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Date of Publication: November 2020

Date for Review: November 2022

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PL/00674

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Wirral University Teaching Hospital

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Inconclusive Early Pregnancy Scans and Ectopic Pregnancy

Patient information Leaflet

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Following your appointment today, it may not have been possible to confirm whether your pregnancy is going to continue or not. You have either had an inconclusive scan or we may think you have an ectopic pregnancy. We know that it can be difficult to take in all the facts when you are worried or upset, especially in a hospital environment.

What does an inconclusive scan result mean?
There are **three** main reasons for us not being able to tell you exactly what is happening:

1. It is simply too early to definitely see the pregnancy but it is in the right place (See Early Intrauterine Pregnancy).
2. The pregnancy is not growing as it should be and that is why you have started bleeding and it is possible you are having a miscarriage (See Miscarriage).
3. There is a possibility of an ectopic pregnancy (a pregnancy outside the womb). Although this is rare at this stage, we may not be able to confirm this as it is too early to diagnose (See Ectopic Pregnancy).

At this stage we are not clear which of the above categories you fall into and further tests will be required in order to determine the diagnosis.

Blood Tests
To help us find out what is happening we may need to check the pregnancy hormone level in your blood and perhaps repeat the scan in a few days depending on the hormone levels.

The pregnancy hormone that may be measured is called hCG (human Chorionic Gonadatrophin). It is a hormone produced in pregnancy by the placental tissue and its level roughly doubles every two days in a normal growing early pregnancy. This will be measured every two days until we are more certain which of the three possibilities above applies to you.

You may also have a blood test for a hormone called progesterone that will help us decide how likely or not the pregnancy will continue.

Further advice
Bleeding can be very common and as long as it is not too heavy (e.g. heavier than a period) you can stay at home. However if you develop any sharp pains or are aware of an increasing crampy discomfort, you may take Paracetamol, Ibuprofen or Cocodamol tablets. However, if the pain is severe and not improved with tablets, please do not hesitate to phone either the Gynaecology Assessment Unit (GAU) or the Gynaecology Ward if the unit is closed for advice.

If you are unwell or are unable to contact us, then please do not hesitate to attend Accident and Emergency Department at any time.

It is not unusual to feel a range of emotions during this time, including low mood, being tearful or angry.

Both GAU and the ward staff are ready to support you during this difficult time. Please do not hesitate to phone for advice and support.

Contact numbers are given below:

Gynaecology Assessment Unit
Monday to Friday 9.00 a.m. – 7.00 p.m.
Tel No: 0151 604 7450

Gynaecology Ward 54
Tel No: 0151 604 7132 Open 24 hours

Recovery

After expectant or medical management, we will need to monitor you with blood tests for several weeks which will require regular attendance to the Gynaecology Assessment Unit (GAU). There may be irregular bleeding for a few weeks but most women can usually return to work during this period of monitoring. This monitoring will also be required if you have had surgery and the fallopian tube was not removed.

If you have had surgical treatment with a laparoscopy (keyhole surgery) we would normally expect you to be in hospital for up to one night and most people are able to go back to work after one to two weeks. If it was necessary for you to have a laparotomy (larger cut) you may need to stay in hospital for two to three days and may need up to four to six weeks off work.

Resuming sexual relationships should be possible when you feel comfortable enough. If we need to monitor your hormone level because you have had medical treatment then you must not fall pregnant within three months of the Methotrexate injection and you will need to use a reliable form of contraception during this period.

Future pregnancies

Most women (around 80%) have a normal pregnancy the next time they are pregnant after an ectopic pregnancy, whatever type of treatment they have had.

However, if you have had an ectopic pregnancy you are more susceptible to ectopic pregnancies in the future and the risk is around 15%. We would recommend that you contact your GP for referral to GAU when you are next pregnant as we usually perform an ultrasound scan at around 6 weeks to make sure your next pregnancy is normal.

Early Intrauterine Pregnancy

It is simply too early to see the pregnancy progressing. It is not possible to tell whether this pregnancy will continue to develop normally, but it is developing in the womb. This is a very common situation especially if you are unsure of the date of your last period or have irregular periods. On a repeat ultrasound in 7-10 days, we should be able to see the pregnancy in the womb, assuming you have had no further bleeding.

