What precautions must I take for the future?  
If you have had either one or two injections of methotrexate, you must wait until your hCG levels have fallen to below 5mIU/mL. Your doctor will advise you when this is through blood tests) and then take a folate acid supplement for 12 weeks before you try to conceive.

This is because the methotrexate may have reduced the level of folic acid in your body which is needed to ensure a baby develops healthily. For example, it could result in the baby having a neural tube defect such as cleft lip, cleft palate or spina bifida. The drug is metabolised quickly but can affect the quality of your cells, including those of your eggs, and the quality of your blood for up to 3 or 4 months after it has been given. The drug can also affect the way your liver works and so you need to give your body time to recover properly before a new pregnancy is considered.

Your emotions  
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 are often 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 could have killed you. Some feel 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 are trying 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 here to support people after seeing you go through such a physical and emotional ordeal.

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 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 are trying 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.

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higher levels of hCG in the body. With than this. However, in interstitial ectopic higher in pregnancies with levels greater below 5000 mIU/mL. The risk of rupture is stages of pregnancy, usually when the stops the pregnancy developing any further and methotrexate is a powerful drug that used in relation to ectopic pregnancy, The term ‘medical management, when mean using a drug called methotrexate. Folate is an essential vitamin needed to help rapidly dividing cells in pregnancy and methotrexate is a powerful drug that works by temporarily interfering with the way your body processes a vitamin called folate. Folate is needed to have healthy red blood cells – such cells of a pregnancy. The drug stops the pregnancy developing any further and the pregnancy is gradually resorbed by the body leaving the Fallopian tube intact.

What is methotrexate? Methotrexate is a powerful medication that works by interfering, in a temporary manner, with the way your body processes a vitamin called folate. Folate is needed to have healthy red blood cells – such cells of a pregnancy. The drug stops the pregnancy developing any further and the pregnancy is gradually resorbed by the body leaving the Fallopian tube intact.

Why does my doctor want to treat me this way and not offer me surgery? This treatment has been developed to avoid surgery and doctors prefer to use methotrexate if it has a particular advantage over surgery. For example, if you have an ectopic pregnancy that is difficult to treat with surgery and has increased risk of bleeding and/or medical to You have adhesions in the abdomen or pelvis (as a result of previous surgery or medical to) You have other medical problems that may increase the risks of a general anaesthetic. You have choice over your treatment so medical professionals will always be happy to discuss all treatment options with you. If you feel that medical management is emotionally suitable for you, you should discuss with your doctors and be able to elect for surgical management. Methotrexate is at least as good as surgery in terms of subsequent successful pregnancies. This may be due to the fact that medical treatment is less invasive, whereas surgery may cause some scarring around the Fallopian tube. The ectopic pregnancy is situated in the neck of the womb or as the Fallopian tube enters the womb.

Treatment of ectopic pregnancy with methotrexate is not appropriate if you suffer from any of the following conditions: • An ongoing infection • Severe anaemia or shortage of other blood cells • Kidney problems • Liver problems • Active infection • HIV/AIDS • Infection with ulcer or ulcerative colitis

How is the treatment given? The treatment is given by means of an injection, usually by a single injection into the muscle of your bottom, however, if needs to be administered by any other route, this will be discussed with you. The dose is calculated according to your height and weight. Before the injection, blood tests are done to check liver and kidney function and to ensure that you are not anemic.

What happens during treatment? This method has been developed to avoid surgery. It does require careful monitoring and follow-up. This means that you will have to attend the hospital regularly for blood tests to monitor your hCG levels until the tests are negative. This can take several weeks, and this will be explained by your doctor. Your hospital will arrange for you to have the hormone leucovorin prescribed. This should be given to you on the day the medicine is given, again on day four, and on day seven after the injections. The hCG level often rises on the day four after the first injection of methotrexate is not instantaneous, so the cells will have continued to divide for two or three days after the injection was given, and some cells release more hCG when they start to die. This means that it may be necessary to see a drop in your hCG value of at least 15% between days four and seven. If there has not been a 15% drop, the doctors will consider a second dose of methotrexate or surgery. A few days after the injection, it is usual to begin monitoring your hCG blood tests. This bleeding can last from a few days and up to 6 weeks.

Every 3-7 days, beta hCG levels will continue to be monitored to ensure that they are falling appropriately. Most only need one injection but in up to a quarter of cases a further injection may be required if serum hCG levels are not declining.

What are the side effects? The most common side effects of methotrexate are: • Crying abdominal (tummy) pain is the most common side effect, and it usually occurs during the first 2 to 3 days after the treatment. Bowel perforation pain is also a sign of a ruptured ectopic pregnancy, report any abdominal pain to your healthcare professional. • Fatigue – Many people feel very tired and are shocked by the sheer exhaustion that they encounter during treatment; • Vaginal bleeding or spotting; • Nausea, vomiting, and indigestion; • Light-headedness or dizziness – Again, because this is caused by a change in your circulatory system; • Temporary hair loss; • A numb or sore bottom from the injection;

Other rarer side effects from methotrexate treatment for ectopic pregnancy include: Skin sensitivity to sunlight; Inflammation of the membrane covering the joint; Sore mouth and throat; Temporary hair loss; Sore low blood counts (bone marrow suppression); Inflammation of the lung (pneumonitis)

How successful is medical management? Success rate for medical treatment depends on the circumstances in which methotrexate is given and studies report success rates of 65-85%. Success rates tend to be higher when people are treated with lower beta hCG levels. Your doctor should be able to tell you the success rate of methotrexate in their hospital.

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 your beta hCG blood tests. If this is the case, they may suggest a further dose of methotrexate or surgeons may consider 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 been told to report to the Accident and Emergency (A&E) department. If you have been treated in a different hospital you should mention this to the Accident and Emergency department. If you have not been told what to do and need to speak to someone, ring the hospital department which is treating you of the NHS 111 number for advice.

What are the risks of being managed like this? The risk associated with treating being managed like this is that the medical treatment may not work as the cells of the ectopic pregnancy may continue to divide, which could result in there still being a need for surgery. Doctors can tell if the specialised cells of a pregnancy that produce the hCG hormone are still growing because the hCG level will continue to rise and not fall. This will be monitored through blood tests.

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