



#### Nomenclature

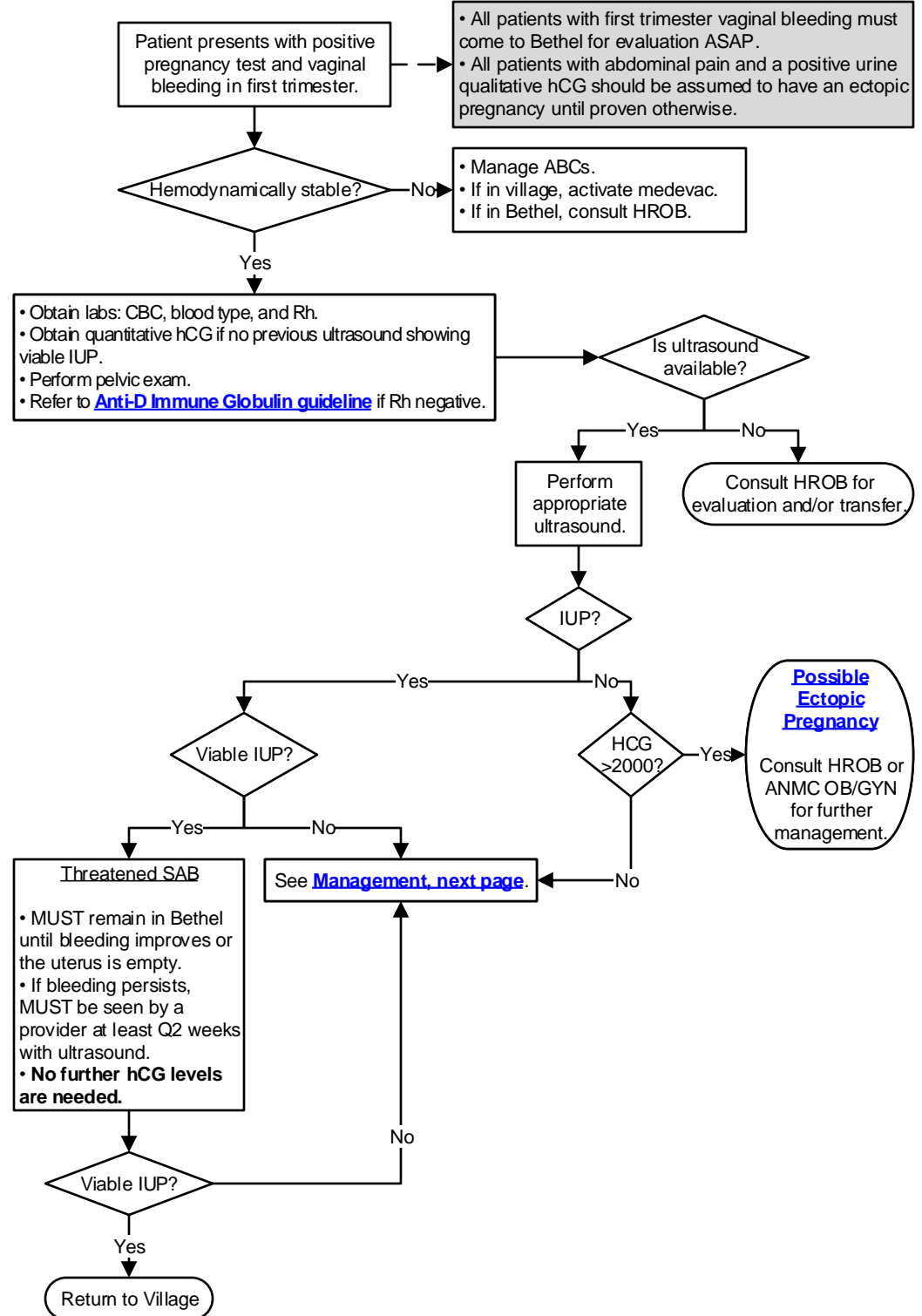
- **Viable:** A pregnancy is viable if it can potentially result in a liveborn baby.
- **Nonviable:** A pregnancy is nonviable if it cannot possibly result in a liveborn baby. Ectopic pregnancies and failed intrauterine pregnancies are nonviable.
- **Intrauterine pregnancy of uncertain viability:** A patient is considered to have this if a transvaginal ultrasound shows an intrauterine gestational sac with no embryonic heartbeat and no findings of definite pregnancy failure.
- **Pregnancy of unknown location:** A patient is considered to have this if there is a positive urine or serum pregnancy test and no intrauterine or ectopic pregnancy on transvaginal ultrasound.

#### Findings Diagnostic of Pregnancy Failure

- Crown-rump length of  $\geq 7$ mm and no heartbeat.
- Mean sac diameter of  $\geq 25$ mm and no embryo.
- Absence of embryo with heartbeat  $\geq 14$  days after an US that showed a gestational sac without a yolk sac.
- Absence of embryo with a heartbeat  $\geq 11$  days after an US that showed a gestational sac with a yolk sac.

#### Comments

- In a patient with a positive urine or serum pregnancy test, an intrauterine fluid collection with rounded edges containing no yolk sac is most likely a gestational sac; it is certain to be a gestational sac if it contains a yolk sac or embryo.
- Transabdominal imaging without transvaginal scanning may be sufficient for diagnosing early pregnancy failure when an embryo whose crown-rump length is 15 mm or more has no visible cardiac activity.
- Point of care ultrasound performed in the ED or clinic is an ultrasound for the purposes of this guideline. The ultrasound does not need to be performed in Diagnostic Imaging.





