



What Should Public Health Services Provide?

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Obstetrics and Gynaecology

Estimate of number of pregnancies

- 30.0% Bleeding in Early Pregnancy
- 13.8% Miscarriages
- 1.4% Ectopic pregnancies
- 0.5% Later Fetal deaths

What is the Problem?

- Bleeding in early pregnancy – 30%
 1. Threatened
 2. Inevitable
 3. Incomplete
 4. Complete
 5. Septic
 6. Missed
 7. Recurrent

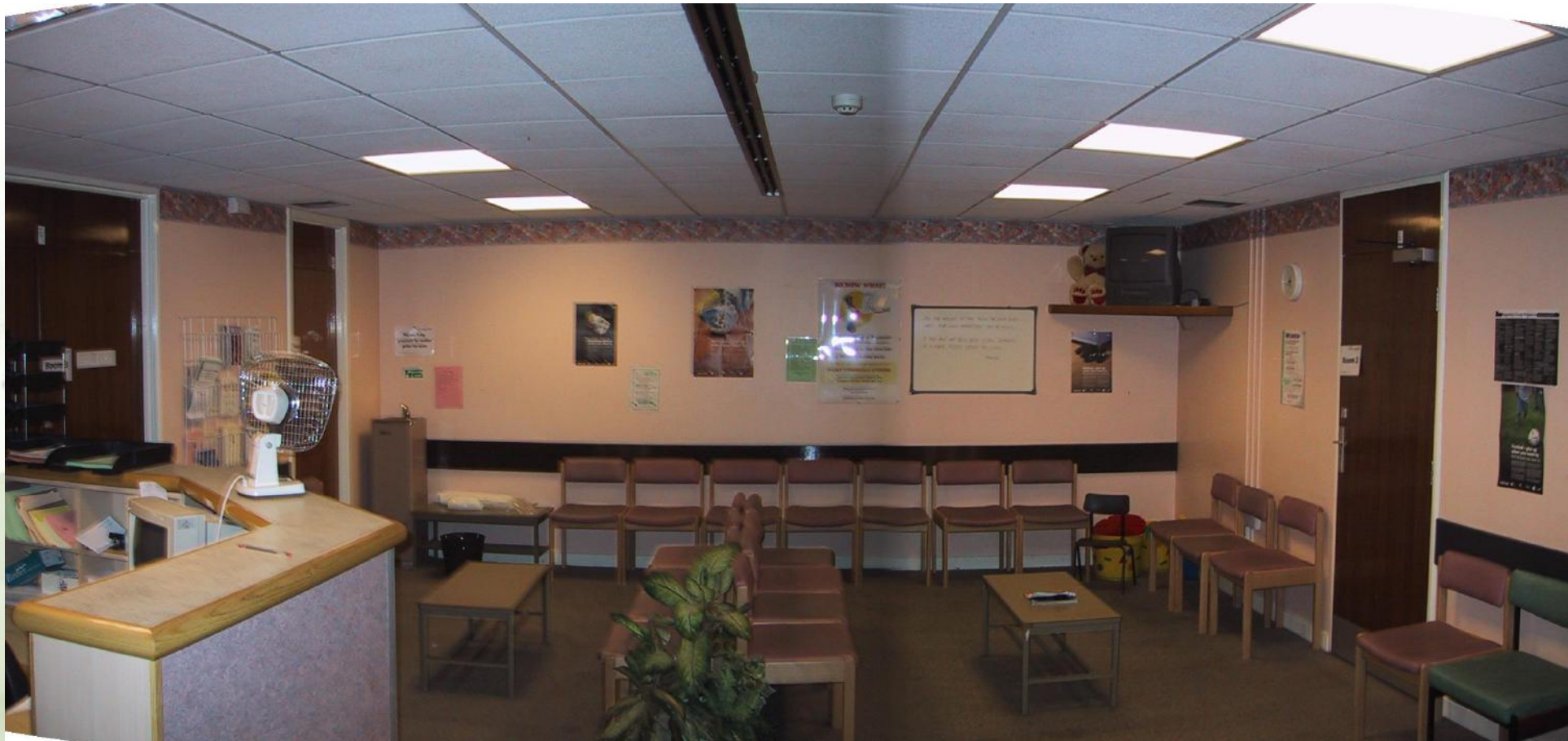
What is the Problem?

