

Chlamydia



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Registered Charity No. 1071811

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This information is compiled by our team of medical advisers



This information
should be read in
conjunction with
our leaflet Ectopic
Pregnancy.

What is chlamydia?

Chlamydia is a hidden bacterial infection which affects the neck of the womb (cervix), womb lining, fallopian tubes and pelvis in women. It is sexually transmitted, affecting the urethra in men and women, and occasionally it causes eye infections (conjunctivitis). It can persist for many years and if left untreated, it can lead to pelvic infection and infertility. It is thought to be responsible for about half of all ectopic pregnancies, particularly in women under 25 years.

Who is at risk?

Anyone who has been sexually active is at risk of getting chlamydia. It is most common at the ages when people are most likely to change partners, with about 1 in 10 of 20 year-olds infected at any time. By the age of 40, at least one-third to half of all women – and men – will have had it at some time. The number of new cases has doubled in the past 5 years – probably because more people are being tested, with more accurate tests.

Why is chlamydia so widespread?

Most people – around 8 out of 10 – are unaware that they have the infection. There are rarely any obvious symptoms, so it can remain undetected for many years. Put simply: if you have, or have had, chlamydia, you probably wouldn't know it, and nor would your partner, so most people who have chlamydia get it from someone else who didn't know they had it! Thus chlamydia is so widespread precisely because it can be silent.

How does chlamydia cause an ectopic pregnancy?

Anything which damages the fallopian tubes – such as endometriosis or previous pelvic surgery – can cause ectopic pregnancy. Chlamydia causes inflammation within the tubes, damaging the tiny hairs which waft the eggs down the tube. The egg gets stuck and this is how an ectopic pregnancy occurs.



(Undamaged Tube)



(Damaged Tube)

If I have chlamydia does it mean I will become infertile or will have an ectopic pregnancy?

Most women who get chlamydia do not become infertile or suffer an ectopic pregnancy. The reasons for this are unclear, but women's bodies react differently, similar to an allergy. Risk of ectopic pregnancy is increased by repeated infection with chlamydia or lack of treatment.

How might I know I had chlamydia?

Although chlamydia is usually silent, you might have noticed:

- Spot bleeding between periods or after sex
- Discomfort or soreness when you urinate or a need to urinate more frequently
- Increased or changed vaginal discharge (different colour, smell or amount)
- Lower abdominal pain or pain during sex
- Pain in the upper part of the tummy, on the right side.

How is chlamydia treated?

You and your partner must take a simple course of antibiotics simultaneously; this ensures that you are not reinfected. You will also be asked for your sexual history so that your contacts can be traced and treated to prevent the spread of this infection. Treatment is free at sexual health/genitourinary clinics and there are no prescription charges. These services are confidential and you don't need to be referred by your GP. Simply phone for an appointment or to find out about opening times.

What about my partner?

The most difficult thing is telling your partner. At the time of the ectopic pregnancy, it's often difficult to identify chlamydia by testing, and chlamydia may not have caused YOUR ectopic. Among male partners of women proven to have chlamydia, up to 90% are

infected with no symptoms. Remember that chlamydia can persist for a long time, and either of you might easily have acquired the infection before you met. It is impossible to tell from tests how long the infection may have been there. Also, the damage may have been done years previously, in which case the infection won't be found now.

How can I protect myself from chlamydia?

The AIDS campaign in the 1980s promoted the use of condoms, but made no mention of getting check-ups. There was NO significant reduction in cases of chlamydia or pelvic infection and there was a gradual rise in ectopic pregnancy.

This is because condoms only protect if you use them every time, in short-term or one-off situations. So if you have a new partner, ensure that you are both checked out for chlamydia before you stop using condoms. If you have experienced an ectopic pregnancy, you should be checked for chlamydia. Although treatment will not correct the damage already done, it may prevent further damage.

“Each year in Britain there are at least 20,000 emergency admissions into hospitals for ectopic pregnancy. The resultant surgery will reduce women's future fertility. It is an avoidable and a totally unacceptable fact that at least 5 women per year are likely to die as a result of the failure to effectively diagnose and treat this condition.”

