

How will I know if there is a problem and I need a different treatment?

Your doctors will be able to tell if your pregnancy isn't resolving, as this will be shown in the results of the regular blood tests. If this is the case, they will usually suggest surgery for you. In our general leaflet you will find the signs of a deteriorating ectopic pregnancy, which include severely increased pain levels, vaginal bleeding, shortness of breath and pain in the tip of the shoulder, among others, which will alert you to the fact that you need to be reassessed. Your hospital will have given you a number to contact for health advice if you feel that anything is changing, or you will have been told to report to the accident and emergency department.

If you are at all worried at any point while you are being medically managed, you should report to the accident and emergency department.

What precautions must I take for the future?

All women who suffer ectopic pregnancy are advised to avoid becoming pregnant for at least two proper period cycles, which is normally about three months. This is particularly important if you have been treated with methotrexate. This is because the methotrexate may have reduced the level of folate in your body which is needed to ensure a baby develops healthily. For example, it could result in the baby having a neural tube defect such as cleft lip, cleft palate, or even spina bifida or other NT defects. The drug is metabolised quickly but can affect the quality of your cells, including those of your eggs and the quality of your blood for up to 3 or 4 months after it has been given. The medicine can also affect the way your liver works and

so you need to give your body time to recover properly before a new pregnancy is considered.

The current advice is to take folic acid for three months before you conceive. You must not begin to take folic acid supplements until the hCG levels have fallen to below 5<mlU/mL. Once your blood hCG levels have dropped, if you wish to become pregnant again, you should recommence your folic acid supplements.

Your emotions

Until your doctors are confident that your pregnancy is ended it can be difficult to think about the future or for your emotions to surface properly. Being managed expectantly can be a worrying time for any woman, and until your hCG levels drop, you may still feel pregnant. Being worried about whether the pregnancy is resolving is quite normal and that is why your doctors are checking your hCG levels. However, women often say they feel guilty that they want the pregnancy to be over when they are also grieving for the loss of their baby. It is important you remember that the ectopic pregnancy was not your fault and that there was nothing you could have done to prevent it happening.

More information about emotions is discussed in our general leaflet.

Your partner's emotions

Partners can sometimes find it difficult to understand your feelings and you may feel your partner isn't supporting you. They can also feel left out and ignored. Your partner's focus is likely to be on you rather than the pregnancy which is being lost and this can be difficult to accept. It is important that when you feel able, you talk to your partner about your feelings and about theirs.

More about your partner's emotions is discussed in our general leaflet.

The Ectopic Pregnancy Trust

Information
Education
Support

Medical Management



This information should be read in conjunction with our leaflet Ectopic Pregnancy.

Your doctor is considering or has diagnosed you with an ectopic pregnancy. They have assessed you and decided that the best course of treatment is what is called 'medical management', using a drug called methotrexate. You will probably have some questions about this and in this handout we will try to cover the most frequently asked questions. Further information can be obtained at www.ectopic.org.uk.

What is methotrexate?

Methotrexate is a powerful drug which works by interfering, in a temporary way, with the processing in the body of an essential vitamin called folate. Folate is needed to help rapidly dividing cells – such as those of a pregnancy. The drug stops the pregnancy developing any further and the pregnancy is gradually reabsorbed. Methotrexate is also used to try and control other unwanted rapidly dividing cells, such as those which cause the condition rheumatoid arthritis, psoriasis, and some specialised cancerous lesions.

When is treatment with methotrexate most appropriate?

This method of treatment is more suitable for some women than others and is more likely to be successful in the following circumstances:

- You are in good health
- Your tube has not ruptured
- Your hCG level is low (your hospital will probably have a level above which this method will not be used)
- There is no significant abdominal bleeding. Because it does not entail an operation, this method has an advantage over keyhole (or open) surgery if:
- You have other medical problems that may increase the risks of a general anaesthetic
- If you have adhesions in the abdomen or pelvis (as a result of previous surgery or infection)

- The ectopic pregnancy is situated in the neck of the womb or as the tube enters the womb.

