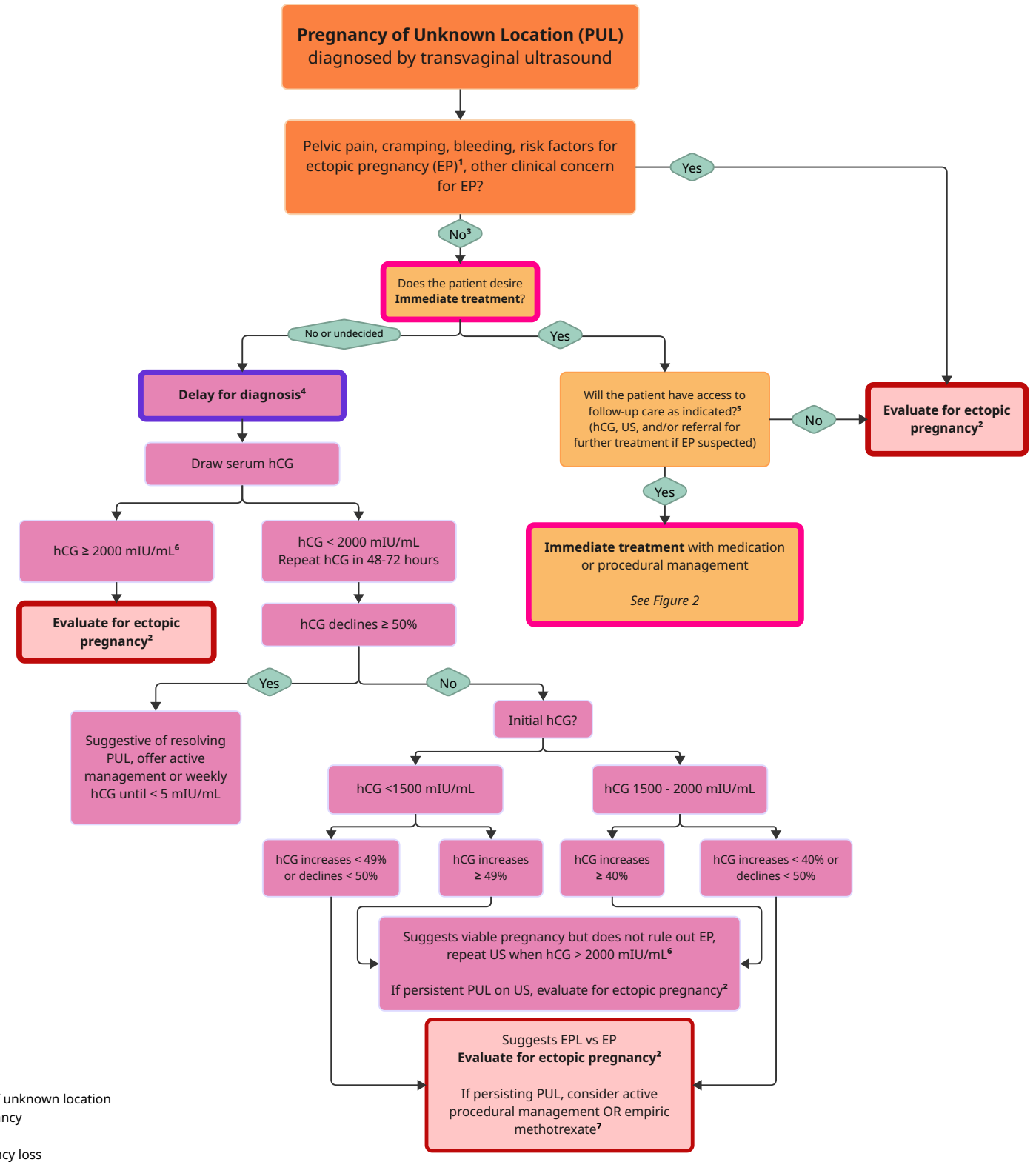
Figure 1. Evaluation of Pregnancy of Unknown Location (PUL)



