

Methotrexate treatment of ectopic pregnancy

Department of Gynaecology

Information for Patients

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What is an ectopic pregnancy?

Ectopic pregnancy is when the pregnancy is not growing inside the womb. It can usually grow in

- a fallopian tube,
- scar from a previous caesarean section,
- on the ovary,
- in the cervix.

In the UK, 1 in 90 pregnancies is an ectopic pregnancy. This sort of pregnancy cannot be saved and needs treating to stop you coming to more harm because as the pregnancy grows it may burst causing pain and bleeding inside your tummy. Your pregnancy has been assessed with scans and blood tests and you are suitable for methotrexate treatment.

How does methotrexate treatment work?

Methotrexate works by stopping the pregnancy cells growing any more so that they slowly disappear over a period of a few months. The treatment works for 9 out of 10 patients with an ectopic pregnancy.

It is given by an injection in the muscle in the buttock or upper arm. Usually only 1 injection is needed but about 1 in 6 patients will need a 2nd injection for the treatment to work properly. You may go home after the injection but we will see you after giving the treatment for several blood tests on specific days. This is to check the methotrexate has not affected your liver and kidneys and to measure your pregnancy hormone level (BhCG).

It is very important that you attend for these blood tests and on the correct days.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

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We monitor your hormone level to check it is falling until it is back to normal. If it is not falling quickly enough then sometimes another injection or rarely an operation might be needed. If you need surgery for an ectopic pregnancy growing in a fallopian tube, despite the methotrexate, this would usually be a keyhole operation. The operation removes both the pregnancy and the fallopian tube that it is in, as long as your other tube is healthy. If this is needed it will be fully discussed with you at that time.

What side effects might I get?

The most common problem women have after methotrexate treatment is mild tummy pain.

This happens in about 7 out of 10 women and usually starts a few days after treatment. It should be quite mild and pass in 1 or 2 days.

You can take paracetamol or codeine but **do not** take Non Steroidal Anti Inflammatory (NSAID) medicines such as ibuprofen, aspirin, naproxen, or diclofenac. If the pain is severe or continues, contact the Gynaecology Assessment Unit on **0116 258 6259**.

You might also have some light bleeding for a couple of weeks.

Other possible side effects are

- feeling or being sick, having diarrhoea or feeling dizzy.
- Sometimes people get a sore mouth and lips, with mouth ulcers, or sore eyes (conjunctivitis).

If you have these problems, taking folic acid can help.

Methotrexate is a drug that is sometimes used in chemotherapy for cancer but is also used in other conditions including rheumatoid arthritis, inflammatory bowel disease and psoriasis. Rarely this drug can cause damage to the liver, kidney or lungs, but this is more likely if you take the drug long term for these other conditions and is much less likely with just 1 or 2 doses. If methotrexate does affect these organs, they usually go back to normal after treatment is finished.

Tell the doctor immediately if you take any of the following as methotrexate may not be suitable for you as it could increase the risk of kidney or liver damage:

- Tablets for diabetes (hypoglycaemics).
- Blood pressure tablets ("water tablets" or diuretics).
- Antibiotics (such as penicillin, tetracycline or chloramphenicol).
- Steroids such as prednisolone.

Sometimes the fallopian tube can still burst even after methotrexate treatment. This happens to less than 7 out of 100 women who have this treatment.

If you have severe pain, dizziness or faintness, heavy bleeding or shoulder tip pain, contact the Gynaecology Assessment Unit on 0116 258 6259 and come straight to the hospital to be assessed as you may need an emergency operation. If you are very unwell you should call an ambulance.

What advice do I need to follow after treatment?

Once you have had the treatment, please follow the important advice below:

- **Do not have sex** until the BhCG blood test level has come back to normal. This usually will take about 1 month.
- **Do not get pregnant for at least 3 months** (or more if your doctor advises this). There is less risk to your next baby if you wait for this time. Until then make sure you are using a reliable method of contraception. You should take high dose folic acid (5mg) for at least 1 month before trying to get pregnant again.
- **Stay in the area or near to a hospital** (ideally within 30 to 45 minutes) while we monitor you and while the pregnancy is ending so you can come for follow-up appointments and in case you become unwell.
- **Stay out of direct sunlight and do not use sunbeds for at least 4 weeks.** Your skin will be more sensitive and you might get a rash.
- **Avoid drinking alcohol for 2 weeks** after methotrexate treatment to reduce risk of damage to the liver. Make sure you drink plenty of fluids.
- **Avoid antibiotics that contain penicillin, tetracycline or chloramphenicol**, if you need to see your GP, let them know you have been prescribed methotrexate.

Once we are happy your pregnancy hormone levels have returned to normal, the next steps are up to you. If you think that counselling may help you and/ or your partner, you can contact our counsellor on 0116 258 6418 or 07534 168299. Leave a message and they will contact you with an appointment. If you would like to discuss plans for another pregnancy, you can make an appointment with your GP but you must not get pregnant for at least 3 months.

What about future pregnancies?

For most women an ectopic pregnancy occurs as a 'one off' event and does not happen again. If you have had 1 ectopic pregnancy the risk of having another is 1 in 10, and if you have had 2 ectopic pregnancies before, the risk of a third ectopic pregnancy is 1 in 4.

Treatment with methotrexate has not been shown to reduce fertility or your chances of getting pregnant again. 8 out of 10 women will have a successful pregnancy in the correct place in the womb within a year of trying for a baby after treatment for an ectopic pregnancy. The chances of having a healthy pregnancy following an ectopic pregnancy are the same whether your ectopic pregnancy gets better on its own, you have methotrexate treatment or you have surgery to remove the ectopic pregnancy and/or fallopian tube.

In a future pregnancy, you should be offered a routine ultrasound scan at 6 to 8 weeks to confirm that the pregnancy is developing in right place in the womb. Your GP will arrange this by referring you to the Early Pregnancy Assessment Unit.

If you have any symptoms of an ectopic pregnancy as below, your GP should refer you for tests to check for an ectopic pregnancy, even before you are 6 weeks pregnant:

- Pain
- Bleeding
- Dizzy spells or fainting
- Shoulder tip pain

Do not use the digital pregnancy test sticks that guess how many weeks you are as they are not accurate in the case of miscarriage or ectopic pregnancy.

Contraception advice

If you do not want to try for another pregnancy straight away, go to your GP or Family Planning Clinic as some types of contraception might not be suitable after an ectopic pregnancy.

You should generally avoid

- the copper coil (IUCD) (the Mirena hormone coil is okay to use)
- progesterone-only pills (POP or mini-pills) although you can use one type called desogestrel, if there is no other more suitable contraceptive option for you.

Contact details

Gynaecology Assessment Unit: 0116 258 6259

Counsellor: 0116 258 6418 / 07534 168299

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