

# **Patient Information Leaflet**

## **Pregnancy of Unknown Location**



This leaflet is for women and their families in East and North Herts who have been referred for an ultrasound in early pregnancy but the ultrasound team have been unable to see a pregnancy on scan.

## **Introduction**

As a result of symptoms early in your pregnancy (most commonly bleeding and/or abdominal pain) we have performed an ultrasound scan to identify the location of your pregnancy.

During the ultrasound scan you have been told that your womb is empty and that you have a **pregnancy of unknown location**.

This is a confusing diagnosis. We hope that this leaflet helps to try and explain what we mean by that and what happens next.

A pregnancy of unknown location means one of three possibilities (further details of each possibility is given a little further on in this leaflet):

1. Early intrauterine pregnancy – this means the pregnancy is in the correct place but too small to see on scan.

OR

2. Miscarriage – this means the pregnancy has ended and the developing tissues has already passed out of the body

OR

3. Ectopic pregnancy – this means the pregnancy is developing outside the womb.

## **What happens next?**

At the moment we cannot be sure which of the above three possibilities applies to you and we will need to take a blood sample that measures the level of your pregnancy hormone (beta HCG) which may need to be repeated once or twice every 48 hours to compare the levels. You will need to attend the Woodlands Clinic for this test. The pattern of the hormone level will help us decide whether you have an early developing pregnancy, a miscarriage or an ectopic pregnancy.

Depending on your past gynaecological history and any examinations performed by our team we may need to keep you in hospital whilst we make this decision but for most women we can do all of our investigations safely while you are an outpatient.

After each blood test one of our team will contact you later that day to inform you of the result and what it means. If you do not receive a call within four hours of your blood being taken please contact the unit on 01438 286190.

## Early Intrauterine Pregnancy

This is where the pregnancy is developing in the womb. However it has not yet developed to a stage where we can see it on ultrasound scan. It is not possible to tell whether this pregnancy is viable (that is, whether it will continue to develop normally). This is a very common situation especially if you are unsure of the date of your last period and/or have irregular periods.

A repeat scan in 10-14 days will allow for further development and we should be able to see the pregnancy in the womb, assuming you have had no further heavy bleeding.

## Miscarriage

If you have had heavy bleeding in this pregnancy it is quite likely you may have passed the pregnancy during this time. Since everything has passed, nothing is seen in your womb on scan.

This is termed a **complete miscarriage**.

No further intervention is needed, just a follow up home pregnancy test in 3 weeks to confirm that the result is negative. We will call you to see how you are and to ask you about the result of your pregnancy. You will then be discharged back to your GP.

You can, if appropriate for you, try to conceive again once your periods restart which is usually around two to six weeks after the miscarriage is complete.

If your pregnancy test is still positive after 3 weeks you should contact us on 01438 286190 and we will discuss your symptoms with you and arrange for appropriate follow up for you.

## **Ectopic Pregnancy**

Ectopic pregnancy is a common, potentially life-threatening condition affecting one in 100 pregnancies. There are some factors that increase your risk of having an ectopic pregnancy and these are:

Previous ectopic , Pelvic inflammatory disease (PID), Previous tubal surgery, Smoking, Appendicitis, Presence of a coil (IUCD), Use of the mini pill (POP), IVF ovulation / induction.

Ectopic pregnancy occurs when the fertilised egg implants outside the cavity of the womb, usually in the fallopian tube and as the pregnancy continues it causes pain and bleeding.

If it is not treated quickly enough, it can burst the tube and cause abdominal bleeding. This can lead to shock and even death.

An ectopic pregnancy is not a viable pregnancy (in other words, will not develop normally) and is consequently termed a type of miscarriage.

Normally a fertilised egg travels from the ovary down the fallopian tube, where it implants in the womb, usually six to seven days after fertilisation. In an ectopic pregnancy the egg does not travel all the way down the fallopian tube and therefore implants outside the womb. In most cases the precise cause of an ectopic pregnancy is not known but often there has been some sort of damage to the fallopian tubes causing a blockage or narrowing. The damage may have been caused by previous surgery or infection.

If you do have an ectopic pregnancy this will usually be treated with either medication or surgery although for some women we can let nature take its course as we monitor you weekly. Further information will be given to you about this if it applies to you.

## **Emotions**

It is not unusual to feel low in mood or tearful during this time of uncertainty. Some people can even feel angry.

If you feel that you, or your partner, need more information at any time then please contact us on 01438 286190.

## **Contact telephone numbers:**

### **Woodlands Clinic (Early Pregnancy Unit)**

01438 286190

(Mon - Fri 8am-8pm; Sat - Sun 9am–5pm)

### **Further help and information:**

If you feel that you, or your partner, need more help coming to terms with losing your baby, here are some contact numbers, which may be of use:

#### **Bereavement Midwife**

07770 280868

#### **The Miscarriage Association:**

01924 200799 (Mon-Fri 9am-4pm)

[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

#### **The Ectopic Pregnancy Trust:**

020 7733 2653 (24hrs)

[www.ectopic.org.uk](http://www.ectopic.org.uk)

**www.enherts-tr.nhs.uk**

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You can request this information in a different format or another language.