What is an ectopic pregnancy?
During ovulation an egg is released from a woman’s ovary into her fallopian tube. Conception occurs when the egg is fertilized by a sperm. The two quickly begin developing into a group of cells called an embryo.

Normally, the embryo travels into the uterus where it attaches to the lining and continues to grow. Sometimes the fertilized egg doesn’t make it all the way to the uterus. Instead, it attaches to the fallopian tube lining or, rarely, the cervix, ovary or another organ in the abdomen. This is called an ectopic pregnancy.

Is an ectopic pregnancy dangerous?
An ectopic pregnancy is very dangerous and should be treated immediately. The fallopian tube is very narrow and its wall is thin. As the fertilized egg grows in the fallopian tube, it can cause the tube to rupture. If this happens, it causes major internal bleeding and can be life threatening. In addition, embryos that attach somewhere other than the uterus usually do not develop normally. Ectopic pregnancies rarely get better by themselves.

What are some of the symptoms of an ectopic pregnancy?
Ectopic pregnancy symptoms usually happen early, sometimes before the woman even knows she is pregnant. Home pregnancy tests are not always sensitive enough to detect the earliest stages of pregnancy. Common symptoms of ectopic pregnancy include:

• Abnormal vaginal bleeding – may be lighter or heavier than usual or not at the normal time of your menstrual period
• Abdominal or pelvic pain – may be sudden or may come and go, may occur on just one side
• Weakness, dizziness or fainting – this can happen due to blood loss

Over 50 percent of women with ectopic pregnancy have no symptoms until the fallopian tube ruptures. Following rupture of the tube, the woman may feel severe pain and some may have vaginal bleeding. Some women experience a drop in blood pressure, feel lightheaded or dizzy, and even may faint.

What are treatment options for a woman with an ectopic pregnancy?
Treatment should be started as soon as a diagnosis of ectopic pregnancy is confirmed. A “wait and watch” approach puts the woman’s life at risk.

There are two treatment options for ectopic pregnancy: medication or surgery. In either case, the patient will need several weeks of follow-up care.

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Medication

If the pregnancy is small and has not ruptured the fallopian tube, the doctor may prescribe a drug called methotrexate. Methotrexate is given as a shot. It stops the growth of the pregnancy and allows her body to absorb the pregnancy tissue over time. This option also allows the woman to keep her fallopian tube.

Doctors usually advise women who experience pain or cramps after receiving methotrexate to take acetaminophen (Tylenol). Nonsteroidal anti-inflammatory drugs such as ibuprofen (Advil or Motrin) or Naprosyn/Naproxen/Anaprox should **NOT** be taken because they interact with methotrexate.

A woman who is taking methotrexate is still at risk for her fallopian tube to rupture. She should call her health care provider's office if she experiences any of these symptoms:

- Sudden, severe abdominal pain
- Major increase in abdominal pain
- Heavy vaginal bleeding (soaking more than one pad or tampon every hour)
- Dizziness, fainting or rapid heartbeat

Surgery

If the pregnancy is small and the tube has not ruptured, a surgeon can sometimes remove the pregnancy by making a small cut in the tube using laparoscopy. A doctor inserts a slender, light-transmitting telescope through a small opening in your abdomen. This is done in the hospital under general anesthesia.

If the pregnancy is large or blood loss is a concern, a larger incision or emergency surgery may be needed. In some cases, part or all of the fallopian tube needs to be removed along with the pregnancy.

Sometimes, the embryo is pushed out of the fallopian tube before it ruptures. This is called a “tubal abortion.” Women who have a tubal abortion may need surgery if their bleeding is severe.

**Can I get pregnant again after I've had an ectopic pregnancy?**

If you wish to become pregnant again, discuss your plans with your health care provider first. After you have had an ectopic pregnancy, you are at higher risk for having another one.

It is possible to become pregnant as soon as your next menstrual cycle. If you want to get pregnant again, be sure you and your partner are ready emotionally. Even though the ectopic pregnancy was in an early stage, the grief that you feel is real. You may find it helpful to meet with a counselor or your health care provider to discuss your feelings. Generally, it is best to wait until you have had at least one normal menstrual period before trying to become pregnant again.