Policy Brief 4, September 2022

Recurrent miscarriage in Ireland: A service evaluation

While we identified some good practice within services, there was considerable variation. This was most obvious in areas such as: (1) referral criteria (provisions regarding the number of miscarriages or maternal age and number of living children); (2) location of clinics; (3) genetic counselling; (4) recording of subsequent pregnancy-related outcomes. A national guideline for RM is required. There needs to be adequate resourcing of services to implement recommendations, as well as systems for recording pregnancy outcomes and provisions for a national audit of RM care

What do we already know?

Evidence-based clinical practice guidelines (CPGs) are required to inform the effective management of recurrent miscarriage (RM)[1]. At the time of this study, there was no national CPG for RM, though one was in development[2]. While CPGs can help to improve the quality of RM care, many are not implemented fully in practice; poor adherence to Dutch[3,4] and UK[5,6,7] guidance has been observed. Furthermore, **little is known about the services provided to people who experience RM in Ireland**. No evaluation to date has examined RM services nationally

We evaluate RM service provision in the 19 Irish maternity units/ hospitals against guideline-based key performance indicators (KPIs) generated during a multi-stage consensus process with a diverse group of stakeholders[8]

What did we do?

We conducted a descriptive **online survey** via Qualtrics between **November 2021 and February 2022**

Clinical leads for pregnancy loss, doctors-in-training, Clinical Nurse/Midwife Specialists (CMS) and Directors of Midwifery within each unit/hospital were invited to complete the survey on behalf of their service, with only **one response per unit/hospital required**

The survey comprised 165 questions across 8 sections: (i) demographics, (ii) practice and views on how RM is defined (adapted from a UK survey (17)), (iii) structure and organisation of care, (iv) counselling/supportive care, (v) investigations, (vi) treatments, (vii) outcomes, (viii) infertility and RM, and (ix) additional comments – to enable participants to add any further information they deemed necessary

We received **responses from 18/19 (95%) of the maternity units/hospitals**

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What did we find?

Some examples; see paper for more details

Majority of surveys completed by Consultant Obstetrician/Gynaecologist (67%), remainder by CMS; 55% participants had ≥6 years' experience in the role, and 50% led a specialist RM clinic.

RM Guidelines used: RCOG (94%), ESHRE (56%), local (28%)

RM Definition – they would include:

- **≥3 consecutive early pregnancy losses (94%)**; ≥2 (44%); criteria on female age (44%)
- RM with more than one partner (94%)
- Pregnancy loss after confirmed viable intrauterine pregnancy (94%), intrauterine pregnancy identified on ultrasound scan (94%), biochemical pregnancy (83%), molar pregnancy (67%), pregnancy of unknown location (61%), ectopic pregnancy (61%)

Structure of care, Counselling and Supportive care: Wide variation

- Dedicated RM clinic (50%)
- Service comprises: Consultants (89%), CMS (78%), admin staff (67%), doctors-in-training (61%)
- Access internally/externally to: psychologists (75%), psychotherapists (75%), counsellors (44%), **social workers (22%), perinatal mental health (6%)**
- **Written information** about what to expect in advance of the first visit/appointment (11%)
- **Rely on external laboratories**: genetics (100%), immunology (62%), pathology (41%)
- See women/couples in spaces **separate to antenatal clinics, wards or other areas where other pregnant women may be seen (56%)**

Investigations: In general, conducted in line with KPIs; some areas where they did not:

- Access to **3D ultrasound (33%)**
- Access to **genetic counselling** for all couples with an abnormal parental karyotype and a proportion of those with an abnormal fetal karyotype **(50%)**. Genetic counselling referrals made to Children's Health Ireland/Consultant Clinical Geneticist (79%); 11% did not have access, and 11% did not know where referrals were made to. One service noted that the waiting list was two years. Two services charged women/couples for genetic investigations.

Treatments: In general, services performed well against KPIs

- **89% offered supportive care** (i.e. early ultrasound scan and contact with CMS/counsellors) to women/couples with unexplained RM in a dedicated early pregnancy assessment unit
- **94% initiated aspirin and heparin** upon a positive pregnancy test for women with RM and antiphospholipid syndrome
- **80% offered progesterone to women with ≥3** consecutive miscarriages

Outcomes: Recording of new pregnancy-related outcomes was poor, ranging from 7-33%

Recommendations for policy and practice

Adequate resourcing of services to support: implementation of new Irish RM guideline; development and implementation of systems for recording pregnancy outcomes and a national audit of RM care

References

[1]Van den Berg MM, et al. Recurrent miscarriage clinics. *Obstet Gynecol Clin North Am*. 2014;41(1):145-55. [2]Institute of Obstetricians and Gynaecologists of the Royal College Physicians Ireland. National Clinical Guidelines in Obstetrics and Gynaecology 2022. Available from: https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/. [3]Franssen MTM, et al. Management of recurrent miscarriage: evaluating the impact of a guideline. *Hum Reprod*. 2007;22(5):1298-303. [4]van den Boogaard E, et al. Recurrent miscarriage: do professionals adhere to their guidelines. *Hum Reprod*. 2013;28(11):2898-904. [5]Manning R, et al. Are we managing women with Recurrent Miscarriage appropriately? A snapshot survey of clinical practice within the United Kingdom. J Obstet Gynaecol. 2021;41(5):807-814. [6]Poddar A, et al. Standards of care provided by early pregnancy assessment units (EPAU): a UK-wide survey. *J Obstet Gynaecol*. 2011;31(7):640-4. [7]Dimakou DB, et al. Diagnosis and management of idiopathic recurrent pregnancy loss (RPL): current immune testing and immunomodulatory treatment practice in the United Kingdom. *J Reprod Immunol*. 2022;153:103662. [8]Hennessy M, et al. Developing guideline-based key performance indicators for recurrent miscarriage care: lessons from a multi-stage consensus process with a diverse stakeholder group. *Res Involve Engagem*. 2022;8(1):18. 9Hennessy et al.

Further information

Hennessy M, Linehan L, Flannery C, Cotter R, O'Connell O, O'Donoghue K. A national evaluation of recurrent miscarriage care services. *Irish Medical Journal.* 2023;116(1):P713. https://imj.ie/a-national-evaluation-of-recurrent-miscarriage-care-services/

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