Miscarriage UK
Because every loss matters

Ectopic Pregnancy

We're so sorry that you're going through this.

Reaching out for support after ectopic pregnancy can feel difficult. We are here to offer support in ways that work for you. Details of our services are below.

Our support line

Our pregnancy loss support line is a safe space to talk, ask questions, or simply share how you're feeling and be heard. We're here from 9am to 4pm on Mondays, Tuesdays and Thursdays and 9am to 8pm on Wednesdays and Fridays, offering support and information around pregnancy loss.

Message us

Sometimes it's easier to type than speak. Our live chat connects you with trained staff who will listen, offer emotional support, and share trusted information and resources with you. It's open the same hours as our support line and is a safe, quiet space to talk through things at your own pace.

Email support

We know that sometimes it's hard to talk, or you may need time to express your feelings. Our email support gives you the space to share your thoughts and feelings. We aim to respond within two working days, and everything you share will be treated with kindness and sensitivity.

Online support

Our online support options give you the chance to connect in a way that feels right for you. Whether that's by reading lived experience stories from our community, signing up to our newsletter or finding community through our private Facebook groups.

Support groups

Meeting others who understand your experience can make a big difference. Our support groups are a safe space to talk, listen, and connect with others affected by pregnancy loss. All our support groups (online and in-person) are guided by experienced facilitators.

0303 003 6464 miscarriageuk.org info@miscarriageuk.org

Ectopic pregnancy can be a very distressing and frightening experience.

This leaflet aims to explain what ectopic pregnancy is, to provide you with information and to answer some of the most common questions about ectopic pregnancy.
We hope this will help at what can be a very difficult time.

What is an ectopic pregnancy?

An ectopic pregnancy is one that develops outside the main cavity of the uterus (womb). Around 1 in 90 pregnancies in the UK are ectopic and, for some women[1], this can be a life-threatening condition.

Most often an ectopic pregnancy will develop in a fallopian tube. It can be a life-threatening situation because as the pregnancy gets bigger the fallopian tube can burst (rupture), causing internal bleeding.

Sadly there is no way of moving or transferring the pregnancy to the right place in the uterus and the pregnancy cannot survive.

"The scan showed that the baby was in the tube instead of the womb. I asked if it could be moved but was told it was impossible."

Rarely, (in around 5% of cases) an ectopic pregnancy can be found somewhere other than the fallopian tube. These types of ectopic pregnancy include:

- an **interstitial ectopic**: the pregnancy implants in the fallopian tube where it passes from the womb to the outside of the uterus
- a **scar ectopic**: the pregnancy implants in the scar from a previous Caesarean section
- a **rudimentary horn:** the pregnancy has implanted within an underdeveloped part of the uterus that has not formed as expected
- an **ovarian ectopic**: the pregnancy implants in an ovary
- an **abdominal pregnancy**: the pregnancy implants somewhere within the abdomen
- an **intramural pregnancy**: where the pregnancy implants into the muscle of the uterus
- a **cervical ectopic**: the pregnancy implants in the cervix (neck of the womb)
- a **heteroectopic pregnancy**: a twin pregnancy where one is in the correct place but one is etcopic

These are all rare conditions with individualised treatment.

This leaflet focuses mainly on tubal ectopic pregnancy, though some information is still relevant for non-tubal ectopics.

[1]We often use the words 'woman' and 'women' in this leaflet, but we recognise that the person who has had the physical loss may not identify as such.

Why does it happen?

We don't always know why an ectopic pregnancy has occurred, but there are some known causes and risk factors. Many women will have none of these and still have an ectopic pregnancy.

Risk factors include:

- A previous ectopic pregnancy.
- Damage to the fallopian tube from a previous infection such as pelvic inflammatory disease (PID), from a ruptured appendix or a sexually transmitted infection (STI).
- Surgery on the fallopian tubes, perhaps for a previous ectopic pregnancy or for sterilisation (or to reverse sterilisation).
- Becoming pregnant while using an intrauterine device (IUD/coil) or the progesterone-only contraceptive pill or using the morning after pill.
- Smoking can impact the normal function of the fallopian tube.
- There is also a higher risk of ectopic pregnancy amongst women over the age of 35.