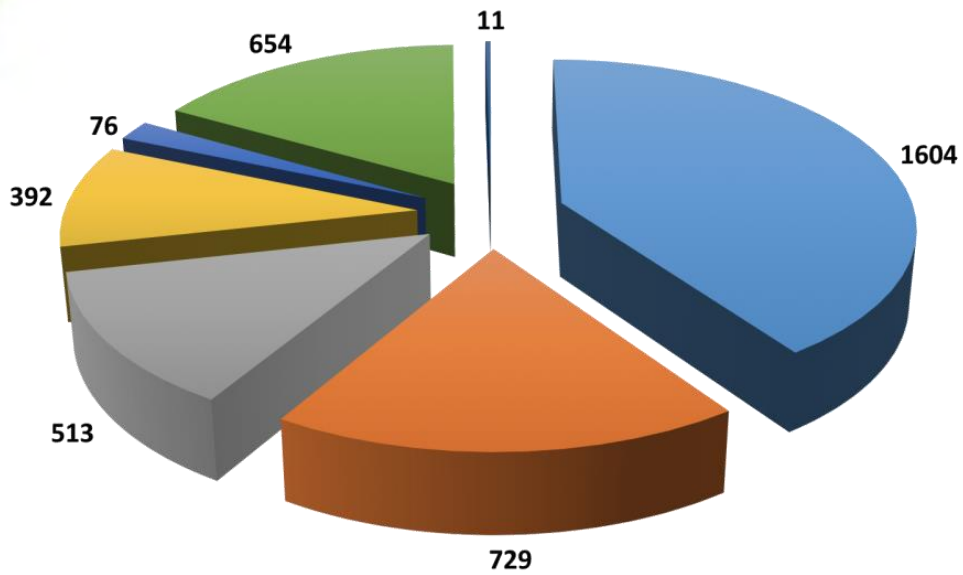
- Bleeding in early pregnancy – 30%
 1. Threatened - diagnosis needed
 2. Inevitable - diagnosis/management
 3. Incomplete - diagnosis/management
 4. Complete - diagnosis/support
 5. Septic - rarer now/management
 6. Missed - diagnosis/management/support
 7. Recurrent - targeted management

Early Pregnancy Service

- Open access – daily if possible
 - See within 24 hours
- Ultrasound scan
- Pregnancy Tests
- hCG assays
- Medical Staff
- Gynaecology services
- Antenatal Services

