

Cesarean Scar Ectopic Pregnancy

PATIENT EDUCATION SERIES

Cesarean scar ectopic pregnancy is a rare condition, occurring in about 1 in 1,800 to 1 in 2,500 pregnancies. But as **cesarean deliveries** have become more common, it is being recognized more often. This type of pregnancy can lead to serious health risks, but early diagnosis and treatment can help prevent complications and support your long-term health.

What is a cesarean scar ectopic pregnancy?

In a normal pregnancy, the **embryo** implants into the lining of the **uterus** and starts to grow. In a cesarean scar ectopic pregnancy, the embryo implants in or on the scar from a previous cesarean delivery.

Can I have a normal pregnancy with a cesarean scar ectopic pregnancy?

In some cesarean scar ectopic pregnancies, there is no heartbeat. For these pregnancies, there is no chance of a live birth. Even when a heartbeat is present, very few of these pregnancies have survived to birth. And as the pregnancy progresses, the risks of serious health problems increase.

As the embryo grows, it can cause the scar to break open (rupture of the uterus). The **placenta** may grow into the wall of the uterus and sometimes into the **bladder** (a condition called **placenta accreta**). With either of these situations, heavy bleeding (**hemorrhage**) can occur, even if the pregnancy does make it to term. A **hysterectomy** (surgery to remove the uterus) may be needed to stop the bleeding and save the pregnant person's life.

Because of these major health risks, treatment to remove the pregnancy is recommended. Continuing the pregnancy is not advised.

What are the signs and symptoms of a cesarean scar ectopic pregnancy?

One-third of cesarean scar ectopic pregnancies do not cause any symptoms. One-third cause painless vaginal bleeding, and the rest cause pain or other symptoms related to heavy bleeding, like rapid pulse or passing out.

How is a cesarean scar ectopic pregnancy diagnosed?

A cesarean scar ectopic pregnancy is usually diagnosed during a first-trimester **ultrasound** exam. If you have had a cesarean delivery in the past, your healthcare provider will check for a cesarean scar ectopic pregnancy during your ultrasound exam.

How is a cesarean scar ectopic pregnancy treated?

Different treatments can be used, including surgery, medications, or combinations of these treatments. Which treatment is recommended depends on several factors, including your current health, symptoms (if any), your desire for future childbearing, and the experience of your provider with different techniques.

Surgery

Surgery to remove the pregnancy requires **anesthesia**. Recovery from surgery may take several days to weeks, depending on the kind of surgery that you have. The pregnancy may be removed through the vagina or through incisions on the abdomen.

Another way to remove a cesarean scar ectopic pregnancy is with **uterine artery embolization (UAE)**. A thin tube is placed into the main artery that leads to the uterus using a needle placed in the groin. Tiny pellets are then injected through the tube that block blood flow to the uterus, stopping the pregnancy and preventing bleeding. UAE is often used in combination with other treatments.

Medications

Medications can be injected into and around the pregnancy to stop its growth. Ultrasound may be used to help ensure the

injection is given in the correct location. Sometimes, an extra dose of the same drug is also given into the thigh or another large muscle. It may take several weeks for the pregnancy tissue to disappear completely. During this time, ultrasound exams, lab tests, and sometimes both are used to track what is happening. In some cases, additional treatment is needed to remove the tissue.

If I get pregnant after a cesarean scar ectopic pregnancy, what are the chances of it happening again?

It's hard to predict what will happen if you become pregnant after a cesarean scar ectopic pregnancy. In the few studies that have been done, cesarean scar ectopic pregnancy occurs again in 5% to 25% of people.

If you become pregnant again after a cesarean scar ectopic pregnancy, an early ultrasound exam (before 8 weeks of pregnancy) is recommended. Your baby may need to be delivered early to prevent serious complications like bleeding. Medications called steroids may be given to help the baby's lungs and other organs mature. During delivery, special staff

and equipment are on hand so that any problems can be dealt with quickly.

How can I avoid becoming pregnant again after a cesarean scar ectopic pregnancy?

If you have had a cesarean scar ectopic pregnancy, and you want to prevent future pregnancies, **sterilization** ("having your tubes tied") is one option. Sterilization is a permanent form of birth control that is done with surgery. The male version of sterilization is called a **vasectomy** and is an option if you have a male partner.

Long-acting reversible contraception methods include the **intrauterine device (IUD)** and the arm implant. These options last for years and are as effective as sterilization but can be stopped at any time. They have few side effects and may even have benefits for some women, such as a decrease in menstrual pain. Other birth control methods are also available. Talk with your healthcare provider about what is most important to you in a birth control method. Together, you can decide on a method that works for you.

Quick Facts

- Cesarean scar ectopic pregnancy is a rare but serious complication of pregnancy in which the embryo implants into the scar from a prior cesarean delivery.
- Treatment is needed to remove the pregnancy. Continuing a cesarean scar ectopic pregnancy is not advised. As the fetus grows, so does the risk of life-threatening problems for the mother, including heavy bleeding and rupture of the uterus.
- There is a high risk that a cesarean scar ectopic pregnancy will happen again in a future pregnancy.
- People who have had a cesarean scar ectopic pregnancy may want to prevent all future pregnancies. The most effective birth control methods are permanent sterilization and the long-acting reversible methods (intrauterine device and implant).

Glossary

Anesthesia: The use of drugs to prevent pain during surgery or other procedures.

Bladder: The organ in the pelvis that stores urine.

Cesarean Delivery: Surgery in which a baby is delivered through a cut (incision) in the mother's uterus.

Cesarean Scar Ectopic Pregnancy (CSEP): A pregnancy in which the embryo implants in a previous cesarean scar in the inside wall of the uterus.

Embryo: During pregnancy, the stage of development from when the fertilized egg implants in the uterus through the first 8 weeks.

Hemorrhage: Very heavy bleeding that can be life-threatening.

Hysterectomy: Surgical removal of the uterus.

Intrauterine device (IUD): A small, T-shaped device that is inserted into the uterus to prevent pregnancy. There are two types of IUDs: the hormonal IUD, which releases a form of progestin, and the copper IUD. Both types last for several years and can be removed if you want to become pregnant.

Long-acting reversible contraception methods: Birth control methods that last for years, are highly effective in preventing pregnancy, and can be removed if you want to become pregnant. These methods include intrauterine devices (which are put into the uterus) and the implant (which goes under the skin in your upper arm).

Placenta: A special organ that develops during pregnancy. It allows the transfer of nutrients, antibodies, and oxygen to the fetus. It also makes hormones that sustain the pregnancy.

Placenta Accreta: A condition in which the placenta grows too deeply into the wall of the uterus and remains attached after childbirth. It can cause severe bleeding at the time of delivery. A hysterectomy (removal of the uterus) is usually needed to treat it.

Sterilization: A permanent form of birth control. In female sterilization, the fallopian tubes are cut and tied, closed off with bands or clips, or fused shut. In male sterilization, the tubes in which sperm travel are cut and tied or fused shut.

Ultrasound: Use of sound waves to create images of internal organs or the fetus during pregnancy.

Uterus: The organ in which the fetus develops during pregnancy.

Vasectomy: The male sterilization procedure in which the tubes that carry sperm are cut and tied or fused shut.

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