pregnancy is positioned, your doctor can monitor you for warning signs if you are at risk.

Your doctor may order a blood test every two days to track changes in hCG hormone levels. In a normal pregnancy, the hormone level will normally double between tests. Any deviations from this pattern are an alert that there is a potential problem.

Once an ultrasound scan has reliably shown that a pregnancy is present in the uterus, an ectopic is virtually excluded. Heterotopic pregnancies (one in the tube, one in the uterus) are extremely rare.

## Can an ectopic pregnancy be transferred to the uterus?

Unfortunately, it is not possible to transfer an ectopic pregnancy to the uterus as it would not re-implant and the risks to the woman of doing so would be extreme and potentially fatal.

## What are my treatment options for an ectopic pregnancy?

Sadly, there are no treatment options that can save your pregnancy. Once an ectopic pregnancy is diagnosed, our concern is for your well-being and minimising complications for any future pregnancy.

Our preferred approach is normally to confirm the position of the pregnancy and remove it by laparoscopy. This involves placing a telescopic instrument into your abdomen under



general anaesthetic and inspecting the tubes and pelvic region. Sometimes the tube is opened and the pregnancy removed (salpingotomy) and sometimes the tube is removed altogether (salpingectomy). Your doctor will discuss the options with you before the laparoscopy and decide which of these is best in your individual case. If the tube is not removed, there is a greater risk of having another ectopic pregnancy in the future.

You may be asked to have follow up blood tests for hCG as ectopic tissue can sometimes continue to grow.

In rare cases, if the doctor does not think there is any risk that the tube will rupture, and if you are feeling well and your hCG level is falling, it may be possible to monitor the situation and wait for the pregnancy to miscarry naturally.

Another rare option is to have injections of a drug called methotrexate, which makes the ectopic pregnancy shrink by stopping the cells dividing. There are very specific restrictions on which ectopic pregnancies can be successfully treated this way and you will need to be followed up with further scans and blood tests.

## What next after an ectopic pregnancy?

An ectopic pregnancy feels devastating for most people and is even more upsetting if you had difficulty getting pregnant to start with. Doctors often become more focused on your safety and health than on the grief that you may be feeling. At the same time, major hormonal changes can magnify your emotions. We urge you to take advantage of our nurse coordinators and counsellors at Life Fertility Clinic if you need some extra support and someone with the skills to help you manage your feelings.

## Will I be able to have a normal pregnancy in future?

Yes absolutely, although if your tubes have been retained after your ectopic pregnancy, the risks of another ectopic pregnancy might be increased. Your doctor will advise you about these risks and will monitor any future pregnancies very closely.

## How long should I leave it before trying again?

Ectopic pregnancies and their management vary widely and, as a result, so do the recommendations about when to try again. Your specialist will advise you on when you can start treatment again or how soon you can try to get pregnant after an ectopic pregnancy.

## Contact Life Fertility Clinic

The friendly and professional team at Life Fertility Clinic are happy to answer any other questions you may have about ectopic pregnancies.