

Clinical Guideline

Ectopic Pregnancy Treatment

D&C Prior to Methotrexate?

D&C is NOT necessary prior to treatment with Methotrexate (MTX) for a plateau or abnormally rising HCG level. MTX will treat an abnormal pregnancy in the uterus or any other location.

Typical side effects of MTX

- Less than 30% of patients will experience minor, selflimited side effects from the medication, including nausea, mouth ulcers, and GI cramps.
- Most patients have some lower abdominal pain on the 3-6th day after treatment. This is not a problem if ibuprofen or acetaminophen relieves the pain.

Contraindication to MTX

Absolute contraindications

- Breast Feeding
- Overt or laboratory evidence of immunodeficiency
- Alcoholism, alcoholic liver disease, or other chronic liver disease
- Preexisting blood dyscrasias, such as bone marrow hypoplasia, leukopenia, thrombocytopenia, or significant anemia
- Known sensitivity to MTX
- · Active pulmonary disease
- · Peptic ulcer disease
- Hepatic, renal, or hematologic dysfunction
- Concurrent intrauterine pregnancy

Relative contraindications

- Gestational sac larger than 4 cm
- Embryonic cardiac motion
- High initial hCG >5000

Single Dose Regimen

- Single dose MTX 50 mg/m² IM on day 1.
- Measure hCG level on post-treatment days 4 and 7.
- Check for 15% hCG decrease between days 4 and 7.
- Then measure hCG level weekly until reaching the nonpregnant level
- If results are less than the expected 15% decrease, readminister MTX 50 mg/m² and repeat hCG measurement on days 4 and 7 after second dose.

If at any time the hCG level rises during the monitoring of weekly hCG levels, consult a GYN Oncologist for further treatment.

consultation with HROB or OB/GYN. Work-up Quantitative hCG Type and Screen • CBC Comprehensive Metabolic Panel Transvaginal Pelvic Ultrasound (US) Consult HROB for immediate Hemodynamically stable? surgery or transfer. Yes Adnexal Mass≥4 cr Cardiac activity Pregnancy in location other than a tube Nο Platelets. kidney, and liver function normal and no absolute contraindications?

Is the hCG >200 or is there a mass >2 cm? Is the hCG > 1 Yes → 1 Yes

Ectopic Pregnancy diagnosed after

Two Dose Regimen

- Administer 50 mg/m² on day 1.
- Repeat 50 mg/m² on day 4.
- Measure hCG levels on days 4 and 7, and expect a 15% decrease between days 4 and 7.
- If the decrease is greater than 15%, measure hCG levels weekly until reaching non-pregnant level.
- \bullet If less than a 15% decrease in hCG levels, readminister MTX 50 mg/m² on days 7 and 11, measuring hCG levels.
- If hCG levels decrease 15% between days 7 and 11, continue to monitor weekly until non pregnant hCG levels are reached.

Follow Up

- Send chart message to GYN Case Managers through the Women's Health Case Manager pool so they can arrange hCG follow up.
- If ED staff unable to schedule follow up appointment, send message via Tiger Connect to HROB on call.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by Clinical Guideline Committee 9/29/25. Click here to see the supplemental resources for this guideline.

If comments about this guideline, please contact David_Compton@ykhc.org.