Center for Human Dignity
at Family Research Council

DIFFICULT CONVERSATIONS: ECTOPIC PREGNANCY

Ectopic pregnancy is a medical condition that, if left untreated, could cause severe complications, including the death of the mother. It is a frequent topic of conversation in discussions about laws protecting life. Since the U.S. Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* overturning *Roe v. Wade,* the abortion industry has worked to conflate ectopic pregnancy treatment and abortion in the minds of the public. This deeply problematic misinformation is meant to discourage legislators from passing laws to protect unborn children in the womb in all circumstances. The confusion caused by this lie places women in pro-life states who are experiencing ectopic pregnancy in danger, as they may fear that treatment is illegal.

However, treatment for ectopic pregnancy is not an abortion. An abortion directly and intentionally takes the life of an unborn child. Treatment for ectopic pregnancy does not do this.

TIPS TO REMEMBER WHEN HAVING A CONVERSATION ABOUT ECTOPIC PREGNANCY

1. Pray before speaking. When having a difficult conversation, the best first step is always to ask the Holy Spirit to guide your words.
2. Listen first. When two people discuss a hard topic like ectopic pregnancy, it is easy to talk past one another. Take care that you are actually listening to your conversation partner.
3. Be compassionate. The person with whom you are speaking might have experienced an ectopic pregnancy or have a loved one who did. Speak the truth with love. Although the media's narrative often conflates treating an ectopic pregnancy with abortion, reassure a woman who has suffered an ectopic pregnancy that she did not abort her child.

IMPORTANT TERMS TO KNOW

Abortion: the purposeful killing of an unborn child in the termination of pregnancy.[1]

Ectopic pregnancy: occurs when an embryo implants and develops outside the womb rather than in the lining of the mother's uterus. The site of implantation could be a fallopian tube, an ovary, the cervix, an abnormal location within the uterus, or the abdominal cavity. In an ectopic pregnancy, the baby will be unable to survive the misplaced implantation. An untreated ectopic pregnancy could cause severe medical complications, including the death of the mother.[2]

HOW TO HAVE A PRODUCTIVE CONVERSATION ABOUT ECTOPIC PREGNANCY AND ABORTION

Addressing Lies Regarding Ectopic Pregnancy and Abortion

1. Begin by acknowledging the challenges faced by women and couples experiencing an ectopic pregnancy (*i.e.*, a pregnancy in which the embryo has implanted in an abnormal location). Those who have experienced an ectopic pregnancy are mourning the loss of their unborn child and recovering from a traumatic life-endangering experience for the mother. It is important to recognize both of these realities.

2. Explain to your conversation partner that pro-lifers are fully committed to providing life-saving treatment to pregnant women. Mothers and children are not natural enemies, and loving both means doing what is best for both.

3. Ask your conversation partner what the purpose of an abortion is and what the procedure does. (Possible responses you might receive include ending a pregnancy, removing fetal tissue, getting rid of a clump of cells, or killing an unborn child.)

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4. Ask what the purpose of treating an ectopic pregnancy is. (The response will most likely be "to save the mother's life.")

5. Explain that, in most cases, treating the ectopic pregnancy does not directly take the life of the unborn child. The surgical procedures done to save the mother's life will either remove the embryo from the fallopian tube (salpingostomy) or remove the entire fallopian tube (salpingectomy).[3] The unborn child is not directly killed by either procedure, but the child's chances of surviving are considered nonexistent under current technology.

   At times, the chemotherapeutic drug methotrexate is used to treat ectopic pregnancy. To use methotrexate, the HCG level must be low, and the woman must not be having symptoms of an ectopic pregnancy. If the unborn child is alive, methotrexate directly causes the child's death because it targets a vital organ of the embryo. Furthermore, if the embryo is alive, studies show the drug has a 35 percent failure rate, requiring surgery, often as an emergency.[4] Thus, if the embryo is alive, the morally acceptable options that do not put the mother's life in danger and do not directly attack the unborn child are a salpingostomy or a salpingectomy.

6. Note the major difference between treating ectopic pregnancy and carrying out an abortion: although a dead unborn child is removed from the woman's body in both cases, one procedure directly and intentionally takes the unborn child's life, while the other either removes an unborn child who is already dead or takes an action to save the mother's life that unintentionally, and in most cases indirectly, ends the unborn child's life.

7. Regardless of what action the doctor takes, the unborn child will die because of where the embryo is implanted outside the uterus. Currently, the only person who can survive an ectopic pregnancy is the mother.

8. Assure your conversation partner that not a single pro-life law precludes a doctor from taking steps to protect the life of the mother.

TESTIMONIES FROM REAL PEOPLE

Emily and Sean's Story

When discussing a hard topic like ectopic pregnancy, it can be helpful to know the story of real people who have experienced the trauma and heartbreak associated with it. This is the story of Sean and Emily's ectopic pregnancy, a tragedy that will impact the rest of their lives.

Emily learned she was pregnant with the couple's third child in November 2021. After two prior pregnancies, she knew how her body responded to an unborn child, and a few weeks after her positive test, something just felt off. Her ultrasound revealed her unborn baby did not have a heartbeat. That moment, Emily recalled, "was kind of this in between. Horrible. You still have some hope, but you're also aware that this could be really bad."

