PATIENT INFORMATION SHEET
Westmead Hospital Early Pregnancy Assessment Clinic (EPAC)
Pregnancy of Unknown Location Management Options

GENERAL INFORMATION
If you are reading this booklet, it is likely that you or someone you care about is experiencing a pregnancy of unknown location (PUL). Women, their partners, families and friends often feel distressed in this situation, hoping that everything will turn out well and worried that it won’t. The uncertainty can be very difficult to cope with and feeling anxious, frustrated and even angry are all completely normal.

A pregnancy of unknown location (PUL) is when the pregnancy hormone test (bHCG) is positive but the ultrasound scan cannot see the pregnancy, usually because there is only a small amount of pregnancy tissue present. The pregnancy location matters because, while most pregnancies are located in the normal place (uterus/womb), a small number are located in areas where they cannot develop into a baby and where they may cause heavy internal bleeding or other complications for the woman (ectopic pregnancies).

- The location of many PUL pregnancies will be found over a week or two using follow up ultrasound and/or pregnancy hormone (bHCG) tests. Sometimes, the pregnancy was just too small to see at the first ultrasound
- Some pregnancies will go away by themselves without ever being definitely located
- Sometimes the bHCG hormone level will remain elevated but the pregnancy location won’t be found. This situation is not common but can be frustrating for the woman and her family/friends

Our EPAC staff are available to assist women and their families through this time and to provide the care that suits each person best. Further support from our social workers is available if needed.

KEEPING IN CONTACT WITH EPAC STAFF DURING PUL MANAGEMENT
Most women have no significant issues during their PUL pregnancy care. However, a few women can have serious problems, including problems requiring fairly urgent surgery. If you feel seriously unwell at any time, you should immediately go to the emergency department (ED).

If you feel mildly unwell, see your GP.
If you need information or non-urgent assistance from our staff, contact EPAC.

Phone: 8890 9193 (open 365 days a year)
Monday – Sunday
8:00am – 4:30pm

You will be asked to leave a message and your phone number.
Staff will return your call within 24 hours.

We also need some phone numbers for you so we can contact you with results and other information. To make sure we can get through to you quickly, it’s a good idea for us to have 3 phone numbers - 2 for you and 1 for someone else who can find you if you are not answering your phone(s).
Where is the pregnancy?

CARING FOR A WOMAN WITH A PREGNANCY OF UNKNOWN LOCATION

The key questions we need answers to are:

- Where is the pregnancy?
  - Is it in the right place, the uterus (womb)? OR
  - Is it somewhere else where it cannot develop to become a baby (fallopian tube, interstitium, cervix, site of previous caesarean scar, ovary) known as an ectopic pregnancy?
- Is the pregnancy developing normally or is it going to be an unsuccessful pregnancy?
- Has the pregnancy already failed / passed (early miscarriage)? The bHCG will fall quickly in this situation

A combination of repeat ultrasound scans and/or blood tests is used to locate the pregnancy and see if it is developing normally. In most cases we will work out where the pregnancy is or will identify that it has passed.

Ultrasound

- A repeat ultrasound is usually performed after about 1 week.
  - In most cases this ultrasound will locate the pregnancy and guide management.
  - It is important that we do a vaginal ultrasound, not just an external scan. A vaginal ultrasound allows a close-up view, right next to the uterus and tubes. It can often see a small pregnancy that will be missed on an external scan. A vaginal scan is completely safe in pregnancy.
- Sometimes there is no need for an ultrasound. If the bHCG appears to be falling quickly there will usually be nothing to see on an ultrasound. In that case, we just repeat the bHCG after 2 weeks.

