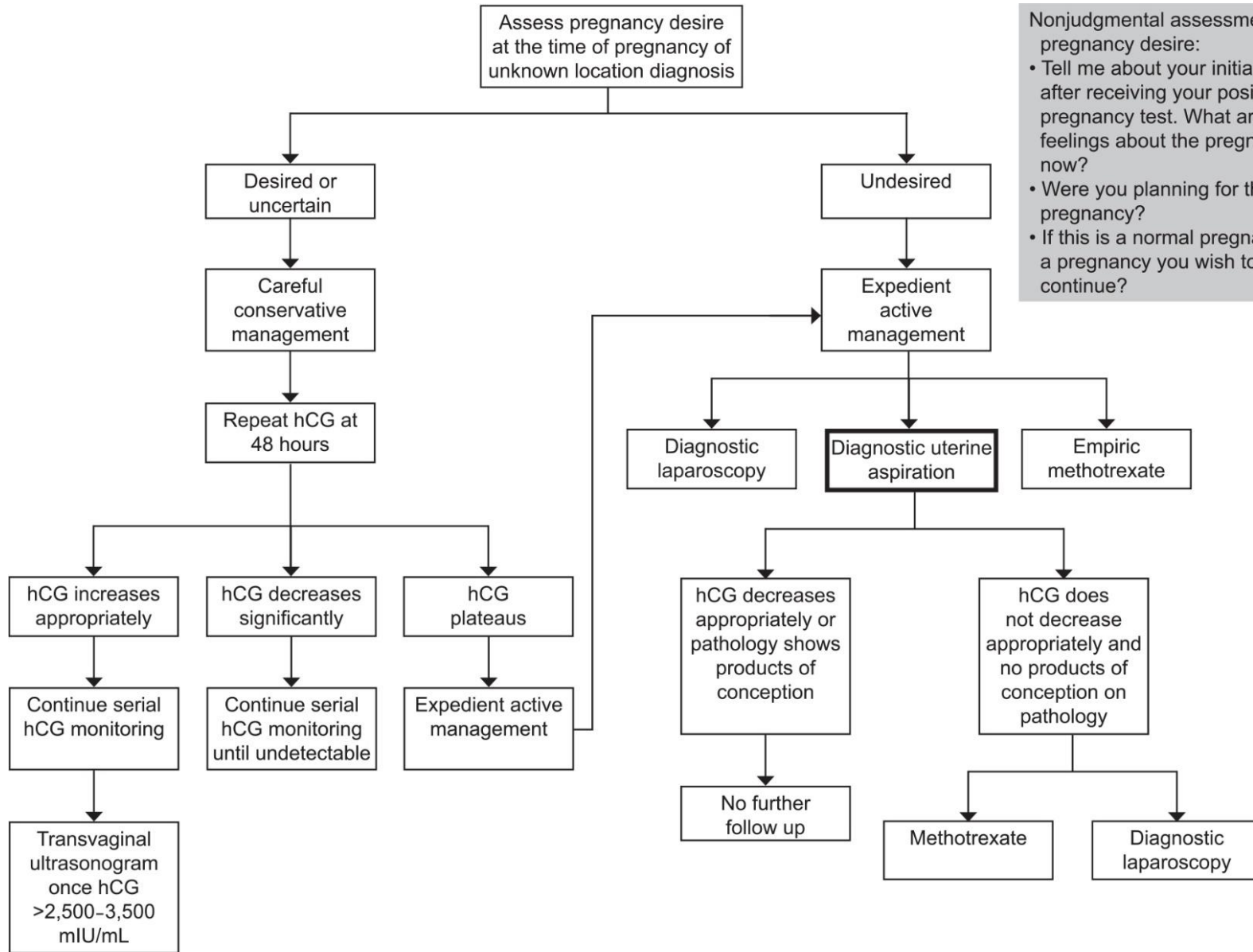


## Algorithm for Management of Pregnancy of Unknown Location

When a patient presents with a positive pregnancy test and the location of the pregnancy is unable to be visualized by ultrasound, we must follow the pregnancy until it is possible to make a final diagnosis. Using this chart, the appropriate clinical outcome can be determined.



Nonjudgmental assessment of pregnancy desire:

- Tell me about your initial thoughts after receiving your positive pregnancy test. What are your feelings about the pregnancy now?
- Were you planning for this pregnancy?
- If this is a normal pregnancy, is it a pregnancy you wish to continue?

1. Expedient active management options if PUL is undesired:
  - a. Diagnostic uterine aspiration: shown in above chart
  - b. Empiric methotrexate (without diagnostic uterine aspiration) can be considered in the following cases:
    - i. Patient strongly wants to avoid a procedure
    - ii. Patient wants expedient management of possible ectopic pregnancy
    - iii. Patient has adnexal mass consistent with unruptured ectopic pregnancy
    - iv. Occasionally an ensuing IUP can be diagnosed
2. If pregnancy is desired, and risk for ruptured ectopic is low, expectant management can be considered using serial hCG. The plan should be reassessed at each additional data point. A minimal rise that is expected for normal pregnancy is 35%, and an initial value of hCG >3000 usually rises faster than this.
3. If desired, but concern for ectopic pregnancy with impending rupture is high:
  - a. Diagnostic LSC without uterine aspiration to evaluate and possibly treat ectopic pregnancy, without disrupting potential IUP, **OR**
  - b. Admission for observation and serial hCG