A week or two later, Emily miscarried.

Even though she was confident that her unborn child had passed from her body, a desire for closure and certainty sent Emily back for an ultrasound, where the radiologist delivered unexpected news—there was a second embryo in Emily's fallopian tube.

Stunned, she called her husband and rushed to the emergency room, where doctors began considering how to save her life. Currently, there are treatments that will save the life of the mother, but at this time, there is no treatment for ectopic pregnancy that will save the life of the unborn child.

While trying to discern which treatment was the best option to save Emily, both parents took their unborn child into account as well. "We made sure there was no heartbeat, which opened up all the options on the table instead of limiting the options that we had. We asked a lot of questions. We wanted to understand the treatment options," Sean said.

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There are multiple ways to treat ectopic pregnancy. If the pregnancy is very early and the mother's blood tests show her HCG level is low, doctors may use methotrexate, a chemotherapeutic drug that attacks a vital organ of the embryo. If the unborn child is alive, this drug directly causes the embryo's death. Furthermore, if the embryo is alive, there is a 35 percent failure rate with the use of methotrexate, requiring surgery, often as an emergency putting the mother's life in jeopardy.[5] Thus, in the case of a living embryo, the moral option and safest option for the mother is to forgo methotrexate and operate by either opening the fallopian tube and removing the embryo and placental tissue (salpingostomy) or removing the entire tube (salpingectomy). If the embryo is not alive, however, doctors may opt to use methotrexate to safely and morally treat the ectopic pregnancy.

Emily's doctors determined there was no heartbeat, and her HCG was low enough to use methotrexate. Her unborn child had likely died weeks earlier. She remembered, "For our particular case, I was never like, 'Oh my gosh, can I do this? Is it the right thing?' When I knew that there was no heartbeat, I was just praying that my body's HCG levels were low enough to just allow the use of the medication because that's just the least amount of trauma.

Whatever the treatment plan, in an ectopic pregnancy, the intention of the doctors is always to save the life of the mother, not to kill the child. In 90 percent of ectopic pregnancies—including Emily's—the unborn child has died before the pregnancy is discovered to be ectopic.[6] In cases in which the embryo is still alive, the surgery to save the mother's life may result in the death of the child, but unlike an abortion, the procedure itself is not intended to—and does not—directly kill the child. It is important to note that the mother's life is saved by the separation of the unborn child from the place of implantation outside the uterus, not by the death of the embryo.

Thankfully, in Emily and Sean's case, the methotrexate worked, and Emily's life was saved. As Emily described, what happened in those 24 hours will take years to process, but she feels a peace about it all. "Bringing life into the world and losing it is part of being a mother. It doesn't make it easier, but somehow it sort of helps you carry the load and recognize God will give you special graces as a mother because being a mother is all of that—it encompasses loss. Saying yes to life is truly being open to both. Our faith in God helps to take steps without asking why…'The Lord gives, and he takes away.'"

To parents who may one day face an ectopic pregnancy, Sean advised, "You don't want to look at your doctors as a problem. They're trying to help you, and they will listen to the moral concerns that you have. There is a team aspect there."

Often lost in conversations about ectopic pregnancy is the tragedy of the unborn child's death. The words "non-viable pregnancy" are used to describe the embryo implanted outside of the uterus whose death is a medical certainty, but for Emily and Sean, that "non-viable pregnancy" was their child. As a mom, Emily added, "Acknowledging this person existed—this person is part of our family—that's a really important step in healing. Find a way to heal and honor the baby that you lost."

This article was reviewed and verified for accuracy by a member of the American Association of Pro-Life Obstetricians and Gynecologists.

Endnotes

1. "Defining the End of Pregnancy," AAPLOG Practice Guideline no. 10, Concluding Pregnancy Ethically," AAPLOG, August 2022, https://aaplog.org/wp-content/uploads/2020/12/FINAL-AAPLOG-PB-10-Defining-the-End-of-Pregnancy.pdf?bcs-agent-scanner=c9a33e80-9afc-ac42-8040-68e5e153194b.
2. "Ectopic pregnancy – Symptoms & causes," Mayo Clinic, accessed September 22, 2022, https://www.mayoclinic.org/diseases-conditions/ectopic-pregnancy/symptoms-causes/syc-20372088.
3. "Ectopic pregnancy – Diagnosis & treatment," Mayo Clinic, accessed September 22, 2022, https://www.mayoclinic.org/diseases-conditions/ectopic-pregnancy/diagnosis-treatment/drc-20372093.
4. Aviad Cohen et al., "Methotrexate success rates in progressing ectopic pregnancies: a reappraisal," *American Journal of Obstetrics and Gynecology* 211, no. 2 (August 2014): 128.e1-5, https://doi.org/10.1016/j.ajog.2014.03.043.
5. Ibid.
6. Maureen L. Condic and Donna Harrison, "Treatment of an Ectopic Pregnancy: An Ethical Reanalysis," *The Linacre Quarterly* 85, no. 3 (August 2018): 241–51, https://doi.org/10.1177/0024363918782417.

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