What are the symptoms of an ectopic pregnancy?

You may experience some or all of the symptoms listed below, and these often begin at around 6 weeks of pregnancy:

- **A missed or late period.** Sometimes the last period you had will have been shorter or lighter than usual.
- **Vaginal bleeding.** Vaginal bleeding with an ectopic pregnancy can be heavy at times or may just be light. It can be red or brown in colour or black and watery, some people describe it looking like prune juice.
- **Abdominal pain.** This can be a dull ache low down that is constant or comes and goes, this can radiate round into your back. For some people it can be a severe sharp pain just on one side.
- **Shoulder-tip pain.** This kind of pain will be very different to any pain you have felt before and might come with abdominal pain. It can be a sign of blood in your tummy irritating the diaphragm (the muscular layer between your lungs and tummy).
- **Bowel or bladder problems.** You may have diarrhoea or pain when opening your bowels or passing urine.
- **Collapse.** You may feel light-headed, dizzy and/or faint. You may have a feeling that something is very wrong. You might look very pale, have a racing pulse and feel sick. These can be signs of severe internal bleeding.
- **No symptoms.** You may have no symptoms at all and an ectopic pregnancy may be picked up on a scan for another reason.

If you are or could possibly be pregnant now and are feeling unwell with any of the symptoms on this page, please seek medical attention urgently.

How is an ectopic pregnancy diagnosed?

Ectopic pregnancy can be very difficult to diagnose. The symptoms can be mistaken for gastro-enteritis, irritable bowel syndrome, urinary tract infection, miscarriage or even appendicitis.

In hospital, unless you are extremely unwell:

- You will be asked about your symptoms, pregnancy history and your previous medical history.
- You will be asked for a urine pregnancy test or blood tests to check your pregnancy hormone levels. Blood tests alone cannot tell where the pregnancy is developing, but they can help doctors monitor patients who might have a growing ectopic pregnancy.
- You are most likely to have a transvaginal (internal) scan, as this provides the clearest picture in early pregnancy. It is not harmful to your pregnancy.
- Sometimes, if you are unwell, you will have a laparoscopy under general anaesthetic before the diagnosis is certain. A thin camera is passed through a small cut in your abdomen so that your fallopian tubes and internal organs can be seen directly. If it is clear that there is a tubal pregnancy, it will usually be removed at the same time.

"I did not have any of the typical symptoms and only minimal pain but had I not pushed for blood tests, there is little doubt that the ectopic would have ruptured."

How is tubal ectopic pregnancy managed (treated)?

If you are very unwell, the only safe option may be an urgent operation to confirm the diagnosis and to stop internal bleeding.

In most cases, though, there may be several options, depending on your condition, the scan report and any additional blood tests, and you should be given time to discuss these with your doctor. We describe these treatments over the next few pages.

Conservative or expectant management

This means that you don't have any active treatment, but are checked regularly to make sure that the ectopic pregnancy is ending naturally.

You might be offered this treatment if:

- you are well (you have a normal pulse and blood pressure and little or no pain).
- your ßhCG levels are relatively low and during monitoring these levels continue to fall.

If you do have conservative management, you will need repeated visits to hospital to have your pregnancy hormone levels checked. Until your results are back to normal, there is still a risk that your tube might rupture.

During this time it is important to think of who you would contact in an emergency for support if you became unwell. It is also important not to have sex as this can increase the risk of rupture, and to avoid alcohol as it may complicate the situation if you become unwell.

Medical management

Sometimes an ectopic pregnancy can be treated with drugs that stop the development of the pregnancy and allow it to be re-absorbed by the body.

This may be offered if:

- you are well (you have a normal pulse and blood pressure and little or no pain).
- you have a small ectopic pregnancy with no heartbeat.
- your ßhCG levels are relatively low.
- you don't have any medical problems that mean you cannot use methotrexate (for example kidney failure).

