This information is about
ectopic pregnancy.
It explains what it is, the ways
in which it can be treated
and what happens after.

Within this pack, you can find
answers to
frequently asked questions
and contact details for how to get in touch
with us for further information
and support.

Being diagnosed with an
ectopic pregnancy
can feel frightening
and difficult to understand.

We understand how you feel
and are here to help you
in any way we can for as long
as you need us.

What is an ectopic pregnancy?

Ectopic pregnancy is a common, occasionally life-threatening condition affecting 1 in 80 pregnancies. Put very simply, it means “an out-of-place pregnancy”. It occurs when an ovum (egg) that has been fertilised implants (gets stuck) outside the cavity of the uterus (womb). Sometimes, the fertilised egg may implant elsewhere, for example, in the ovary, cervix, abdomen or Caesarean section scar.

What are the causes of ectopic pregnancy?

Any woman or person capable of conceiving of child-bearing age, who is sexually active or undergoing assisted reproductive technology (ART) treatment, is at risk of an ectopic pregnancy. Often the reason will never be determined. However, ectopic pregnancies are more likely if you have had medical conditions such as pelvic inflammatory disease, endometriosis or tubal surgery. The mini pill emergency contraception and Intrauterine Device (IUD) can also contribute to increased risk. Ectopic pregnancy is not hereditary and is not linked to miscarriage or abortion.

It is important to remember that the ectopic pregnancy was not your fault and there was nothing that you could have done to prevent it from happening.

How is it treated?

There are three ways to treat an ectopic pregnancy depending on your condition:

- Expectant management (watching and waiting to see if the pregnancy can resolve on its own without medical or surgical intervention)
- Medical management (injecting a drug known as methotrexate into a muscle)
- Surgical management (having an operation under anaesthetic)

If you have been diagnosed as having an ectopic pregnancy and are stable, with pulse and blood pressure within normal limits, and there is no heavy bleeding or severe pain, and if there are no signs of dizziness or fainting, your doctor will be able to discuss various treatment options with you.

Unfortunately, some people have no early symptoms so present for assessment after a time when there are still options available for treatment. If you are bleeding heavily, in severe pain, or have signs of dizziness or fainting, your doctor will probably suggest an exploratory surgical operation called a laparoscopy which is done via keyhole surgery

to allow them to take a look inside your abdomen to see what might be happening.

For detailed information, please see the appropriate leaflet(s) explaining the relevant treatment option(s).

What will happen to the ectopic pregnancy?

It is, sadly, not possible to move an ectopic pregnancy into the uterus. In many cases, an ectopic pregnancy ends quickly and is absorbed before a period is missed or after minor pain and bleeding. In such cases, an ectopic pregnancy is rarely diagnosed and a miscarriage is thought to have occurred. If an ectopic pregnancy is diagnosed and managed expectantly, the body would naturally reabsorb the pregnancy in the same way.

If an ectopic pregnancy is successfully treated by medical management, the body reabsorbs the pregnancy in the same way as it would with expectant management.

If you are treated with surgery, the hospital should give you the option of arranging cremation or burial of pregnancy remains or, if you prefer, the option of taking the pregnancy remains home and making private arrangements. This can vary a great deal between hospitals and some may not offer a sensitive choice of disposal unless you ask. This is not illegal in England and Wales, although Scottish guidance is different. You should be given time to choose what feels best for you and your partner.

Your emotions

Facing an ectopic pregnancy can bring many complex and sometimes confusing emotions. Ectopic pregnancy results in the loss of your pregnancy, potentially part of your reproductive system (if your Fallopian tube was removed during surgery) and you have faced your own mortality (risk to your life) along with physically and emotionally demanding treatment. Some initial feelings may include shock and disbelief, fear, upset, emptiness, relief, anger, sadness, guilt, jealousy, anxiety or worry. You may find that the experience has affected your partner, your relationships, your hopes and plans for the future, and you may find yourself having to break the news to extended family, friends, and colleagues.

Physically, until hCG levels return to non-pregnant levels (which can take several weeks even after surgery), you may still ‘feel’ pregnant. This can be a distressing reminder of the trauma and loss you have sadly experienced. The first few days and

weeks may be preoccupied with your physical recovery and it is important not to rush this. Acknowledging that it may not be possible to return to daily activities straight away and giving yourself time to recover can help to ease the expectations people put on themselves. It is important to be gentle with yourself and allow yourself time to recover from the emotional and physical aspects of an ectopic pregnancy.

Trying to understand why you have had an ectopic pregnancy can be frustrating as there often are limited or even no answers to questions. Some feel guilty and even blame themselves for having “caused” or contributed to the ectopic pregnancy. It is important to acknowledge that there was nothing you could have done to stop the ectopic pregnancy from happening and that it is not your fault. For more than half of the UK’s ectopic pregnancies, there is no known risk or factors to cause the ectopic pregnancy.

At the Ectopic Pregnancy Trust, we are here to support you. Many of us have been through the physical and emotional trauma of ectopic pregnancy so we understand and empathise with a lot of how you and your loved ones may be feeling right now. You may be feeling lonely, confused, and overwhelmed. You may have questions about the experience and what may be ahead, physically and emotionally.

When can I have sex again?

If you are being treated with medical management (methotrexate) or are being expectantly managed, you should avoid sexual activity which involves penetration until your hCG (hormone) blood levels are down to less than 5 mIU/mL. As hCG levels drop, the risk of rupture reduces but, unfortunately, the risk remains even with very low hCG levels. For this reason, any activity that increases intra-abdominal pressure, such as sexual intercourse, is best avoided.

