



EXPERIENCES OF WOMEN WHO HAD AN ECTOPIC PREGNANCY

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ABSTRACT

Objective: This study aimed to understand the experiences of women who had an ectopic pregnancy. **Method:** This is a descriptive study with a qualitative approach. We collected data through virtual interviews between April and July 2020 with nine women with a history of ectopic pregnancy, who were treated at a teaching maternity hospital in Salvador, Bahia, Brazil. The narratives were organized and subjected to thematic content analysis. The study adhered to ethical guidelines established by the Brazilian National Health Council resolutions. **Results:** Three categories emerged from the participants' accounts: Discovering the ectopic pregnancy, Knowledge about ectopic pregnancy, and Emotional responses to the ectopic pregnancy. The presence of symptoms such as pain and bleeding marked the discovery of this condition. For all participants, ectopic pregnancy was an unknown phenomenon until they experienced it themselves. The emotional responses included feelings of sadness, fear, and frustration. **Conclusions:** Ectopic pregnancy remains an unfamiliar topic until women personally experience it. Discussing this condition and raising awareness about its occurrence are essential strategies for promoting knowledge and enabling early identification of complications, thereby facilitating timely care and management.

Keywords: Pregnancy ectopic. Obstetric nursing. Women. Women's health.

INTRODUCTION

Ectopic pregnancy (EP) is defined as a pregnancy that occurs outside the uterine cavity. It is one of the leading causes of hemorrhage during the first half of pregnancy, often resulting in severe and potentially fatal complications for both the pregnant woman and the fetus. This condition is considered a medical emergency. Women experience ectopic pregnancy in diverse ways, and early diagnosis significantly improves management and treatment efficacy^(1,2).

Globally, approximately 1.3% to 2% of pregnancies are ectopic, accounting for an estimated 1.5 to 2 million cases annually. A study conducted across 195 countries to evaluate global trends in EP over the past 30 years revealed that, while precise estimates are challenging, the incidence of EP continues to rise in some regions, including South America, where it remains associated with high mortality

rates⁽³⁾. In Brazil, ectopic pregnancy occurs in approximately 2% of pregnancies, with a higher prevalence among women who have previously conceived⁽⁴⁾.

Ectopic pregnancies are classified according to the implantation site of the blastocyst, with tubal pregnancies being the most common, representing over 95% of cases. Among these, ampullary implantation accounts for approximately 80%. Other forms of ectopic pregnancies include cervical pregnancies, which represent about 1% of cases and are increasing due to advances in assisted reproductive techniques. Cervical pregnancies often result in miscarriage and can lead to life-threatening hemorrhages if not diagnosed early. Abdominal pregnancies, where the embryo implants in the peritoneal cavity, account for 0.5% to 0.66% of cases and are rarely viable. The rarest form is ectopic pregnancy in a prior cesarean scar, which is associated with severe complications such as uterine rupture and significant

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hemorrhage, leading to elevated maternal morbidity and mortality^(5,6).

Despite the rising number of EP cases, maternal mortality associated with this condition has decreased⁽³⁾. A Brazilian study that reviewed and synthesized current evidence on the diagnostic and therapeutic challenges of EP indicated that reduced maternal mortality is linked to professional training and timely, accurate diagnoses⁽⁷⁾. When evaluating EP, the classic triad of abdominal pain, vaginal bleeding, and delayed or irregular menstruation should be investigated. Among these symptoms, abdominal pain is the most commonly reported, and peritoneal irritation along with a hemorrhagic abdomen underscores the need for early diagnosis⁽⁸⁾.

Accurate differential diagnosis of ectopic pregnancy involves thorough history-taking, clinical examination, ultrasonography or computed tomography, and measurement of Beta-hCG levels⁽⁹⁾. The multidisciplinary healthcare team must remain vigilant and prepared to act swiftly, delivering precise care to prevent complications. Interventions may be carried out at primary care or specialized facilities, both before and after diagnosis, and must be promptly implemented. The experience of ectopic pregnancy affects women in biopsychosocial dimensions⁽⁸⁾.