The drug that is most often used is methotrexate and it is usually injected into a muscle in your bottom or arm. Methotrexate is a drug that is used for many conditions to stop the growth of rapidly dividing cells. It can cause abnormalities in a developing baby so it can only be given when the diagnosis of ectopic pregnancy is certain.

After the injection you will need regular blood tests to measure your hormone levels and check that they are falling. Until your hormone levels are back to normal, it is important not to have sexual intercourse as this can increase the risk of rupture, and to avoid alcohol as it may complicate the situation if you become unwell.

"I was able to have methotrexate as the ectopic was caught quite early. The injection was fine and I had no side-effects, but I needed two lots of treatment and repeated blood tests before the pregnancy was over."

The advantage of medical management is that you may be able to avoid having an operation and probably won't need to stay in hospital. Research shows that after methotrexate there is a 30% chance of surgery, and a 15% chance of needing a second dose.

Some women have mild side-effects from the treatment, such as mouth ulcers, abdominal pain, nausea or skin rashes. You are also more at risk of sunburn and a small amount of hair loss.

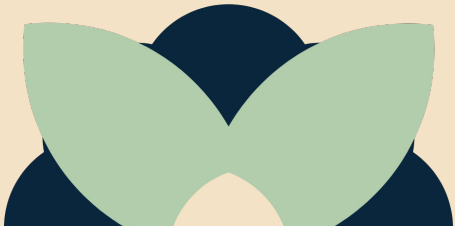
After the injection you will need regular blood tests to measure your hormone levels and check that they are falling.

The blood tests are usually done at the start of treatment, days 4 and 7 after treatment; then weekly until they are normal. This can take 4 to 6 weeks, depending on the level at the beginning.

If you have medical treatment, you will be advised to wait three months before trying for another pregnancy. This is because the drug can be harmful to an early pregnancy by reducing the amount of folic acid in your system.

It is important to make sure the drug is out of your system before you get pregnant again.

Once your hormone levels are back to normal, it is also advisable to restart your folic acid if you plan to try again.



Surgical management

This is the recommended treatment if:

- you are unwell, with severe pain or internal bleeding
- there is a live ectopic pregnancy
- the ectopic pregnancy is very large
- your hormone level is very high and the diagnosis is uncertain

If you have any of these symptoms, the doctors cannot consider less invasive treatments for you because your health may be at risk.

In most situations, the operation is done by laparoscopy (keyhole surgery). Laparoscopic surgery shortens the length of time you need to stay in hospital and you will recover physically more quickly than after open surgery.

In some cases, you might need to have open surgery called a laparotomy which leaves a small scar along the pubic hair line (bikini line). This is sometimes needed if there is lots of internal bleeding, the ectopic pregnancy has ruptured or there is a lot of scar tissue from any previous surgery.

If this is your first ectopic pregnancy, your doctor will usually advise removing the affected tube completely, with the pregnancy tissue inside. This is called a salpingectomy.

The reason the tube is normally removed is that this reduces the likelihood of you needing further treatment, and does not seem to significantly reduce the chance of a healthy pregnancy in future.

If you have damaged tubes, however, or had a previous ectopic – and especially if you have already had one tube removed – it might be possible to remove the ectopic pregnancy from the remaining tube and leave the tube behind with a salpingotomy.

Sadly for some women, a further ectopic pregnancy will result in the loss of both fallopian tubes. This can have a huge impact and the only option for a future pregnancy would be through IVF (in vitro fertilisation). For further information, advice and support on the availability of this treatment it is best to see your GP.

After the treatment

If you have surgical management, any tissue removed will be sent for testing to confirm that it was an ectopic pregnancy. That tissue is usually then disposed of by the hospital, in accordance with their sensitive disposal policy.

If you prefer to take the remains of your pregnancy home to bury or to make your own arrangements, you can ask for them to be returned to you.

How is a non-tubal ectopic pregnancy managed?

The management of non-tubal pregnancies depends on where the pregnancy has implanted and whether or not it is still alive. Each case needs to be considered separately, but most are managed surgically.

