

MEDICAL TREATMENT OF ECTOPIC PREGNANCY

Methotrexate INFORMATION FOR GENERAL PRACTITIONERS

Patient ID label

Has been attending the Early Pregnancy Assessment Unit at Southern General Hospital / Princess Royal Maternity Hospital / Royal Alexandra Hospital.

She has a suspected ectopic pregnancy, based on ultrasound and beta-HCG levels.

She is considered suitable for medical management with Methotrexate and following discussion re the treatment options has opted for this. Methotrexate (MTX) is an established, safe and effective treatment for unruptured ectopic pregnancy. Success rates are in the order of 80 – 90%.

However, it is necessary for the patient to attend for follow-up after treatment until HCG levels are <25U/l. HCG levels will be checked on a weekly basis, and the average length of follow-up is 35 days.

Methotrexate is given as an IM injection 50mg/m². Side effects are usually mild and transient and include nausea, diarrhoea, stomatitis. Serious side effects such as impaired liver function or bone marrow suppression are rare.

Abdominal pain will occur in approximately 75% of patients 3 – 7 days after treatment. This is usually caused by degeneration of the ectopic tissue. However patients are still at risk of rupture of the ectopic, and are advised to contact the Early Pregnancy Unit immediately if they have increasing pain, dizziness, faintness, shoulder pain or other serious concern.

Aspirin or anti-inflammatory drugs such as ibuprofen should be avoided for a week after the injection.

Women are advised to avoid alcohol and vitamins containing folic acid until follow-up is complete. They are also advised not to travel outwith Glasgow during this time.

Intercourse should be avoided until follow-up is complete. Pregnancy should be avoided for three months after treatment (six months if second dose of MTX required). The copper coil and progesterone-only-pill should be avoided as they increase the risk of ectopic pregnancy. Barrier methods, the Mirena IUS and the combined pill are suitable.

A formal discharge summary will be sent to you when the patient is discharged from our care. An appointment for follow-up will be offered to her.

The vast majority of women who have MTX for an ectopic pregnancy will go on to have a subsequent intra-uterine pregnancy. We will be happy to arrange an early assessment in any subsequent pregnancy.

If you have any queries regarding patient management, please contact

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Approved by GONEC Group

Title

Medical Management of Ectopic Pregnancy_EPAS_Methotrexate
Information for General Practitioners_ Obstetrics

Implementation / review Dates

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Approval

A.M. Mathers, Clinical Director.....Date