



Mersey and West Lancashire
Teaching Hospitals
NHS Trust

PATIENT INFORMATION

Medical Management of Ectopic Pregnancy and Pregnancy of Unknown Location

Medical management is an effective way of treating ectopic pregnancy and pregnancy of unknown location (PUL). The treatment involves using a drug called Methotrexate, this drug is given by intra-muscular injection.

WHAT IS METHOTREXATE?

Methotrexate works by interfering with the way the body processes an essential vitamin called Folate. Folate is required to assist rapidly dividing cells such as pregnancy cells. The drug halts the development of pregnancy cells enabling gradual absorption.

Methotrexate is also a treatment for rheumatoid arthritis, psoriasis and some specialized cancer lesions.

CRITERIA FOR PRESCRIBING METHOTREXATE

Methotrexate is not appropriate for all women. A strict criteria is followed to ensure a high success rate is achieved. Suitability will depend on the following requirements.

- You are in general good health, baseline blood checks of your liver, kidneys, iron levels, pregnancy hormone levels (hCG) and clotting screen.
- Your pregnancy hormone levels (HCG) are less than 5,000 iu/L.
- The ectopic site measures less than 35mm.
- There is no evidence of tubal rupture.
- There is no evidence of bleeding around the ectopic site (free fluid) or in the abdomen / pelvis.

TREATMENT OF METHOTREXATE SHOULD NOT BE GIVEN IN THE FOLLOWING CONDITIONS

- Liver problems
- Kidney problems
- Ongoing infection/or acute infection
- HIV / AIDS
- Peptic ulcer / ulcerative colitis

ADVANTAGES OF TREATMENT

- No surgery involved/non-invasive reduces the risk of scarring
- Treated as an outpatient
- High success rates of between 65 to 95%
- It is as good as surgery in terms of a subsequent successful pregnancy

DISADVANTAGES OF TREATMENT

- Frequent hospital visits
- 15% of women may need a 2nd dose of methotrexate
- May experience prolonged bleeding
- Cannot conceive for three months post methotrexate
- 7% risk of rupture despite low hCG levels
- If hCG levels do not fall surgery may be required

ADMINISTERING METHOTREXATE

A single injection of Methotrexate is injected into the buttock. The dose is individually worked out according to your weight and height ratio.

You will need to be monitored carefully to check your hCG levels drop appropriately, We will do this on Day 4 and by Day 7 we expect a decline by 15%. It may take up to four weeks before your levels are back to normal ranges, you may then be discharged when your hormone level is less than 20. If your hormone levels do not drop by 15% in the first seven days, you will require a second dose of methotrexate. The hCG levels can often rise on day 4 and then drop by day 7.

COMMON SIDE EFFECTS

- Abdominal pain and cramping are common, and may occur during the first 2 to 3 days of treatment, because abdominal pain can also be a sign of a ruptured ectopic pregnancy. Seek advice and report any pain especially if accompanied by shoulder tip pain. Paracetamol and codeine products are advised. Do not use Aspirin, Ibrufen or Diclofenac.
- Vaginal bleeding can be heavy with clots or light spotting and may last from one week to six weeks.
- Nausea, vomiting, indigestion, diarrhea, sore mouth affects 15% of women.
- Light-headedness, dizziness, fatigue on day 4 is normal because the drug interferes with essential amino acids that give us energy.
- Changes in the blood count, liver and kidney function may occur but these are usually temporary.

RARE SIDE EFFECTS

- Skin sensitivity to light
- Inflammation to the membrane covering the eye (effect contact lenses)

- Sore mouth/throat
- Temporary hair loss
- Severe low blood counts (bone marrow suppression)
- Inflammation of the lung (pneumonitis)

OTHER FACTORS

We advise that you stop all vitamins including folic acid as some medicines interfere with the effects of methotrexate. Folic acid should not be taken until serum BHCG levels have returned to normal ranges.

Alcohol must be avoided until your pregnancy hormone levels are normal. Alcohol is metabolized in the liver as is methotrexate, this can cause the liver to work much harder and can cause you to feel very ill.

We advise you to take time off work initially for two weeks while the treatment begins to work.

Avoid heavy lifting and housework until HCG levels are dropping consistently, exercise should be gentle, such as walking, and sexual intercourse should be avoided until HCG levels are less than 100 i.u./L

You may take pain relief in the form of Paracetamol, Codeine or Ibuprofen. These can be purchased over the counter.

