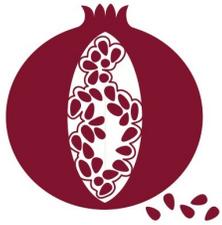


Ectopic Pregnancy

Study Group Module

Note: Ectopic pregnancy is the leading cause of maternal death in the first trimester.



Learning Goals

Review the following Learning Goals as an organized beginning to your study of this module. As you read the Learning Goals, note key words that will aid you in finding the information in the texts. When you complete the module, revisit this list and check for areas that require further investigation.

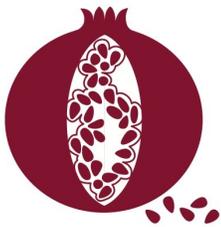
- Identify the symptoms of ectopic pregnancy.
- Identify the risks of ectopic pregnancy.
- Identify the likely timing of ectopic pregnancy presentation.
- Review the risk factors for ectopic pregnancy.
- Identify courses of treatment that are utilized to resolve an ectopic pregnancy at the hospital.
- Create a plan of action for when you diagnose an ectopic pregnancy.
- Identify the morbidity and mortality rates associated with ectopic pregnancy.
- Identify ambiguity of loss and disenfranchised grief.
- Review the grief cycle, using the Grief and Trauma module.
- Understand the importance of emotional support.
- Review the application of Rhogam postpartum.
- Review support resources for pregnancy loss as identified in the Grief and Trauma module.



Study Sources

The following texts are recommended for completion of this module. Use them to cross reference and build a more comprehensive understanding. Using key words from the Learning Objectives, search the index. Read those pages listed, and read the chapter in which they are found. Establish a context for the information so that you understand how other topics are related. In addition, read the chapter headings in the Table of Contents, and flip through each text to familiarize yourself with the content of chapters. As you work through Study Group modules, you will eventually read each text in its entirety.

- Holistic Midwifery, Vol. I, Frye
 - Understanding Diagnostic Tests in the Childbearing Year, Frye
 - Varney's Midwifery
 - Myles Textbook for Midwives
 - Williams Manual of Pregnancy Complications
 - Birth Emergency Skills Training, Gruenberg
 - Contraceptive Technology, Hatcher, Trussell, Nelson, et al.
- See NMI website Ectopic Pregnancy module web resources for additional information and up-to-date sources



Related Topics

- Fertility and Conception
- Embryology and Fetal Development
- Lifelong Reproductive Health Care
- Postpartum Care
- PID
- Rhogam
- Grief and Trauma
- Twins
- Placenta



Short Answer Questions

1. What is the rate of unintended pregnancies?
2. A client reports abdominal pain, amenorrhea, and vaginal bleeding. What is the recommended, evidence-based response from a midwife or physician?
3. What is an ectopic pregnancy?
- 4.a. Where do the majority of ectopic pregnancies implant?
b. Where else can an ectopic pregnancy be found?
5. If a client doesn't "feel" pregnant, does that mean an ectopic pregnancy is unlikely?

...continued on next page

6. Is it possible to have a negative pregnancy test but still have an ectopic pregnancy?
7. How does smoking affect the incidence of ectopic pregnancy?
8. Define vasovagal syncope.
- 9.a. What is the incidence of ectopic pregnancy?
b. Is the incidence of ectopic pregnancy becoming more frequent?
c. What may explain any changes to the incidence of ectopic pregnancy?
10. What are the mortality statistics for ectopic pregnancy?
11. What are the morbidity statistics for ectopic pregnancy?
12. Who should receive Rhogam after an ectopic pregnancy is resolved?
13. What are the three symptoms that indicate a client should be evaluated for ectopic pregnancy?



Questions Requiring Longer, Thoughtful Answers & Explanations

14. What is the risk to a client if the midwife doesn't realize that there is an ectopic pregnancy?
15. When in pregnancy is an ectopic implantation usually discovered?
16. What are the primary signs of an ectopic pregnancy?
17. If a client could be pregnant, but did not intend to become pregnant, and may now have an ectopic pregnancy, what two things must be communicated to them?
18. List some predisposing factors for risk of ectopic pregnancy.
19. It is not unusual for an ectopic pregnancy to be misdiagnosed in an Emergency Room setting: Some estimates are 40% for missed diagnosis of ectopic pregnancy.
 - a. List the conditions that are considered during a differential diagnosis for abdominal pain.
 - b. What are the differential diagnoses for ectopic pregnancy?

