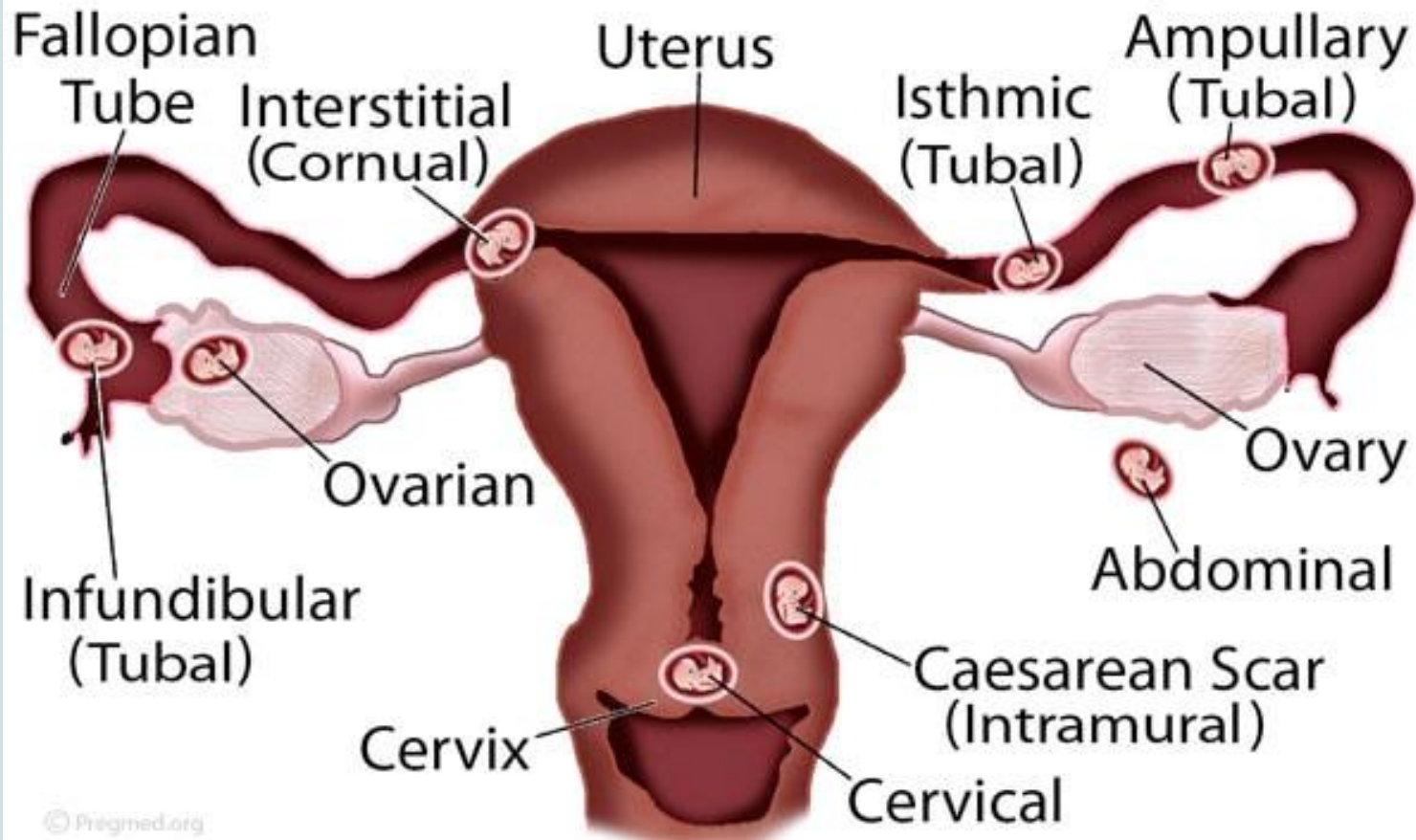


# Ectopic Pregnancy

HIVE Session June 28, 2023  
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# Ectopic Pregnancy



# What's the Big Deal?

Ectopic Pregnancies can rarely grow past the first trimester safely

Most stretch area until rupture

Uncontrolled bleeding

Morbidity

Mortality

*Story*



Ectopic Pregnancies account for  
10% of pregnancy-related deaths  
worldwide

# Incidence

Why do we explore *both* of these incidence rates?

