

# Methotrexate for management of Ectopic Pregnancy or Pregnancy of Unknown Location

## Patient Details

Height \_\_\_\_\_

Weight \_\_\_\_\_

BMI \_\_\_\_\_

Name

DOB

Address

CRN

## Criteria Fulfilled:

HCG 1500 - 3000	
Ultrasound features (<35mm, minimal/no free fluid)	
Patient well	
Able to attend follow up	
Treatment not started on first visit	

**Prescription** (Please insert here - see yellow sheet)

**Consent** (see overleaf)

**Anti-D considered (only if surgical management needed)**

\_\_\_\_\_

\_\_\_\_\_

**Contraceptive choice**

\_\_\_\_\_

\_\_\_\_\_

**Notes**

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**Risks/Side Effects:**

<b>Common:</b>	<b>Uncommon:</b>
Increased tummy pain on day 2-4 of treatment	Rupture of ectopic pregnancy and need for surgery
Nausea, vomiting and tummy upset	Failed procedure or need for second dose
Mouth ulcers	Sensitivity to sunlight
Risk of foetal anomaly if new pregnancy within 3 months	Damage to liver, lungs, bone marrow
	Low white blood cell count, red blood cell count or platelets

**Consent:**

I understand that	
there is a risk of rupture of the ectopic pregnancy. I will contact the hospital if I have increase in pain.	
the treatment may not be effective and that I may need surgery.	
there are side effects and rarely these can be serious, I will report to the hospital if any concerns.	
I must attend for follow up blood tests potentially for several weeks.	
I should avoid sexual intercourse during treatment.	
I should avoid alcohol for the first 2 weeks following the injection,	
I should avoid aspirin or ibuprofen (anti-inflammatory drugs) and folic acid for the duration of the treatment.	
I should not get pregnant for 3 months following treatment (or 6 months if 2 injections are used).	
in a future pregnancy there is a risk of having another ectopic pregnancy. I should have an early ultrasound scan in all future pregnancies.	

Signed \_\_\_\_\_ Date: \_\_\_\_\_

## Investigations

	Day 0	Day 4	Day 7	Day 14	Day 21	Day 28
Date						
Blood group		<b>FBC, U+E, LFT do not need to be routinely re-checked unless side effects or symptoms indicating possible derangement (eg RUQ pain, anaemia, bruising or immunosuppression)</b>				
FBC						
U+E						
LFT						
HCG						

Day						
Date						
HCG						

Day						
Date						
HCG						

Day						
Date						
HCG						

Day						
Date						
HCG						

**Follow Up:**

Date	Notes

**Discharge Letter (Upload to WCP on discharge)**

Dear \_\_\_\_\_,

You have been treated with methotrexate for an ectopic pregnancy / pregnancy of unknown location (please delete as appropriate).

You have had weekly blood tests which have shown the HCG level is now <20.

If you do become pregnant within 3 months of treatment there is a high risk of the baby having an anomaly due to the methotrexate causing a low level of folate in the body. It is therefore advisable that you use an effective form of contraception.

Although the majority of women go on to have a normal pregnancy in the future, there is a risk of having another ectopic pregnancy and we recommend having an early ultrasound (Before 8 weeks).

Kind Regards,