Abbreviations:
PUL = Pregnancy of unknown location
EP = Ectopic pregnancy
US = Ultrasound
EPL = Early pregnancy loss

Figure 1. Evaluation of Pregnancy of Unknown Location (PUL)

1. Risk factors for EP: history of EP, tubal surgery, infertility, fertility treatment, PID, or IUD in place. Patient may be lower risk if asymptomatic and certain LMP of < 35 days (when PUL may be expected), clinical judgement should be used.
2. Evaluation for ectopic pregnancy with hCG, formal ultrasound that includes evaluation of the adnexa in urgent or emergent setting, and consultation with specialist as clinically indicated.
3. Ectopic pregnancy precautions should be given at all stages of care regardless of initial presenting symptoms. Patients should be well-informed on follow-up plans and how to access emergent care if needed.
4. Patients may choose delay for diagnosis regardless of pregnancy desiredness if the diagnosis may affect the management of future pregnancies or by preference to obtain diagnostic clarity regarding viability prior to treatment.
5. Individualize treatment plan according to patient's access to care, minimizing the impact of socioeconomic inequity in management options.
6. A more conservative discriminatory level of 3500 may be used in cases where it is important to minimize the risk of harm to a potential IUP.
7. Breast/chestfeeding is a contraindication for methotrexate.

Figure 2. Immediate Treatment of Pregnancy of Unknown Location (PUL)