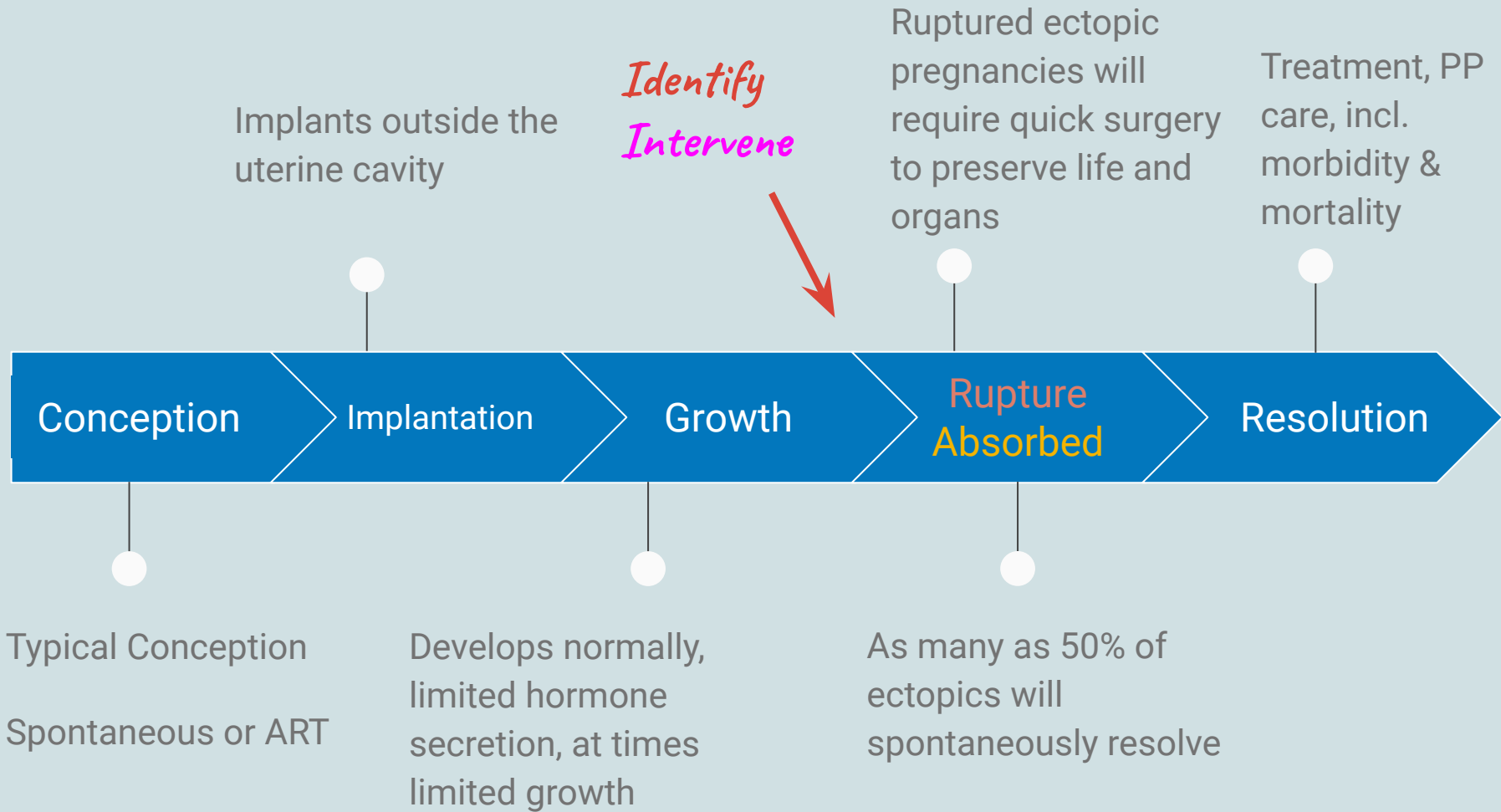
## Unintended Pregnancy Rate

Approx 50%

## Ectopic Pregnancy Rate

Approx 1-2%

- Variations based on ethnicity
- Variations based on age
- Variations based on conception
- Increasing



*Identify*

# Risk Factors

What makes an ectopic pregnancy more likely to occur?

