Ectopic Pregnancy: What You Need To Know

Dr. Kecia Gaither Offers Tips for Mothers-To-Be About Ectopic Pregnancy

New York, NY (PRWEB) September 27, 2017 -- For pregnancy to occur, an egg must be released from the ovary, travel through the fallopian tube, and be met and fertilized there by a sperm. The fertilized egg then proceeds through the fallopian tube to the uterus, where it attaches to the uterine lining and continues to grow for nine months; but in rare instances, the fertilized egg is implanted outside the uterus. While most often the fallopian tube is the primary site of implantation causing a tubal pregnancy—ectopic pregnancies can implant on other sites such as the cervix, ovary, abdominal wall, or on the surface of other intra-abdominal organs.

“The fallopian tube cannot support a growing embryo and an ectopic pregnancy must be treated promptly to avoid damage to the tube,” says obstetrician-gynecologist Dr. Kecia Gaither. “It typically occurs in the first few weeks, sometimes before a woman realizes she is pregnant, so it's important for women to be alert to the symptoms and seek immediate treatment.”

What Are the Symptoms of Ectopic Pregnancy?
An ectopic pregnancy may initially seem like a normal pregnancy with symptoms typical of the early weeks: missed period, breast tenderness, morning sickness. Indications that something is wrong might include:

- Vaginal bleeding and pelvic pain
- More severe and persistent gastrointestinal symptoms
- Severe pelvic pain, especially on one side
- Weakness, dizziness, fainting
- Shoulder or neck pain

Any of these symptoms should prompt a call to the doctor. Left untreated, an ectopic pregnancy can rupture the fallopian tube, cause heavy intra-abdominal bleeding, severe pain, and possibly death.

What Causes It?
It may not always be known exactly what causes an ectopic pregnancy but, in many cases, a damaged fallopian tube impedes the progress of the fertilized egg to the uterus, trapping it in the tube. The fallopian tube may have been damaged by scarring from a previous infection, pelvic surgery or ectopic pregnancy; pelvic inflammatory disease or sexually transmitted disease; or a birth defect that resulted in an abnormally shaped tube.

Who Is at Risk?
Women most at risk for an ectopic pregnancy include: those over the age of 35; smokers; those who have had a previous ectopic pregnancy, pelvic surgery, or several induced abortions; and those who have endometriosis or are undergoing fertility treatments.

How Is an Ectopic Pregnancy Diagnosed and Treated?
A doctor will diagnose ectopic pregnancy by a combination of a pelvic exam, ultrasound, and blood tests to measure hormone levels. Treatment depends on how far the pregnancy has advanced. If caught early, an injection of methotrexate will cause the pregnancy to stop growing and the body to absorb the pregnancy tissue.

If surgery is required, a minimally invasive laparoscopy can remove the pregnancy and, if it is damaged, the
fallopian tube itself. In cases of heavy bleeding that might mean the tube has ruptured, more extensive surgery might be needed.

“Following an ectopic pregnancy, a normal pregnancy is possible,” says Dr. Gaither, “but it depends on the woman's history, what caused the ectopic pregnancy, and whether the fallopian tube was preserved and undamaged.” It is important to consult an obstetrician-gynecologist and possibly a fertility specialist to determine the best course.

“Ectopic pregnancy is rare,” Dr. Gaither concludes, “but because of its implications for future fertility, it is important for women to recognize its symptoms and act quickly to prevent lasting damage.”

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