Treatment of ectopic pregnancy with methotrexate is not appropriate if you suffer from any of the following conditions:

- An ongoing infection
- Severe anaemia or shortage of other blood cells
- Kidney problems
- Liver problems
- Active infection
- HIV/AIDS
- Peptic ulcer or ulcerative colitis.

How is the treatment given?

The treatment is given by means of an injection, usually given by a single injection into the muscle. However, if it needs to be administered by any other route, this will be discussed with you. The dose is calculated with reference to your height and weight. Before the injection, blood tests are done to check liver and kidney function and to ensure that you are not anaemic. Every 2-3 days beta hCG levels will be monitored to ensure that they are falling appropriately. Most women only need one injection but in up to a quarter of cases a further injection may be required if serum hCG levels are not decreasing.

What happens after treatment?

This method has been developed to avoid surgery. However, it does require careful monitoring and follow-up. This means that you will have to attend the hospital regularly for blood tests until the tests are negative. This can take several weeks and will be explained by your doctor. Your hospital will make arrangements for you to have the hormone level checked. Your doctors will usually test your hCG levels on the day the medicine is given, again on day 4, and on day 7 after the injections.

The hCG level often rises on day 4 but your doctors are looking to see a drop in your hCG value of at least 15% between days 4 and 7.

A few days after the injection it is usual to begin to bleed and this bleeding can last between a few days and up to 6 weeks. It is usual to have some discomfort and pain initially but as long as this isn't severe and you are feeling well this is nothing to worry about. If the pain persists for longer than 10 days, or is severe and is not helped by taking paracetamol, or you feel faint, you will need to go to hospital immediately, as this may be a sign that the tube has ruptured.

What can I do to help the treatment work?

- You should stop taking any vitamins, minerals or other medicines unless you have been told by the doctors treating you to continue with them. Some medicines interfere with the effects of methotrexate. It is particularly important that you do not take any folic acid supplements until your doctors are sure that the medicine has worked
- You should not do any heavy lifting or housework until the hCG levels are dropping consistently and should only undertake gentle exercise, such as walking, until the hCG levels are below 100<mIU/mL
- You should avoid sexual intercourse until your levels are down to less than 100<mIU/
- Most people take time off from work initially and do not return to work for around 2 weeks while the treatment begins to work. Your hospital can give you a certificate to refrain from work for your employers or the Department of Social Security, so you can claim sickness benefit if you are entitled to it
- In the first week it is important to avoid pain killers which fall into the NSAID group such as ibuprofen. The preferred painkiller is paracetamol and you should refrain from drinking alcohol until the levels have fallen to a non-pregnant state.

What are the risks of being managed like this?

The main risk associated with treating you medically is that the medicine will not work and the cells of the ectopic pregnancy might continue to divide, which could result in there still being a need for surgery. Around 15% of women who are treated with methotrexate initially go on to need medical or surgical treatment. Doctors can tell if the specialised cells of a pregnancy that produce the hCG hormone are dividing because the hCG level will rise and not fall. Occasionally an ectopic pregnancy can rupture despite low hCG levels. If you are concerned about your level of pain, please contact your hospital.

What are the side effects?

Sometimes you may notice some mild abdominal pain. This tends to occur on day 3 or 4 after treatment. Many people feel very tired and are shocked by the sheer exhaustion that they encounter. Other occasional side effects (affecting up to 15% of patients) include nausea, indigestion, diarrhoea and sore mouth. Very occasionally, changes in the blood count, liver and kidney function may occur, but these are usually temporary.

How successful is it?

Success rates do vary depending on the circumstances in which methotrexate is given. Studies report success rates of 65-95%. Success rates tend to be higher with lower serum hCG levels. Your doctor should be able to tell you the success rate of methotrexate in their unit. Methotrexate is at least as good as surgery in terms of subsequent successful pregnancies. This may be due to the fact that medical treatment is non-invasive, whereas surgery may cause some scarring around the tube.

