

What can I do if my symptoms get worse?

You should have been given an appointment to attend the Early Pregnancy Assessment Clinic (EPAS) for your follow up. However, you are welcome to contact the Emergency Centre by telephone on (08) 9340 1431 if you have any further concerns or questions.

Please call the Emergency Centre and speak to a midwife if:

- Your bleeding increases and you are soaking a sanitary pad (not a panty liner) and having to change the pad frequently (more than once an hour)
- If you have abdominal (tummy) pain that is not relieved by simple pain killers such as paracetamol.

Follow Up

You will see a doctor for your EPAS appointment and any further follow up or care will be discussed with you at the time.

Getting help

An unsuspected pregnancy can be a difficult diagnosis. You may find the experience stressful as there may be some uncertainty around your pregnancy. It may mean multiple visits to the Emergency Centre which can be inconvenient and uncomfortable. You may also be experiencing bleeding and pain. If it is found that your pregnancy is not viable you may feel grief and loss.

KEMH staff will do their best to help you with practical and emotional support during this time. Please feel free to let us know what your needs are.

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Government of Western Australia
Department of Health



Delivering a Healthy WA

Pregnancy of Unknown Location

What is a Pregnancy of Unknown Location?

A pregnancy of unknown location (PUL), also known as an unsighted pregnancy, means that a reliable sign of pregnancy cannot be seen either inside or outside the uterus (womb). This could be due to three reasons:

1. The pregnancy is too early to be seen
2. The pregnancy has already passed (complete miscarriage)
3. The pregnancy is outside the womb (ectopic pregnancy)

Why is it important to find out where the pregnancy is?

The main reason is to rule out an ectopic pregnancy which is a potentially life-threatening condition. One in 80 pregnancies is ectopic and one woman a year in Australia will die from this condition.

How do you work out where the pregnancy is?

There are some clues that can help determine where the pregnancy is most likely to be. These include:

- The pattern of your bleeding - very heavy bleeding with clots and tissue is more typical of a miscarriage.
- The characteristics of your pain - pain that is more on one side than the other may represent an ectopic pregnancy. Central lower cramping pain is more likely to be due to uterine contractions.
- Your level of pregnancy hormone - a pregnancy is usually seen at a hormone level of 1,500 on a vaginal ultrasound and at 5,000 on an abdominal ultrasound. A pregnancy that is not seen at these levels is likely to either be a complete miscarriage or an ectopic pregnancy. A normal pregnancy doubles in hormone levels every two to three days. A hormone level that falls or rises slowly may represent an ectopic pregnancy.
- Whether there has been a previous ultrasound examination - if a pregnancy has been seen during a previous scan it is not a PUL.
- The appearance of the cervix on examination - if tissue is seen to come through the cervix then it is likely the pregnancy is miscarrying.

- Certain features on the ultrasound - the appearance of the lining of the womb, the presence of fluid in the pelvis and the appearance of the fallopian tubes can direct a doctor to the most likely diagnosis.
- The time since your last period and how sure you are of your length of pregnancy - this helps determine whether it is likely to be an early pregnancy or not.
- The presence of risk factors for ectopic pregnancy - a history of a previous ectopic, endometriosis or pelvic infection greatly increases the chance of the PUL being ectopic.

How do you resolve a PUL?

The only evidence which can accurately determine the location of a pregnancy is:

- Seeing an embryo sac on ultrasound with signs of the pregnancy inside it.
- Laboratory confirmation of the pregnancy tissue that confirms its site - this may be tissue that is passed spontaneously, extracted during an examination or obtained by a dilation and curettage (D&C) procedure.

If either of these is not possible, the pregnancy hormone level must be followed until it reaches zero. This is initially done at an interval of two to three days. Once a trend is determined, this can be done at weekly intervals.