



We are sorry that your healthcare professional has informed you that you have an ectopic pregnancy.

It can be 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 **medical management** of ectopic pregnancy.

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

What is medical management with methotrexate?

The term 'medical management, when used in relation to ectopic pregnancy, means 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 processing in the body of folate. The drug stops the pregnancy developing any further and it is gradually reabsorbed by the body leaving the Fallopian tube intact.

Methotrexate is most effective in the earlier stages of pregnancy, usually when the pregnancy hormone 'beta hCG' level is below 5000 mIU/mL. The risk of rupture is higher in pregnancies with levels greater than this. However, in interstitial ectopic pregnancy, it is not unusual to try to treat ectopic pregnancy with the drug with higher levels of hCG in the body. With ectopic pregnancy, it is not really the stage of pregnancy (as in the number of weeks gestation), but the size of the ectopic, which can vary over the first few weeks depending on the rate of growth, that is important.

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 help rapidly dividing cells – such as those of a pregnancy. The drug stops the pregnancy developing any further and the pregnancy is gradually reabsorbed by the body leaving the Fallopian tube intact.

When is treatment with methotrexate most appropriate?

This method of treatment is more suitable for some than others and is more likely to be successful in the following circumstances:

- You are in good health
- Your Fallopian tube has not ruptured
- Your hCG level is low enough (your hospital will probably have a level above which this method will not be used)
- There is no significant abdominal bleeding

Because it does not entail an operation, this method has a particular advantage over surgery if:

- You have other medical problems that may increase the risks of a general anaesthetic if you have adhesions in the abdomen or pelvis (as a result of previous surgery or infection)
- 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
- Peptic ulcer or ulcerative colitis

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;
- You have adhesions in the abdomen or pelvis (as a result of previous surgery or infection); or
- 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 not 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 non-invasive, whereas surgery may cause some scarring around the Fallopian tube.

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 it 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 anaemic.

What happens during treatment?

This method has been developed to avoid surgery. However, 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 make arrangements for you to have the hormone level checked. Your doctors will usually test your hCG levels 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 blood test because the action 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 disappear. Your doctors are looking 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, this is when the doctors will consider a second dose of methotrexate or surgery.

A few days after the injection, it is usual to begin to bleed and this bleeding can last between 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 decreasing.

What are the side effects?

The most common side effects of methotrexate are:

- Cramping abdominal (tummy) pain is the most common side effect, and it usually occurs during the first 2 to 3 days of treatment. Because abdominal pain is also a sign of a ruptured ectopic pregnancy, report any abdominal pain to your health 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 also a sign of a ruptured ectopic pregnancy, please report it to your health professional;
- 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 eye
- Sore mouth and throat
- Temporary hair loss
- Severe low blood counts (bone marrow suppression)
- Inflammation of the lung (pneumonitis)

How successful is medical management?

Success rates do vary depending on the circumstances in which methotrexate is given and studies report success rates of 65-95%. 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 regular hCG blood tests. If this is the case, they may suggest a further dose of methotrexate or suggest surgery 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 (A&E) department. 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 dialling 111.

What are the risks of being managed like this?

The risk associated with treating being treated medically is that the medicine 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 dividing because the hCG level will continue to rise and not fall. This will be monitored through blood tests.

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It is also important to remain vigilant for signs for a deteriorating ectopic pregnancy as referenced in the section above.

What can I do to help the treatment work?

You should stop taking any vitamins, minerals, or other medicines unless you have been told by the doctors treating you to continue with them, as some interfere with the effects of methotrexate. It is particularly important that you do not take any folic acid supplements and avoid foods enriched with folic acid until your doctors are sure that the drug has worked and hCG hormone level has returned to non-pregnant.

You should not do any heavy lifting or housework until the hCG levels are dropping consistently and should only undertake gentle exercise, such as walking, until the hCG is at non-pregnant level.

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

Most people take time off from work initially and do not return to work for at least two weeks while the treatment begins to work. Our website has information about ectopic pregnancy and the workplace.

In the first week, it is important to avoid pain killers which fall into the NSAID group such as ibuprofen. The preferred painkiller is paracetamol.

You should refrain from drinking alcohol until hCG has fallen to a non-pregnant level and not drink alcohol for a few weeks after that.

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 folic acid supplement for 12 weeks before you try to conceive.

This is because the methotrexate may have reduced the level of folate 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 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 could 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 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.