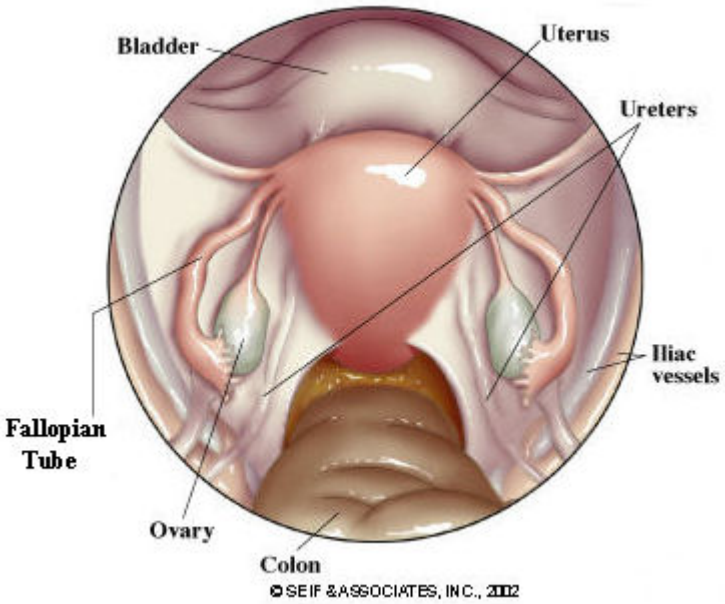
# Ectopic Pregnancy
## Treatment with Methotrexate

Ectopic pregnancy is a pregnancy located outside of the uterus (*womb*). An ectopic pregnancy is usually located in the fallopian tube, but rarely it can be located on the ovary in the pelvis, or on the intestine in the abdomen. Immediate treatment is necessary, because if it tears (*ruptures*), it can cause severe bleeding (*hemorrhage*). Ectopic pregnancy occurs in 1 out of 50 pregnancies. It is the leading cause of death in the first 3 months of pregnancy.




If the ectopic pregnancy is found early enough, it can be treated with medicine. This medicine is called methotrexate. If the pregnancy is 1 ½ inches (3.5 cm) or larger, or it ruptures, surgery to remove the pregnancy becomes necessary, and methotrexate should not be used.

### CAUSES

- Blocked tubes from scarring, caused by a pelvic infection.
- Other risk factors include:
  - Previous ectopic pregnancy.
  - Surgery on the fallopian tube.
  - DES (*estrogen hormone*) given to the mother during her pregnancy.
  - In vitro fertilization, with stimulating the ovaries to produce eggs.
  - Older women (over age 35) getting pregnant.
  - Women who smoke.
  - Previous pelvic or abdominal surgery.
  - Blocked fallopian tubes.
  - Reversing a previous tubal ligation (*female sterilization, "tied tubes*").
  - Endometriosis (*uterus tissue growing outside the uterus*) causing scar tissue in and around the tubes.
  - Intrauterine device (IUD) contraception (rare).
  - Sexually transmitted disease (STD).
- Often, there is no apparent cause.

### SYMPTOMS

- Pregnancy symptoms:
  - Nausea.
  - Vomiting.
  - Tiredness.
  - Feeling of fullness in the abdomen.
  - Missed menstrual period.
  - Breast tenderness.
  - Frequent urination.
- Abdominal discomfort or pain.
- Vaginal spotting or bleeding.
- Pain with intercourse.

### SYMPTOMS OF A BLEEDING OR RUPTURED ECTOPIC PREGNANCY

- All of the above symptoms.
- Shoulder pain, from blood between the liver and diaphragm (*muscle below the lungs*).
- Fast heartbeat.
- Low blood pressure.
- Dizziness or lightheadedness.
- Passing out.
- Severe or sudden abdominal pain, while having a bowel movement.

## DIAGNOSIS

- Pregnancy test, to confirm the diagnosis.
- Pelvic examination.
- Ultrasound of the pelvis.
- CT scan, may be necessary.
- Blood tests to check the pregnancy hormone level changes over several days.
- Progesterone blood level changes, taken over several days.
- Laparoscopic surgery (*examining inside the abdomen, with a lighted tube*), if the above tests cannot confirm the diagnosis.
- Abdominal exploratory surgery, may be necessary.

## TREATMENT

Methotrexate works by stopping the pregnancy from growing. It helps the body absorb the pregnancy tissue over a 4 to 6 week period. This preserves the fallopian tube. Blood tests will be taken for several weeks, to check the pregnancy hormone levels, until there is no more pregnancy hormone detected in the blood. The success rate is between 84% and 90%. There is still a risk of the ectopic pregnancy rupturing while using the methotrexate.

- Methotrexate 75 mg, given in 1 dose in the muscle. Sometimes, it may take more than 1 dose.

Methotrexate should not be given in women who:

- Are breast-feeding.
- Have liver disease.
- Have blood problems.
- Are allergic to methotrexate.
- Have lung disease.
- Have kidney disease.
- Have peptic ulcer.
- Have an ectopic pregnancy larger than 1 ½ inches (3.5 cm).
- Have cardiac motion (*fetal heartbeat*) seen in the pregnancy.

Before giving the medications:

- Liver, kidney, and bone marrow blood tests are done.
- Blood tests to measure the pregnancy hormone levels and blood type are done.
- If the woman is Rh negative, and the father is Rh positive or his Rh type is not known, Rh immune globulin (RhoGAM) is given.

## SIDE EFFECTS OF METHOTREXATE

- Nausea and vomiting.
- Mouth sores.
- Diarrhea.
- Rash.
- Dizziness.
- Increased abdominal pain.
- Low white blood cell count (rare).
- Increased vaginal bleeding or spotting.
- Pneumonia.
- Hair loss (rare, and reversible).
- Failed treatment.

**On very rare occasions,** the medication may affect your blood counts, liver, kidney, bone marrow, or hormone levels. If this happens, your caregiver will want to perform more blood tests.

## HOME CARE INSTRUCTIONS

- Do not have sexual intercourse until your caregiver says it is safe to do so.
- You may resume your usual diet and regular activities.
- Do not take folic acid or vitamins that contain folic acid.
- Do not take aspirin, ibuprofen, or naproxen (NSAIDs).
- Do not drink alcoholic beverages.
- Return to the emergency room or your caregiver's office for blood work as directed, to be sure the pregnancy hormone is no longer present. This is usually done in 4 to 7 days, and then at weekly visits until there is no pregnancy hormone detected.
- It is very important to return for your blood work as instructed, to make sure the pregnancy is not progressing.

**AN ECTOPIC PREGNANCY IS A SERIOUS THREAT TO YOUR LIFE, SO INSTRUCTIONS MUST BE FOLLOWED.**

You and your spouse or partner may develop emotional problems over the loss of your pregnancy. If so:

- Grieving helps.
- Counseling often helps.
- Let your body and mind heal before trying to get pregnant again.
- Talk to your caregiver for advice about when to try to get pregnant again.

## SEEK MEDICAL CARE IF:

- You cannot control your nausea and vomiting.
- You cannot control your diarrhea.
- You need treatment for the sores in your mouth.
- You need pain medicine for your abdominal pain.
- You develop a rash.
- You are having a reaction to the medicine.

## SEEK IMMEDIATE MEDICAL CARE IF:

- You experience increasing abdominal or pelvic pain.
- You notice increased bleeding.
- You feel lightheaded or you faint (*pass out*).
- You develop shortness of breath.
- You develop an increase in your heart rate.
- You develop a cough.
- You develop chills.
- You have an oral temperature above 102° F (38.9° C), not controlled by medicine.

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