



Ectopic Pregnancy: The Facts

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An ectopic pregnancy is where the fertilised egg becomes implanted outside of the womb, usually in the fallopian tube but, occasionally, in the ovaries, cervix or abdomen. This is a lifethreatening condition that, as the pregnancy grows, can cause pain, bleeding and rupture, and can lead to collapse and, in rare cases, death.

Every year in the UK, there are more than 20,000 emergency admissions to hospital for ectopic pregnancy. Surgery has an impact on a woman's fertility, usually decreasing it by 50 per cent or more. The failure to diagnose this serious condition is not acceptable and clearly something that needs to be changed.

An ectopic pregnancy affects one in 100 pregnancies, and it is a sad fact that five women die each year from this condition. It is reported in the 2001 Confidential Enquiry Into Maternal Deaths (CEMD) that one of the main problems was substandard care and the failure to suspect an ectopic pregnancy in the first place.

Indeed, the CEMD's last two reports have been very clear that the awareness of the possibility of ectopic pregnancy in any woman of childbearing age is essential. With this in mind, it is essential that any woman of childbearing age be investigated for ectopic pregnancy as soon as any symptoms of the condition arise. Thus, it is important to be aware of the risk factors and to be able to recognise the signs of ectopic pregnancy.

Deaths due to ectopic pregnancy should become a thing of the past. With greater vigilance from health professionals and women, this may not be such an idealistic concept.

Common causes of ectopic pregnancy

- Damage to the fallopian tube causing blockage or narrowing so that the eggs cannot move into the uterus
- Previous pelvic infection
- Previous appendicitis
- Infertility
- Caesarean section

In many instances, the unknown cause remains unknown.

Symptoms

- Abdominal pain: this is usually one-sided and not necessarily on the side of the ectopic pregnancy
- Bleeding, usually abnormal bleeding, but it could also just be spotting. The blood is often darker than a normal period and may be described as "watery or prune-juice coloured". The woman may not know she is pregnant or may think she is having an unusual period. She may have been fitted with an intrauterine contraceptive device (IUD) or coil.
- Shoulder-tip pain: this may be due to irritation of the diaphragm as a result of internal bleeding
- Bladder/bowel problems: pain when going to the toilet
- Pregnancy test: this may be positive, but not always
- Collapse: feeling dizzy and lightheaded; looking pale and feeling sick
- A feeling that something is very wrong: often with a feeling of impending doom.

Management of an ectopic pregnancy

If an ectopic pregnancy is suspected, the women should attend hospital. An ultrasound scan and a pregnancy test should be performed. If the test is positive and the scan shows an empty uterus, an ectopic pregnancy is likely and needs to be ruled out. This can be done by undergoing a series of blood tests every 48 hours to check the level of the pregnancy hormone beta-HCG (human chorionic gonadotropin) if the woman is well. Alternatively, a laparoscopy may be performed.

If diagnosis is made early, before the tube ruptures, keyhole surgery or drug treatment can be used, which will help with a quicker recovery time and increase the woman's chances of future fertility.

In the latest guidelines for health professionals, Professor James Walker of the EPT states that "waiting to see if symptoms settle can put the woman at great danger by increasing morbidity and mortality". Worryingly, the 1997-1999 CEMD reports mention that the majority of women who died from ruptured tubal pregnancy were "known to have sought medical help before death" and often presented with symptoms that suggested a urinary or gastrointestinal disease.

Again, the importance of vigilance in terms of signs and symptoms must be reiterated. Any woman with one-sided pain and a positive pregnancy test should be treated as having an ectopic pregnancy until proven otherwise. An early scan to confirm that the baby is in the womb can have a dramatic effect.

For further information, please call the Ectopic Pregnancy Trust helpline on 01895 238 025, or visit www.ectopic.org.uk. Donations for the trust are always gratefully received and much needed.

See also the article "[Ectopic Pregnancy: A personal account](#)" in this journal.