

Measuring HCG Levels in Early Pregnancy

Patient Information

Gynaecology Services

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Measuring Human Chorionic Gonadotrophin (HCG) levels in early pregnancy

We understand waiting to be given clear answers about what is happening in your pregnancy can be emotionally difficult. This leaflet aims to give you a better understanding about what is happening and we hope this will provide answers to some of your questions.

Why is it necessary to check HCG levels?

Your ultrasound scan today has not given a clear answer as to what is happening with your pregnancy. In order to get a better understanding, we intend to measure the levels of HCG (Human Chorionic Gonadotrophin) in your blood over a number of days. HCG is a blood test that monitors the hormones in pregnancy. It is the same pregnancy hormone that is in urine. However a urine result will only give a positive or negative result. The blood test is more accurate telling us how much hormone is present and is especially useful in very early pregnancy when scan findings are sometimes inconclusive.

How often will I need blood taken?

HCG is produced in large quantities during early pregnancy. By monitoring the level of this hormone in the blood, we can determine whether your pregnancy is still on-going. The test is performed by taking a sample of blood and measuring the level of HCG in it. The HCG levels should be taken 48 hours apart to give meaningful assessment. It is often necessary to take several blood tests 48hrs apart to establish the pattern of results and monitor whether the hormone level rises or falls with time.

Possible outcomes

There are three possible outcomes in this situation:

- That you have a continuing but very early pregnancy. A pregnancy that is developing in the womb where it should be will result in the levels of hormone in the blood approximately doubling every 48hrs. This is reassuring but you will have another scan when we hope to see more clearly how the pregnancy is progressing.
- That you have sadly suffered a miscarriage. A HCG level that is already low or continually decreasing generally indicates that a pregnancy is miscarrying or failing to develop. However, follow up is still important, so that an ectopic pregnancy is not missed, particularly if we have seen no signs of a pregnancy on ultrasound scan.
- That the pregnancy has become lodged outside the womb, usually in the fallopian tube. This is known as an ectopic pregnancy. HCG levels that remain static or rise very slowly combined with a scan showing an empty womb can indicate an ectopic pregnancy. You will be asked to return to hospital as further investigations will be required.

What is an Ectopic Pregnancy?

An ectopic pregnancy is a pregnancy that develops outside the cavity of the womb. The vast majority of ectopic pregnancies occur in the fallopian tube (95%); however they can occur in places such as the ovary, the cervix and inside the abdomen (tummy). Since the fallopian

tubes are not large enough to accommodate a growing embryo, the pregnancy cannot continue normally.

If the problem is identified early, the ectopic pregnancy can be removed either with an operation (surgical treatment) or by giving an injection (medical treatment). If your ectopic pregnancy is suitable for medical treatment, you will require close monitoring of HCG following the treatment until the level becomes very low.

If the problem is not identified early, in some cases, the embryo grows until the fallopian tube stretches and ruptures (bursts). Rupture of the fallopian tubes is a medical emergency because of internal bleeding, causing abdominal pain and collapse and very occasionally can even result in death.

What happens now?

After your blood test you can go home. Individual follow-up will be discussed with the doctor and a member of staff will advise you if and when to return for more blood tests, and/or a repeat scan. Please note; results will not be left on answer phones or with any relatives. We ask that you contact the Early Pregnancy Assessment Unit (EPAU) or the Gynaecology Assessment Ward on the numbers provided at the end of this leaflet if you have not heard from us by 7pm.

What symptoms do I need to look out for?

If you feel unwell or there is any change in your condition or you experience any of the following, you must contact EPAU at Leigh Infirmary or the Gynaecology Assessment - Swinley Ward at RAEI at once to seek medical advice.

- New or increased abdominal pain
- Increased bleeding
- Feeling dizzy, light headed or pains in the tip of the shoulder
- Faint or pass out (in this case you must come to hospital immediately)

Useful contact numbers

Early Pregnancy Assessment Unit (EPAU) 01942 264852
Ward 2 Leigh Infirmary Monday to Friday 7:30 am to 4pm

Gynaecology Assessment Room 01942 822016
Swinley Ward RAEI 24 hours

Counselling Service 01942 264308

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



https://www.wrightingtonhospital.org.uk/media/downloads/sdm_information_leaflet.pdf

How We Use Your Information

For details on how we collect, use and store the information we hold about you, please take a look at our “how we use your information” leaflet which can be found on the Trust website: wwl.nhs.uk

This leaflet is also available in audio, large print, Braille and other languages upon request. For more information please ask in the department/ward.

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