EMOTIONALLY

Ectopic pregnancy can be a devastating experience. You may initially be in shock on hearing of a pregnancy loss and feel uncertain about your future fertility. You may have not

known that you were pregnant. Your feelings may vary in the first few weeks/months following your treatment. You may continue to feel pregnant until your hormones have reduced. You must not blame yourself for what you are going through, and it is out of your control which may leave you feeling vulnerable and depressed. It is important to allow yourself time to recover both emotionally and physically.

FUTURE PRECAUTIONS

Following Methotrexate, it is important to avoid pregnancy for three months, your period may not occur for 3-6 weeks. Reliable contraception is advised. There is a risk of increased abnormality to a subsequent pregnancy if conception occurs prior to the time specified.

Methotrexate may reduce the level of folate in your body which is needed to ensure a baby develops healthily. There could be a greater chance of having a baby with a neural tube defect such as cleft palate, hare lip or spina bifida or other NT defects. **We advise you to take folic acid again once your HCG levels are less than 20 iu/L and for several months prior to conceiving.**

Although methotrexate is metabolized quickly it may affect the quality of your cells and blood including the quality of your eggs for up to 3 or 4 months after it has been given. Your body will therefore need time to recover before a new pregnancy is considered.

When you have a positive pregnancy test contact the Early Pregnancy Unit on 01695 656064 and a scan will be arranged at 6+ weeks to check if your pregnancy is implanted in the uterus.

Your chance of a future successful pregnancy depends very much on the health of your tubes. Overall, 65% of women are healthily pregnant within 18 months of an ectopic.

Where the uterine tube is damaged, for example scarring caused by infection, previous surgery or a previous ectopic pregnancy there is an increased risk that the other tube may also be damaged. This can mean that your chance of conceiving may be less than normal but there is also an increased risk of a further ectopic. The overall risk of a repeat ectopic is 10% depending on tubal damage.

MOST IMPORTANT POINTS TO REMEMBER ARE:

1. Avoid pain relief that contains Aspirin, Ibrufen or Diclofenac.
2. Stop alcohol until hormone levels have returned to normal.
3. Avoid pregnancy for at least three proper period cycles, equating to three months from when the hormone levels have returned to normal (less than 20).
4. Recomence folic acid once HCG levels have returned to normal and maintain for a few months preconception.
5. Once pregnant again seek an early pregnancy scan at 6+ weeks to ensure pregnancy can be located in the uterus.

OTHER SOURCES OF INFORMATION

The Ectopic Pregnancy Trust - www.ectopic.org

The Miscarriage Association
www.miscarriageassociation.org

Royal College of Obstetricians and Gynaecologists –
www.rcog.org.uk/patientinformation

CONTACT NUMBERS

Early Pregnancy Assessment Unit – 01695 656064

E Ward – 01695 656901

REFERENCES

National Institute of Clinical Excellence November 2021.

Guideline 47 OBS / Gynae Management of ectopic pregnancy and bleeding in early pregnancy. Southport & Ormskirk NHS Trust. (Review date May 2025)

The Miscarriage Association

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have any questions or concerns.

MATRON

A Matron is also available during the hours of 9.00 to 5.00 pm Monday to Friday. During these periods, ward/department staff can contact Matron to arrange to meet with you. Out of hours, a Senior Nurse can be contacted via the ward/department to deal with any concerns you may have.

INFECTION CONTROL REQUEST

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training, and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

SPECIAL INSTRUCTIONS

Prior to agreeing to have Methotrexate, it is important that you commit yourself to twice weekly hospital visits and then weekly hospital visits for a minimum period of four weeks to assess your hormone levels are dropping.

ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:

Attend E Ward if pelvic pain increases or you feel your condition is deteriorating, particularly if you feel dizzy and your heart rate/pulse is increasing.

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION

Your own GP –

EPAU, Mon-Fri, 8.30am – 4.30pm – 01695 656064

E Ward 24 hour Advice – 01695 656901

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

NHS 111

Stop Smoking Helpline (Sefton) - 0300 100 1000

Stop Smoking Helpline (West Lancashire) - 0800 328 6297

**Please call 01704 704714 if you need
this leaflet in an alternative format**

Southport and Ormskirk Hospital NHS Trust

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FOR APPOINTMENTS

Telephone (01695) 656680
Email soh-tr.appointments@nhs.net

We would welcome your feedback about your experience
at Southport and Ormskirk Hospital NHS Trust.
Please access the Friends and Family Test at the following
link:

<https://www.southportandormskirk.nhs.uk/patients-and-visitors/fft/>

Thank you

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