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Irish women's experience of Ectopic pregnancy

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ABSTRACT

Objective: Ectopic pregnancy can become a life threatening condition. Due to the specific nature of Ectopic pregnancy the grief experienced may well be overlooked compared to other pregnancy losses. Fertility concerns for the future and recovery from surgical or medical treatment may instead become the focus of care. The objective of this study was to gain insight into women's experience of Ectopic pregnancy.
Study design: A qualitative semi-structured interview format was utilised. Seven women who had experienced an Ectopic pregnancy in a large tertiary-level Irish maternity hospital were interviewed. This sample was recruited purposively ensuring inclusion of women whose treatment included expectant, medical or surgical management.
Main outcome measures: Interpretative phenomenological analysis was employed as the analytic strategy as it has an ideographic approach which allows us to gain insight into the women's experiences of Ectopic pregnancy.
Results: Key findings were the importance of clear information on treatment options, the diagnostic scan was highlighted as important as it helped the women emotionally detach from the pregnancy. Lack of bereavement counselling and satisfactory completion of outpatient care hindered closure and recovery for these women. There was increased apprehension about fertility and women reported feeling reluctant to conceive again. Women reported difficulty coming to terms with their diagnosis which in turn impacted their recovery and illustrated women's reservations to embark on future pregnancies.
Conclusions: This study has implications for the care of women who experience Ectopic pregnancy particularly in relation to how they are managed from diagnosis to completion of treatment.

Introduction

Ectopic pregnancy occurs where a fertilized egg implants outside the uterus. The majority of Ectopic pregnancies (95%) occur within the fallopian tube, while the remainder can occur in the ovary, abdomen or cervix [20,15,9]. Early intervention plays a key role in treatment as this can be a life threatening event and is almost always incompatible with the delivery of a viable infant [24]. Ectopic pregnancy rates have increased over time [9] and it now accounts for 14.8 per 1000 pregnancies in Ireland [10]. This increase may be due to a number of risk factors which present more frequently today including pelvic inflammatory disease or tubal pathology as well as the presence of intrauterine systems [14,12,9]. Cigarette smoking is associated with Ectopic pregnancy, and while the exact reason is unknown it is thought that the inhalation of cigarette smoke may affect normal ciliary activity which in turn may affect fallopian tube function [6,4]. Another risk factor is a previous Ectopic pregnancy, where the associated scarring may interfere with embryo-tubal transport. Studies also indicate that couples attempting to achieve pregnancy through assisted reproductive technologies are more at risk, and are also generally older, which also increases the chance of Ectopic pregnancy [24,4].

Ectopic pregnancy remains the leading cause of maternal death in early pregnancy worldwide [5]. For the woman, the experience of Ectopic pregnancy begins with the process of determining the location of the Ectopic pregnancy and is followed by treatment, which may include expectant, surgical or medical treatment [1,24,14]. Given the specific nature of Ectopic pregnancy the resulting treatment can be complex and can cause uncertainty in relation to the woman's fertility [27]. Studies into early pregnancy loss have shown that women viewed their loss as a major life event [3] and although one in 80 women will experience an Ectopic pregnancy it remains relatively under researched in terms of the emotional impact [18]. Studies which have given exposure to Ectopic pregnancy have incorporated it with other early pregnancy losses [26] and review of the published literature shows little or no research specifically dedicated to Ectopic pregnancy [13].

The lack of focus on Ectopic pregnancy may be a consequence of its modern management, where Ectopic pregnancy is not viewed in the same light as other pregnancy losses such as miscarriage [14,7]. The

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Table 1
Overview of the sample.

Participant	Pseudonym	Age	Parity	Time since loss	Treatment
Participant 1	Susan	33 yrs	Para 1	16 months	Medical
Participant 2	Deirdre	34 yrs	Para 1	14 months	Expectant/ Medical
Participant 3	Mary	30 yrs	Para 0	12 months	Surgical
Participant 4	Noelle	27 yrs	Para 0	14 months	Surgical
Participant 5	Clare	27 yrs	Para 1 + 3	16 months	Surgical/ Medical
Participant 6	Beth	37 yrs	Para 3 + 2	13 months	Surgical
Participant 7	Ruth	38 yrs	Para 2	15 months	Expectant

increasing rates of medical management on an outpatient basis may translate into the woman being cared for in an environment that fails to acknowledge her loss and in doing so may discount the emotional aftermath of the experience. This type of environment may also do little to acknowledge the woman's mental wellbeing and may cause further feelings of isolation. This study provided an invaluable opportunity in research to gain insight into women's individual experience of Ectopic pregnancy. Importantly, through this article we believe the rarely heard voices of women who have experienced Ectopic pregnancy will be considered and help to shed light on this little understood experience.

