

Recommendations on terminology for normally sited and ectopic pregnancies

01 Normally sited pregnancy

Location • A pregnancy which is located within the uterine cavity should be described as a normally sited (eutopic) pregnancy

Viability • A pregnancy which is located within the uterine cavity with embryonic/foetal heart pulsations should be described as a live normally sited (eutopic) pregnancy

- A pregnancy which is located within the uterine cavity without a visible embryo which has the potential to develop normally should be described as an early normally sited (eutopic) pregnancy
- The term miscarriage should be used to describe a normally sited (eutopic) pregnancy <22 weeks' gestation with abnormal development resulting in embryonic/foetal loss

02 Ectopic pregnancy

Viability • An ectopic pregnancy which contains an embryo/foetus with evidence of heart pulsations should be described as a live ectopic pregnancy.

- The term miscarriage should not be used for an ectopic pregnancy. Ectopic pregnancy with clinical, ultrasound and/or biochemical signs of regression should be described as a failing ectopic pregnancy

Location • Ectopic pregnancies should be classified as uterine or extrauterine.

- Previous classification of ectopic pregnancies as tubal and non-tubal should be abandoned
- The term angular pregnancy should be abandoned
- Cervical, caesarean scar, intramural and interstitial ectopic pregnancies should be described as partial or complete
- The term intramural pregnancy should be used to describe a pregnancy which is located within the uterus, but breaches the endometrial–myometrial junction and invades the myometrium of the uterine corpus above the internal os.
- The terms caesarean scar and cervical pregnancies should be used to describe pregnancies which invade myometrium in the vicinity or below the level of the internal os. Caesarean scar pregnancies are implanted anteriorly at the visible or presumed site of transverse lower segment uterine scar, whilst cervical pregnancies could be located either anteriorly or posteriorly
- Tubal ectopic pregnancies should be described as either interstitial, isthmic or ampullary.
- All pregnancies within the confines of the uterine cavity should be classified as normally sited regardless whether the uterus is normally formed or anomalous. The only exception is a pregnancy located in a rudimentary horn of a unicornuate uterus which should be classified as a rudimentary horn ectopic pregnancy
- The term 'residual ectopic pregnancy' should be used for an ectopic pregnancy which presents as a discrete mass on ultrasound in a woman with a negative pregnancy test.
- The term 'chronic ectopic' should not be used in clinical practice
- In all ectopic pregnancies, measurements of the gestational sac size and trophoblastic mass should be routinely carried out. In tubal ectopic pregnancies, the size of haematosalpinx should be reported when present. All measurements should be performed in three perpendicular planes. The haemoperitoneum should be estimated semi-quantitatively

These recommendations are extracted from a paper "Terminology for describing normally sited and ectopic pregnancies on ultrasound: ESHRE recommendations for good practice" developed by the ESHRE working group on Ectopic Pregnancy. The paper further includes schematic representations and examples of each type of ectopic pregnancy. More information is available on www.eshre.eu/EPGuideline