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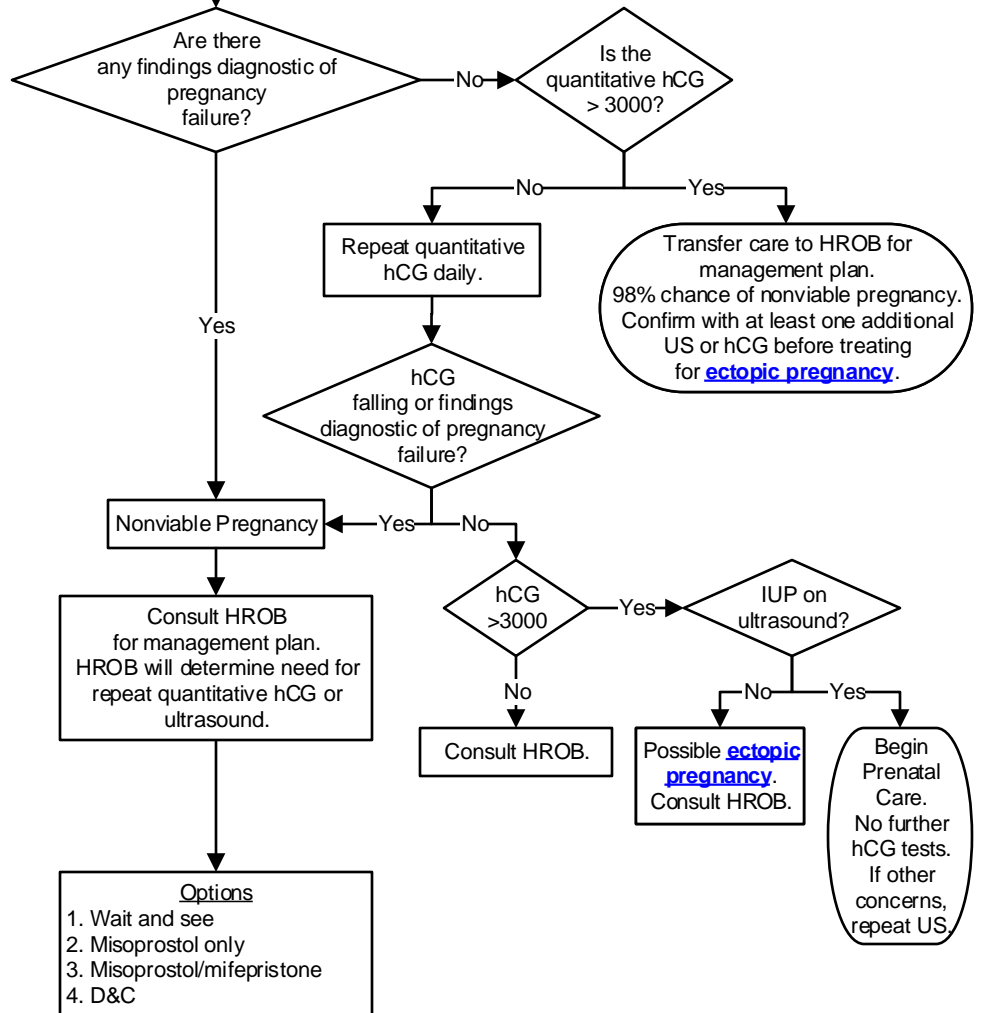
#### Findings Diagnostic of Pregnancy Failure

- Crown-rump length of  $\geq 7$ mm and no heartbeat.
- Mean sac diameter of  $\geq 25$ mm and no embryo.
- Absence of embryo with heartbeat  $\geq 14$  days after an US that showed a gestational sac without a yolk sac.
- Absence of embryo with a heartbeat  $\geq 11$  days after an US that showed a gestational sac with a yolk sac.
- Falling hCG level.

#### Comments

- In a patient with a positive urine or serum pregnancy test, an intrauterine fluid collection with rounded edges containing no yolk sac is most likely a gestational sac; it is certain to be a gestational sac if it contains a yolk sac or embryo.
- Transabdominal imaging without transvaginal scanning may be sufficient for diagnosing early pregnancy failure when an embryo whose crown-rump length is 15 mm or more has no visible cardiac activity.

Pregnancy of uncertain viability or unknown location



#### If patient elects wait and see option

- Must be reliable patient who will stay in Bethel.
- Must be followed up every 48 hours for repeat hCG.

#### If patient elects misoprostol only

- Consult HROB.
- Must be reliable patient who will stay in Bethel.
- Regimen is misoprostol 800 mcg vaginally.
- Follow-up daily.
- Offer ibuprofen for cramping.

#### If patient elects misoprostol/mifepristone option

- Consult HROB.
- Must be reliable patient who will stay in Bethel.
- Regimen is mifepristone 200 mg oral followed 24-48 hours later with misoprostol 800 mcg placed in posterior fornix of vagina.
- Follow-up 24-48 hours after vaginal misoprostol.
- Offer ibuprofen for cramping.
- Dose can be repeated in 24 hours if uterus is not empty.

#### If patient elects D&C option

- Consult HROB.
- Consider office-based D&C.
- To schedule procedure, send message via Tiger Connect to OR Charge Nurse on call and OR CRNA on call.
- If on weekend, have patient remain NPO after midnight on Sunday for Monday 0800 procedure.

#### Following hCG to negative

- Contact GYN CM at 543-6557 or send communication in RAVEN to Women's Health Case Manager Pool.
- CM will follow hCG levels in consultation with HROB.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner. Click [here](#) to see the supplemental resources for this guideline.

Approved by Clinical Guideline Committee 3/13/23. If comments about this guideline, please contact David.Compton@ykhc.org.