

Inconclusive Scan Result or Pregnancy of Unknown Location

We have written this information leaflet, to help give advice to women with problems in early pregnancy where at a first visit an ultrasound scan has not given a clear diagnosis. This situation is sometimes described as an inconclusive scan, or a pregnancy of unknown location. This can be the situation in up to one third of first visits, and causes anxiety for many women.

There are varied reasons for an inconclusive scan, but there are 4 main scenarios, each of which requires a careful follow-up plan to ensure the safety of women with pain and bleeding in early pregnancy.

Likely miscarriage

If you have had heavy bleeding, and passed all or almost all of your pregnancy tissue already, then your womb will appear to be 'empty' on an ultrasound scan. Although the most likely diagnosis is of a natural or complete miscarriage, your team need to ensure there is no pregnancy elsewhere, (ectopic pregnancy) and will likely suggest checking the pregnancy hormone HCG on 2 occasions to ensure it is falling. Some further bleeding can occur and you will have our clinic and ward phone number in case you are worried.

Very early pregnancy

If we see you very early in a healthy pregnancy, or if the pregnancy failed to grow at a very early stage, then it may be too small to see on a scan. We will have looked carefully to check there is no sign of an ectopic pregnancy, (a pregnancy growing outside of the womb, for example in the Fallopian tube) and will follow the change of the

hormone HCG, and rescan you when it rises to a point at which it would suggest the pregnancy should be big enough to identify.

Sometimes we think we can see the beginning of a pregnancy, perhaps the fluid filled sac in which an embryo will grow, or an embryo too small to show a heartbeat, and would then again arrange a rescan at a time when the a heartbeat should be visible. We will give you open access to our unit and often check your hormone levels as it is possible that you may miscarry at home in this time. Pain and bleeding can be helped with simple painkillers such as paracetamol or Ibuprofen, but we can speak to you on the telephone or see you in Clinic 2 or Wynard ward if you are worried. Some women experience pain and bleeding such that they need to be seen in hospital and there will be a nurse available 24 hours a day to help advise you if you need help.

Ectopic pregnancy

An ectopic pregnancy means the pregnancy is growing outside of the womb, most usually within the Fallopian tube, the structure that transports your egg from your ovary to the inside of the womb.

Most ectopic pregnancies will fail naturally, but if they grow they can cause internal bleeding and pain, requiring surgery. Ectopic pregnancies are harder to see on scan, and the diagnosis often needs a combination of scans and blood tests, and sometimes an operation to look directly at the ovaries and Fallopian tubes. Signs of ectopic pregnancies are variable, often no symptoms at all, but severe abdominal pain, sometimes one side or felt in your back or shoulder should not be ignored and please speak to us for advice.

True pregnancy of unknown location.

Sometimes it is not possible to find the pregnancy despite many scans or blood tests. The usual explanation is a tiny early pregnancy that fails to grow, but continues to produce small amounts of HCG hormone for a period of time that can be very variable. These situations need individual planning as each is different, but usually only careful follow up is needed, although it can be frustrating when this is prolonged. Occasionally follow up is need for a few weeks. Sometimes a local anaesthetic surgical treatment called MVA (Manual vacuum aspiration) can remove tiny amounts of early pregnancy tissue from the womb, or a more rarely medical treatment with a drug called methotrexate may hasten the fall of the hormone level.

In general terms, all women with pain and bleeding in early pregnancy, and all situations are individual and different, and one information leaflet cannot cover them all. We will ensure you have access to our unit in working hours, and our Ward out of hours, and telephone contact for when you are at home. The threat of miscarriage or ectopic pregnancy can be frightening for many pregnant Mothers, but we have an experienced and skilled team who will try hard to help you and ensure you are safe.

Useful Numbers

- **Early pregnancy Unit**
01392 406503
08.00-17.00 Monday to Friday
- **Wynard Ward**
01392 406512
- **RD&E Switchboard**
01392 411611

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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