



Saint Mary's Managed Clinical Service
Division of Gynaecology

PATIENT INFORMATION LEAFLET

HCG MONITORING

WHAT IS HCG?

hCG is a hormone that is produced in pregnancy. By monitoring the level, we can help determine whether your pregnancy is still ongoing and developing as expected.

HOW WILL MY HORMONE LEVELS BE MONITORED?

The test is performed by taking a sample of blood and measuring the level of hCG in it. It may be repeated several times over a period of days/weeks to monitor whether the hormone level rises or falls with time, helping us to give you a clearer picture of what is happening in your pregnancy.

After your initial blood test, you may go home.

Please note; we will not ring and inform you of your first hCG result.

This is because there is such a wide range of what is considered 'normal' in early pregnancy, and the first level alone will not help us to diagnose what is happening in your pregnancy.

The only exceptions to this are:

- a) If your hCG level is negative, (not pregnant), or
- b) It is high enough to perform a scan, in which case the nurse will contact you to arrange this

Your first hCG level will be used as a baseline to compare with your next hCG level, which will be taken 48 hours later.

You will receive a telephone call from the nurse once we have the results from your second hCG and have compared it with your first hCG level. We can then see by how much your level has increased or decreased; this will assist us in determining the outcome of your pregnancy.

This telephone call may be on the same day or the day after your blood test.

WHAT ARE THE POSSIBLE OUTCOMES?

There are three possible outcomes to your pregnancy:

1. If the concentration of the hCG in your blood rises significantly then this usually indicates a continuing pregnancy. A scan will be arranged when your hCG result is at a level that we would hope to see the signs of an early pregnancy in the uterus on an internal vaginal scan.

2. If the level of the hCG result goes down significantly, regrettably, you are losing the pregnancy. If this happens the nurse will explain this to you and give you further information. Unfortunately, nothing can be done to prevent or stop a miscarriage once it has begun.
3. If your hCG level is rising or falling, but not substantially, then this could indicate an ectopic pregnancy and further investigations will be required. You may be asked to return to the unit and you may need to stay overnight.

WHAT IS AN ECTOPIC PREGNANCY?

Ectopic pregnancy is a potentially life-threatening condition, which can affect 1 in 90 pregnancies. It occurs when the fertilised egg implants outside the cavity of the womb. Most ectopic pregnancies develop in the fallopian tube (the tube connecting the ovary to the womb).

As the pregnancy grows, it can cause pain and bleeding and, if not treated quickly enough, it can cause rupture of the tube resulting in severe abdominal bleeding. This is a medical emergency and can be life threatening.

It is important that this condition is resolved as soon as possible without endangering your health but, in the meantime, we are often happy to let you remain at home with close monitoring.

You must always remain easily contactable and within easy reach of the hospital. Working is an individual choice depending how you feel but you should avoid strenuous activity. Contact the hospital at once if there is any change in your condition.

WHAT SYMPTOMS DO I NEED TO LOOK OUT FOR?

If you feel unwell in any way or there is a change in your condition you must get in touch with the EGU/GAU at once. You should report:

- New or increasing abdominal pain.
- If the bleeding increases.
- Feelings of dizziness, light-headedness, pain in the rectum (your bottom) or pain in the top of the shoulder.


You must get someone to bring you to the nearest A&E or emergency department **immediately** if you faint or pass out.


You must remain easily contactable and within easy reach of the hospital at all times.


If you require any further information or clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.


CONTACT DETAILS

If you have any worries, concerns or symptoms you wish to report, please contact:

 **Emergency Gynaecology Unit (EGU)**
(0161) 291 2561 (24 hours)
EGU is located at Wythenshawe Hospital (enter via entrance 15)
The department operates a telephone triage service you must call and speak with a specially trained nurse before attending to plan your care
There are no emergency gynaecology services at Saint Mary's Hospital, Oxford Road

 **Gynaecology Assessment Unit (GAU/F5)**
(0161) 720 2010 GAU Reception / (0161) 604 5130 GAU Nurses
Monday to Friday - 07.30 - 20.30
Saturday & Sunday - 08:30 – 16:30
GAU is located at North Manchester Hospital (Ward F5, via Entrance 1 / main entrance)
To be seen in GAU a referral from your GP, Midwife, A&E or other health care professional is required. GAU is not a self-referral unit.

 **Early Pregnancy Loss Specialist Nurse**
(0161) 276 6571: Monday – Thursday variable hours – answerphone available

 **Counselling Service (confidential)**
(0161) 276 4319: Monday - Friday 8.30 am – 4.30 pm – answerphone available

 <https://mft.nhs.uk/saint-marys/services/gynaecology/emergency-gynaecology/>

USEFUL ADDRESSES

The Ectopic Pregnancy Trust: <https://ectopic.org.uk/>

The Miscarriage Association: www.miscarriageassociation.org.uk

Tel: (01924) 200799

Cradle Charity: <https://cradlecharity.org/>

Phone: 0333 443 4630

Email: info@cradlecharity.org