Information Leaflet

Liverpool Women's NHS Foundation Trust

Medical management of ectopic pregnancy and pregnancy of unknown location (PUL)

Why have I been asked to read this leaflet?

You have been given this information leaflet because your doctor or nurse believes that you may be eligible for medical management of an ectopic pregnancy or pregnancy of unknown location (PUL). We are so sorry that you are having to consider this, and for your loss. We know that this can be a very confusing and scary time and we encourage you to ask the team here at LWH any questions or queries you may have.

What support is available?

The following charities are an excellent support at a time like this: The Ectopic Pregnancy Trust, which is a national charity, and Cradle, which is a local early pregnancy charity. We have a bereavement team here at the Women's – the Honeysuckle team – who are also available for support.

The Ectopic Pregnancy Trust

Website https://ectopic.org.uk/

Cradle

Contact at info@cradlecharity.org
Facebook webpage https://www.facebook.com/cradlecharity.org/?ref=py_c

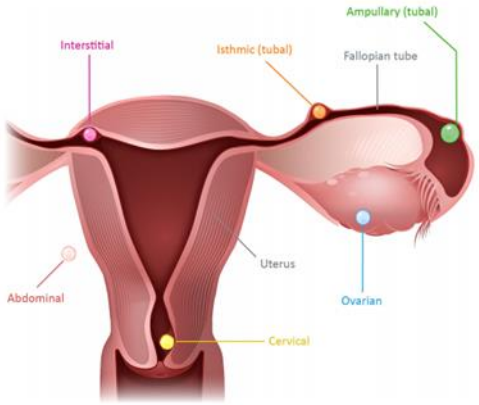
Honeysuckle team

Contact at email honeysuckle@lwh.nhs.uk or telephone, office hours Monday to Friday, 8am to 4pm on 0151 702 4151

Website https://www.liverpoolwomens.nhs.uk/patients/honeysuckle-bereavement-service/

What is an ectopic pregnancy?

An ectopic pregnancy is a pregnancy that is growing outside of the womb, for example the tubes or the ovaries, or in a part of the womb that cannot support a pregnancy such as the cervix or a caesarean section scar. Up to 90% of ectopic pregnancies occur in the tubes.



Sites of ectopic pregnancy [i]

What is a Pregnancy of unknown location (PUL)?

PUL is diagnosed when we know a woman is pregnant because she has a positive pregnancy test but we cannot see the pregnancy on an ultrasound scan. Sometimes this is because the pregnancy is outside of the womb, i.e. an ectopic. It could also be because the pregnancy is too early or when it has sadly miscarried.

What is medical management?

With medical management we give you an injection of a medicine called Methotrexate. This is a medication that blocks cells from processing folic acid and causes the cells to die. This is not the same as termination medications which make the womb pass the pregnancy. We will only consider this medication when we are sure that a pregnancy is not growing in a healthy way that will produce a baby.

How is methotrexate given?

It is given as a single injection into your buttock.

What are the side effects of the medication?

All medications have side effects however, it is important that you know the ones associated with this medication to enable you to make an informed choice

The most common side effects affecting around 1 in 100 people are:

- Loss of appetite, feeling or being sick, stomach-ache or indigestion
- Diarrhoea
- Headaches

- Feeling tired or drowsy
- Hair loss
- Sensitivity to sunlight

Serious but less common (less than 1 in 10,000 people) side effects include:

- Yellowing of your skin and whites of your eyes; this can be a sign of a liver issue
- Persistent cough, chest pain or difficulty breathing
- Swollen hands ankles or feet
- High temperature, chills, muscle aches, sore throat
- Bleeding gums or blood in your urine, bruising
- Rash or blisters to the skin

What checks are done to make sure I am safe to take the medication?

Before we give you the medication your doctor or nurse will check your liver and kidney function on a blood test. We also take blood to check your full blood count, blood group and rhesus status.

How do you know if it has worked?

Once we have given you the medication we ask you to come back to the gynaecology emergency department (GED) on day 4 and 7 after the injection. We will check your bHCG (pregnancy) hormone by taking a blood test. The level may rise initially on day 4 but we expect it to fall by day 7. If the level is not falling quickly enough, for example less than 15%, we will talk to you about your options of a repeat ultrasound scan, second injection or surgical management.

What are the chances of it working?

There are a couple of factors that affect how well the medical management will work. Firstly, the size of an ectopic pregnancy, if we have seen one. If it is over 3.5cm it is less likely to be successful and your doctor or nurse will talk to you about the benefits of surgery versus medical management.

