Your emotions

Undergoing treatment for an ectopic pregnancy is a stressful and scary experience. As well as the physical strain of treatment, you may also find it challenging to come to terms emotionally with what has happened. It can be difficult to process and for emotions to surface properly. Women often feel a complex mix of emotions and this is understandable and normal. Do give yourself time and space to recover physically, psychologically and emotionally. It is important to remember that the ectopic pregnancy was not your fault and that there was nothing you could have done to prevent it happening.

Your partner's emotions

Partners can sometimes find it difficult to understand your feelings and you may feel your partner is not supporting you in the way in which you would like. Partners can feel confused, scared and isolated too but typically express their emotions in a different way and often do not share how they feel. Your partner's focus may be on you and your wellbeing rather than the pregnancy and this can be difficult to accept. It is important to keep communication open and to speak to your partner about your feelings and theirs.

How The Ectopic Pregnancy Trust can provide support

The Ectopic Pregnancy Trust provides information and support to women and their families experiencing early pregnancy complications and loss, such as ectopic pregnancy or miscarriage. Our website has medically-overseen content and includes moderated message boards where you can share your experiences with others who understand what you are going through and ask questions. The message boards provide an arena for mutual support in a safe, supportive environment: go to ectopic.org.uk/talk. If you think we can help you, please visit our website, email or call.







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Website: ectopic.org.uk Helpline: 020 7733 2653 Email: ept@ectopic.org.uk

Registered charity number:1071811

For healthcare professionals: To request further leaflets, please contact leaflets@ectopic.org.uk or call 020 7096 1838 or text to 07537 416085



We are sorry that your doctor has informed you that you have an ectopic pregnancy. It is an emotionally and physically difficult time and you will probably have some questions about your treatment and what is happening to you. There are different ways an ectopic pregnancy can be treated so, in this handout, we will cover only questions that relate to expectant management of ectopic pregnancy. Further information and support can be found at www.ectopic.org.uk.

What is expectant management?

Expectant management is where the doctors watch what is happening to your body and wait to see if the ectopic pregnancy is able to resolve itself without them needing to use any medication or surgery. While the doctors are watching and waiting, they will closely monitor you to make sure that you do not need any other treatment.

When is expectant management most appropriate?

Doctors will suggest expectant management is the best treatment for you only if:

- Your hormone being made by the pregnancy (beta hCG) is low (below 1,500 lu/L);
- Your general health appears to be stable;
- Your pain levels are considered to be acceptable; and
- An ultrasound scan shows a small ectopic pregnancy with no worrying bleeding.

Why does my doctor want to treat me this way and not give me medication or surgery?

Doctors always consider the least invasive form of treatment first where they can. Although this treatment can feel quite nerve-wracking and as though no-one is doing anything, if the pregnancy does resolve on its own, avoiding surgery or powerful drug treatments, your recovery can be faster.

You always have a choice over your treatment so medical professionals will always be happy to discuss all the treatment options with you. If you feel that expectant management is not emotionally suitable for you, you should discuss this with your doctors and be able to elect for medical or surgical management.

How will I be monitored?

You will continue to have similar tests to those that you went through to diagnose your ectopic pregnancy. Your doctors will want to test your blood, usually twice in the first week and then weekly thereafter, to ensure that your hCG hormone levels are dropping. They will keep doing this until the hCG levels have dropped to below 5<mIU/ml. It is not usually necessary to do another ultrasound scan unless you have other symptoms, in which case your doctors will undertake a reassessment.

How long will I have to be monitored by the hospital?

This will depend upon how long it takes for your hCG levels to drop to below 5<mIU/mL and this can vary quite considerably from woman to woman. As a general rule, as long as your hCG levels are dropping between blood tests, your doctors will continue to monitor you and manage you expectantly.

It can take anything between 2 weeks, and sometimes as long as 3 months, for your hCG levels to fall back to a non-pregnant level. But for most women, hCG levels have reached below 5<mIU/mL within around 4 weeks.

How successful is expectant management?

Research has shown that in appropriately selected cases more than 50% of women with an ectopic pregnancy will need no active treatment and it will resolve on its own if we watch and wait. Success rates vary although studies show that lower the beta hCG level, the higher the chance of the ectopic pregnancy resolving on its own.

How will I know if there is a problem and I need a different treatment?

Your doctors will be able to tell if your ectopic pregnancy is not resolving, as this will be shown in the results of the regular hCG blood tests. If this is the case, they will suggest other forms of treatment for you.

Symptoms of a deteriorating ectopic pregnancy include increased pain levels; vaginal bleeding; shortness of breath; feeling faint and/or pain in the tip of the shoulder among others. If you suffer any of these symptoms, you will need to be reassessed. Your hospital will have given you a number to contact for health advice if you feel that anything is changing or you will have been told to report to the Accident and Emergency department.

What are the risks of being managed like this?

The main risk associated with expectant management is that the cells of the ectopic pregnancy might continue to divide, which could result in there still being a need for medical treatment or surgery after a period of expectant management which can feel disappointing and upsetting. Around 25% of women who are expectantly managed initially, go to on to need medical or surgical treatment. Doctors can tell if the specialised cells of a pregnancy that produce the hCG hormone are dividing because the hCG level will rise and not fall.

Occasionally an ectopic pregnancy can rupture despite low and declining hCG levels. If you are at all worried about any symptoms at any point while you are being expectantly managed, you should report to the hospital's Accident and Emergency department.

What can I do to help this kind of management work for me?

It is important to take things gently in the first few days after your diagnosis, until it can be established that the hCG levels are dropping on their own. You should stop taking your folic acid supplements and avoid any other vitamin and/or mineral supplements until the hCG levels confirm that the ectopic pregnancy has ended.

It is important that you do not undertake any strenuous exercise or lift heavy weights while the hCG levels are dropping and until your levels have fallen to non-pregnant levels. You should also avoid sexual intercourse until your hormone levels are back down to non-pregnant levels.