

Women's Services

Pregnancy of unknown location (PUL)

Contact telephone numbers

- Daphne ward Monday to Friday 0800 until 2000
Saturday & Sunday 08.30 – 14.00, 01223 217636
- Ward L4 all other times 01223 348500

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 so you have a **pregnancy of unknown location**. This is a confusing comment. 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 on the next page):

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.

The Next Step?

At the moment we cannot be sure which of the above three possibilities applies to you. Details of your symptoms can help us to decide what is most likely and a member of staff will discuss this with you. Depending on your past gynaecological history we will establish the likelihood of you having an ectopic pregnancy.

If the risk is high we will suggest you come into hospital and be monitored in case of internal bleeding. However if you do not have any risk factors we will confirm the diagnosis by taking blood samples to test your level of the pregnancy hormone (beta HCG). The pattern of change of the hormone level over the next few days will show whether you have an early developing pregnancy, a miscarriage or an ectopic pregnancy. Most likely you will be asked to return for a repeat blood sample in 48 hours.

You will have your blood sample taken on the Daphne Ward. A nurse or doctor will contact you later that day to inform you of the result and what it means. However, **if you are at high risk of an ectopic pregnancy we will suggest you stay in hospital until a further decision is made on your treatment. Factors that make you high risk 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

Some more detailed information about each of the three possible conditions is given below:

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.

In 10-14 days further development of the pregnancy should have occurred. On repeat ultrasound at this time we should 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 products of conception 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 phone call from us in two weeks to check your symptoms. We would also suggest you perform your own home pregnancy test at this point to confirm you are no longer pregnant, confirming the diagnosis of a miscarriage. You will then be discharged to your GP. You can, if appropriate, try to conceive again once your periods restart, this can be in two to six weeks.

Ectopic Pregnancy

Ectopic pregnancy is a common, potentially life-threatening condition affecting one in 100 pregnancies. It 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 viable (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 be treated either with medication or surgery. 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 use the contact numbers for Daphne Ward or Ward L4 above.

Here are some other contact numbers, which may be of use:

- Karen Burgess - midwife counsellor 01223 217882 (answer phone)
- The Ectopic Pregnancy Trust 01895 238025
- www.ectopicpregnancy.org.uk
- The Miscarriage Association (local contact Janet Sackman 01763 249243)
- www.miscarriageassociation.org.uk

We hope this information leaflet has been of help to you. If you have any further concerns, please contact the staff on the Daphne Ward.



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish

Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem Informacji Pacjenta (Patient Information) pod numerem telefonu: 01223 216032 lub pod adresem patient.information@addenbrookes.nhs.uk

Portuguese

Se precisar desta informação noutra língua, em impressão de letras grandes ou formato áudio, por favor peça ao departamento que contacte a secção de Informação aos Doentes (Patient Information) pelo telefone 01223 216032 ou através do e-mail patient.information@addenbrookes.nhs.uk

Arabic

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شريط صوتي، يمكنك أن تطلب من القسم الاتصال بمعلومات المريض على الرقم: 01223216032 أو عبر البريد الإلكتروني: patient.information@addenbrookes.nhs.uk

Cantonese

如您需要以另一語言版本、特大字體或錄音形式索取本資料，請要求部門聯絡病人諮詢服務：電話 01223 216032，電郵地址 patient.information@addenbrookes.nhs.uk

Turkish

Eğer bu bilgileri başka bir dilde veya büyük baskılı veya sesli olarak isterseniz, lütfen bulunduğunuz bölümdeki görevlilere söyleyin Hasta Bilgilendirme servisini arasınlar: 01223 216032 veya patient.information@addenbrookes.nhs.uk

Urdu

اگر آپ کو یہ معلومات کسی دیگر زبان میں، بڑے الفاظ میں یا آڈیو طریقہ سے درکار ہوں تو برائے مہربانی اس شعبہ سے پیشینٹ انفارمیشن سے ذیل کے ذریعہ رابطہ کرنے: 01223 216032 یا patient.information@addenbrookes.nhs.uk کی درخواست کریں:

Bengali

আপনি যদি এই তথ্য অন্য কোন ভাষায়, বড় অক্ষরে বা অডিও রেকর্ডিং পোতে চান তাহলে 'প্যাশেন্ট ইনফরমেশান' এর সঙ্গে 01223 216032 নম্বরে ফোন করে বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করে যোগাযোগ করার জন্য ডিপার্টমেন্টটিতে অনুরোধ জানান।

Document history

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