



## FACT SHEET

### Background

- The Ectopic Pregnancy Trust was launched in 1998. It was founded by Tina Jones (Director), Ruth and John Winter, parents of Sophie Winter who died from a misdiagnosed Ectopic Pregnancy, Jane Griffiths MP and Professor Walker, Professor of Obstetrics and Gynaecology at St. James University Hospital, Leeds. The current Director is Helen Wilkinson
- Our mission is to deliver information, education and support to those whose lives have been affected by ectopic pregnancy and to the professionals who care for them.
- We are the only organisation in the UK that focuses on this condition.

### What is an Ectopic Pregnancy?

- An ectopic pregnancy is a pregnancy which is implanted outside the uterus. The most common site for ectopic pregnancy implantation is in the fallopian tube, which transports the egg from the ovary to the uterus. As the pregnancy grows and enlarges it causes pain and bleeding and in extreme cases the tube can rupture and cause internal haemorrhaging.
- 1 in 80 pregnancies is ectopic.
- There are 32,000 recorded ectopic pregnancies in the UK every three years but this is thought to be a gross underestimation.
- Approximately 5 women per year die of an ectopic pregnancy in the UK.

### What are the most common causes?

The most common cause is damage to the fallopian tube causing blockage or narrowing so the eggs cannot be wafted into the womb. This damage can be as a result of any previous abdominal surgery or condition such as a Caesarean section, Appendicitis, Endometriosis, Chlamydia or from other pelvic infections. In many instances the cause is unknown.

## What are the symptoms?

Any sexually active woman of childbearing age with the following symptoms may be suspected of having an ectopic pregnancy: abdominal pain, shoulder tip-pain, abnormal or unusual bleeding, a missed or late period, bladder or bowel problems or collapse.

## How is it treated?

Ectopic Pregnancies cannot be saved. However, if early diagnosis can be achieved, and the appropriate facilities available, then less invasive surgery – or no surgery at all – can be used to manage the condition. Early diagnosis and good care reduces trauma and improves future fertility.

## What can be done?

- An increased awareness amongst health professionals and the public will lead to earlier referral and diagnosis.
- The development of Early Pregnancy Units for women with early pregnancy problems will allow easy and quick access to diagnostic services and reduce the number of emergency admissions.
- An early scan to confirm the baby is in the womb can have a dramatic effect and the Trust is currently campaigning to have all women with a history of ectopic pregnancy scanned at between 6 and 7 weeks in subsequent pregnancies.
- Screening amongst young people for sexually transmitted infection and improved education amongst young people will dramatically reduce the numbers of ectopic pregnancies.
- Many of these services already exist in parts of the country, but there needs to be an increase in provision of facilities and an improved integration between services.

## Further information

For more detailed information, please visit our website at [www.ectopic.org.uk](http://www.ectopic.org.uk) alternatively you can call our helpline on 020 7733 2653 between 10 am and 4 pm on normal working weekdays, or emailing us at [ept@ectopic.org.uk](mailto:ept@ectopic.org.uk) You can write to us at: The Ectopic Pregnancy Trust, 2<sup>nd</sup> Floor, Golden Jubilee Wing, King's College Hospital, Denmark Hill, London. SE5 9RS

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