

Pregnancy of unknown location Information leaflet for women and their families

Why am I being asked to read this leaflet?

You will have been asked to read this leaflet because you have had an ultrasound scan that could not identify a pregnancy inside the womb. We are sorry for the upset and confusion you may be feeling after having this scan and we hope that this information leaflet will help you understand the next steps. It can be a lot to read all at once. We hope that this leaflet will provide you and your family with all the information you need to understand what is happening and why. If you have further questions please do not hesitate to ask a member of the Gynaecology Emergency Department (GED).

What is pregnancy of unknown location?

Pregnancy of Unknown location (PUL) is an ultrasound diagnosis when a woman has a positive pregnancy test and a pregnancy cannot be seen inside or outside the womb on scan. This can mean one of 3 things

1. The pregnancy is too small to be seen on scan because we are earlier than 6 weeks
2. The pregnancy has passed and this will be a miscarriage
3. The pregnancy is outside the womb but we cannot see it on scan today. This is an ectopic pregnancy

What is an ectopic pregnancy?

An ectopic pregnancy is a pregnancy that is developing outside of the womb. It is usually in the fallopian tube but it can also be on the ovary, at the very top corner of the womb where the tube meets the womb, in the cervix, in a previous caesarean section scar or even in the abdomen.

Why is an ectopic pregnancy different to a PUL?

An ectopic pregnancy is when the ultra sound scan shows that the pregnancy is developing on the outside of the womb such as in the areas described above i.e. it is not in the correct position. PUL is when the scan cannot demonstrate the pregnancy either inside the womb or outside. A PUL can still be an ectopic pregnancy that has not yet been identified, as it can sometimes be difficult to see an ectopic pregnancy on a scan.

What do we expect to see in an intrauterine pregnancy?

In early pregnancy the first sign we see is a fluid filled in the womb which looks like a black circle. Within this we look for a ring which is called the yolk sac. This is shown in the picture below.



This confirms a pregnancy in the womb. If we cannot see this on scan we will talk to you about pregnancy of unknown location or early pregnancy loss.

Why is a yolk sac so important?

In an ectopic pregnancy (a pregnancy outside of the womb) a collection of fluid in the uterus can look like an early pregnancy sac. This is referred to as a pseudosac or false sac. The presence of the yolk sac is diagnostic of a pregnancy. There are other subtle features such as the position of the fluid filled area, the shape etc. These can be used to help us reach a diagnosis when we have more information from your blood tests, see below.

What happens next?

A member of the gynaecology emergency department (GED) or Early Pregnancy Unit (EPAU) team will explain to you what the scan has shown. They will take your blood pressure, pulse and temperature. They will advise you to have a blood test that looks at the pregnancy hormone, bHCG. This is the same hormone that causes a pregnancy test to be positive when you do a urine test. The blood test however can give us a number. If this number is less than 10 it will confirm a miscarriage. If it is greater than 10 you will be invited for a repeat blood test in 48 hours. The initial number does not tell us a lot about the prognosis of the pregnancy as it is the change in the number that is important. If the level is greater than 5000, there is no fluid filled area seen in the uterus and you have not had any heavy bleeding you will be reviewed by one of the senior doctors in the GED.

How do we interpret the change in the pregnancy hormone?

If the number is rising by more than 63% in the first 48 hours it is likely this is an early pregnancy and will arrange a repeat scan in 7-10 days depending how early in pregnancy we think you are. Ideally we always want to scan after 6 weeks as this is when we are most likely to see a heartbeat that can give you some reassurance

If the number drops by more than 50% we are sorry but it is likely that this will be a miscarriage. Exactly what happens next will depend upon the initial scan findings and the levels of your pregnancy hormones. A member of the GED team will discuss this with you and offer support and access to more information about miscarriage. With any early pregnancy loss we will ask you to do a pregnancy test in 2-3 weeks. We would expect the test to be negative however if it is still positive we ask that you contact us so we can invite you back for an assessment.

What if I do not fit into either of those two scenarios?

It is quite common that the blood test does not go down or up as we described above. In this instance what happens next will be discussed with you by a member of the GED team taking into account your history, symptoms and scan findings. Often we will perform a third blood test to see the trend over a longer period of time.

What are the options for management of a PUL that is not rising or falling as expected?

The management is very dependent upon each woman's situation and wishes. If the pregnancy hormone is low, for example below 1000 and is falling we may offer conservative management of watching the pregnancy hormone weekly.

The management may also depend on what we have seen on the ultrasound scan. If we have seen a fluid filled area without the yolk sac but we think there are other signs this is an intrauterine pregnancy such as the position in the womb, the way the fluid filled area looks, how your pregnancy hormone is behaving we may discuss treatments for miscarriage. This is because some pregnancies may stop growing before they develop the yolk sac therefore we will only ever see a fluid filled area on scan. This is what is called an early embryonic loss.

When is ectopic pregnancy ruled out?

We will only be able to completely rule out an ectopic pregnancy when we see a pregnancy in the womb on a scan or your pregnancy level becomes negative. This is why we need you to contact the department immediately if you have increasing abdominal or shoulder tip pain, feel unwell, develop diarrhoea or are concerned. Even if your pregnancy hormone is rising as we want it to you are still at risk until you have a follow up scan.

What happens if I am diagnosed with an ectopic pregnancy?

In an ectopic pregnancy we can offer conservative, medical or surgical management. This will be based on your symptoms, the size of the ectopic pregnancy, the level of your pregnancy hormone and your wishes. Your doctor will discuss these options with you in detail.

How do I access support?

You may feel grief, along with feelings of sadness, confusion and loneliness after your experience. It is important to remember that this is normal, but there are places you can go to for support. We are always available for advice and support through the GED. Our Honeysuckle team is also available for support following pregnancy loss.

GED telephone number 0151 7024140

Honeysuckle Team

Telephone number: 0151 702 4151 (Monday to Friday, 8am to 4pm)

Website : www.liverpoolwomens.nhs.uk/patients/honeysuckle-bereavement-service/

Email: honeysuckle@lwh.nhs.uk

There are national organisations that can also provide invaluable support and advice during this difficult time:

Miscarriage association : www.miscarriageassociation.org.uk

Ectopic pregnancy Trust : www.ectopic.org.uk

Cradle - Local early pregnancy loss Charity : cradle@earlypregnancylos.co.uk

Facebook - Cradle

Twitter - @Cradle_EPL

Instagram - @cradle_epl.

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

Liverpool Women's NHS Foundation Trust
Crown Street
Liverpool
L8 7SS
Tel: 0151 708 9988
Issue Date: 15/05/2018
Reference: Gyn_2020-126-v2
Review Date: 30/11/2023

© Liverpool Women's NHS Foundation Trust