The Ectopic Pregnancy Trust offers dedicated support groups for anyone who has had ectopic pregnancies in locations other than a fallopian tube. Please see page 20 for details.

How long does it take to recover?

Recovering from an ectopic pregnancy is different for everyone, and may depend on whether you needed an operation. You might also find that you recover physically quite quickly, but that your feelings about what has happened stay with you for longer.

When can I go back to work or my usual routine?

Once you are home from hospital, you'll probably need to take things easy for at least a few days, whatever treatment you have had. If possible, it is best to return to work only when you feel ready both physically and emotionally.

Your GP will be able to provide you with a certificate (a "fit note") for work.

Physical recovery: your body

After expectant or medical management

You will need to continue to have monitoring at the hospital until your hormone levels are back to non-pregnant levels.

You may still have bleeding for some time, the length of time the bleeding lasts for can be varied. For most people, it will probably last a week or two, gradually getting less and less. For some others the bleeding and spotting lasts for up to six weeks.

Most women who previously had regular periods can expect to get their first period around 2-4 weeks after their hormone level is normal, but for some it can take longer than this. Your first proper period after an ectopic pregnancy can be heavier than usual.

After surgical management

After keyhole surgery, you should recover physically after about two weeks. If you have open surgery it is likely to be up to six weeks.

You should get a period about 4 to 6 weeks after your treatment, but this can take longer, particularly if your usual cycle is longer than 4 weeks.

When is it okay to start having sex again?

This very much depends on how you are feeling after the ectopic pregnancy and what treatment you have had. You may be feeling very tired and/or still sore or in pain. You might also be worried about the possibility of getting pregnant again.

After surgery, it is safe to have sex once your bleeding has stopped and you feel comfortable enough to do so. After conservative and medical management it is advisable to wait until your levels are returning to normal.

Are my feelings normal?

Everyone is different, but many women say that ectopic pregnancy is a very upsetting and frightening experience, even if they weren't planning to have a baby.

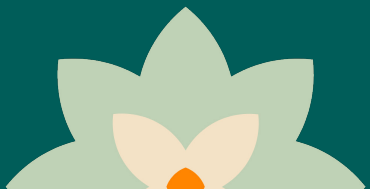
You may feel or experience any of these:

- Shock
- Feeling in limbo
- Loss and grief
- Guilt and blame
- Anger
- Nightmares or flashbacks
- Anxiety about the future

Many women who have had an ectopic pregnancy – and their partners too – find that it can help to talk to someone who understands what they are going through. This may be a friend or relative, or perhaps a bereavement nurse, midwife or counsellor. You may prefer to talk to someone you don't know personally, see page 18 for some suggestions.

"It was like a double loss. I lost my baby and I lost one of my tubes. It felt like the end of the world."

There is no right or wrong way to feel and you'll probably find that you have lots of ups and downs in the days, weeks and months after your loss.



Your partner

The experience of ectopic pregnancy can put a real strain on a relationship. It might bring you and your partner closer together but you might find that they don't seem to understand how you feel and don't react in the way you want or expect.

You may feel differently about what has happened. Your partner may focus on your health, especially if they saw you in pain and distress and perhaps felt powerless to help.

Partners sometimes think they need to be strong and supportive, rather than show any feelings of loss, sadness or anxiety.

It may just be that you deal with things or express yourselves differently and this can lead to misunderstandings, anger and hurt, especially at a vulnerable time.
You or your partner may find it helpful to read our information about the partner experience on our website.

It may be that you do not have a partner, and feel very alone. You might need extra support at this time.

"Vicki was terribly upset and having a lot of pain too. I wanted to rescue her or take away the pain, and I couldn't do a damn thing except watch her cry."

Thinking about the future

The chances of having a healthy pregnancy are still good after treatment for an ectopic, even if your tube is removed. 65% of women will fall pregnant within the first 18 months, 85% within two years, while some will need help to do so (e.g. fertility treatment) and others will decide not to try again.

