

ECTOPIC PREGNANCY

I. INTRODUCTION

An ectopic pregnancy is defined as implantation of the fetus in a site other than within the uterine cavity. During the past thirty-five years there has been a marked increase in both the absolute number and rate of ectopic pregnancies in the United States. Although the death rate from ectopic pregnancy has decreased dramatically over this time period due to better diagnosis and treatment, ectopic pregnancy complications cause 15% of all maternal deaths. The possibility of ectopic pregnancy must always be kept in mind.

All types of contraception reduce the risk of both intrauterine and ectopic pregnancy. The risk of a pregnancy being ectopic is increased when it occurs in association with progestin-only contraceptives, IUDs, and tubal ligation, but the overall risk of ectopic pregnancy is lower for women using any type of contraceptive (including progestin-only contraceptives, IUDs, and tubal ligation) than for women not using a contraceptive method.

II. MEDICAL EVALUATION

There are many reasons for this increased incidence of ectopic pregnancy, but chief among them is scarring of the fallopian tubes from pelvic infection with chlamydia and gonorrhea. Risk factors for ectopic pregnancy include:

- A. Advanced maternal age
- B. DES exposure in utero
- C. Developmental abnormalities of the fallopian tube
- D. Endometriosis
- E. Pregnancy as the result of in vitro fertilization and ovum or embryo transfer
- F. Multiple induced abortions
- G. Pelvic infection or STIs that affect the fallopian tubes
- H. Pregnancy occurring in the presence of Norplant, Depo-Provera, IUD, or Micronor
- I. Current use of ovulation-inducing drugs
- J. Previous Cesarean delivery
- K. Prior abdominal surgery
- L. Prior ectopic pregnancy
- M. Prior infertility
- N. Smoking
- O. Tubal surgery/Tubal ligation
- P. Tumors that distort the fallopian tubes

The principal symptoms of ectopic pregnancy are pain, absence of normal menses and bleeding in the presence of a positive pregnancy test. The combination of either abdominal pain and abnormal vaginal bleeding or abdominal pain and amenorrhea

(or a sequence of these combinations) should alert the clinician to the possibility of ectopic pregnancy.

When evaluating a female client a clinician should:

- A. Keep ectopic pregnancy in mind at all times and particularly when dealing with combinations of amenorrhea, abdominal pain, and/or unusual vaginal bleeding.
- B. Look for pregnancy symptoms and physical findings compatible with ectopic pregnancy.
- C. Obtain urine pregnancy test, and a hemoglobin and/or hematocrit.

III. FOLLOW UP/REFERRAL

Obtain urgent, immediate gynecologic consultation if ectopic pregnancy is suspected.

REFERENCES

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