

emotional response to the loss of the pregnancy and witnessing your physical and emotional trauma. For some, a partner's focus may be on you rather than the lost pregnancy and this could be a point of disagreement.

Sometimes your partner may find it difficult to understand your feelings and you may think that your partner is not supporting you in the way that you would like. Partners can try to "fix things" or they may want to avoid talking about what has happened or bringing up the painful topic. This is not because they do not care but rather that they want to "make things better". With much of the focus being on you, they can also feel left out and ignored. Partners can also experience psychological difficulties after ectopic pregnancy such as post traumatic stress.

It is important that, when you feel able to, you talk to your partner both about your feelings and theirs. We are also here to support partners through the ordeal of ectopic pregnancy.

How The Ectopic Pregnancy Trust can provide support

The Ectopic Pregnancy Trust provides information and support to those experiencing early pregnancy loss, through ectopic pregnancy.

At the EPT, many of us have been through the physical and emotional trauma of ectopic pregnancy so we understand and empathise with 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. We are here to support you.

Our website has further information on physical recovery and emotional recovery after an ectopic pregnancy.

The website has medically-overseen content and also includes information on our various support services where you can share your experiences and ask questions. If you think we can help you, please visit our website, email or call.

Please visit ectopic.org.uk for more information and support.



Expectant Management

The
Ectopic
Pregnancy
Trust



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Website: ectopic.org.uk

Helpline: **020 7733 2653**

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The
Ectopic
Pregnancy
Trust



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 healthcare professional 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.

You can find further information and support at www.ectopic.org.uk.

What is expectant management?

The term 'expectant management' is usually defined as watchful waiting or close monitoring by medical professionals instead of immediate treatment.

Research has shown that, in patients with an ectopic pregnancy who are properly assessed and their pregnancy hormone level (beta hCG) is dropping, up to 50% of these pregnancies will end naturally and there will be no need for an operation or a drug to treat the condition.

When is expectant management most appropriate?

In deciding whether expectant management was appropriate, doctors would first review the results of blood tests, ultrasound scan(s) and undertake an assessment of your general health. Expectant management would then be considered for treatment when:

- The hormone being made by the pregnancy (beta hCG) is low
- General health appears to be stable
- Pain levels are considered to be acceptable
- An ultrasound scan shows a small ectopic pregnancy with no worrying bleeding into the abdomen

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

Doctors always consider the least invasive form of treatment or management first where they can.

Research-based evidence has shown that in properly selected patients, a proportion with a diagnosed or suspected ectopic pregnancy will need no active treatment and it will resolve on its own through watching and waiting. Although this can feel nerve-racking and as though no one is doing anything, if the pregnancy does resolve on its own, avoiding surgery or powerful drug treatments, means your recovery will be faster.

At the EPT we strongly believe in patient choice and that you should also be able to elect for treatment rather than watching and waiting if you do not feel this option is emotionally suitable for you.

How will I be monitored?

Doctors will test your blood repeatedly to ensure that your hCG levels are dropping, usually twice in the first week and then weekly thereafter until the levels have dropped to below 5<miU/mL. It is not usually necessary to do another ultrasound scan unless you present with other symptoms, in which case your doctors will undertake a reassessment.

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

How long you need to keep attending the hospital for repeat tests will depend upon how long it takes for your hCG levels to drop to below 5<miU/mL and this timeframe can vary quite considerably. 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 two weeks and three months, for your hCG levels to fall back to a non-pregnant level but, for most, hCG levels have reached a non-pregnant state within around four weeks.

How successful is expectant management?

Research has shown that in appropriately selected cases more than 50% of people 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 pregnancy is not resolving, as this will be shown in the results of the regular blood tests. If this is the case, they will suggest other forms of treatment for you. The symptoms of a deteriorating ectopic pregnancy, which include worsening or progressively increasing pain; vaginal bleeding; shortness of breath; feeling faint; and pain in the tip of the shoulder among others, may become noticeable.

If you suffer any of these symptoms you will need to be reassessed. Your hospital would give 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 (A&E). If you have not been told what to do and need to speak to someone ring the hospital department which is treating you or the NHS 111 Service by dialing 111.

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 time of having expectant management. Around 25% of women who are expectantly managed initially go 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 as shown through the blood tests will rise and not fall.

Occasionally an ectopic pregnancy can rupture despite low hCG levels. If you are concerned about your level of pain or experience any signs of a deteriorating ectopic pregnancy as referenced above, please contact your hospital.

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

It is important that you do not undertake any strenuous exercise or lift heavy weights while hCG levels are dropping.

You should avoid sexual intercourse until your hCG is down to a non-pregnant level.

Stop taking 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 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.

Your emotions

Undergoing treatment for an ectopic pregnancy can be 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. People 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.

For most people, after experiencing a difficult event it is a natural response to try to make sense of what has just happened and why they have had 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.

You had no choice other than to be treated for your ectopic pregnancy as it may have risked your life if you had not had treatment.

For more than half of the UK's ectopic pregnancies, there are no known risk or factors to cause the ectopic pregnancy.

Your partner's emotions

Partners can also be impacted by ectopic pregnancy. As well as trying to process what has happened for themselves, they can at the same time, be trying to provide you with support after seeing you go through such a physical and emotional ordeal.

Your partner may or may not have connected with the pregnancy. They may be trying to deal with their own