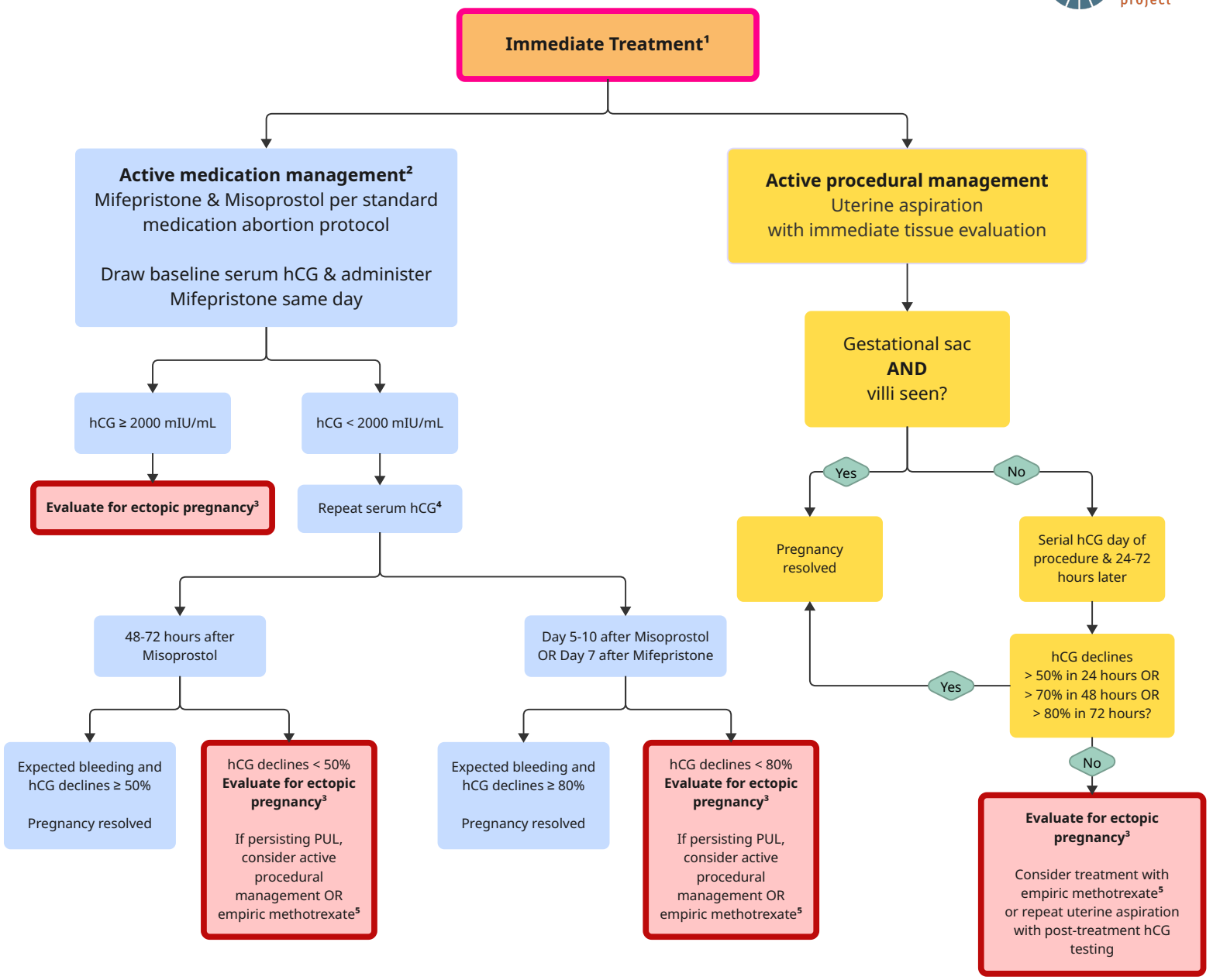


Figure 2. Immediate Treatment of Pregnancy of Unknown Location (PUL)

1. EP precautions should be given at all stages of care regardless of initial presenting symptoms. Patients should be well-informed on follow-up plans and how to access emergent care if needed.
2. Inform patients of increased risk of medication abortion failure in PUL.
3. Evaluation for ectopic pregnancy with hCG, formal ultrasound that includes evaluation of the adnexa in urgent or emergent setting, and consultation with specialist as clinically indicated.
4. When a repeat serum hCG is not available with a baseline hCG level less than 2,000 mIU/mL and the patient had the expected bleeding pattern, it may be reasonable to confirm pregnancy resolution with a home urine pregnancy test at approximately 14 days after mifepristone.
5. Breast/chestfeeding is a contraindication for methotrexate.

Resources:

1. *Nippita S, Cansino C, Goldberg AB, et al. Society of Family Planning Clinical Recommendation: Management of undesired pregnancy of unknown location and abortion at less than 42 days of gestation. Contraception. 2025;150:110865. doi:10.1016/j.contraception.2025.110865*
2. *Clinical Policy Guidelines for Abortion Care 2026. National Abortion Federation; 2026. https://prochoice.org/providers/quality-standards/*
3. *Goldberg AB, Fulcher IR, Fortin J, et al. Mifepristone and Misoprostol for Undesired Pregnancy of Unknown Location. Obstet Gynecol. 2022;139(5):771-780. doi:10.1097/AOG.0000000000004756*
4. *American College of Obstetricians and Gynecologists' Committee on Practice Bulletins—Gynecology. ACOG Practice Bulletin No. 193: Tubal Ectopic Pregnancy. Obstet Gynecol. 2018;131(3):e91-e103. doi:10.1097/AOG.0000000000002560*
5. *Doubilet PM, Benson CB, Bourne T, et al. Diagnostic criteria for nonviable pregnancy early in the first trimester. N Engl J Med. 2013;369(15):1443-1451. doi:10.1056/NEJMra1302417*
6. *Barnhart KT, Guo W, Cary MS, et al. Differences in Serum Human Chorionic Gonadotropin Rise in Early Pregnancy by Race and Value at Presentation. Obstet Gynecol. 2016;128(3):504-511. doi:10.1097/AOG.0000000000001568*
7. *Baldwin MK, Bednarek PH, Russo J. Serum human chorionic gonadotropin decline following aspiration abortion in early pregnancy less than 42 days gestation. Contraception. 2021;103(2):113-115. doi:10.1016/j.contraception.2020.11.010*