



PATIENT INFORMATION LEAFLET

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?

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. In the past many of these ectopic pregnancies may have resolved naturally.

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 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 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 with no/ very little pain.
- Ultrasound scan shows a small ectopic pregnancy with no 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/GAU 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, scans or repeat examinations.
- 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 of 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 Gynaecology services 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 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 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.

If you require any further information or clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns.

CONTACT DETAILS

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 before attending to plan your care

There are no emergency gynaecology services at Saint Mary's Hospital, Oxford Road

Gynaecology Assessment Unit (GAU/F5)

(0161) 720 2010 GAU Reception / (0161) 604 5130 GAU Nurses

Monday to Friday - 07.30 - 20.30

Saturday & Sunday - 08:30 – 16:30

GAU is located at North Manchester Hospital (Ward G2, via Entrance 1 / main entrance).

To be seen in GAU a referral from your GP, Midwife, A&E or other health care professional is required. GAU is not a self-referral unit.

Early Pregnancy Loss Specialist Nurse

Email: earlypregnancyloss.nurse@mft.nhs.uk

Counselling Service (confidential)

(0161) 276 4319: Monday - Friday 8.30 am – 4.30 pm – answerphone available

 <https://mft.nhs.uk/saint-marys/services/gynaecology/emergency-gynaecology/>

USEFUL ADDRESSES

The Ectopic Pregnancy Trust: <https://ectopic.org.uk/>

The Miscarriage Association: www.miscarriageassociation.org.uk

Tel: (01924) 200799

Cradle Charity: <https://cradlecharity.org/>

Phone: 0333 443 4630

Email: info@cradlecharity.org