I arrived late at my shift in the emergency department, directly from a session in general practice. The nursing staff had an ‘easy’ patient for me: a woman, 19 years of age, with pelvic pain and dysuria, whose urinalysis showed white cells and nitrates. I checked the chart for allergies, wrote a script for trimethoprim and went to talk to the patient. The patient was in a cubicle with her partner and they listened patiently while I explained potential triggers for urinary tract infections and ways to avoid them. The patient then mentioned that she had worsening abdominal pain, so I asked if I could examine her abdomen. I was shocked to find a large solid protuberance in her abdomen, with a height well above her umbilicus. The patient and her partner denied any possibility of pregnancy, but I asked the nursing staff to organise a urinary beta human chorionic gonadotropin (beta-hCG) test. The test was positive, so I went back to the cubicle, where I discovered the patient’s abdominal pain had intensified and there was fluid over the bed and floor. I now had to explain to the patient that she was not only pregnant but actually in labour.

Highly sensitive beta-hCG tests and transvaginal ultrasounds have made it much less likely that a woman will present with an undiagnosed pregnancy, or that we will miss the diagnosis. In the United States, the National Quality Forum advised that pregnancy testing of women aged 14–50 years who have abdominal pain in an emergency department should be used as a quality measure. Estimates vary depending on the definition of abdominal pain and the source of the data, but a chart review of four academic emergency departments showed that the rate of testing in eligible women was 94%. The researchers were unable to exclude from the chart records all women who did not require a pregnancy test: those who were posthysterectomy, postmenopausal or with a known intra-uterine pregnancy. There are also situations in which a beta-hCG may be misleading. For example, beta-hCG levels remain detectable up to 60 days after delivery, termination or miscarriage, so testing may be inappropriate in these women. However, even if the true rate of testing is higher than 94%, it appears a small proportion of women presenting with abdominal pain are not being tested routinely.

Can we rely on patient history? The number of women who state there is no chance of pregnancy but are actually pregnant appears to be declining, perhaps due to the availability of sensitive home pregnancy tests. From an emergency department based study conducted in the USA in 1989, 7% of women who stated there was no chance of a pregnancy were pregnant (a negative predictive value of 93%). In similar studies conducted in USA emergency departments in 2006 and 2008, the negative predictive value had improved to 99%.4 In ongoing practice settings, not only pregnant but actually in labour.

The aphorism, ‘A woman is pregnant until proven otherwise’, is a useful way to remember this rule.

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**References**


**Keywords**

epidemiology; aphorisms and proverbs as a topic; pregnancy.