Pregnancy hormone blood (bHCG) tests

- Repeat pregnancy hormone (bHCG) blood levels can also often provide useful information and the EPAC staff will decide when these should be done
  - Sometimes we will repeat the blood test after 48 hours
  - Sometimes it is not necessary to repeat it so soon if you have already had several blood tests. In that case we might repeat it after a week, as we do with the ultrasound.
  - If the bHCG is falling well suggesting you have already passed the pregnancy, we might not repeat it for 2 weeks, by which time it will often have fallen almost back to normal.
OPTIONS FOR CARE AFTER FOLLOW UP TESTS

Mostly the pregnancy will be located over the next week or two and the next step in pregnancy care will be clear:

<table>
<thead>
<tr>
<th>Pregnancy is in the uterus and is developing normally</th>
<th>Pregnancy is in the uterus but is failing</th>
<th>Pregnancy is outside the uterus</th>
<th>Pregnancy is still not seen on ultrasound but bHCG is falling well</th>
<th>Pregnancy is still not seen on ultrasound and bHCG is not falling well</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Treatment Needed</td>
<td>Miscarriage</td>
<td>Ectopic pregnancy</td>
<td>Resolving PUL</td>
<td>Persisting PUL</td>
</tr>
</tbody>
</table>

In a few cases we won’t find the pregnancy even after these further investigations. Treatment will then be decided on the basis of what is happening with your bHCG levels.

- If your bHCG levels are dropping well
  - No further treatment is needed and the bHCG level is followed until it is back to normal
  - Most of these pregnancies are very early miscarriages
- If your bHCG levels are not dropping well
  - The pregnancy is then called a Persisting PUL

**Persisting PUL**

- A persisting PUL is not common – mostly we will have located the pregnancy or it will have gone away by itself
- With a Persisting PUL, although we don’t know where the pregnancy is, one important piece of information we do have by this stage is that we know the pregnancy is not going to develop into a baby.
  - Normal pregnancies follow a rapid time line, quickly developing high levels of bHCG and showing a baby with a heartbeat within a few weeks
  - The absence of a baby with a heartbeat by this time means the pregnancy is not progressing normally
- In general, just under half of persisting PUL cases are in the uterus and just over half are small ectopics
- But because we don’t know which it is, we do not know exactly which treatment to recommend to you. We will work through the options in the next table to help you decide which you’d prefer to choose.
## MANAGEMENT OPTIONS FOR A PERSISTING PUL - for you to consider

<table>
<thead>
<tr>
<th>Medical Treatment (methotrexate)</th>
<th>An injection of methotrexate is given into a muscle to dissolve the pregnancy. This is the same as the usual treatment for an ectopic pregnancy in the tube.</th>
</tr>
</thead>
</table>
| **Advantages of methotrexate for Persisting PUL** | • Methotrexate will ‘dissolve’ the pregnancy wherever it is, usually with a high chance of success if the bHCG is less than 5000 IU/L and not going up quickly  
• Surgery and general anaesthesia are avoided |
| **Disadvantages of methotrexate for Persisting PUL** | • You (and we) will never know where the pregnancy was  
• There is a 30% chance you might get mild side effects from the methotrexate for a day or two such as one or more of bloating, nausea, diarrhoea, tiredness, eye irritation. Serious side effects occur in less than 1%.  
• You are not allowed to fall pregnant again for 3 months after methotrexate while after curettage (D&C, see next) you might be able to fall pregnant again after 1 – 2 months |
| **Curettage (D&C) of the Uterus** | Tissue is removed from your uterus in the operating theatre while you are asleep for about 15 minutes. The tissue is then tested by the pathologist to see if contains any pregnancy tissue or not. This is the usual treatment for miscarriage |
| **Advantages of curettage (D&C) for Persisting PUL** | • You avoid methotrexate if pregnancy tissue is found in the uterus because the D&C will remove the tissue.  
• You know with greater certainty where the pregnancy was |
| **Disadvantages of curettage (D&C) for Persisting PUL** | • You have a small operation and general anaesthetic  
• The surgery carries a 2% chance of complications (small hole in the uterus, small tear in the cervix, mild scarring inside the uterus). These complications are nearly always minor and repair themselves but sometimes they can be serious and need further surgery.  
• If pregnancy tissue is not found in the uterus, you then need methotrexate |

## PUL CONCLUSION

- Most PUL pregnancies will be found over the next week or two using follow up ultrasound and/or pregnancy hormone (bHCG) tests, or else the pregnancy will go away by itself wherever it is located.
- Occasionally the pregnancy won’t be found but the bHCG isn’t falling. This situation, Persisting PUL can be frustrating and upsetting for you and your family.
- We will work closely with you to provide the care that suits you best.