The psychological aspects of ectopic pregnancy are equally significant. Studies have shown that experiencing EP can trigger intense emotional responses, including anxiety⁽¹⁰⁾, post-traumatic stress disorder (PTSD), and depression⁽¹¹⁾. Moreover, the physical discomfort associated with surgical interventions, often necessary, contributes to a subjective emotional and sensory experience⁽¹²⁾. Acknowledging the individuality and subjectivity of this phenomenon, our study aimed to explore these experiences, believing that the findings could support the planning of high-quality care. This includes early interventions—both before and after EP diagnosis—and actions informed by women's lived experiences. Such an approach broadens the scientific knowledge base and equips healthcare professionals to be trained for tailored care.

In light of this context, we asked: what are the experiences of women who have had an

ectopic pregnancy? To address this question, we sought to understand the lived experiences of women who have faced ectopic pregnancy.

METHODS

We conducted a descriptive study with a qualitative approach at a maternity hospital recognized as a referral center for high-risk pregnancies in Salvador, the state of Bahia, Brazil. This medium-sized facility comprises 80 beds, supports approximately 250 deliveries monthly, and performs over 6,000 outpatient procedures. Our study is part of a broader research project titled *Obstetric Syndromes with Hemorrhagic Potential and Their Implications for Women's Health*. It adheres to the Consolidated Criteria for Reporting Qualitative Research (COREQ), which guided the development of our methods and analysis⁽¹³⁾.

The inclusion criteria for participants were women aged 18 years or older with prior experience of ectopic pregnancy, treated at the emergency department of the aforementioned maternity hospital. Data collection occurred between April and July 2020. Participants were selected by reviewing medical records of women hospitalized between March 2019 and March 2020. Through this process, we identified 30 potential participants via phone contacts recorded in their medical charts. Of these, 18 were unreachable due to deactivated phone numbers. Twelve women were successfully contacted, consented to participate, and were scheduled for virtual interviews, adhering to social distancing measures necessitated by the COVID-19 pandemic. However, three participants withdrew, leaving a final sample of nine women.

The principal researcher, a graduate student trained for this purpose, conducted the interviews, which averaged 30 minutes in duration. The interviews took place on the Microsoft Teams platform using a semi-structured script, which included objective questions about sociodemographic aspects and subjective questions centered on the primary inquiry: *Tell us about your experience with ectopic pregnancy*.

The interviews were audio-recorded using a mobile application, transcribed verbatim, and

thoroughly reviewed. Transcriptions were not returned to participants for validation. The material was meticulously analyzed and organized into thematic categories following Laurence Bardin's Content Analysis framework⁽¹⁴⁾. Pseudonyms were used, comprising the letter F (for "Flores") followed by a numeric code corresponding to the order of data collection (e.g., F1, F2, F3) to ensure anonymity and protect participant identities. After organizing and categorizing the data, we developed a discussion centered on the investigated topic.

The broader research project received ethical approval from the Research Ethics Committee of the Federal University of Bahia under decision number 3.426.869. Our study complied with Resolution 466/2012, which governs research involving human subjects, and Resolution 510/2016, which outlines ethical principles for research in the social and human sciences. Additionally, we followed the guidelines from the National Research Ethics Commission (CONEP) and the Ministry of Health as detailed in Circular Letter No. 2/2021/CONEP/SECNS/MS, which provides recommendations for virtual research during the pandemic⁽¹⁵⁾.

On the day prior to the interview, the Informed Consent Form (ICF) was emailed to each participant. Verbal consent was recorded in advance. During the interview, the researcher began by sharing her screen, playing the recorded verbal consent, and reading the ICF aloud. Participants reaffirmed their agreement to proceed with the interview.

RESULTS

We included nine women in the study, all of whom had experienced ectopic pregnancy and received care at the maternity hospital. Of the participants, five were between the ages of 18 and 34, and four were aged 35 to 40. Regarding race/color, seven women self-identified as mixed race, one as white, and one was unsure. As for education level, one participant had completed higher education, five had completed high school, one had not completed high school, and two had only incomplete elementary education.

In terms of marital status, two women were

in common-law marriages, three were married, three were never married, and one was divorced. Household income varied, with six participants earning between one and two minimum wages and three earning less than one minimum wage. Concerning occupation, two women were cashiers, two were homemakers, one was a podiatrist, one was an industrial assistant, one was a receptionist, one was a student, and one was unemployed.

Regarding gynecological and obstetric characteristics, six women were secundigravida, two were tercigravida, and one was primigravida. Four participants reported having experienced a previous ectopic pregnancy, while for the remaining five, it was their first episode. Discussions with participants about their ectopic pregnancy experiences resulted in the emergence of three key categories: Discovering the ectopic pregnancy, Knowledge about ectopic pregnancy, and Emotions surrounding the ectopic pregnancy.

