

ECTOPIC PREGNANCY

Up to 1 pregnancy in 50 is ectopic, which means —out of place. In an ectopic pregnancy, the fertilized egg implants outside of the uterus, usually in the fallopian tube, and begins to grow. Rarely, an ectopic pregnancy implants in the woman's abdomen, on the outside of the uterus, on an ovary or in the cervix.

HOW IS AN ECTOPIC PREGNANCY DIAGNOSED?

An ectopic pregnancy can be difficult to diagnose, so the woman needs to have several tests. These include:

- A pelvic exam.
- A series of blood tests to measure the levels of a pregnancy hormone called human chorionic gonadotropin (hCG). Levels of this hormone often are low in an ectopic pregnancy.
- A vaginal or abdominal ultrasound to locate the pregnancy. A vaginal ultrasound often is used because it can show the pregnancy earlier than an abdominal ultrasound.

HOW IS AN ECTOPIC PREGNANCY TREATED?

If the provider finds an ectopic pregnancy, the embryo (which cannot survive) must be removed so that it does not endanger the woman's life. If the embryo continues to grow, it can cause the fallopian tube to rupture, resulting in life-threatening internal bleeding. Most ectopic pregnancies are diagnosed in the first 8 weeks of pregnancy, usually before the tube has ruptured.

There are two treatments for ectopic pregnancy:

- Medication: If the pregnancy is small and the tube has not ruptured, a woman may be treated with a medication that stops growth of the pregnancy and saves the fallopian tube. The woman's body gradually absorbs the pregnancy.
- Surgery:
 - Diagnosed before the fallopian tube ruptures, the provider removes the embryo, preserving the tube.
 - Diagnosed after the fallopian tube has become stretched, or if the tube has ruptured and bleeding has begun, part or all of the fallopian tube may need to be removed.

Women who have had an ectopic pregnancy have about a 10 percent chance of it happening again, so they need to be monitored carefully when they attempt to conceive again