- Previous Ectopic Pregnancy
- History of abdominal, uterine, fallopian surgeries
- Uterine Anomalies, Endometriosis, Fibroids
- History of pelvic infection
- History of infertility (+treatment)
- Age 35+
- Smoking

*Identify*

## Early Pregnancy Care

How early in pregnancy are we initiating prenatal care? Why that point?

Are we educating clients about warning signs for ectopic pregnancy? Are we screening for risk factors?

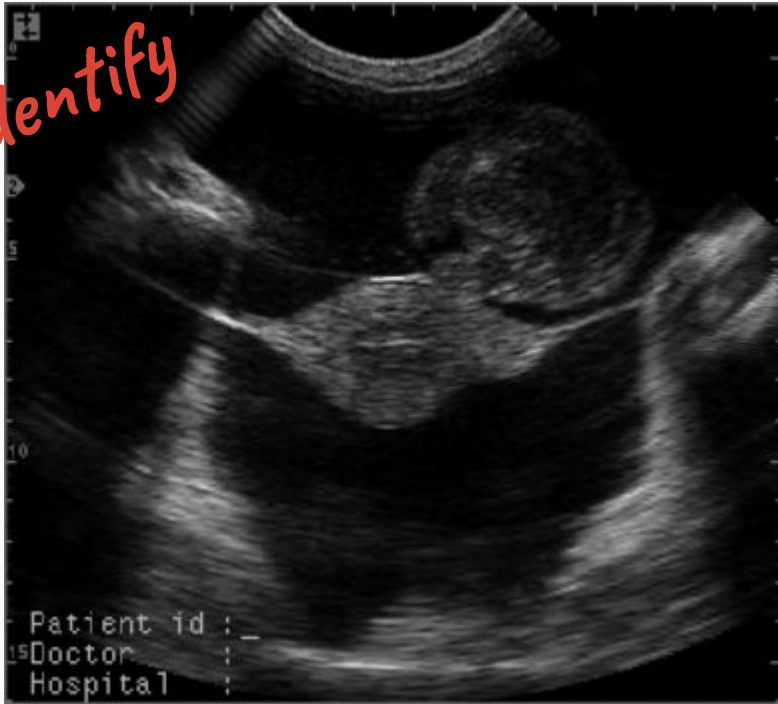
When clients have risk factors, do we offer early screening tools?