Therefore, the objective of this study was to gain the views of women in relation to their interactions encountered from diagnosis to conclusive treatment of their Ectopic pregnancy.

Methods

This qualitative study, utilising an Interpretative Phenomenology Analysis (IPA), involved conducting in-depth semi-structured interviews with women who had experienced Ectopic pregnancy. The aim of this methodology is to study this life event from the viewpoint of the women as a subject as opposed to the woman as an object. The participants in an IPA study are sampled purposively because they can offer the researcher a profound insight into the study topic and its consequences. Smaller sample sizes are common in studies undertaking IPA as given the complexity of the human phenomena a rigorous focus on a small sample size is beneficial in order for the researcher to gain a complete understanding of the experience. [21].

Following extensive review of registers which outline the woman's details on admission to the various units within the maternity hospital, a sample of 14 women who were treated for an Ectopic pregnancy were identified during a period between September and December 2013. These registers provide an overview of the treatment women receive but do not include the woman's full medical record. The recruitment process ensured patients requiring expectant, medical or surgical management of their Ectopic pregnancy were within the sample (see Glossary). This search was carried out within NS's capacity as a research midwife and with ethical approval.

Ethical approval for the study was granted by the Clinical Research Ethics Committee of the Cork Teaching Hospitals (Ref: ECM 4 (c) 04/02/14). Invitation letters were sent out to the women inviting them to take part in the study. A follow up telephone call was made one week after letters were sent to answer any questions about the study and establish a rapport with the women.

Of the 14 women who received letters of invitation, 7 agreed to partake in the study. Table 1 outlines the sample demographics. The women recruited to the study came from varying backgrounds geographically and socially. The ages of the women ranged from 27 to 38 yrs. For 2 of the women this was their first pregnancy experience, the majority of the women had previously experienced a full-term pregnancy. Two of the women had previously been treated for an Ectopic pregnancy, and one woman had a miscarriage prior to her experience of Ectopic pregnancy.

A semi-structured topic guide which was developed based on existing literature, an information sheet and consent form were provided to the women. All the women provided written informed consent. The majority of the women were interviewed in their homes. One participant was unable to attend the interview and requested the interview to be conducted by telephone due to distance. This woman expressed her gratitude for facilitating her interview as she felt her story was important for other people to hear and she felt comfortable talking about it from her home. The interview process took approximately 60 min and all were digitally recorded and transcribed verbatim.

The analytic process for IPA involved the following: close listening and rereading of the interviews to gain familiarisation of the data and to ensure a general sense of the participant's account was captured. Secondly, preliminary themes were initially identified and then refined as patterns and connections emerged from the transcripts. Finally, a master table of themes was created and each theme was summarised in a table including evidence from each transcript by way of direct quotations. All analysis was carried out by NS, a research midwife. The analyses were then presented to SM (a health sociologist) and KOD (a Consultant Obstetrician) for peer review. NS's clinical background as a midwife with over 25 years' experience of interaction with women facilitated this interview process. This was further aided by the skills NS gathered during her 10 year's working as a research midwife.

Results

IPA analysis identified four superordinate themes of 1) Shattered expectations, 2) management: a weary procedure, with subordinate themes of treatment, follow up care and bereavement care 3) coping styles and acceptance, 4) acknowledgement of loss. In order to maintain confidentiality the women were assigned pseudonyms. Direct quotations from the women are used to illustrate these themes.

Theme 1: Coping with shattered expectations

As the interviews progressed it became clear that the women struggled to deal with having their hopes of a successful pregnancy dashed. The hopes for a new pregnancy brought excitement and plans for the future. Their expectation was to nurture a new pregnancy. However, the diagnosis of an Ectopic pregnancy shattered these expectations resulting in intense sadness and feelings of not knowing what to grieve for.

> *"I didn't know what to think…I didn't know what was happening…to this day I still don't know" Susan*
>
> .

> *"Surprised and excited…I never thought there would be a problem, so I was annoyed it was a negative experience…" Deirdre*
>
> .

These women reported never anticipating any potential problem with this new pregnancy until their happiness was quickly replaced by confusion, grief and blame. One participant had great difficulty accepting the diagnosis, in her mind she had never thought about the possibility of an Ectopic pregnancy, if anything went wrong it would just be a miscarriage. This woman believed she would have coped better with miscarriage as an outcome as she understood it better and would have felt supported.

> *"What did I do in my life to make this happen…" Ruth*
>
> .

> *"Didn't realise I was pregnant but I was so delighted with the positive test, Two days later I started bleeding… I was still hopeful it would be ok. In my head it was a normal miscarriage or there would be nothing…" Noelle*
>
> .

One of the women reported difficulty expressing her feelings on the diagnosis as she felt very vulnerable and didn't feel able to cope with