

**Saint Mary's Hospital**  
**Emergency Gynaecology Unit**

**Information for Patients**

# Expectant management of ectopic pregnancy

If you have been diagnosed with an ectopic pregnancy, we understand this may be a very distressing time and we are sorry for your loss.

Your doctor has suggested that it may be appropriate to manage your ectopic pregnancy 'expectantly'. Otherwise known as a watch and wait approach. This leaflet aims to give you some general information about expectant management of an ectopic pregnancy and help to answer some of the questions you may have. It is intended as a guide only and there will be an opportunity for you to talk to your nurse and doctor about your care and treatment.

## What is expectant management?

Abnormally located pregnancies are those that develop in tissues outside the uterus (womb). These tissues are not designed to carry a pregnancy and therefore in many cases, the pregnancy fails to develop beyond the very early stages, like a miscarriage. When this happens, the pregnancy tissue will gradually dissolve and be reabsorbed into the body - in the fallopian tubes it is called a 'tubal miscarriage'.

Expectant management means that we expect your ectopic pregnancy to resolve naturally without any intervention. You will be closely monitored by the hospital instead of having immediate treatment.

It may also be known as 'conservative' or 'wait and see' management/treatment.

## Why have I been offered this treatment?

Although the incidence of ectopic pregnancy may be increasing, undoubtedly more cases are currently being diagnosed because of improved diagnostic facilities such as ultrasound scans and hormone blood tests. The incidence of ectopic pregnancy is increasing, undoubtedly more cases are currently being diagnosed because of improved diagnostic facilities such as ultrasound and hormone blood tests. In the past many of these ectopic pregnancies may have resolved naturally without the woman knowing.

Research-based evidence has shown that in specifically selected patients, with a diagnosed or suspected ectopic pregnancy will not need any active treatment and it will resolve spontaneously if we watch and wait.

Doctors always consider the least invasive form of treatment or management where possible. This may feel as if nothing is being done, however, if medical or surgical intervention can be avoided, your recovery is likely to be much faster.

On the basis of your tests, we think that this is a suitable option for you.

## Is the treatment suitable for everyone?

Expectant management is not an option for all women. It is usually only possible when:

- Your pregnancy hormone (hCG) level is low.
- Your general health is good, and your condition is stable.
- Pain levels are acceptable.
- Ultrasound scan shows a small ectopic pregnancy with no worrying bleeding into the abdomen.

## How successful is it?

Studies have shown that this form of treatment is very successful, with almost three quarters of the women managed in this way needing no further treatment.

There is a chance however, that the treatment may not work, and the pregnancy will continue to develop. This is why it is important to attend all follow up appointments and report changes in symptoms to EGU staff.

## What investigations are needed before treatment?

You will require several HCG pregnancy hormone levels to be taken, a vaginal ultrasound scan will be performed and after a discussion and examination with a doctor you will be assessed for your suitability for conservative management.

## What are the advantages of expectant management?

- You do not have to stay in hospital.
- Avoids medications or surgery with a general anaesthetic and the possible associated risks and side effects of both.

## What are the disadvantages of expectant management?

- Further visits to the hospital are required which may include blood tests or scans.
- Medical or surgical management may be required if the pregnancy continues to develop.
- If the pregnancy continues to develop the tube may rupture and you will need emergency surgery.

## What are the risks?

The main risk associated with expectant management is that the cells of the ectopic pregnancy might continue to divide, which could result in there still being a need for medical treatment or surgery after a period of expectant management.

Up to 29 in 100 women (29%) undergoing expectant management may require additional medical or surgical management.

Your doctor will be able to tell if the pregnancy cells are continuing to divide because the hCG level will rise and not fall.

If this happens there is a risk that the tube could rupture, and surgery will be needed.

## Will I experience any pain?

Yes, you might have some lower pelvic pain or backache at any time during the course of the management. If required, you can take Paracetamol. (Always read the label/instructions before taking them and do not exceed the maximum daily dose).

Whilst at home it is important to notify the Emergency Gynae Unit (EGU) or Ward 62 if :

- You experience any increase in pain.
- You experience pain somewhere you have not previously had it, for example, shoulder tip pain or rectal pain.
- You feel faint or dizzy.
- Paracetamol is not sufficient for any pain you are experiencing.

**As these could be a sign of a ruptured pregnancy.**

## Will I experience any vaginal bleeding?

Yes, this can vary from dark brown spotting to heavier bright red loss. Use sanitary towels rather than tampons to reduce the risk of infection. If you are concerned that the bleeding is excessive (changing pads every half hour) please contact us.

## Should I be off work during the treatment?

This is an individual decision. However, it is stressful undergoing treatment, and you are recovering from the loss of your baby which can be a very distressing event in a woman's life. Many women feel that at least a few days off work are necessary, especially in the first week when frequent visits to hospital may be required. You can self-certify for the first week, alternatively the staff in the hospital can issue you with a sick note.

## Is there anything else I should know?

It is important that you do not undertake any strenuous exercise or lift heavy weights while the hCG levels are dropping.

You should also avoid sexual intercourse until your doctor is confident that the pregnancy is resolving.

You should stop taking your folic acid supplements and avoid any other vitamin and/or mineral supplements until the hCG levels confirm that the ectopic pregnancy has ended.

It is important to take things gently in the first few days after your diagnosis, until it can be established that the hCG levels are dropping on their own.

It is safe for you to have a warm bath or shower during this time, but please avoid very hot baths, as you may feel faint.

