Supplemental Table 1. Demographic Characteristics

	Ectopic	Intrauterine			
	Pregnancy	Pregnancy	Miscarriage	Total	
Characteristics	(n=179)	(n=259)	(n=567)	(N=1,005)	P
Age (y)					<.01
Younger than 20	11 (6.2)	32 (12.4)	74 (13.1)	117 (11.6)	1
20-24	38 (21.2)	87 (33.6)	139 (24.5)	264 (26.3)	
25-29	41 (22.9)	55 (21.2)	117 (20.6)	213 (21.2)	>
30-34	47 (26.3)	46 (17.8)	97 (17.1)	190 (18.9)	
Older than 35	42 (23.5)	39 (15.1)	134 (23.6)	215 (21.4)	
Race					.12
African American	84 (46.9)	144 (55.6)	276 (48.7)	504 (50.1)	
Other	95 (53.1)	115 (44.4)	291 (51.3)	501 (49.9)	
History of ectopic					
pregnancy					<.01
0	133 (74.3)	228 (88.0)	524 (92.4)	885 (88.1)	
1	28 (15.6)	16 (6.2)	17 (3.0)	61 (6.1)	
2 or more	7 (3.9)	4 (1.5)	4 (0.7)	15 (1.5)	

Bleeding*	127 (71.0)	48 (18.5)	476 (84.0)	651 (64.8)	<.01
Pain*	122 (68.2)	170 (65.6)	369 (65.1)	661 (65.8)	.64
Initial hCG level					
(mIU/mL)					<.01
0-500	82 (45.8)	117 (45.2)	235 (41.4)	434 (43.2)	
501-2000	70 (39.1)	89 (34.4)	146 (25.7)	305 (30.3)	(S)
2001-4000	12 (6.7)	39 (15.1)	79 (13.9)	130 (12.9)	
More than 4,000	15 (8.4)	14 (5.4)	107 (18.9)	136 (13.5)	

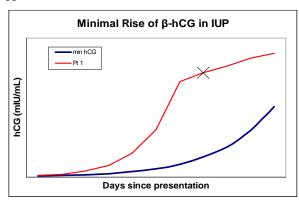
hCG, human chorionic gonadotropin.

^{*}Chief complaint at presentation, patients could have both. Data are n (column %), some variables do not sum to 100% due to missing data.

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Supplemental figure 1

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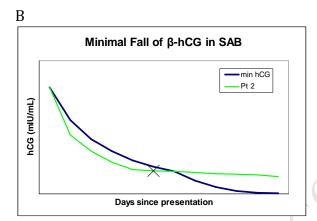


Figure legend: Cartoon of the logic of comparing actual value to that expected when following serial hCG concentrations in a women with a pregnancy of unknown location. In panel A the minimal rise in hCG of 35% for IUP (*blue*) and a hypothetical patient (red) with initially appropriate, then abnormal, rise in hCG. The "X" marks time at which the rise is slower than anticipated and intervention maybe necessary to rule out EP. In panel B the minimal fall in hCG for a completed miscarriage is depicted (*blue line*) and a hypothetical patient (green) with initially appropriate, then abnormal, fall in hCG. The "X" marks time at which the decline is slower than anticipated and intervention maybe necessary to rule out EP.