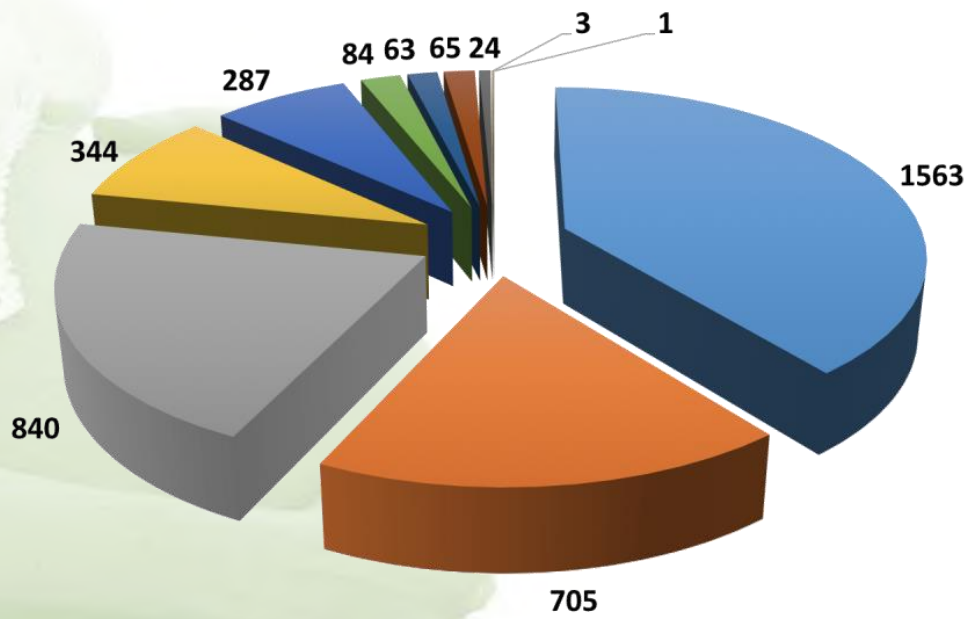
Early Pregnancy Unit - SJUH





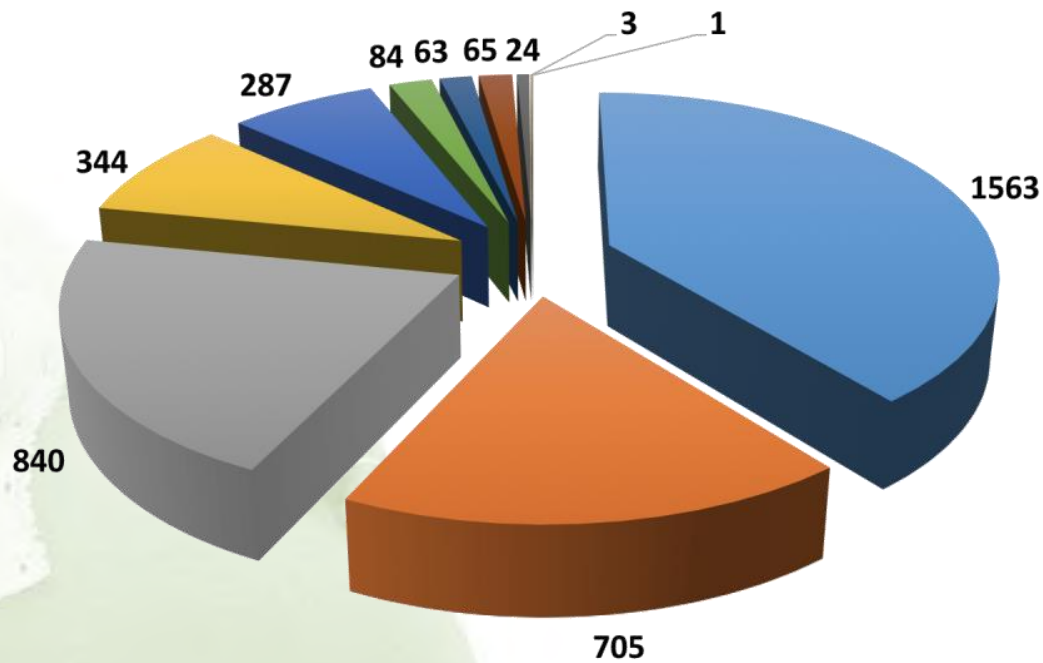
Scan Findings

- Viable pregnancy
- Miscarriage (all types)
- Intrauterine pregnancy of uncertain viability
- Pregnancy of unknown location (PUL)
- Ectopic pregnancy
- Blank
- Molar pregnancy



Management

- Dating scan
- Blank
- Others
- Rescan in 10-14 days
- Paried HCG
- Expectant management of miscarriage
- Surgical management of miscarriage
- Medical management of miscarriage
- Surgical management of ectopic
- Medical management of ectopic
- Expectant management of ectopic



