

Reply of the Authors



Thank you very much for your interest in our paper. Because this was the first time this type of study was conducted in this population, it is difficult to answer all questions that may arise. We chose to approach our research question by performing a study that encompasses perspectives from a diverse sample of pregnancy of unknown location (PUL) outcomes, presentation locations, and management strategies. We captured novel findings that can now drive further questions and require replication.

We acknowledge the limitations in our patient sample. As described in the Materials and Methods section of our paper, our sample size was determined to adequately capture relevant themes on the basis of similar qualitative literature in this field and achieve thematic saturation. We hope that the research question we posed here can be further expanded toward larger sample sizes and more diverse populations in the future.

In our manuscript, we have acknowledged that differing obstetric histories (i.e., experiences with single or recurrent pregnancy losses), desirability of the pregnancy, and location of care may have impacted each subject's priorities. We chose not to restrict sampling on the basis of these factors to improve overall generalizability. We are confident that our approach and decision to include a wide spectrum of patient experiences can drive future study on the experiences of more targeted subpopulations, a fruitful area for further analysis.

We also agree that the novel, evolving balance we report regarding the prioritization of patients' personal health vs. the health of the gestation may vary among women and their circumstances. This important dilemma should be recognized by healthcare providers to individualize counseling and treatment, which is particularly applicable when managing patients with PUL. Surgical, medical, or expectant management can target outcomes such as the reduction in emergency procedures, time to resolution, or patient satisfaction (1).

Finally, we are pleased to highlight our key finding that patient preferences were dynamic and continuously evolved throughout clinical management of PUL, driven by the uncertainty of diagnosis and sometimes conflicting priorities. We highlighted both care priorities, such as personal health and future fertility, and logistic priorities, including communication and mental health support. We want to underscore that the intention of this research was not to make generalizable claims from a representative sample or provide directives on management but to initially explore a group of patients' attitudes with the goal of developing patient-centered decision-making for PUL. As is typical with exploratory, qualitative studies in any area, the value of the approach even with a smaller or limited sample size is to foreground, to the extent possible, diverse patient perspectives early in the process of guiding clinical recommendations.

We appreciate your interest in this topic and hope that this will spur continued necessary research in the future.

Sincerely,

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