Discovering the ectopic pregnancy

The discovery of the ectopic pregnancy was marked by symptoms such as pain and bleeding. These symptoms prompted some women to seek immediate medical care, while others waited for their scheduled appointments to report their experiences. Following their initial consultations, they received a diagnosis of a nonviable pregnancy. Below are excerpts that contextualize these experiences:

I had gone to the hospital for prenatal care, and then I got angry and upset with my husband and ended up bleeding. So, I sought care. They treated me really well, took all the necessary measures, and discovered that I indeed had an ectopic pregnancy, right? (F5)

I went there to schedule my prenatal care. When I got there, I told the doctor that in March, I had bleeding that lasted the entire month. And that had actually happened, but since my period was irregular, it didn't come in April. Then the doctor said, 'So how will we know if you're pregnant?' I showed her my test results, and that's when she referred me for an emergency transvaginal ultrasound. (F6)

I thought I had a urinary tract infection. They did an abdominal ultrasound to find out what was

causing the pain. Then, the doctor requested a transvaginal ultrasound. When he performed it, he could see that the pregnancy was outside the uterus and explained to me that it was an ectopic pregnancy. (F3)

I discovered it when my period didn't come and I had dark spotting. So, I had to take the beta test, and that's when I found out I was pregnant. I went straight to the nurse and showed her. I told her about the spotting, and she said I might be having an early miscarriage and advised me to see an obstetrician. I had an MRI, and it was through that exam that I discovered it was an ectopic pregnancy. (F7)

Knowledge about ectopic pregnancy

For all the women in our study, ectopic pregnancy was an unknown phenomenon. Before experiencing it for the first time, they were unaware of this type of pregnancy, the procedures that followed its diagnosis, and the disruptions and consequences it could cause. They were also unaware that this type of pregnancy is incompatible with fetal survival, as development cannot occur outside the uterine cavity. The following excerpts from interviews highlight this lack of awareness:

I didn't know what an ectopic pregnancy was. I thought it would just be a cleaning inside me. Only after everything happened did I come to understand the situation I was going through. (F2)

Later, I had the transvaginal ultrasound, and they saw it was in the tube. I didn't know they would have to remove the baby. (F3)

I had never heard of ectopic pregnancy or that it carried this risk. Never in my life. I had no idea what an ectopic pregnancy was like. (F9)

As they navigated the experience of ectopic pregnancy, the participants independently sought information online and built their understanding, often on their own, about this complication that led to the termination of their pregnancies. The following accounts illustrate this process:

After what I went through, I started searching to really understand what it was. (F4)

I would always grab my phone and look up what it was, and there's always different information, right? (F5)

I researched a lot about the case and kept looking

it up online on my own. I'm very curious, and the only solution was to research a lot on the internet. (F6)

Emotions surrounding the ectopic pregnancy

The emotions experienced by the women varied widely, as illustrated by the following statements:

I was happy to be pregnant again, but I started feeling such deep sadness when I received the devastating news once more—ectopic pregnancy on the left side. I felt very frustrated, trying again and not succeeding. (F1)

I am so afraid. I am terrified of going through this again, you know? (F4)

I felt very, very hurt. I became somewhat depressed, thinking I wouldn't be able to have more children and fearing that every pregnancy would implant in my fallopian tubes again. Sometimes, even now, I feel incapable, like that's the word—incapable of really becoming a mother again. (F6)

Fear. Fear of it happening again. I'm still scared, you know, afraid that it could return. (F8)

We observed that women experiencing ectopic pregnancy reported feelings of sadness, hurt, and frustration due to the unviability of the pregnancy, as well as fear of facing a similar situation in the future.

DISCUSSION

The profile of the participants consisted of young women, aligning with a study⁽¹⁶⁾ that reiterates the age range of women affected by ectopic pregnancy varies between 20 and 34 years. This is a concerning fact, as depending on the treatment and/or surgical procedure a woman undergoes, young women may have their reproductive experiences affected or even ended.

Regarding race/color, education, and family income, most women identified as mixed-race, never married, with a high school education, and reported a household income of one to two minimum wages. These data corroborate a study⁽¹⁷⁾ reporting that most of the Black population, even today, occupies less qualified job positions, experiences devaluation in remuneration in the labor market, lives in conditions considered unhealthy, and faces

significant difficulty accessing healthcare services.

