

Getting help

A pregnancy of uncertain viability is a difficult diagnosis. You may be very anxious about the viability of your pregnancy, particularly if you have suffered a miscarriage in the past or have had problems conceiving.

You may be experiencing discomfort and bleeding and have to make repeat visits to the hospital. KEMH staff will do their best to help you with practical and emotional support during this time. Please feel free to let us know what your needs are.

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Government of Western Australia
Department of Health



Delivering a Healthy WA

Pregnancy of Uncertain Viability

What is viability?

Viability is when a pregnancy is in the uterus (womb) and has a heartbeat greater than 110 beats per minute.

What does it mean when a pregnancy is of uncertain viability?

A pregnancy of uncertain viability is usually an early pregnancy where it cannot be determined whether the pregnancy will be successful or not. This usually occurs in the following situations:

- If the embryo measures less than 5mm and no fetal heart is seen.
- If the sac surrounding the baby is less than 16mm and no fetal parts are seen using vaginal ultrasound.

If no embryo sac is seen on ultrasound and the pregnancy hormone level is less than 1,500 using a vaginal scan or 5,000 using an abdominal scan, the pregnancy is also of uncertain viability but is more commonly known as a pregnancy of unknown location (PUL).

How can viability be established?

A normal sac and embryo grow one millimetre per day. Therefore a repeat ultrasound in one or two weeks will tell whether the pregnancy is progressing normally until a heart beat is seen. If the first scan showed a very small sac, this may involve more than one visit to the hospital for follow-up scans.

A week is a long time to wait - can we tell anything beforehand?

If there has also been bleeding, a pregnancy of uncertain viability has around a 50 per cent chance of being successful. There are certain clues that can give an indication of the likely success of the pregnancy.

- Consistency with dates - if the size of the embryo sac is consistent with how far along your pregnancy is it's more likely to represent a normal early pregnancy than if the sac is a lot smaller than expected.
- Appearance on ultrasound - certain features of the ultrasound will give a clue about the viability of the pregnancy. These include the shape and size of the pregnancy sac, the appearance of the womb lining and the presence of bleeding into or around the sac.
- Pregnancy hormone levels - these give a clue about the viability of the pregnancy but are not usually used for diagnosis as they are invasive and may give inaccurate results.
- History - a previous miscarriage is NOT likely to affect the viability of this pregnancy unless there is a history of three consecutive miscarriages with the same partner or a history of medical problems (such as diabetes or certain types of clotting disorders) or you are over 37 years of age.

What can I do if my symptoms get worse?

You should have been given an appointment to attend the Early Pregnancy Assessment Clinic (EPAS) for your follow up. However, you are welcome to contact the Emergency Centre by telephone on (08) 9340 1431 if you have any further concerns or questions.

Please call the Emergency Centre and speak to a midwife if:

- Your bleeding increases and you are soaking a sanitary pad (not a panty liner) and having to change the pad frequently (more than once an hour)
- If you have abdominal (tummy) pain that is not relieved by simple pain killers such as paracetamol.

Follow Up

You will see a doctor for your EPAS appointment and any further follow up or care will be discussed with you at the time.