Management

- Dating scan
- Blank
- Others
- Rescan in 10-14 days
- Paried HCG
- Expectant management of miscarriage
- Surgical management of miscarriage
- Medical management of miscarriage
- Surgical management of ectopic
- Medical management of ectopic
- Expectant management of ectopic

Normal Viable Pregnancy

- Reassure – 96% good outcome
- No need to follow-up through service
 - Booking scan
 - Abnormality Scan
- Unless continued bleeding
- Arrange transfer to antenatal service
 - Documentation/scans

Miscarriage

- Spontaneous loss of a pregnancy before 24 weeks gestation
 - Up to 12 weeks – 90%
 - 12 - 23+6 weeks – 10%

Miscarriage

- Spontaneous loss of a pregnancy before 24 weeks gestation
 - Up to 12 weeks – 90%
 - Early (before 8 weeks) – 66.6%
 - Later (8-12 weeks) – 33.3%
 - Ectopic Pregnancy
 - 12 - 23+6 weeks – 10%

Management of Miscarriage

- Surgical evacuation
 - Access to theatres
- Medical evacuation
 - Facilities
- Expectant management
 - Facilities

Management of Miscarriage

- Surgical evacuation - few
 - Access to theatres
- Medical evacuation - many
 - Facilities
- Expectant management – the majority
 - Facilities

Facilities required

- Pastoral/telephone support
- Rescan
- hCG assay
- Access to surgical intervention

MANUAL VACUUM ASPIRATOR



Miscarriage - management

- Expectant Management
 - Over 80% success but takes time
- Medication Management
 - Over 90% success within a week
- Aspiration Procedure
 - Virtually 100% but with increased risks
- There is no hurry

Miscarriage

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 - Early (before 8 weeks) – 66.6%
 - Later (8-12 weeks) – 33.3%
 - Ectopic Pregnancy
 - 12 - 23+6 weeks – 10%
 - Early (12 - 18 weeks) – 1%
 - Later (18 – 23+6 weeks) – 9%

Facilities required

- Before 18 weeks – assessment
 - Women with intrauterine haematoma
- Rescan
- Occasionally offer termination

- After 18 week – tend to go to Obstetrics
- Cervical Incompetence – rescue suture

Miscarriage

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 - Ectopic Pregnancy
 - 12 - 23+6 weeks – 10%
 - Early (12 - 18 weeks) – 1%
 - Later (18 – 23+6 weeks) – 9%
 - Molar pregnancy – 0.2%

Facilities required

- Molar pregnancy
 - Often suspected
 - Often diagnosed by histology
- Link with Sheffield
- Followed up through our Recurrent Pregnancy Loss clinic
 - convenience

St James University Hospital

- Early Pregnancy Assessment unit
- Population served 750,000
- Situated within Gynae Assessment
- Separate unit with dedicated nursing staff
- Open Mon - Sat, 8.30 a.m - 4.30 p.m...
- Up to 18 weeks gestation
- Referrals from G.P's, A & E, midwives, patients
- Dedicated Ultrasound 9 a.m.- 12 p.m.



Miscarriage

- Emotional support
- All pregnancy loss is the same – the loss of a wanted child

Miscarriage - immediate

- What to say?
- Be straight forward and open
- Don't try and “soften the blow”

Miscarriage - immediate

- What to say?
- Be straight forward and open
- Don't try and “soften the blow”
- It is not “only a miscarriage”
- Say you're sorry for their loss

