

Assessing pregnancy of unknown location

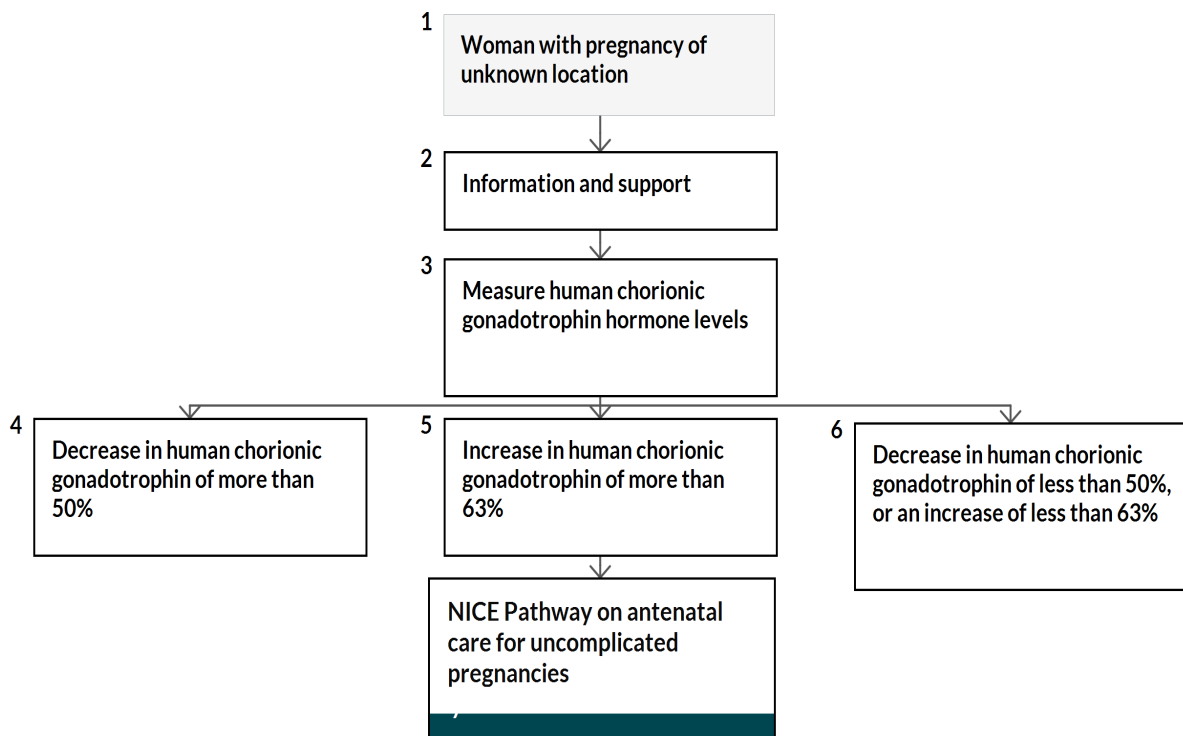
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/ectopic-pregnancy-and-miscarriage>

NICE Pathway last updated: 20 November 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Woman with pregnancy of unknown location

No additional information

2 Information and support

Regardless of serum hCG levels, give women with a pregnancy of unknown location written information about what to do if they experience any new or worsening symptoms, including details about how to access emergency care 24 hours a day. Advise women to return if there are new symptoms or if existing symptoms worsen.

NICE has written [information for the public on ectopic pregnancy and miscarriage](#).

3 Measure human chorionic gonadotrophin hormone levels

Be aware that women with a pregnancy of unknown location could have an ectopic pregnancy until the location is determined.

Do not use serum hCG measurements to determine the location of the pregnancy.

In a woman with a pregnancy of unknown location, place more importance on clinical symptoms than on serum hCG results, and review the woman's condition if any of her symptoms change, regardless of previous results and assessments.

Use serum hCG measurements only for assessing trophoblastic proliferation to help to determine subsequent management.

Take 2 serum hCG measurements as near as possible to 48 hours apart (but no earlier) to determine subsequent management of a pregnancy of unknown location. Take further measurements only after review by a senior healthcare professional.

For women with a pregnancy of unknown location, when using serial serum hCG measurements, do not use serum progesterone measurements as an adjunct to diagnose either viable intrauterine pregnancy or ectopic pregnancy.

4 Decrease in human chorionic gonadotrophin of more than 50%

For a woman with a decrease in serum hCG levels greater than 50% after 48 hours:

- inform her that the pregnancy is unlikely to continue but that this is not confirmed **and**
- provide her with oral and written information about where she can access support and counselling services. See also [information and support](#) for details of further information that should be provided **and**
- ask her to take a urine pregnancy test 14 days after the second serum hCG test, and explain that:
 - if the test is negative, no further action is necessary
 - if the test is positive, she should return to the early pregnancy assessment service for clinical review within 24 hours.

NICE has written [information for the public on ectopic pregnancy and miscarriage](#).

5 Increase in human chorionic gonadotrophin of more than 63%

For a woman with an increase in serum hCG levels greater than 63% after 48 hours:

- Inform her that she is likely to have a developing intrauterine pregnancy (although the possibility of an ectopic pregnancy cannot be excluded).
- Offer her a transvaginal ultrasound scan to determine the location of the pregnancy between 7 and 14 days later. Consider an earlier scan for women with a serum hCG level greater than or equal to 1500 IU/litre.
 - If a viable intrauterine pregnancy is confirmed, offer her routine antenatal care. (See [the NICE Pathway on antenatal care for uncomplicated pregnancies](#).)
 - If a viable intrauterine pregnancy is not confirmed, refer her for immediate clinical review by a senior gynaecologist.

See also [using ultrasound scans for diagnosis](#) for more information on diagnosing viable intrauterine pregnancy.

NICE has written [information for the public on ectopic pregnancy and miscarriage](#).

6 Decrease in human chorionic gonadotrophin of less than 50%, or an increase of less than 63%

For a woman with a decrease in serum hCG levels less than 50%, or an increase less than 63%, refer her for clinical review in the early pregnancy assessment service within 24 hours.

7 NICE Pathway on antenatal care for uncomplicated pregnancies

[See Antenatal care for uncomplicated pregnancies](#)

Glossary

hCG

human chorionic gonadotrophin

Pregnancy of unknown location

when a woman has a positive pregnancy test, but no intrauterine or extrauterine pregnancy can be seen with a transvaginal ultrasound scan

Sources

[Ectopic pregnancy and miscarriage: diagnosis and initial management \(2019\) NICE guideline NG126](#)

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable

health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful

discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.