

Gynaecology

Intrauterine pregnancy of uncertain viability

Information for patients, relatives and carers

Introduction

This leaflet explains what intrauterine pregnancy of uncertain viability (IPUV) is and what to expect at your appointments. If you have any questions about the information below please ask a member of our team.

What is IPUV?

IPUV is the term we use to describe an early pregnancy. It means that we are able to see a pregnancy sac in the womb but the sac is either too small to expect to see an embryo (the early baby) or the embryo can be seen but is too small for us to expect to see a heartbeat yet. This happens in around 1 in 5 women attending early pregnancy units.

Often the pregnancy is perfectly fine, it is just that the scan has been carried out too early for us to see the heartbeat. This is especially likely if the scan has been done at less than 6 weeks since your last period. However, in some cases, it may mean that the pregnancy has failed at an early stage and not developed any further. In other words, a miscarriage has occurred.

What will happen next?

In order to be able to confirm what is happening, we need to repeat your scan after 7 to 14 days (depending on what we've seen on the first scan). We know this will be an anxious wait for you but performing a scan earlier may lead to another inconclusive result, which would be unhelpful.

If the finding of an IPUV is the first sign that the pregnancy is not healthy, it is possible that bleeding and pain will develop while waiting for the next scan.

What should I do if I have a problem before my next scan?

If you develop cramping, lower abdominal pain or bleeding, it may be a sign that you are miscarrying. Sadly, there is nothing we can do in hospital to stop this from happening and you may be more comfortable staying at home if you feel confident to do so.

However, if at any stage the pain or bleeding is unmanageable in spite of painkillers (paracetamol and codeine are fine to take in pregnancy), you should come in to hospital immediately.

We often explain that having to change your pad more than once per hour (i.e. more than a heavy period) may be a sign that you are bleeding too heavily and need to be assessed. You would need to come in to A&E in this situation.

Who can I contact for more information?

The gynaecology emergency room (GER) at St Mary's Hospital: 020 3312 2185 (09.00-17.00, Monday to Friday).

The early pregnancy assessment unit (EPAU) at Queen Charlotte's & Chelsea Hospital: 020 3313 5131 (09.00-16.30, Monday to Friday).

Out of hours, you should go to the A&E department at St Mary's Hospital for assessment. If you need urgent medical advice out of hours, you should phone the hospital switchboard on 020 3312 6666 and ask to be put through to the on call gynaecology registrar or senior house officer (SHO). Please note that due to other emergencies in the hospital, they may not always be able to take your call immediately.

You can access all of our gynaecology leaflets here:

www.imperial.nhs.uk/our-services/gynaecology/patient-information

How do I make a comment about my visit?

If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Hammersmith and Queen Charlotte's & Chelsea hospitals) or **020 3312 7777** (St Mary's). You can also email PALS at imperial.pals@nhs.net

Alternatively, you may wish to complain by contacting our complaints department: Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:

imperial.communications@nhs.net

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

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