It is worth noting that, according to the Statute of Racial Equality, Black individuals are those who identify as Black or mixed-race, following the color or race criteria used by the Brazilian Institute of Geography and Statistics (IBGE), and who possess physical traits that characterize them as Black or mixed-race⁽¹⁸⁾. This study, by identifying participants as mixed-race women, highlights the vulnerability of this group to diseases, considering social conditions; these affect access to healthcare services, which can impact health outcomes. In relation to ectopic pregnancy, healthcare must occur promptly to reduce complications. For this group of women, considering the points mentioned, access to care may be compromised.

Regarding the gynecological and obstetric characteristics of the participants, when comparing the literature, evidence shows they present risk factors for ectopic pregnancy. Among these, those most comparable to the data collected in this study are previous ectopic pregnancies and prior spontaneous abortions⁽¹⁹⁾.

The experience of ectopic pregnancy for the women in this study is tied to how events unfolded, the care received, and the opportunities for access to information, attention, and support. Early diagnosis of ectopic pregnancy can lead to less invasive treatment^(20,21).

The participants in this study demonstrated a lack of knowledge about ectopic pregnancy, its etiology, signs, symptoms, and the risks they were exposed to, particularly in cases of delayed diagnosis. Their understanding of the topic emerged only after experiencing it and individually seeking explanations for the occurrence. Thus, the digital world has become an important technological tool for constructing this knowledge.

Healthcare professionals play a crucial role in promoting health and fostering knowledge by addressing topics through education and health initiatives. Given that ectopic pregnancy was an unfamiliar subject for the women in our study, it is essential to incorporate this topic into discussions about women's health. Further study of the topic by professionals can enhance the quality of care they provide. A qualitative

phenomenological study⁽²²⁾ highlights that healthcare professionals, particularly nurses working in maternal health and obstetrics, frequently encounter pregnancy loss. However, they often struggle to intervene by offering emotional support and user embracement to women and couples, which repeatedly leads them to limit their interactions to strictly technical approaches.

A study⁽²³⁾ conducted in Minas Gerais, Brazil, with 46 final-year undergraduates from nursing, medicine, psychology, and social work programs, demonstrated that although they are academically trained, working as professionals in a field where they are frequently exposed to such situations does not adequately prepare them to provide user embracement or communicate effectively with women experiencing ectopic pregnancy and, consequently, gestational loss.

This gap underscores the necessity of a more specific approach to user embracement from healthcare professionals, particularly when addressing pregnancy loss. Research involving women who have experienced gestational loss in hospital settings emphasizes the need for care that not only addresses physical and biological changes but also provides psychological support, considering the vulnerabilities women face⁽²⁴⁾.

Maternal grief is inevitable following pregnancy loss, as women envision a pregnancy that culminates in the birth of a healthy baby. When faced with ectopic pregnancy, which results in early termination and does not fulfill this idealized outcome, grief becomes even more profound. This loss can trigger depression as women confront unmet expectations of motherhood. In this case, she also experiences mourning for motherhood, denying herself the ability to procreate, which causes the baby to become a melancholic object^(25,26).

In our study, we observed repeated instances of ectopic pregnancies among participants, including women who endured gestational loss and maternal grief twice consecutively. Recurrent gestational loss highlights uncertainties regarding reproductive outcomes, placing women at heightened risk and sometimes leading them to abandon plans for biological motherhood⁽²⁶⁾.

However, because ectopic pregnancy typically results in early gestational loss, society

often does not acknowledge the grief experienced by women. There is a tendency to dismiss their pain, given the absence of a viable prognosis or visible baby in these cases. This societal minimization often reduces the support and empathy that could help women navigate this process^(27,28).

Studies emphasize the importance of amplifying women's voices and acknowledging their experiences of loss, as the lack of social recognition compounds inadequate support. User embracement by the multidisciplinary team is critical in facilitating or impeding this experience. It was also evidenced that health education initiatives are indispensable in addressing these needs comprehensively⁽²⁹⁾.

Study limitations

This study faced limitations related to the pandemic context, as participant recruitment relied on medical records often containing incomplete or outdated information. Consequently, a significant number of women could not be contacted.

Contributions to practice

This study highlighted the experiences of women who had ectopic pregnancies, their access to diagnosis, individualized care, and guidance that significantly impacted their lives. These findings benefit women, families, and healthcare professionals as they help everyone reflect on care delivery, emphasizing humanized

and qualified assistance that supports individuals in becoming active agents of their care, encompassing prevention, treatment, and rehabilitation.