Allowing the body to recover, ovulation to occur and the first period to arrive is often suggested by doctors as the ideal waiting period before having full penetrative intercourse (sex) again, which means waiting until around six weeks. This allows for healing of the muscles and gives you more confidence that your body is returning to its normal rhythm. Some couples, however, feel they want to have sex before this time and, ultimately, the decision about when to have sexual intercourse again is one for you and your partner and should be based on when you both feel ready. Resuming a sexual relationship can be stressful for you and your partner and it is important to give each other time and talk honestly about your thoughts and feelings. If you choose to wait, it does not mean that you cannot find other ways to be intimate should you choose to.

It is important to remember that medical professionals recommend that you do not get pregnant for two menstrual (period) cycles or three months after an ectopic pregnancy and, if you do want to have sex before this time, the issue of contraception needs to be considered.

When should I expect my first proper period?

The bleeding you have after surgery, after treatment with methotrexate, or if you are managed expectantly, is not actually classed as your first period after the ectopic pregnancy. This is your body expelling the thickened lining of the uterus because you are, sadly, no longer pregnant.

Your periods can take a while to re-establish and they can re-start anything between four and ten weeks after treatment. Most find that their period arrives sometime around week six or seven after surgery, or if treated without surgery, at some time in the four weeks after their hCG levels have fallen to below 100 mIU/mL.

Before you can have a period, you would usually have to ovulate. It is possible to ovulate within 14 days after surgical treatment and almost as soon with methotrexate treatment, so it is important to be aware that it is possible to become pregnant without

having a proper period first if you are not using some form of contraception.

The first period may be more painful or less so than usual, heavier, or lighter, last for longer or shorter than usual – there really is no set pattern. You should be able to manage the discomfort with over-the-counter pain relief and should not be soaking a pad in less than an hour. If this is not the case, you should seek medical attention.

When can I try to conceive again?

This is an emotional time and some are desperate to try to conceive again after an ectopic pregnancy whereas others are frightened and feel they need more time to recover emotionally and physically. Everyone grieves differently and there is no right or wrong decision when choosing to wait or try again quickly for another baby.

If you have had either one or two injections of methotrexate, you should wait until your hCG levels have fallen to below 5mIU/mL (your doctor will advise you when this is through blood or urinary tests) and then take a folic acid supplement for 12 weeks before you try to conceive. This is because the drug may have reduced the level of folate in your body which is needed to ensure a baby develops healthily.

If you have had surgery, it is likely you have been advised to wait for three months or two full menstrual cycles (periods), whichever is the soonest, before trying to conceive. The bleed that occurs in the first week or so of treatment for an ectopic pregnancy is not your first period. It is the bleed that occurs in response to falling hormones associated with the lost pregnancy. While there is no clear, researched evidence on how long a couple should wait to try to conceive after having treatment for ectopic pregnancy, we and other medical professionals advise that it may be best to wait for at least three months or two full menstrual cycles (periods) before trying to conceive for both physical and emotional reasons.

Physically, this timeframe is to allow your cycle to return to normal and for there to be a clear period to date a new pregnancy from. The date of the first day of the period is what is used to decide when to scan a new pregnancy; information that is invaluable in ensuring you are not suffering from another ectopic pregnancy.

In addition to the physical aspects of ectopic pregnancy, many people also feel an intense emotional impact. Taking time before trying to conceive again enables the necessary process of grief to surface and be worked through. The emotional recovery that is often needed can be significant and many underestimate this aspect.

When should I return to work?

As you begin to heal physically and emotionally following an ectopic pregnancy, you may start to consider how and when to return to work. Whether you have undergone surgery with a stay in hospital, received medical treatment with methotrexate, or have been expectantly managed, it is important to be gentle with yourself and only return to work when you are ready to do so.

Your doctor may suggest taking time off work for one, two, or even three/four weeks. Some may need longer and this may depend on the type of treatment as well as the emotional healing that is needed. This should be a conversation with your doctor, and if you feel you need more time than they suggest (even after issuing a sick note), it is important to let them know. You may also want to talk to your employer or HR department about returning in a phased way. This might mean that for your first day, first week or few weeks, you may want to discuss options of doing reduced hours or taking longer breaks.

Every person is different, some find getting back to work relatively quickly helps towards adjusting to a new normal for their healing and others feel they are not ready and need more time. Recovery is different for each individual, and it is important you allow yourself sufficient time to heal physically and mentally from treatment.

What can I do to prevent an ectopic pregnancy?

Sadly, there is nothing that can be done to prevent an ectopic pregnancy from happening again. The overall chances of a repeat ectopic pregnancy is around 10% and this can vary depending on other personal factors such as extent of damage to the Fallopian tube(s) and individual risk factors like smoking. Looking at this in another way however, there is a 90% chance of the embryo being in the womb with a subsequent pregnancy.

What are my chances of a future successful pregnancy?

Statistically, the chances of having a future successful pregnancy are very good and 65% of women are healthily pregnant within 18 months of an ectopic pregnancy. Some studies suggest this figure rises to around 85% over 2 years. The time it takes to conceive and chances of conceiving depend on many factors such as the health of your Fallopian tube(s), age, and your general and reproductive health and how often you have sex.

What should I do in my next pregnancy?

If you find out you are pregnant again, you can contact your local Early Pregnancy Unit (EPU) as soon as possible to arrange for an early scan at around six weeks gestation to check that the embryo is in the womb. The scan takes place at this time as there is a reasonable chance of seeing an embryo around this stage.

It is possible to self-refer if an ectopic pregnancy has occurred previously. If you cannot contact your EPU direct, then contact your GP and ask for them to arrange a scan.

If your period is late, if menstrual bleeding is different from normal or if there is abnormal abdominal pain, you should ask to be examined as soon as you have these symptoms and, if necessary, remind the doctor that you have had a previous ectopic pregnancy.