

MANAGING YOUR ECTOPIC PREGNANCY

What Is an Ectopic Pregnancy?

An ectopic pregnancy is one that develops outside the uterus. The most common place for it is the fallopian tubes, so it's also called a tubal pregnancy. These narrow tubes connect the uterus and ovaries. In a normal pregnancy, the fertilized egg travels through fallopian tubes to the uterus.

Fallopian tubes aren't big enough for a growing embryo, and the pregnancy cannot continue normally. If the pregnancy continues, the tube will stretch and burst. This situation is an emergency. It's life-threatening for the mother.

Less often, an ectopic pregnancy develops in an ovary, the cervix, or the abdomen (belly).

What Causes an Ectopic Pregnancy?

Most often, fallopian tubes are blocked or too narrow, so the egg can't get to the uterus from the ovary. Usually, an infection called pelvic inflammatory disease (PID) causes the blocked or narrow tubes. Other risk factors are having an ectopic pregnancy before, surgery on the fallopian tubes or uterus, using an intrauterine device (IUD) for birth control, and endometriosis.

Endometriosis is inflammation caused by the presence of the lining of the uterus outside the uterus.

What Are the Symptoms of an Ectopic Pregnancy?

Symptoms include abnormal bleeding from the vagina, often after a missed period; sharp pain or cramping in the lower abdomen; dizziness or fainting; and an abdomen that is tender to touch.

How Is an Ectopic Pregnancy Diagnosed?

An ectopic pregnancy can be hard to diagnose because symptoms are at first like those of a regular pregnancy. The health care provider first does a pregnancy test. The best one is a blood test that measures the levels of a hormone called beta-human chorionic gonadotropin (beta-hCG).

The health care provider may also order ultrasonography of the abdomen. Ultrasonography is similar to an x-ray, because it lets the health care provider see the uterus and ovaries inside the body. The doctor may also want to do laparoscopy, done in the hospital with anesthesia. An instrument with a light attached is put into the abdomen for a very close look at the organs. An ectopic pregnancy can be removed at the same time.

How Is an Ectopic Pregnancy Treated?

If the embryo is very small, a drug (methotrexate) can be used to end the pregnancy. The embryo can sometimes be flushed out of the tube by salpingostomy. In this procedure, the tube is surgically opened, so high-pressure fluid can flush out the embryo.

Surgery is often needed and may be a laparoscopy. In a laparoscopy, a very small abdominal cut is made. The fallopian tube is opened, the embryo is removed, and the tube is stitched closed. If the tube cannot be fixed, it's also removed.

For a ruptured fallopian tube, emergency surgery is done, and the tube is almost always removed.

DOs and DON'Ts in Managing Ectopic Pregnancy

- ✓ **DO** avoid using an IUD for birth control.
- ✓ **DO** treat vaginal or pelvic infections right away.

✓ **DO** remember that having one ectopic pregnancy puts you at risk for having others in the future.

⊗ **DON'T** have many sexual partners, have sex without condoms, or get sexually transmitted diseases—all risk factors for PID.

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FOR MORE INFORMATION

Contact the following sources:

- National Women's Health Information Center: Tel: (800) 994-9662; Website:

<http://www.4woman.gov>

- American College of Obstetricians and Gynecologists: Tel: (202) 638-5577; Website:

<http://www.acog.org>

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