CONDITION

Tubal pregnancy

A tubal pregnancy occurs when a fertilised egg implants in a fallopian tube instead of the uterus.

WHAT IT IS
Pregnancy implanted in a fallopian tube

BODY SYSTEM
Reproductive system

MAIN SYMPTOMS
One-sided pelvic pain, vaginal bleeding, shoulder-tip pain, dizziness

WHAT CAUSES IT
Embryo implants before reaching the uterus

HOW IT IS DIAGNOSED
Transvaginal ultrasound and serial hCG blood tests

MAIN TREATMENT
Monitoring, methotrexate medicine, or surgery

CAN IT BE CURED?
Yes - pregnancy tissue resolves or is removed

IS IT AN EMERGENCY?
Sometimes - suspected rupture or internal bleeding

LONG-TERM OUTLOOK
Recovery is usual; future ectopic risk remains

Overview

A tubal pregnancy is a pregnancy that has implanted in a fallopian tube. The fallopian tubes carry eggs from the ovaries toward the uterus. A pregnancy growing in one of these narrow tubes is the most common type of ectopic pregnancy, meaning a pregnancy outside the main cavity of the uterus.

A tubal pregnancy cannot develop safely or be moved into the uterus. As it grows, it may damage or split the tube. This is called a rupture and can cause serious internal bleeding.

Some tubal pregnancies are found before they cause major symptoms. Others resolve naturally under close medical supervision. Treatment may involve monitoring, medicine, or surgery.

A tubal pregnancy is also a pregnancy loss. Alongside physical recovery, you may experience grief, anger, anxiety, or numbness. These responses can occur even when the pregnancy was very early.

Symptoms

Symptoms often begin during the first trimester, but their timing and severity differ. Some people have no symptoms when the pregnancy is first detected.

Possible symptoms include:

Shoulder-tip pain can happen when internal bleeding irritates the diaphragm, the muscle beneath the lungs. Shared nerves can make this irritation feel like pain where the shoulder ends and the arm begins.

Bleeding does not always look like a usual period. It may be lighter, heavier, darker, or stop and start. These symptoms can also have other causes, so they do not confirm a tubal pregnancy by themselves.

Sudden severe abdominal pain, fainting, marked dizziness, or feeling very weak may indicate rupture and internal bleeding. These symptoms require emergency care.

- Pain low in the abdomen or pelvis, often more noticeable on one side
- Vaginal bleeding or brown, watery discharge
- Pain at the tip of the shoulder
- Discomfort when passing urine or opening the bowels
- Dizziness, weakness, or fainting

Causes and risk factors

A tubal pregnancy happens when a fertilised egg implants before reaching the uterus. Often, there is no clear reason why this happens.

Damage, scarring, or changes in how a fallopian tube works may slow the egg's movement. Factors associated with a higher chance of tubal pregnancy include:

An IUD greatly lowers the overall chance of pregnancy. However, if pregnancy occurs with an IUD in place, its location needs to be checked because a greater proportion of these uncommon pregnancies are ectopic.

Having one or more risk factors does not mean you will have a tubal pregnancy. Many affected

people have no known risk factors.

- A previous ectopic pregnancy
- Previous pelvic inflammatory disease, often related to a sexually transmitted infection
- Surgery involving a fallopian tube or nearby pelvic organs
- Fertility treatment, including in vitro fertilisation
- Becoming pregnant while using an intrauterine device, or IUD
- Smoking

Diagnosis

Diagnosis usually begins with your symptoms, pregnancy history, an examination, a pregnancy hormone blood test, and an ultrasound.

A transvaginal ultrasound uses a narrow probe placed gently inside the vagina. It provides a clearer view of an early pregnancy than an ultrasound performed across the abdomen. A tubal pregnancy may be confirmed if pregnancy tissue is seen outside the uterus.

Blood tests measure human chorionic gonadotropin, usually called hCG. This hormone is produced during pregnancy. Tests taken on different days show whether the level is rising or falling. An hCG result alone cannot show where a pregnancy is located.

Sometimes the first tests do not show a pregnancy inside or outside the uterus. This is called a pregnancy of unknown location. It is a temporary finding, not a final diagnosis. Repeat hCG tests and ultrasound are usually needed until the location or outcome becomes clear.

In some cases, a tubal pregnancy is diagnosed during keyhole surgery called laparoscopy. This is more likely when symptoms are concerning, internal bleeding is suspected, or earlier tests remain uncertain.

Treatment and management

Treatment is intended to prevent rupture and serious bleeding. The safest approach depends on your symptoms, ultrasound findings, hCG levels, general health, ability to attend follow-up, and preferences.

A tubal pregnancy cannot be transferred into the uterus. Treatment ends the pregnancy or confirms that the pregnancy tissue has resolved naturally.

Expectant management means careful monitoring without immediate medicine or surgery. It

may be considered when you are clinically well, symptoms are mild or absent, and hCG levels are already low and falling. Regular blood tests continue until hCG reaches a safe negative level. This is active follow-up, not simply waiting without care.

Methotrexate is a medicine that stops pregnancy tissue from continuing to grow. It is usually given by injection and is suitable only in selected circumstances. Follow-up blood tests are essential because treatment does not work immediately, and an additional dose or surgery may sometimes be needed.

Cramping or abdominal discomfort can occur after methotrexate. However, new severe pain, dizziness, or fainting needs urgent assessment because rupture remains possible until follow-up confirms resolution. Your care team will also explain medicine, alcohol, vitamin, and pregnancy-planning precautions relevant to methotrexate.