Miscarriage

- The immediate
- The aftermath
- The future

Miscarriage - reactions

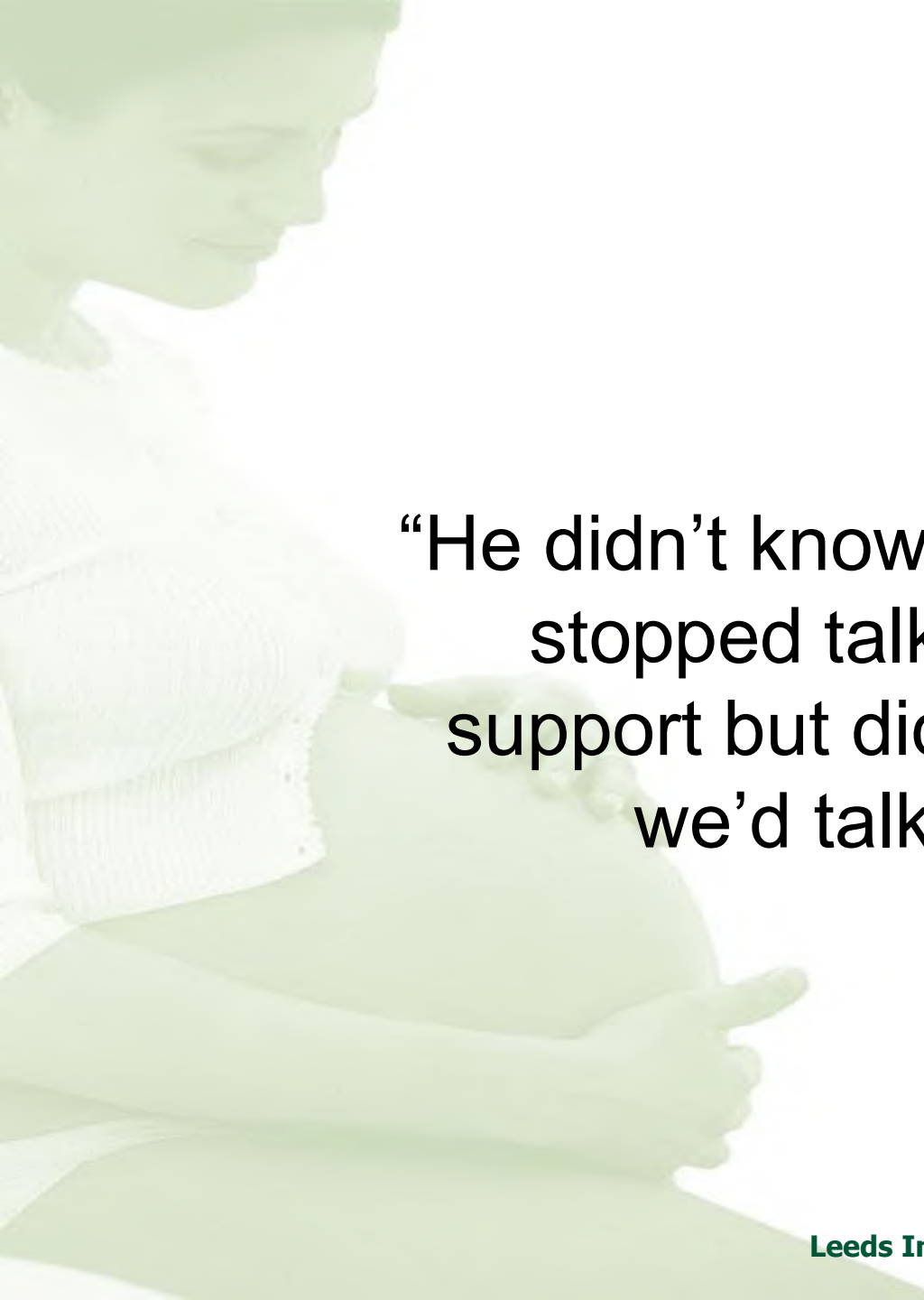
tired scared
guilt shock crying
lonely confused jealous
relief numb acceptance sadness
anger depression empty

Miscarriage



Miscarriage

- Emotional Support
- All pregnancy loss is the same – the loss of a wanted child
 - Up to 12 weeks – 90%
 - Pregnancy is a dream with high expectation
 - Before pregnancy is shared – the loss is private



Miscarriage – the partner

“He didn’t know how to deal with it so he just stopped talking about it. I needed his support but didn’t know how to ask. I wish we’d talked about it more now”

Miscarriage

- There's no 'right' way to feel after a miscarriage.
- Different people react in different ways.
- Some people feel "better" quickly and others find it takes a long time.

