Policy Brief 13
July 2023

Impact of the COVID-19 pandemic on recurrent miscarriage services

More compassionate, person-centred policies and approaches within maternity services needed

Key issues

Services underwent significant changes during the COVID-19 pandemic, with wide-ranging impacts. **Women navigated miscarriage** diagnosis and management and care in subsequent pregnancies **alone**. **Men struggled** with **not being present** to **support their partners**. There was a **perceived deprioritisation** of miscarriage/recurrent miscarriage **services** and supports within national healthcare service planning and delivery during this time, with staff redeployed, services reduced, and service improvement efforts stalled.

While changes may be temporary, how early pregnancy, miscarriage, and recurrent miscarriage care should be delivered in the future requires consideration - particularly given the deficits highlighted pre-pandemic. **Greater commitment from those involved in health service planning and funding is needed to guarantee service provision is not compromised during any future pandemics, including access to early pregnancy, emergency department, recurrent miscarriage and pregnancy after loss care (including early pregnancy scans).**

What is known?

The 'COVID-19' pandemic has had wide-ranging health, social, and economic impacts globally. Increased rates of maternal deaths, stillbirth, ruptured ectopic pregnancies, and maternal depression have been observed [1]. Reduced maternity healthcare-seeking and healthcare provision have been noted and could be a potential contributory factor in these outcomes [2].

Many changes have took place within maternity and perinatal bereavement care services during the pandemic [3,4]. Guidance issued within countries and by major international bodies was the subject of ongoing, rapid change and there were differences in the recommendations, adding to confusion [4].

Though some positive changes were evidenced, changes within maternity care were often negatively experienced by women and maternity care providers, such as partner/visitor restrictions and transition to virtual/reduced appointments [5].

Research on the experiences of miscarriage care during the COVID-19 pandemic is limited, despite media attention and advocacy efforts focused on this area across many countries.

Rally hears of loneliness and isolation caused by maternity restrictions

Members of Uplift in Cork who delivered a petition signed by 52,250 people to Cork University Maternity Hospital calling for partners to be allowed to attend all scans, appointments, all stages of labour and postnatal visits. Included are Siobhán O'Donoghue, director, Uplift; Linda Kelly, Holly de Burgh, Julie Coakley and Councillor John Maher who is also supporting the petition. Picture: Denis Minihane.

Source: Irish Examiner 04/12/2020

What did we do?

We examined the **impact** of the **COVID-19** pandemic on **recurrent miscarriage services** and **care experiences** based on thematic analysis of qualitative interview data gathered during a national service evaluation between June 2020 and February 2021. We conducted **62 virtual semi-structured interviews** across Ireland with 13 women and 7 men who had **at least 2 consecutive first-trimester miscarriages**, and 42 people involved in the **management/delivery** of recurrent miscarriage **services** and **supports**.

Throughout the data collection period, there were successive waves of COVID-19 with varying levels of lockdowns and restrictions. Severe restrictions continued in maternity services, despite evidence to justify them.

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What did we find?

THEME 1: Disconnection

During the COVID-19 pandemic and associated social restrictions, women and men with recurrent miscarriage experienced a sense of "disconnect" in various aspects of their lives.

Grieving in isolation: Many women navigated miscarriage diagnosis and management and care in subsequent pregnancies alone; many felt that this resulted in increased trauma. Men struggled with not being present to support their partners and described feeling disconnected.

An extra level of torment: These isolating circumstances appear to have compounded the trauma experienced by women and men with recurrent miscarriage.

> with COVID like its 100 times worse because you have to go alone...Nobody to offer me a word of comfort...I must have been waiting close to three hours. And eventually I said to the midwife I said I'm leaving I said I can't wait anymore you know I said this is just too upsetting. I said its actually inhumane to leave a woman like this. (PW1)

> I felt personally I mean, more on the outside and I think it's partly the reason why I struggle to deal with it because it almost seems like it's not real or it's not happening…disconnected, that's exactly how I've kind of felt. (PM5)

THEME 2: Dispensability of services

Deprioritisation of recurrent miscarriage services felt by some health care professionals when recurrent miscarriage services and support were swiftly discontinued or reduced, and dedicated staff were redeployed to other areas.

The loss of supportive spaces for people who experienced pregnancy loss due to efforts to manage COVID-19.

Care in virtual spaces thought by some to facilitate access, while others perceived in-person services and supports to be superior with the sharing of physical space paramount in the delivery of quality and compassionate care.

Service improvements (such as various proposals and initiatives to optimise pregnancy loss services and supports) **shelved** due to the redistribution of already limited resources to COVID-19 operations.

> it's the one service that seems to be so quickly movable you know in terms even of just what's happening locally in terms of well it was the pregnancy loss services and others you know were decamped…I think partly because some people can't deal with it and also because for others its seen as, you know, 'well there's not much we can do here anyway'. (CP1)

Key actions for decision-/policy-makers

- Prioritise and equitably distribute individualised care
- Ensure protected access to early pregnancy, emergency department, recurrent miscarriage and pregnancy after loss care (including early pregnancy scans)
- Safeguard the presence of partners/support persons, as well as attending specifically to partners' needs
- Provide appropriate staffing levels and greater supports for staff to carry out their roles, including supporting their well-being
- Address structural issues within services to guarantee that physical spaces are adequate for care delivery
- Commission/conduct further research to establish how virtual care can be best delivered within maternity care, and pregnancy loss services, in particular.

References

[1] Chmielewska B, et al. Effects of the COVID-19 pandemic on maternal and perinatal outcomes: a systematic review and meta-analysis. Lancet Glob Health. 2021; 9(6):e759- e772. [2] Townsend R, et al. Global changes in maternity care provision during the COVID-19 pandemic: a systematic review and meta-analysis. eClinicalMedicine. 2021;37:100947. [3] Boyle FM, et al. Perinatal bereavement care during COVID-19 in Australian maternity settings. J Perinat Med. 2022;50(6):822-831. [4] Lalor J, et al. Balancing restrictions and access to maternity care for women and birthing partners during the COVID-19 pandemic: the psychosocial impact of suboptimal care. BJOG. 2021;128(11):1720-1725. [5] Flaherty SJ, et al. Maternity care during COVID-19: a qualitative evidence synthesis of women's and maternity care providers' views and experiences. BMC Pregnancy Childbirth. 2022;22(1):438.