I crocheted a uterus, to demonstrate the various primary sites of Ectopic Pregnancies. I will be addressing an objective from the reproductive system: Explain common disorders during pregnancy and their cause.

Pregnancy disorders refer to medical conditions that can complicate a pregnancy ([1]Räikkönen et al., 2012). Conditions such as chronic hypertension, gestational hypertension, and preeclampsia are examples of conditions that can affect about 10-16% of pregnancies, risking the health of the mom and fetus (1).

Ectopic pregnancies (EP), derived from the greek work “ektopos” meaning out of place, are when pregnancies (gestational sac) occur outside of the uterine cavity being unable to support its growth, posing as a major pregnancy disorder for the 1.2-1.4% of reported EPs ([2]Rana et al., 2013) ([3]Vadakekut and Gnugnoli, 2026). Risk factors are maternal, including history of EP, fallopian tube damage (infections, surgery, endometriosis), pelvic infections (PID), infertility (IVF), contraceptive use (IUD), smoking, age (35+), anatomical variations, and prior cesarean delivery (3). Early EP symptoms are highly similar to typical pregnancy symptoms, though additional symptoms can be indicative of EP; including light vaginal bleeding, nausea/vomiting, lower sharp abdominal pain, pain on one side of body, dizziness/weakness, fainting, pain in shoulder/neck/rectum, low blood pressure, and bowel issues (2)([4]Clevland Clinic 2023).

The uterus is the only organ that can properly grow a fetus, which is why EP is considered as a medical emergency (4). The uterus is able to stretch and expand in accordance to the growth of the fetus, which is why EPs are considered a medical emergency (4). Fallopian tubes could burst due to not being flexible, which can lead to life threatening bleeding (4). It is crucial to treat an EP, to avoid injury to fallopian tubes and other organs, and to prevent internal bleeding and sometimes death (4).

EPs are commonly diagnosed between 6-10 weeks of gestation ([5]Murray et al., 2005). Diagnosis involves urine and blood tests to measure HCG hormone levels, and an ultrasound to confirm location of implantation (2,4,5). Additional diagnostic tests can be performed for EP, including transvaginal ultrasonography (TVS), CT/MRI, and biomarkers such as VEGF, CK, ADAM-12, and progesterone (2,4,5). Management and treatment is dependent on location/severity of EP; consistent with methotrexate injection (stop growth of fertilized egg) or emergency laparoscopic surgery (4).

EPs are considered fatal for the fetus, considered impossible to bring to term. Considering these factors, there have incredibly been a handful of successful abdominal EP deliveries. In December of 2025, a mother from Peru delivered an ectopic pregnancy in the liver, after 40 weeks gestation ([6]Hermosilla 2025).

EP implantations can be found in regions such as Tubal EP (90-95%), Caesarean scar EP (6%), Ovarian EP (0.15-3%), Abdominal EP (1.3%), Heterotropic EP (1-3%), Interstitial EP (2.5%), and cervical EP (0.15%); sites demonstrated by figure-1 (2)([7]EP foundation).

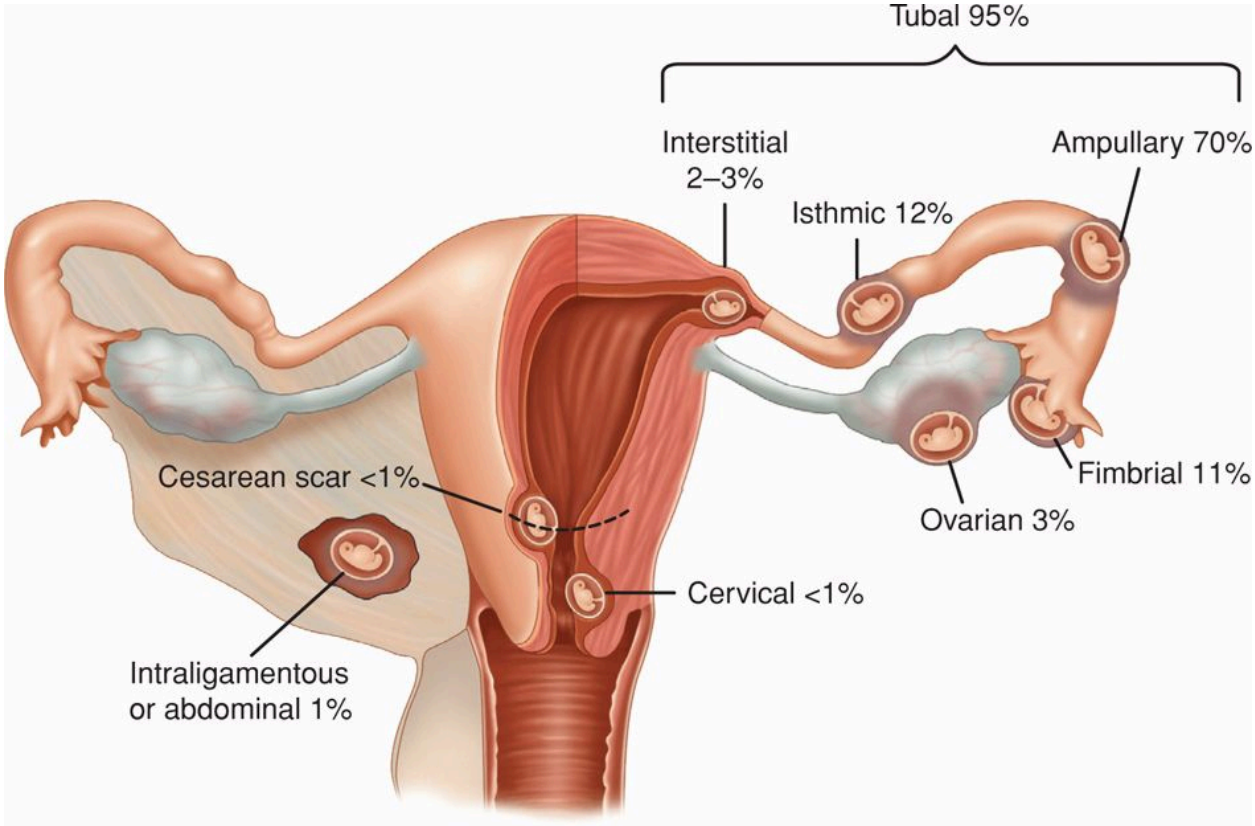


Figure-1: Implantation sites of Ectopic Pregnancy.

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