Surgery may be recommended when rupture is suspected, bleeding is significant, symptoms are severe, or medicine and monitoring are unsuitable. It is usually performed through small abdominal cuts using laparoscopy.

The affected tube may be removed in an operation called a salpingectomy. In some situations, the pregnancy is removed through an opening in the tube, called a salpingotomy. Salpingotomy preserves the tube but carries a greater chance that some pregnancy tissue will remain, so hCG follow-up is required.

Emergency surgery may require a larger abdominal incision if bleeding cannot be controlled safely through keyhole surgery.

Complications

The most serious complication is rupture of the fallopian tube. This can cause internal bleeding, low blood pressure, and collapse. Prompt surgery and, in some cases, a blood transfusion may be needed.

Pregnancy tissue may occasionally remain after treatment, particularly after tube-preserving surgery or if methotrexate has not fully worked. This is why follow-up hCG tests matter even when you feel well.

A tubal pregnancy can affect future fertility if a tube is damaged or removed. Fertility also depends on the condition of the other tube and whether there were fertility difficulties before the ectopic pregnancy. Many people later have a pregnancy in the uterus, but this cannot be guaranteed.

Having had one ectopic pregnancy increases the chance of another. An early assessment in a future pregnancy can help confirm its location.

Emotional effects may continue after physical treatment ends. Pregnancy announcements, expected due dates, follow-up appointments, and trying to conceive again can bring back grief or anxiety.

Prevention

Most tubal pregnancies cannot be prevented. They often happen without a known cause, and having one does not mean you did anything wrong.

Reducing the chance of sexually transmitted infections may lower the risk of pelvic inflammatory disease and related tubal scarring. Condoms and testing when appropriate can help. Stopping smoking may also reduce one known risk factor, although it cannot guarantee prevention.

If you have previously had an ectopic pregnancy, prevention may not be possible. Early contact with a pregnancy care service after your next positive test can allow timely hCG testing or ultrasound to locate the pregnancy.

Living with it and what to expect

Physical recovery can take days to weeks, depending on your symptoms and treatment. Tiredness, bleeding, and mild abdominal discomfort may continue for a time. Recovery from surgery may take longer than recovery after monitoring or uncomplicated medical treatment.

Follow-up continues until your care team is satisfied that no active pregnancy tissue remains. Feeling better does not replace these checks because hCG may stay detectable after symptoms settle.

Your next period may not arrive at its usual time. Ovulation can return before the first period, so discuss contraception if you do not want to become pregnant yet.

When it is safe to try again depends partly on your treatment and recovery. Methotrexate requires a waiting period because it affects how the body uses folate, a vitamin important in early pregnancy. Follow the timing given by the service managing your care rather than relying on symptoms alone.

Many people can become pregnant again, including after one fallopian tube has been removed. Future fertility is less predictable if the remaining tube is damaged or there are other fertility concerns. Your clinician may discuss further assessment if pregnancy does not occur after an appropriate period of trying.

In a future pregnancy, contact a healthcare service early. An early ultrasound may be offered to confirm that the pregnancy is developing inside the uterus.

There is no correct emotional timetable. Some people want to try for another pregnancy as soon as it is medically safe. Others need more time or decide not to try again. Support from a pregnancy-loss service, counsellor, peer group, or trusted person may help.

When to get medical help

Seek emergency medical help now if you may be pregnant and have:

These symptoms can indicate rupture and internal bleeding. Do not drive yourself if you feel faint or severely unwell.

Get urgent same-day medical advice if you have a positive pregnancy test with one-sided pelvic pain, unusual vaginal bleeding, or worsening pain. This is especially important after a previous ectopic pregnancy, fertility treatment, or tubal surgery.

During treatment or monitoring, follow the emergency instructions provided by your care team. Seek urgent assessment for worsening pain, dizziness, fainting, heavy bleeding, or new shoulder-tip pain, even if your hCG level was previously falling.

Routine follow-up is appropriate for scheduled hCG tests, ultrasound appointments, wound checks, contraception, future pregnancy planning, and emotional support. Contact your care team if symptoms are not improving as expected or you are unable to attend planned monitoring.

- Sudden or severe abdominal or pelvic pain
- Fainting, collapse, marked weakness, or severe dizziness
- Shoulder-tip pain together with abdominal pain or bleeding
- Heavy bleeding or signs of shock, such as pale, cold, clammy skin

Common questions

Can a tubal pregnancy survive?

No. A fallopian tube cannot support a pregnancy safely through development. Without resolution or treatment, the tube may rupture. Unfortunately, there is no treatment that can preserve the pregnancy.

Can doctors move the pregnancy into the uterus?

No. Current medical and surgical treatments cannot move an implanted pregnancy from the tube into the uterus. Treatment focuses on protecting your health.

Will I be able to get pregnant again?

Many people later become pregnant in the uterus. Your individual chance depends on the health of the remaining tube or tubes, your age, previous fertility, and the cause of any tubal damage. Having one tube removed does not automatically mean that you will need fertility treatment.

How soon can I try for another pregnancy?

The safe timing depends on whether you had monitoring, surgery, or methotrexate and whether follow-up is complete. Methotrexate requires a specific waiting period. Ask the service that treated you for advice based on your treatment rather than using the return of your period as the only guide.

Why is my pregnancy test still positive after treatment?

Pregnancy tests detect hCG, which can remain in the body while pregnancy tissue is resolving. The result may stay positive for a while. Continue scheduled blood tests until your care team confirms that follow-up is complete.

Was the tubal pregnancy my fault?

No. Exercise, sex, ordinary work, travel, stress, and everyday activities do not cause a pregnancy to implant in a fallopian tube. In many cases, no cause is identified.

Sources

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