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20. What things are considered in a midwife's differential diagnosis?
21. Describe the course of care from suspicion of ectopic pregnancy to diagnosis, and through to completion of the ectopic experience.
22. List the actions taken to conclude that a client has an ectopic pregnancy.
23. If you suspected an ectopic pregnancy, what would you advise your client to do?
24. Explain why pain "at the tip" of the shoulder can occur with an ectopic pregnancy.
25. An ectopic pregnancy may result in concealed blood loss (aka "occult blood loss"). List the signs of hypovolemic shock.
- 26.a. What role does ultrasound have in diagnosing ectopic pregnancy?
 - b. Which methods of ultrasound are utilized for evaluation and identification of ectopic pregnancy?
 - c. Which method of ultrasound is depended upon as diagnostic?
- 27.a. What is the availability of sonograms in your area?
 - b. Are transvaginal ultrasounds equally available?
 - c. Are they available around the clock, 7 days a week?
 - d. As a practicing midwife in your area, what is your access to ordering and being notified of sono results?
 - e. Do you need a relationship with a physician or is the local hospital agreeable to working directly with a midwife who does not have admitting privileges?
 - f. If a client needs sono evaluation because of concern that the client might have an ectopic pregnancy, is there an OB, family practice doctor or CNM who responds at the hospital and provides care specific to the needs of ectopic pregnancy?
28. What is the availability of stat labs in your area?
29. What role do lab tests have in the care of someone who may have an ectopic pregnancy?
30. What role do lab tests have in the care of someone who has been diagnosed with an ectopic pregnancy?
31. What is done in a clinical setting to treat an ectopic pregnancy?
32. What are the indications for expectant management of ectopic pregnancy?
33. What is the major medical development that has positively impacted maternal morbidity and mortality rates for ectopic pregnancy?

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34. What are the guidelines for treating an ectopic pregnancy with medication?
35. What is the benefit of treating ectopic pregnancy with medication?
36. What fertility concerns may clients have after an ectopic pregnancy?
37. What are the effects of ectopic pregnancy on future conceptions?
38. Does experiencing one ectopic pregnancy raise your risk for another?
39. Define “ambiguous loss,” in the context of grief.
40. Explain the concept of disenfranchised grief.
41. How can the early loss of a pregnancy affect the non-pregnant intimate partner?
42. Describe the impact of isolation on the length of the grieving process and the effects of unacknowledged loss on the trajectory for “recovery.”
43. What support can you offer a client after an ectopic pregnancy?

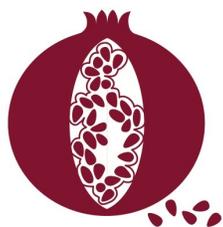


Practical Scenarios

44. Anita had a baby in your practice eight months ago. She calls you to schedule an exam for a PAP. She says, “I’ve been having weird cramping and spotting, so my period should be here anytime, and I don’t know, I guess that’s what reminded me I was due for a PAP. My cycles have been all over the place, but let’s schedule something in about a week.” You ask her when her last period occurred. She says, “Well, since Owen (her most recent baby) I’ve had maybe two real periods, one was oh, about two months ago.” You talk a little longer about her family and new baby. Midsentence she suddenly gasps and exclaims something like, “Youch!” Then she says, “Wow, that was like some kind of ‘stitch’ or something.” You ask her if she’s ok, if she has pain. She describes pain in her lower abdomen, on the right side.
What do you need to ask Anita now?

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45. You are out of town for the weekend with your sweetheart, enjoying a hot tub and eating grapes. Your cell phone rings to indicate that you have a message marked urgent, showing a number you don't recognize. When you return the call a few minutes later, your client from three years ago answers the phone. She reintroduces herself and asks if you remember her. She sounds nervous and unsure of herself. You ask how she is and she gives a few details of her life, talking briefly about her daughter and how she's growing and learning so many new things. After talking a little she sounds more like herself and not nearly as shaky. Eventually you ask her why she left an urgent message. She apologizes and says it's nothing, really, but she's been having a lot of hard cramping in her belly. You question her about it specifically and after about twelve questions you put together this picture: She has been sexually active with her husband, several times over the past three months. She's unaware if she's missed a period because she's just now getting a regular cycle after nursing. The pain she is feeling is apparently pelvic pain, sharp and piercing. She has been feeling it more and more since yesterday. Now she finds she can't stand up straight comfortably to walk. She's called you because she didn't know anyone else to call, but thinks it's probably nothing. What do you do?



Projects

(send completed projects with the rest of your course work for this module)

46. Draft practice guidelines for managing ectopic pregnancy in your own practice. Submit this draft and include it later in your Practice Guidelines projects (in the Charting and Practice Guidelines Module.)
47. Draft practice guidelines for postpartum care after an ectopic pregnancy in your practice.
48. Compile a resources page to provide local and online support for clients



Skills Review

Following are excerpts from the NMI forms for assessment of midwifery skills, which include all skills identified and required by NARM. Review the following skills and consider how they each relate to the content of this module. If you are currently working with a preceptor, take this opportunity to focus on these areas. During Supervised Primary Care you will formally evaluate these skills together using the NMI form Preceptor Evaluation/Student Self-Assessment of Midwifery Skills.

3. Maternal Health Assessment:

- K. Recognizes and responds to potential prenatal complications by
 - 11. Identifying and referring tubal (ectopic) pregnancy



Study Group Module Evaluation Sheet

We'd like to know what you think of the course work we ask you to complete. Please comment on as many modules as you can, and return this form to NMI. Thank you!

Name of Module: Ectopic Pregnancy

Your Name: _____

1. What did you like about this module?
2. Were there any surprises for you in this module?
3. Was there anything in this module that was particularly challenging for you?
4. What will completing this module bring to your midwifery practice?
5. Do you feel you met this module's stated learning objectives?
6. Did the learning activities enable you to meet the learning objectives?
7. Were the suggested learning resources (books and materials) adequate to meet the learning objectives?
8. Did you utilize additional resources?
9. Any comments/Suggestions for improving this module?

Thank you!