Miscarriage

If you have had bleeding in this pregnancy especially early on, it is possible that you may have had a miscarriage. As everything has been expelled, nothing can be seen in your womb on an ultrasound scan and is medically termed a **complete miscarriage.** To confirm this we would need to measure your pregnancy hormone levels (hCG) to see if they are falling. This may require several blood tests but once we are sure of the diagnosis we would recommend that you perform your own home pregnancy test in 3 weeks time to confirm that you are no longer pregnant. You will then be discharged to your GP. You can, if appropriate, try to conceive again once your periods restart, which is usually in 2 to 6 weeks.

Ectopic Pregnancy

Ectopic pregnancy is a potentially life-threatening condition affecting one in 100 pregnancies. It occurs when the fertilised egg implants outside the cavity of the womb, usually in the fallopian tube. As the pregnancy grows, it causes pain and bleeding. If it is not treated quickly enough, then it can burst the tube and cause abdominal bleeding and even death.

An ectopic pregnancy will not develop into a normal pregnancy and is consequently termed as a type of miscarriage.

If we think it is likely that you have an ectopic pregnancy, in most cases, there are three treatment options: **1.** Expectant management

(close monitoring only), **2.** Medical treatment with an injection of a drug called Methotrexate and **3.** Surgical treatment with either laparoscopy (keyhole surgery) or laparotomy (open surgery).

1. Expectant Management (close monitoring only)
If the ectopic pregnancy is small and there is no evidence of internal bleeding then the ectopic pregnancy may dissolve by itself. If we think this is a suitable option for you then we will monitor you closely as an outpatient with blood tests while the ectopic dissolves. This is only suitable for a small number of women and up to 1 in 4 women will need further treatment (see below). In view of this, you should contact us immediately if you have any abdominal pain or shoulder pain as this could be a sign of the ectopic pregnancy rupturing.

2. Medical Treatment with Methotrexate
Methotrexate is a type of anti cancer drug that is also used to dissolve ectopic pregnancies. It is usually given as a once only injection although some women may require a second injection. Methotrexate is suitable for women with a small ectopic pregnancy with no evidence of internal bleeding. Methotrexate is successful in treating around 90% of ectopic pregnancies, although 15% of women will need a second injection. You will need to be closely monitored with blood tests following the Methotrexate injection(s) to make sure the ectopic pregnancy is dissolving.

Unfortunately, despite treatment with Methotrexate up to 10% of women will require surgery as well, as the ectopic may still rupture. Three quarters of women will have abdominal pain following the injection (which may require admission for monitoring) and women should avoid sexual intercourse during treatment. You must not attempt a pregnancy within three months after the injection as this could cause abnormal development of a future pregnancy. Therefore, you must use barrier contraception (condoms) for 3 months following Methotrexate treatment. Possible rare side effects include sore eyes, sore lips, diarrhoea and vomiting, temporary hair loss and low blood count.

3. Surgical Treatment (keyhole operation or open operation)
An operation will be recommended if the ectopic pregnancy is large or if you have severe pain or evidence of internal bleeding. In most cases the operation can be performed by laparoscopy (keyhole surgery) with two or three small cuts in and around the belly button. An open operation with a larger cut is only usually required if internal bleeding is severe or if keyhole surgery is not possible.

In most cases the aim of the operation is to remove the ectopic pregnancy and the fallopian tube in which it is situated. Occasionally, it may be necessary to remove the ectopic pregnancy and leave the tube where it is. This is only usually performed if the fallopian tube on the other side looks damaged. The reason the tube is usually removed is that if the tube is left behind it actually increases the risk of ectopic pregnancy in the future (if the fallopian tube is removed, the chance of another ectopic pregnancy is approximately 10% and if it is left the chance of another ectopic pregnancy is approximately 15%).

Most women will have a normal pregnancy again following any of these three treatment options.

What happens to the pregnancy after treatment?
An ectopic pregnancy is usually small and under 5cm in size. It does not usually resemble a baby. With expectant and medical treatment the pregnancy is reabsorbed gradually, back into the body. With surgical treatment the pregnancy is removed and sent to the laboratory to check that everything has been removed. After this confirmation the pregnancy is sent to a local Crematorium for cremation. This service is free, but if you would prefer to make alternative arrangements then this is possible. Please discuss this with the staff looking after you.