*Story*



# Early Ultrasound

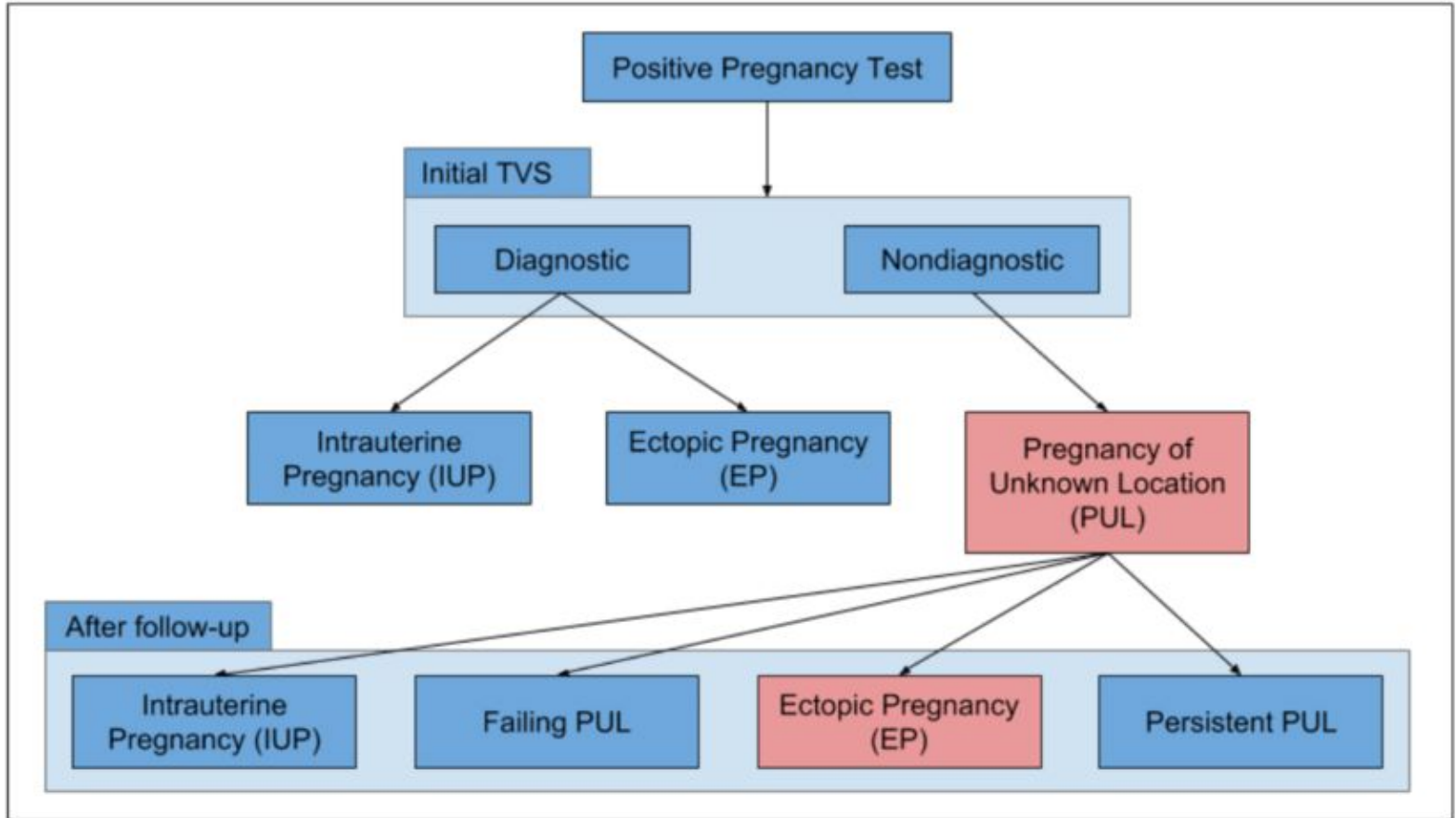
Identify



Typically need two planes of view (transvaginal + abdominal) : identify location

# “Pregnancy of Unknown Location” (PUL)

*Identify*



Identify

# Signs & Symptoms

## Ectopic Pregnancy

- Pregnancy diagnosed, but low hCG
  - Differentiate: pregnancy loss, incorrect dates
- Ultrasound: PUL
  - Differentiate: pregnancy loss, incorrect dates, technology
- Ultrasound: Ectopic

## Ruptured Ectopic Pregnancy

(or about to rupture)

- One-sided sharp abdominal pain
  - Differentiate: other abdominal pain
- Referred shoulder tip pain
  - Blood pooling under diaphragm
- Signs of Hypovolemic Shock
  - Cold clammy skin, fainting, dizzy, etc. but no visible bleeding

Identify

## Differential Diagnosis

Over **40%** of ectopic pregnancies presenting at ER are turned away / misdiagnosed and sent home: catastrophic consequences.

