

*Affix patient label*

**Integrated Care Pathway for the Medical Management of Ectopic Pregnancy**

*For women opting for medical management of their ectopic pregnancy / pregnancy of unknown location ensure the following is carefully completed.*

Tick boxes:

**Patient eligibility:**

- Patient haemodynamically stable
- Minimal abdominal pain present
- No acute infection
- No anaemia
- No neutropenia / leucopenia / thrombocytopenia
- No moderate/severe renal/lung or liver impairment
- No active peptic ulcer or colitis
- Not Breastfeeding

**Scan findings:**

- Transvaginal scan performed
- Empty uterus
- Minimal free fluid seen
- Adnexal mass  $\leq$  35mm
- Absence of fetal cardiac activity on scan

- Cornual ectopic
- Other

*Please state* .....

.....

<b>Serum <math>\beta</math>HCG's</b>
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- erial suboptimal  $\beta$ HCG's taken (rise <65% / 48 hrs)
- $\beta$ HCG level <5000 iu/L
- Persistent  $\beta$ HCGs following surgical conservative treatment

**Patient CONSENT:**      (*Tick boxes*)

**The patient has been informed of the following:**

- Discontinue Folic acid
- They must adhere to follow up – potentially for several weeks
- Have transport & easy access to the hospital
- If severe pain experienced contact the hospital
- They may experience abdominal pain which worsens 2-4 days after MTX given secondary to tubal swelling and simple analgesics may be taken.
- Avoid NSAIDs for 48 hours / use paracetamol or co-codamol
- Treatment may fail & a second dose of methotrexate (or laparoscopy) may be need if there is insufficient fall between day 4 and day 7 BHCG. (occurs 3-27% of patients)
- Avoid sexual intercourse during treatment period
- Avoid pregnancy for 3 months after the last dose of MTX (6 months if more than 1 dose administered)
- Side effects occur in up to 2% and include stomatitis, alopecia, haematosalpinx. Pneumonitis and life threatening sepsis as a result of neutropenia are rare.
- Has received, read and understood Methotrexate Management Ectopic Leaflet
- Avoid alcohol
- Avoid sexual intercourse during treatment period
- Success rates vary between 65-95%

*Patient signature to confirm understanding of above:*

.....

Date.....

*Health Care Professional signature:*

.....

Date.....

**Prescribing and administration of Methotrexate**

- Patient counselled on treatment plan
- Written consent obtained
- FBC taken / date =
- HB =
- Platelet =
- U&E and LFT's **taken and normal** date =

**Methotrexate Administration**

Proceed only if all normal, otherwise discuss with medical staff.

- Group & Save taken / Date =

**Table indicating dose of methotrexate to be given by patient body surface area\*:**

\*use mdcalc website for calculation: <https://www.mdcalc.com/body-mass-index-bmi-body-surface-area-bsaal>

Body surface Area (m2)	Dose (mg)	Syringe to be administered (mg) by IM injection
1.4 -1.59	75	75
1.6 - 1.79	85	85
1.8 - 2.19	100	100
2.2 – 2.5	125	75 + 50
>2.5	Contact pharmacy	Contact pharmacy (Use 50mg/m2 and contact pharmacy for help with rounding the dose to the nearest available syringe combination (max 2syringe/dose)

- Patients height (cm) =
- Patients weight (kg) =
- Patients body surface area (m2) =
- Methotrexate dose to be administered =
- Methotrexate dose confirmed with consultant/SAS/ST7 in consultant role  (
- Methotrexate must be prescribed on a cytotoxic prescription and must be signed by senior medical staff (Consultant / SAS / ST7 in consultant role)
- Group and Rhesus
- Patient given Anti-D information    Yes     No     NA
- Patient Given Anti-D                    Yes     No     NA

NB:  $\beta$ HCG's usually rise up to day 4 post MTX and then decline.  
**D7**,  $\beta$ HCG should have **declined by at least 15%** of D4 level

Day of treatment following methotrexate	$\beta$ HCG level iu/L	Date taken
1		
4		
7		

- 15% drop in  $\beta$ HCG from day 4 to day 7: Yes  No

**For those who did not achieve a 15% reduction D4 – D7**

- Methotrexate repeated: Yes  No
- If not, surgical management opted for: Yes  No

**Table for repeat methotrexate** Remember to repeat all bloods first.

Day of treatment following methotrexate	$\beta$ HCG level iu/l	Date
1		
4		
7		

- 15% drop in  $\beta$ HCG from day 4 to day 7: Yes  No

**For those where methotrexate was successful:**

Week No. following methotrexate	$\beta$ HCG level (iu/l)	Date
1		
2		
3		
4		
5		
6		
7		

- $\beta$ HCG < 5 / Patient discharged =    Yes        No

**NB :**

- Review weekly in EPAS – assess clinical condition and measure  $\beta$ HCG.
- $\beta$ HCG's represent trophoblastic proliferation, hence should fall each weekly by a minimum of 15%. If fall is less than 15% contact medical staff.
- $\beta$ HCG's should be tracked until <5 iu/L

Contraindications to methotrexate

- Haemodynamic instability
- Presence of an intrauterine pregnancy
- Breastfeeding
- Unable to comply with follow-up
- Known sensitivity to methotrexate
- Chronic liver disease

- Pre-existing blood dyscrasia
- Active pulmonary disease
- Immunodeficiency
- Peptic ulcer disease

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