Additionally, the theoretical framework developed in this study supports healthcare professionals by contributing to the production of specific scientific knowledge. It guides prevention, diagnosis, treatment, counseling, and care management. The study also addresses the psychological aspects affecting women who experience ectopic pregnancies, such as gestational grief, urging professionals to look beyond the physical condition to the emotional dimensions of care.

By expanding knowledge on the topic, this study facilitates the implementation of evidence-based care. It emphasizes the importance of early diagnosis, decision-making for treatment, and preserving the functions of the female reproductive system.

FINAL CONSIDERATIONS

The experience of ectopic pregnancy is influenced by the diagnostic process, the care received, and the opportunities for access to information, healthcare services, and support. Limited knowledge about their condition may delay seeking care, worsening their situation. Therefore, discussing this topic and raising awareness is crucial so that more people can understand it, take charge of their health, identify complications early, and seek appropriate assistance.

VIVÊNCIA DE MULHERES QUE TIVERAM GRAVIDEZ ECTÓPICA

RESUMO

Objetivo: conhecer a vivência de mulheres que tiveram gravidez ectópica. **Método:** pesquisa descritiva, com abordagem qualitativa. Os dados foram obtidos mediante entrevistas realizadas no período de abril a julho de 2020, na modalidade virtual, com nove mulheres com história de gravidez ectópica, assistidas em uma maternidade-escola da cidade de Salvador, Bahia, Brasil. Os relatos foram organizados e submetidos à análise de conteúdo temática. A pesquisa atende aos requisitos éticos contidos nas resoluções do Conselho Nacional de Saúde. **Resultados:** A partir dos relatos, emergiram as categorias: a descoberta da gravidez ectópica, o conhecimento sobre a gravidez ectópica e os sentimentos diante da gravidez ectópica, as quais mostram que a descoberta dessa gestação foi marcada pela presença de sinais e sintomas como dor e sangramento, e que, para todas as mulheres, a gravidez ectópica era um fenômeno desconhecido, até o vivenciarem pela primeira vez. Os sentimentos vividos pelas mulheres diante dessa gravidez incluem tristeza, medo e frustração. **Considerações finais:** A gravidez ectópica é um tema desconhecido até que as mulheres o vivenciem. Desse modo, falar sobre esse assunto, divulgar a sua ocorrência são estratégias para que mais pessoas conheçam sobre e possam gerir os seus cuidados, identificando precocemente intercorrências e buscando assistência.

Palavras-chave: Gravidez ectópica. Gestante. Mulheres. Saúde da mulher.

EXPERIENCIA DE MUJERES QUE TUVIERON EMBARAZO ECTÓPICO

RESUMEN

Objetivo: conocer la experiencia de mujeres que tuvieron embarazo ectópico. **Método:** investigación descriptiva, con enfoque cualitativo. Los datos fueron obtenidos a través de entrevistas realizadas en el período de abril a julio de 2020, en modalidad virtual, con nueve mujeres con historia de embarazo ectópico, asistidas en una maternidad-escuela de la ciudad de Salvador, Bahia, Brasil. Los relatos fueron organizados y sometidos al análisis de contenido temático. La investigación cumple con los requisitos éticos contenidos en las resoluciones del Consejo Nacional de Salud. **Resultados:** a partir de los relatos, surgieron las categorías: el descubrimiento del embarazo ectópico, el conocimiento sobre el embarazo ectópico y los sentimientos frente al embarazo ectópico, que demuestran que el descubrimiento de este embarazo fue señalado por la presencia de indicios y síntomas como dolor y sangrado, y que, para todas las mujeres, el embarazo ectópico era un fenómeno desconocido hasta que lo experimentaron por primera vez. Los sentimientos vividos por las mujeres ante este embarazo incluyen tristeza, miedo y frustración. **Consideraciones finales:** el embarazo ectópico es un tema desconocido hasta que las mujeres lo experimentan. De esta manera, hablar sobre este tema, divulgar su incidencia son estrategias para que más gente conozca y pueda gestionar sus cuidados, identificando precozmente complicaciones y buscando asistencia.

Palabras clave: Embarazo ectópico. Gestante. Mujeres. Salud de la mujer.

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Submitted: 28/06/2023

Accepted: 29/11/2024