The American College of Obstetricians and Gynecologists

FREQUENTLY ASKED QUESTIONS
FAQ155
PREGNANCY

Ectopic Pregnancy

What is an ectopic pregnancy?

An ectopic pregnancy occurs when a fertilized egg grows outside of the ***uterus***. Almost all ectopic pregnancies occur in a ***fallopian tube***. Rarely, it will attach to an ***ovary*** or another organ in the abdomen. As the pregnancy grows, it can cause the tube to rupture (burst). If this occurs, it can cause major internal bleeding. This can be life threatening and needs to be treated with surgery.

Who is at risk of ectopic pregnancy?

Women who have abnormal fallopian tubes are at higher risk of ectopic pregnancy. Abnormal tubes may be present in women who have had the following conditions:

- Pelvic inflammatory disease (an infection of the uterus, fallopian tubes, and nearby pelvic structures)
- Previous ectopic pregnancy
- ***Infertility***
- Pelvic or abdominal surgery
- ***Endometriosis***
- Sexually transmitted diseases
- Prior tubal surgery (such as ***tubal sterilization***)

Other factors that increase a woman's risk of ectopic pregnancy include the following:

- Cigarette smoking
- Exposure to the drug diethylstilbestrol (DES) during her mother's pregnancy
- Increased age

What are the symptoms of ectopic pregnancy?

Ectopic pregnancy may cause the following symptoms:

- Abnormal vaginal bleeding—Bleeding that is not at the time of your normal menstrual period is called abnormal vaginal bleeding. It may be light or heavy.

- Abdominal or pelvic pain—This can be sudden and sharp and ache without relief or seem to come and go. It may occur on only one side.
- Shoulder pain—Blood from the ruptured tube can build up under the diaphragm (the area between your chest and stomach). This can cause pain that is felt in the shoulder.
- Weakness, dizziness, or fainting—This can happen because of blood loss.

These symptoms can occur before you even suspect you are pregnant. If you have these symptoms, call your health care provider.

How is ectopic pregnancy diagnosed?

If your health care provider suspects that you may have an ectopic pregnancy, he or she may do the following:

- Perform a pelvic exam.
- Check your blood pressure (low blood pressure may mean internal bleeding) and pulse.
- Perform an ultrasound exam (a test in which sound waves are used to create an image) to see if there are early signs of a pregnancy.
- Test your blood to detect the ***hormone*** human chorionic gonadotropin (hCG). This hormone is produced when a woman is pregnant. The test may be repeated to check the levels of hCG.

What treatment is available for ectopic pregnancy?

There are two methods used to treat an ectopic pregnancy: medication and surgery. Several weeks of follow-up are required no matter which type of treatment is used.

When is medication used to treat ectopic pregnancy?

If the pregnancy is small and has not ruptured the tube, sometimes drugs can be used instead of surgery to treat ectopic pregnancy. Medication stops the growth of the pregnancy and permits the body to absorb it over time. It allows a woman to keep her fallopian tube.

When is surgery used to treat ectopic pregnancy, and how is it performed?

If the pregnancy is small and the tube is not ruptured, in some cases the pregnancy can be removed through a small cut made in the tube using ***laparoscopy***. In this procedure a slender, light-transmitting telescope is inserted through a small opening in your abdomen. It is done in a hospital with ***general anesthesia***. A larger incision in the abdomen may be needed if the pregnancy is large or the blood loss is thought to be a concern. Some or all of the tube may need to be removed.

Is pregnancy possible after surgery?

If you have had surgery and the fallopian tubes have been left in place, there is a good chance that you can have a normal pregnancy in the future. Once you have had an ectopic pregnancy, however, you are at higher risk of having another one.

Glossary

Endometriosis: A condition in which tissue similar to that normally lining the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

Fallopian Tubes: A pair of ducts that connect the ovaries to the uterus.

General anesthesia: The use of drugs that produce a sleeplike state to prevent pain during surgery.

Hormone: A substance produced by the body to control the functions of various organs.

Infertility: A condition in which a couple has been unable to get pregnant after 12 months without the use of any form of birth control.

Laparoscopy: A surgical procedure in which a slender, light-transmitting instrument, the laparoscope, is inserted into the pelvic cavity through small incisions. The laparoscope is used to view the pelvic organs. Other instruments can be used to perform surgery.

Ovary: One of a pair of glands, located on either side of the uterus, that contains the eggs released at ovulation and produces hormones.

Tubal Sterilization: A method of female sterilization in which the fallopian tubes are closed by tying, banding, clipping, or sealing with electric current.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ155: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.