Miscarriage

- All pregnancy loss is the same – the loss of a wanted child
 - Up to 12 weeks – 90%
 - Pregnancy is a dream with high expectation
 - Before pregnancy is shared – the loss is private
 - 12 - 23+6 weeks – 10%
 - Pregnancy is shared – the loss is shared
 - Delivery of a baby – visible, physical loss
 - Problems of the law – being told it is not a birth



Take all
the time you need
to heal emotionally.
Moving on doesn't take a day.



It takes
a lot of little steps
to be able to break
free of your broken self.

Miscarriage - immediate

Everyone keeps telling
me I can just get
pregnant again and
have another baby.
But I wanted that
pregnancy. I wanted
that baby.



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Miscarriage - management

- In the absence of an ectopic pregnancy
 - Where treatment is necessary to save the mothers life
- There is no hurry to make a diagnosis
 - So if the woman cannot “accept” the diagnosis, repeat the scan in a week
 - Warn her of continued bleeding

Miscarriage - management

- Expectant Management
- Medication Management
- Aspiration Procedure
- There is no hurry

Miscarriage

- Many people want to do something to remember their baby.
- A Certificate/Scan pictures
- A book of remembrance in the hospital
- Plant flowers or a tree
- Write a letter or a poem to their baby.
- A focus and a memory of a life lost

Miscarriage

“At the time I just wanted to get out of there but now I wish I had asked for more information. I wasn’t told that I would keep bleeding”

- Give opportunity to contact unit
- Keep scan pictures and mementos

- Support following treatment

Miscarriage

“

I delivered a baby (recognisable) in hospital at 11 weeks and the hospital were kind enough to give us a certificate. It meant a lot to us that we were able to be given this as proof of our baby's existence and the 'labour' I'd just gone through.

”



This is to certify that

Baby's name, if given by parents, or Baby Smith

was born to

Name of mother and father (if appropriate/wanted)

on Date

at ... weeks of gestation

Signed

Name

Job title

Date

Miscarriage

- The immediate
- The aftermath
- The future

Miscarriage



PREGNANCY

HOW SOON AFTER MISCARRIAGE?

- When is it safe to start trying to get pregnant again after miscarriage?

Miscarriage – next time

- There is no best time
- Physically pregnancy can occur within the month following the miscarriage
 - No evidence of increased recurrence rate
- Emotionally it varies between couples
- Normal to recommend two normal cycles

Miscarriage – next time

- Early scan in next pregnancy
- Only if woman wants this
 - Not easily available on NHS
 - Arrange an early booking scan
 - Private providers
- Previous ectopic pregnancies
 - should be scanned early

Ultrasound scan - normal



Miscarriage Association



MISCARRIAGE
ASSOCIATION
The knowledge to help



Our helpline:

01924 200799

Mon-Fri, 9am-4pm



info@miscarriageassociation.org.uk

HOME

INFORMATION

YOUR FEELINGS

HOW WE HELP

FORUM

NEWS

RESEARCH

GET INVOLVED



Here to help you through

Not sure where to start? 

Conclusions – Should provide

- Prompt diagnosis of early pregnancy complications
- Women self-refer to the service,
 - referrals overall are appropriate.
- Dedicated Staff, Ultrasound, Pregnancy tests, hCG
- Link to the acute gynaecology unit
- Link to the antenatal services for viable 40%
- Link with support groups
- Recurrent Pregnancy Loss support (2 losses)
 - Investigation and management
 - Next pregnancy

Keeping the mother and baby safe

