



A guide to...

Information for Women having Medical Management of Ectopic Pregnancy

Patient information

How to contact us

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Information for Women having Medical Management of Ectopic Pregnancy

We are very sorry that you have had an ectopic pregnancy diagnosed. We hope this information is useful for you during your treatment.

What is an ectopic pregnancy?

An ectopic pregnancy is when the pregnancy occurs outside the uterus (womb). This normally happens in the fallopian tube but can be at other sites.

How common is it?

Ectopic pregnancy occurs in 1:100 (1%) of all pregnancies.

Why does this happen?

Often the cause is not known, however if you have had damage to your fallopian tubes (by previous infection or surgery) then ectopic pregnancy is more likely to happen.

Is it possible that an ectopic pregnancy can be moved into the uterus (womb)?

This has been tried, but unfortunately not successfully.

Is an ectopic pregnancy dangerous?

Most of the time, ectopic pregnancies can be managed safely by close observation, injections or surgery (depending on the stage of the pregnancy). However, if not recognised or treated appropriately, it can be dangerous causing internal bleeding.

What is Methotrexate?

Methotrexate is a drug given to stop the pregnancy growing any bigger and damaging your fallopian tube further. It is also used to treat cancer when given in much bigger doses. Don't worry, we are not treating cancer in you and the amount given is relatively small. Methotrexate has been extensively used to treat ectopic pregnancies with a good safety record.

How effective is it?

Methotrexate is effective in about 90% of cases. Most women only require a single dose, but some will require a second injection. Overall, about 10% of women will still need surgical treatment. There is a 7% risk of tubal rupture.

It is important to attend for follow up tests after the Methotrexate has been given, to ensure that this treatment is effective.

How is Methotrexate given?

It is given as an injection into the buttock muscle. It may sting at the injection site. The dose is made up in the hospital pharmacy according to your height and weight. You will need to stay to be observed for 1 hour after your injection to ensure that you are not feeling unwell.

What to expect after the injection of Methotrexate

The most frequent side effect is crampy tummy pains. This occurs in two out of three women.

You can take the painkillers we've given you from the clinic, but if the pain is severe or you are feeling lightheaded or dizzy or worried, please telephone the ward on the number below.

You will have vaginal bleeding that may be light or like a period. The brown discharge after the initial bleeding may last for two to three weeks.

Occasionally there are other side effects. These include nausea, vomiting, diarrhoea, sore mouth, indigestion and tiredness. Sometimes the medication can make your skin more sensitive to the sun, so you should avoid sun exposure or use sun block in the summer.

Important points:

- Avoid alcohol and vitamin preparations containing folic acid until the pregnancy is completely resolved.
- Do not use Aspirin or Ibuprofen for a week after treatment. Paracetamol or co-codamol are safe.
- Do not become pregnant for at least months after three Methotrexate injection as it may affect the development of the baby. You must use adequate contraception.
- Do not use tampons or have sexual intercourse until the hormone levels are negative. You will be kept up to date with your latest hormone level each time you attend to have blood taken.
- You must ensure that you attend all of your follow up appointments, as there is a risk of treatment failure requiring a further injection or surgery.
- If you have severe pain, heavy vaginal bleeding, feel faint on standing or collapse please come to Accident and Emergency Department
- If you are breastfeeding, it is important to let the doctors know before you have the Methotrexate injection.
- If you visit a pharmacist, doctor or dentist please inform them that you have been given Methotrexate.

How do I know the injections are working?

We need to take blood tests - initially four and seven days after the injection and then every week. So long as the hormone tests (BhCG levels) are going down, the treatment is working.

What happens to the pregnancy tissue?

The pregnancy tissue will get absorbed by the body. What is 'beta HCG'? This is the pregnancy hormone in the blood. The level of it can be measured and from this result, we know whether the treatment is working. How long will it take for the ectopic to be fully treated? It varies depending on how high the BhCG levels are and how your body responds to the treatment. It can take six to eight weeks for the BhCG levels to become undetectable.

What should I avoid whilst I am having treatment?

We recommend that you avoid alcohol, vitamin preparations containing folic acid and foods that cause gaseous tummy distension (eg cabbage and leeks) until the ectopic has resolved. We also recommend that you avoid sexual intercourse until the BhCG levels are negative.

When do I get my period again?

Your periods should return within four to six weeks, once follow up is complete, but this does vary.

Do I need anti-D?

Not unless you are Rhesus negative and require surgery.

What are my chances of getting pregnant again?

This depends upon how much the Fallopian tube has been damaged by the ectopic pregnancy and whether the other tube is damaged. Without doing further tests we cannot be absolutely sure, but overall, the chances are about two in three of having a pregnancy in the right place.

When can I try again?

There is no “right” time to start trying again, but we would advise waiting at least three months after the last injection of methotrexate before trying for a baby again and until you both feel ready. It is important to use contraception to avoid getting pregnant during this time as it is possible to conceive again straight away.

Will it happen again?

There is a chance (1 in 10) of having an ectopic pregnancy again. Stopping smoking and reducing your alcohol intake both increase your chances of having a healthy pregnancy. If you are trying to conceive you should be taking folic acid to reduce the risk of neural tube defects such as spina bifida.

What should I do in my next pregnancy?

It is important that you have a scan early in any other pregnancy to make sure that it is growing in the right place. As soon as you think you might be pregnant, make an appointment to see your GP and they can organise an ultrasound scan.

If you have non-urgent questions, please contact the Gynaecology Day Assessment Unit at Watford General Hospital on 01923-217344 (Monday to Friday – 9am - 5pm)

If you require urgent assistance, please attend the closest A&E

Other sources of help

The Ectopic Pregnancy Trust	Tel 01895-238025	www.ectopic.org
The Miscarriage Association	Tel 01924-200799	www.miscarriageassociation.org.uk