Impacts people of different races, classes, etc. differently

Appendicitis, Gallbladder, Menstrual Cramps, Endometriosis, Drug Seeking

*Correlate: Rates of unplanned (unknown!) pregnancy*

# Management Options for Ectopic Pregnancy

*Intervene*

## Expectant Management

- Strict criteria & monitoring, anticipating spontaneous resolution

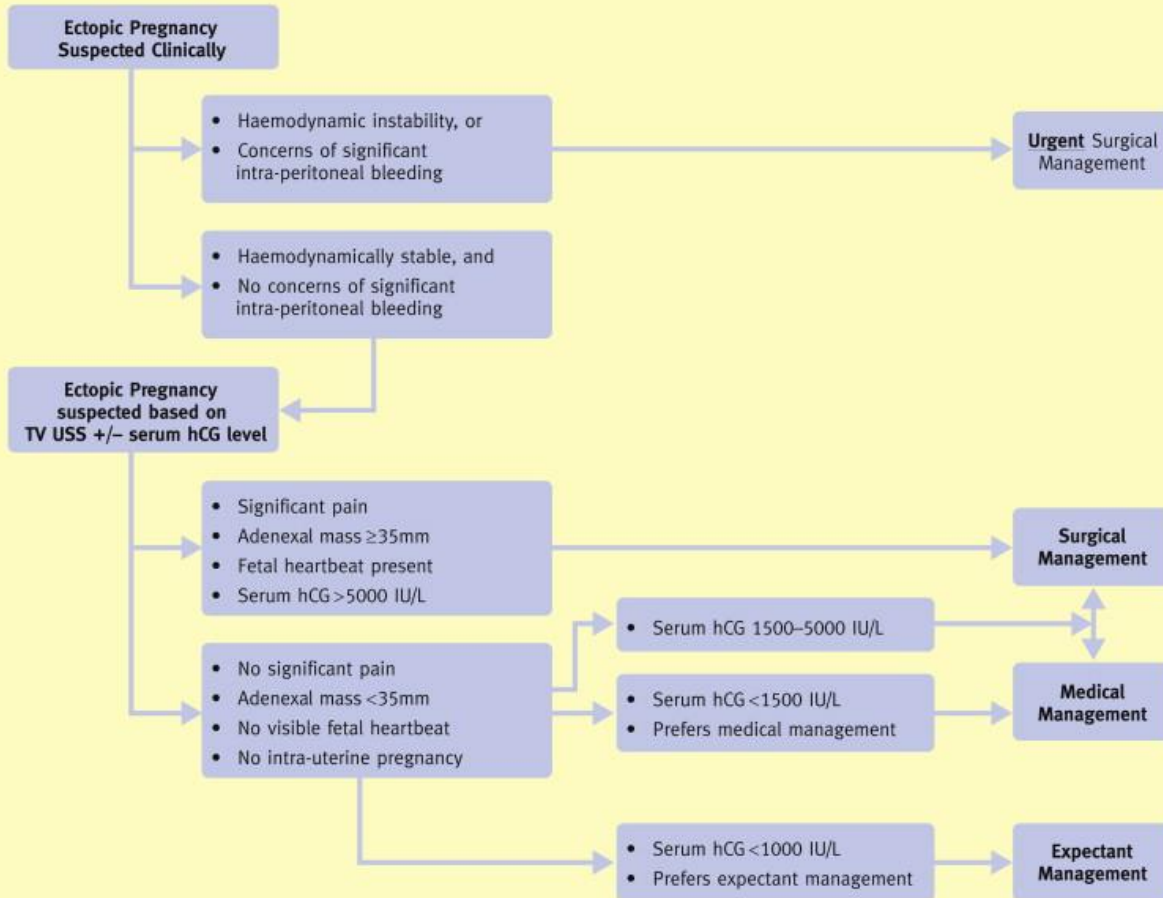
## Medication Management

- Strict criteria & monitoring, Methotrexate (serial)

## Surgical Management

- Applicable in all cases with diagnosis, most commonly offered, most appropriate in case of rupture or hemodynamic instability

## Management of ectopic pregnancy



*Intervene*

Options will be dependent upon availability at facility/from provider

\*actual hCG values to guide management decisions may vary by provider/facility

# Recovery

Supporting complex feelings and physical needs postpartum

## Emotional Support

- Debriefing what happened and complex grief & fear
- Counseling on future fertility
- 

## Postpartum Care

- May be recovering from (minor) surgery
- Are still postpartum, even if the pregnancy was brief

**Planning:**  
So your client  
calls with  
suspicious  
symptoms...  
now what?

## **Get some more information**

- Pain: location, frequency, start
- Pregnancy: is it possible you are pregnant
- Risk factor assessment
- Resource assessment

## **Determine Urgency**

- Are they stable? Community options?

## **Determine Next Steps**

- Who are you referring to? When? How?



# Planning: Referral Pathways for Midwives

## **Ultrasound Clinics & Labs**

- Gather more information if you are sure pregnancy is very early and/or symptoms are mild

## **Local Physicians and OBs**

- May be able to coordinate outpatient care based on labs/ultrasound if client is stable

## **Emergency Room**

- Stat Labs/Ultrasound and Stat Management

# Planning: ER Advocacy

## Use Appropriate Language

- Ensure you use the phrase “Ectopic pregnancy” specifically & not let it be dismissed or ignored
- Insist on screenings specific to ectopics
- Insist that ultrasound looks outside the uterine cavity

## Be prepared for Medical Discrimination

- Pain and requests perceived differently from different people
- “Drug Seeking” behavior