

Tubal Pregnancy

Patient Information Series – What you should know, what you should ask.

What is Tubal Pregnancy?

Tubal Pregnancy, a type of ectopic pregnancy, occurs when a fertilized egg implants and begins to grow outside of the main cavity of the uterus, in one of the fallopian tubes. The fallopian tubes connect the ovaries to the uterus and are not designed to support a growing embryo. As a result, the pregnancy cannot proceed normally and poses a serious health risk.

Symptoms of a tubal pregnancy may include sharp or stabbing pain in the abdomen or pelvis, light to heavy vaginal spotting or bleeding, dizziness or fainting, and low blood pressure. Early diagnosis and treatment are crucial to prevent complications, including rupture of the fallopian tubes, which can lead to severe bleeding and require emergency medical intervention.

Treatment options vary depending on the specifics of each individual case, for example how long the pregnancy has progressed. Because tubal pregnancies cannot result in a viable pregnancy, the primary goals of treatment are to remove the ectopic tissue and ensure the health and safety of the patient.

Treatment may include medication to halt the growth of the pregnancy, surgery to remove the ectopic tissue (often preserving the fallopian tube, if possible), or, in more severe cases, surgery to remove the affected fallopian tube.

What causes Tubal Pregnancy?

The specific cause of a tubal pregnancy is not always known however, it is often related to conditions that impair the fallopian tubes' ability to properly transport the fertilized egg into the uterus. Certain conditions predispose to a higher risk of tubal pregnancy, including your age, having abnormalities in the fallopian tubes that may be congenital (from birth), or the result of previous infections or surgeries that may scar the fallopian tubes, or endometriosis, a condition where tissue similar to the lining of the uterus grows outside it, which can affect the function of the fallopian tubes. Conceiving through IVF or similar fertility treatments, becoming pregnant while using an intrauterine device (IUD) or after tubal ligation (sterilization), and a history of previous ectopic pregnancy can increase the risk, as can cigarette smoking at the time of conception.

Should I have more tests done?

Ultrasound (most often, transvaginal ultrasound) is the first-line diagnostic test for suspected tubal pregnancy. Ultrasound can show your caregivers the location of the ectopic pregnancy as well as other possible findings in the pelvic area, uterus, ovaries, fallopian tubes, etc. Other tests will likely include serial blood tests to follow up on the levels of the pregnancy hormone hCG (human chorionic gonadotropin), as well as to check for anemia or other signs of blood loss, a pelvic exam to check for pain, tenderness, or a mass in the pelvic area. You may have repeated transvaginal ultrasound scans to follow up on your treatment.

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Will it happen again?

The risk of tubal pregnancy occurring again depends on many factors, including having had a tubal pregnancy in the past. It is important to inform your caregivers of your complete history, to help them tailor your care to your individual needs.

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