If your pregnancy hormone is high it is less likely to work. Below is a table that demonstrates the success rates for different ranges of bHCG. These figures are from the last 3 years at LWH.

bHCG level	No. of women	Successful with 1st dose	Successful with 2nd dose	Required surgery	% success of Methotrexate
<1000	80	68	6	6	**93%**
1000 - 2999	53	41	3	9	**83%**
3000 - 4999	19	14	0	5	**73%**
5000+	2	1	0	1	**50%**
Totals	154	124	9	21	**86%**

Table 1: Success rates for medical management per bHCG range

We also know that a bHCG that is rising >20% in 48 hours is associated with lower success rates.

Please note that we do not routinely offer or advice medical management when the bHCG level is above 3000. This is an individualised discussion to be had with your GED doctor. NICE guidance[ii] allows medical management to be used up to 5000, however we believe these group of ladies deserve to have an individualised discussion with their doctor in GED to make the best plan for them.

When is medical management not considered appropriate?

In addition to the issues discussed above, evidence of bleeding inside the tummy, which is referred to as 'free fluid' on ultrasound scan, severe pain, or the presence of a heartbeat in the ectopic pregnancy would mean medical management would not be suitable for you. If you have any concerns as to whether medical management is suitable for you, please do not hesitate to ask your doctor or nurse. We do not routinely use medical management for ectopic pregnancies that occur in the cervix or the caesarean section scar, but we may discuss this with you as a part of your management.

How will I know it has worked?

The GED team will follow you up with a blood test. We want to see your pregnancy hormone level decreasing at each appointment although we can see a slight rise on the day 4 blood test. The team will follow you up until your pregnancy hormone is negative. The length of time this takes can vary. It can take up to 8 weeks with weekly attendances for bloods, rarely sometimes longer.

How will I know it has not worked?

We know that there are a proportion of women where medical management will not be successful. This may be detected by your pregnancy hormone level not falling as we want it to, or you may experience a change in symptoms. Please contact us as soon as possible if you have any of the following:

- Increase in pain
- Feel unwell
- Experience dizziness or vomiting
- Fainting or collapse
- You are concerned or feel something is not right

Please note that the GED can be contacted by telephone, however we appreciate at times it can be difficult to get through. If you are concerned or experience any of the symptoms above and cannot get through on the phone, please come straight to the GED and you will be seen by one of the nursing staff. If you are very unwell and need to call an ambulance,

please inform the ambulance control person who speak to you that you are being treated for an ectopic pregnancy in order for them to appreciate your need to come to the GED.

How long does medical management take?

Medical management can take several weeks to completely treat an ectopic pregnancy. It can be up to 8 weeks of weekly blood tests. We appreciate this can be very distressing and problematic for women. We try our best to limit the blood tests we ask you to attend for and we can be flexible with the times to suit your schedule. If you feel you cannot commit to attending for follow up please let your doctor or nurse know.

What are my other options?

If your bHCG level is low, for example below 1000, you may have the option of conservative management. This is when we let the body absorb the pregnancy tissue naturally. The GED team will continue to monitor your pregnancy hormone until it has dropped appropriately.

The other option is surgical management. This is usually done laparoscopically (keyhole surgery). If the tube that does not have the pregnancy tissue in looks healthy the surgeon will remove the tube with the ectopic. If you have already had a tube removed or your other tube appears damaged, the surgeon will discuss the option of opening the tube and removing the pregnancy tissue if it is safe to do so. The reason we do not open the tube when there is another healthy tube is because once a tube has undergone this it will not work as well and you will be at an increased risk of future ectopic pregnancy. Women who undergo this also need follow up of their pregnancy hormone to ensure all pregnancy tissue has been removed.

Where can I find support and further information?

We appreciate that this is a long leaflet with a lot of information. Please ask your doctor or nurse if you need anything else clarifying or if you have questions we have not answered through this leaflet.

The Ectopic Pregnancy Trust

Website https://ectopic.org.uk/

Cradle

Contact at info@cradlecharity.org

Facebook webpage https://www.facebook.com/cradlecharity.org/?ref=py_c

Honeysuckle team

Contact at email honeysuckle@lwh.nhs.uk or telephone, office hours Monday to Friday, 8am to 4pm on 0151 702 4151

Website https://www.liverpoolwomens.nhs.uk/patients/honeysuckle-bereavement-service/

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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[i] https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-ectopic-pregnancy-mar20.pdf
[ii] NICE Guideline [NG 126]. Ectopic pregnancy and miscarriage: diagnosis and initial management. Published 17th April 2019 accessible at https://www.nice.org.uk/guidance/ng126/chapter/Recommendations#management-of-tubal-ectopic-pregnancy