

Information for Patients

Intrauterine Pregnancy of Uncertain Viability with a CRL (Crown Rump Length)

Introduction

This leaflet explains the finding of an Intrauterine Pregnancy of Uncertain Viability (PUV) with a Crown Rump Length (CRL) (an ultrasound measurement that is used during a pregnancy), this is when an embryo has been visualised on a scan but a fetal heartbeat has not yet been seen.

You may find during your care with the Emergency Gynaecology Unit (EGU) that you come across terminology you may not be familiar with. If you feel that you require further explanation, please do not hesitate to ask.

What is CRL and why is it important?

CRL stands for Crown Rump Length, this means the measurement of the embryo from the top of the head (crown) to the bottom (rump).

When an embryo's CRL measures 7mm or more we expect to see a heartbeat - defined as a viable pregnancy. If a heartbeat is not seen, this is sadly defined as a miscarriage.

When a CRL measures less than 7mm on first presentation, we cannot be sure if the scan was carried out too soon to see a heartbeat.

Define

A viable pregnancy will be diagnosed when a heartbeat can be seen in the embryo on an ultrasound scan.

A pregnancy of uncertain viability with a CRL will be diagnosed by a sonographer when they are able to identify an embryo within the womb but are unable to see a heartbeat within that embryo. This diagnosis only applies when the CRL is less than 7mm. It also means that you will require a further follow up scan to determine viability.

Possible outcomes

You will be followed up with a scan at least 7 days later to reassess any developments in your pregnancy. There are 3 possible outcomes:

1. Viable Pregnancy – when a heartbeat can now be seen in the embryo.
2. Miscarriage – either a delayed miscarriage because no developments are noted in the embryo or a complete miscarriage if you have experienced bleeding over the previous 7 days and unfortunately passed the pregnancy.
3. Pregnancy of Uncertain Viability – when growth has been noted in the embryo but a heartbeat cannot be visualised. We try to make this outcome the least likely by leaving at least 7 days between scans.

What to expect before your next scan

Unfortunately, with PUV we cannot make any recommendations that will improve the chance of a good outcome at the next scan. Therefore, it is encouraged that you continue to exercise, eat and follow the usual early pregnancy recommendations.

If you are bleeding, we recommend that you use sanitary towels rather than tampons. Although there is no evidence to suggest that having sexual intercourse while you are bleeding causes miscarriage, it is advisable to avoid this, as a precaution. Pain can be managed safely in pregnancy by using paracetamol as directed on the back of the box.

If your pain is not managed by paracetamol or you are having to change a large sanitary towel in less than 1 hour or you have any concerns, please contact the Emergency Gynaecology Unit for further advice. Phone numbers are listed below.

If you feel faint, have severe pain or vaginal bleeding and you do not feel that you can manage at home, you can return to the Emergency Gynaecology Unit at Saint Mary's Hospital which is open 24 hours a day.

Saint Mary's Hospital contact numbers:

Should you require any additional information or help please contact:

Emergency Gynaecology Unit (EGU)

(0161) 291 2561 (24 hours)

The 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 gynae or early pregnancy services at Saint Mary's Hospital, Oxford Road

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)