What are the chances that I'll have another ectopic pregnancy?

The overall chance of you having another ectopic is approximately 1 in 10. This will depend on the kind of treatment that you had and the health of your remaining tube or tubes.

The chance of having another non-tubal ectopic pregnancy is very low. You should discuss your personal risk of a future ectopic with your doctor.

When is it best to try for another pregnancy?

This will depend on the type of ectopic pregnancy you had and the treatment you received.

You may be encouraged to wait until you have had one or two normal periods following an ectopic pregnancy. You should discuss your personal circumstances with your health professional.

What about contraception?

If you don't want to get pregnant, you may want to talk to your doctor or family planning clinic about what kind of contraception is best for you.

What happens in future pregnancies?

The most important thing in your next pregnancy is to find out early if it is developing in the right place. So once you have a positive pregnancy test, it is best to consult your GP or Early Pregnancy Unit so that they can arrange an early scan for you.

If you see a GP or hospital doctor who doesn't know your history, it is important to tell them about your ectopic pregnancy so they understand that an early scan is important. It is helpful to tell them or the person scanning you which fallopian tube was affected and/or removed.

It is also essential to talk to your doctor if you might be pregnant and have any symptoms that might mean another ectopic: a late period, bleeding that is different from usual or any of the other symptoms listed on page 5.

The experience of ectopic pregnancy can be extremely distressing. You may feel very relieved to be alive and free of pain, yet still feel deeply sad at the loss of your baby and anxious about the future.

Whatever your feelings and anxieties, you don't have to bear them alone. We hope that reading this leaflet has been of some help and that you can use some of the resources overleaf to help on your journey to recovery.

"Just talking to people that understand what I've been through and how I'm feeling makes me feel like I'm not alone."

Information and support

Miscarriage UK offers support and information through a staffed support line (phone, live chat, email and direct messaging), online and in-person support groups and private Facebook groups.
Support line: 0303 003 6464

The Ectopic Pregnancy Trust provides information and support on ectopic pregnancy.
Helpline: 020 7733 2653

For advice on symptoms, it is best to call your GP, out-of-hours service or the NHS 111 helpline (0845 4647 in Wales).

If you suspect an ectopic pregnancy, seek help immediately from your GP, your nearest Early Pregnancy Unit or Accident & Emergency Department.
For a list of Early Pregnancy Units, see www.aepu.org.uk (Association of Early Pregnancy Units).

Useful reading

NICE guideline (NG126)
Ectopic pregnancy and miscarriage: diagnosis and initial management. National Institute for Health and Care Excellence, August 2023.

Royal College of Obstetricians and Gynaecologists
Ectopic Pregnancy Patient Information.

About Miscarriage UK

Pregnancy loss can be a difficult and often isolating experience. Sadly, too many people go through it without the support or information they need.

Miscarriage UK is the leading charity supporting people affected by pre-24-week pregnancy loss, including miscarriage, ectopic pregnancy and molar pregnancy.

We provide confidential and empathetic support services and clear, evidence-based information, and work with healthcare professionals to improve care and build confidence in compassionate communication.

We also support employers to better respond to pregnancy loss, including successfully campaigning for changes in the law to introduce bereavement leave for pre-24-week loss. Alongside this, we continue to campaign to improve care, policy and public understanding, so that no one is left to navigate pregnancy loss alone.

Because every loss matters.

"I will always support your charity for the amazing care and compassion shown to parents and family members going through such an awful time. Thank you to all of you for helping us through the dark days."

However you're feeling, you're not alone in this.

0303 003 6464
info@miscarriageuk.org
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Mon, Tues, Thurs: 9am - 4pm
Weds & Fri: 9am - 8pm

I've been feeling....

Questions I want to ask....

Miscarriage UK

Because every
loss matters

In loving memory of

Always remembered, forever treasured.

This booklet has been made possible through donations from people who have experienced loss themselves. We receive limited statutory funding, so every contribution makes a difference.

Please donate today, and help make sure no one else has to face this heartbreak alone.

Miscarriage UK