## What follow-up is needed?

This varies for every woman, but you will need to attend the hospital at least weekly until the pregnancy hormone level (hCG) has returned to normal. This usually takes anywhere between 2-6 weeks. If you do not attend for one of your follow up appointments without informing us, we will try to contact you in order to complete your monitoring. It is important that you understand only one attempt will be made to contact you.

**As it is very important that you attend your follow-up appointments - we will not offer this method of management unless you can commit to attending them. If you do not feel you can commit, please discuss a different option with your nurse or doctor.**

## When can I expect a menstrual period?

Every woman is different regarding how soon after an ectopic pregnancy to expect a period, however sometime in the next 6 weeks is considered usual.

Often this first period may be different than normal (heavier or lighter). Again, this is nothing to be concerned about, unless the bleeding is very heavy in which case, contact your GP or the Emergency Gynaecology Unit (EGU) directly.

## Do I need to inform anyone of my ectopic pregnancy?

If you have booked your antenatal care at Saint Mary's Hospital, staff will have written to your GP and community midwife and any scans or appointments will have been cancelled so you do not need to worry about doing this.

**Unfortunately, if you have booked care at another hospital, we are unable to cancel appointments, but a letter will still be sent to your GP.**

## What about future pregnancies?

Studies have shown that there is a 7 in 10 (70%) chance of a normal pregnancy in the future irrespective of which way the ectopic pregnancy has been managed. There is a 1 in 10 (10%) chance that you may have a further ectopic pregnancy in the future.

If you have any signs or symptoms similar to those experienced on this occasion, please contact the Emergency Gynae Unit at Saint Mary's Hospital.

If you are otherwise well, your GP will arrange for you to have an early ultrasound scan at approximately 7 weeks to ensure the pregnancy is in the womb.

It is perfectly safe to start trying for another pregnancy once you and your partner feel ready.

If you are unsure whether you wish to try for a future pregnancy, it is advisable to consider your contraceptive needs during this time.

Any preconception care you have been following should continue, such as:

- Taking folic acid
- Reducing your alcohol and caffeine intake
- Stopping smoking

## Emotions

Reaction to a pregnancy loss is very variable and in addition to the grief you may feel, your body will be undergoing lots of hormonal changes. At times you may feel a sense of relief that your health is no longer in danger, although these feelings can be closely followed by intense sadness for your loss. It is important to remember that the pregnancy could not have continued without causing a serious risk to your health.

Until your doctor is confident that your pregnancy has ended, it can be difficult to think about the future or for your emotions to surface properly. Being managed medically can be a worrying time, and until the hormone level drops (which may take several weeks) you may still 'feel' pregnant.

We are all different and we all react and recover in different ways - there is no right or wrong way. All these feelings are normal and a part of processing your experiences. The feelings of low mood usually ease with time, talking about your feelings with friends and relatives can help considerably. If after 6 weeks you feel, you cannot return to your normal daily activities we would recommend you seek further support through your GP, the Early Pregnancy Loss Specialist Nurse or support charities such as The Ectopic Pregnancy Trust. Although it is important to know you can access support sooner if you feel you need it.

However traumatic your experience of an ectopic pregnancy has been, it may help to know that the possibility of a normal pregnancy next time is much greater than the possibility of having another ectopic pregnancy.

## Your partner

An ectopic pregnancy can put strain on a relationship, but it can also bring you closer together. Partners may find it difficult to understand your emotions and be focused on the relief of you being safe. On the other hand, they may feel that no one is considerate of their feelings, as most of the care is focused on you despite them losing a pregnancy too. Either way your partner is most likely to be suffering too. It can be helpful to try and communicate with each other rather than holding back thoughts and emotions to protect each other.

## Certificates

As there is no official national recognition at this time of pregnancy's lost less than 24 weeks' gestation, Saint Mary's offers certificates of remembrance. If you would like to know more, please ask your nurse.

## Saint Mary's Hospital contact numbers:

Should you require any additional information or help please contact:


**Emergency Gynaecology Unit (EGU)**  
(0161) 291 2561 (24 hours)


The EGU is located at Wythenshawe Hospital (enter via entrance 15)


The department operates a telephone triage service, you must call and speak with a specially trained nurse in before attending to plan your care

There are no emergency gynae or early pregnancy services at St Mary's Hospital, Oxford Road

Gynaecology Ward F16 at Wythenshawe (0161) 291 5060 (24 hours)



 **Gynaecology Ward 62**  
(0161) 276 6518 or (0161) 276 6410 (24 hours)

 **Early Pregnancy Loss Specialist Nurse**  
(0161) 276 6571  
(Monday – Thursday variable hours – answerphone available)


 **Counselling Service (confidential)**  
(0161) 276 4319  
(Monday - Friday 8.30 am – 4.30 pm – answerphone available)


## Useful addresses

 The Ectopic Pregnancy Trust  
[www.ectopic.org.uk](http://www.ectopic.org.uk)

 The Miscarriage Association Tel:  
(01924) 2000799  
 [www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

 [www.earlypregnancy.org.uk](http://www.earlypregnancy.org.uk)

 Women's Health Concern Tel:  
(01628) 478473  
[www.womens-health-concern.org.uk](http://www.womens-health-concern.org.uk)

 NHS Choices  
[www.nhs.uk](http://www.nhs.uk)

 Saint Mary's Hospital Website  
[www.mft.nhs.uk/saint-marys](http://www.mft.nhs.uk/saint-marys)