Bleeding in desired pregnancy, < 12 weeks gestation Physical exam Peritoneal signs or Non-obstetric cause Products of conception Patient stable, no POC's or of bleeding identified (POC's) visible on exam other cause of bleeding hemodynamic instability Incomplete abortion, treat Transvaginal ultrasound Diagnose and treat Transfer to ED as indicated as indicated (TVUS) and β-hCG level Viable intrauterine Ectopic or signs suggestive of Nonviable IUP IUP, viability No IUP, no ectopic pregnancy pregnancy (IUP) uncertain ectopic seen Embryonic demise, Presume ectopic; Threatened abortion; anembryonic gestation, Repeat TVUS in IUP seen on See Figure 2 refer for high-level TVUS and/ repeat TVUS if further or retained POC's; one week and/or prior TVUS? or treatment bleeding discuss treatment options follow serial β-Yes hCG's Completed abortion; expectant management

Figure 1. Evaluation of First Trimester Bleeding

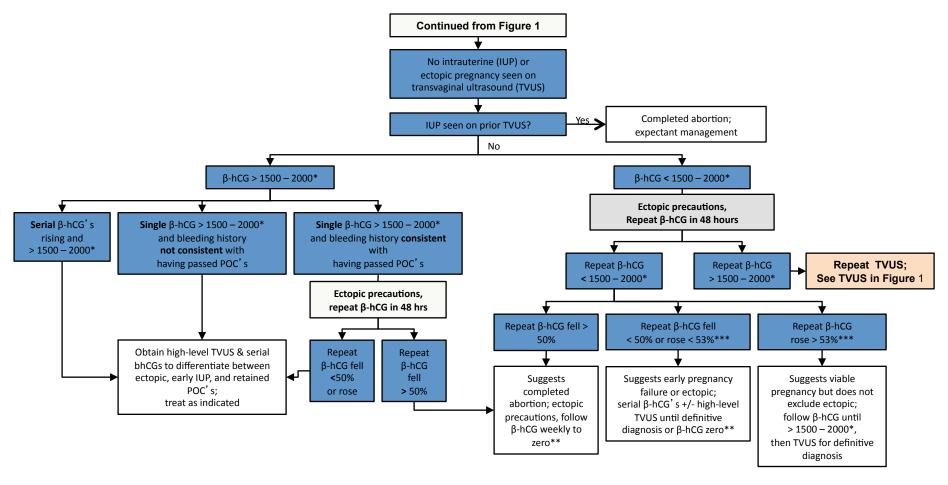


Figure 2. Evaluation of first trimester bleeding with no intrauterine pregnancy on ultrasound

^{*} The β -hCG level at which an intrauterine pregnancy should be seen on transvaginal ultrasound is referred to as the discriminatory zone and varies between 1500 – 2000 mIU depending on the machine and the sonographer.

^{**} β -hCG needs to be followed to zero only if ectopic pregnancy has not been reliably excluded. If a definitive diagnosis of completed miscarriage has been made there is no need to follow further β -hCG levels.

^{***} In a viable intrauterine pregnancy there is a 99% chance that the β -hCG will rise by at least 53% in 48 hours. In ectopic pregnancy, there is a 21% chance that the β -hCG will rise by 53% in 48 hours.