Midland Fertility Services

Ectopic Pregnancy

What is an ectopic pregnancy?

An ectopic pregnancy is one that implants outside the endometrial cavity of the uterus. Most commonly the pregnancy grows in the Fallopian tube, but occasionally an embryo can implant on an ovary or elsewhere in the abdominal cavity. These pregnancies are not viable and may need removing as a matter of urgency, as they are a considerable risk to the woman's health.

Who is at risk of an ectopic pregnancy?

Unfortunately the incidence of ectopic pregnancy seems to be rising. Infertile women have an increased risk of an ectopic pregnancy, particularly those with tubal damage, a uterine abnormality, or if an intrauterine contraceptive device has been used in the past. In the UK, 1 in 200 pregnancies implants outside the uterus. Even with IVF, ectopic pregnancies can still occur with 2 to 4 % of treatment cycles.

What are the symptoms?

The diagnosis is often difficult to make, as signs and symptoms of an ectopic pregnancy can mimic many other gynaecological problems. Typically a woman will experience intermittent lower abdominal pain which may be associated with abnormal vaginal bleeding. 50% of those affected will experience some bleeding, which is why it is very important to do a pregnancy test after an IVF cycle even if the woman has had a period – especially if it was light, late or unusual in any way. Occasionally faintness or actual collapse due to internal bleeding from a ruptured ectopic may be the first sign of a problem.

How is it diagnosed?

On examination a woman may be very tender on one side of the pelvis. A pregnancy test is usually positive. Vaginal ultrasound scanning is probably the best way of making the diagnosis as it can identify an empty uterus and often pick up a swelling in the Fallopian tube. These findings can be confirmed at the time of laparoscopy which is done as an emergency procedure.

Following a 'weak' positive or ambiguous pregnancy test, and if no identifiable embryonic sac can be seen in the uterus by four weeks after embryo transfer, the woman will be advised to consult a gynaecologist. Feeling faint or dizzy or sudden severe abdominal pain or unusual bleeding is an indication for immediate medical help.

How is it treated?

Traditionally ectopic pregnancy has been dealt with by surgical removal of the affected Fallopian tube. This may be done at the time of laparotomy or laparoscopy (key hole surgery). However, these days many hospitals treat the affected Fallopian tube more conservatively. A proportion of ectopic pregnancies will abort into the pelvis or simply reabsorb, given time and hospital admission or regular

monitoring of hormone levels is necessary in this situation. Where surgery is required, it is often possible to conserve the Fallopian tube.

An alternative approach is to aspirate the ectopic pregnancy or inject embryo toxic substances, such as Methotrexate, into it under ultrasound control. Unfortunately preserving the tube does increase the risk of having another ectopic pregnancy in the future at the same site.

Available support

An ectopic pregnancy can be a devastating experience. It often represents the loss of a much wanted baby and is especially hard to bear if a woman has needed IVF to achieve the pregnancy. Counselling may help come to terms with feelings of sadness, anger and guilt which are common emotions in this situation. It is important to realise that grieving in itself is a vital part of the healing process and a normal reaction to the loss of a pregnancy. MFS patients may contact the MFS Counselling Advice Line on 01332 694622 (which is available from 9am to 10pm, 365 days a year).

How likely is it to happen again?

Many women go on to have a normal intrauterine pregnancy following an ectopic. However, future pregnancies should be scanned at six to seven weeks' gestation to confirm a normal implantation site in the uterus.

Unfortunately some women experience infertility after an ectopic pregnancy due to tubal damage. In many cases IVF is then the recommended treatment.

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