

# P-05-965 Hospital ward provision for families going through a miscarriage

Y Pwyllgor Deisebau | 7 Gorffennaf 2020  
Petitions Committee | 7 July 2020

Reference: RS20/12961

## Introduction

**Petition number:** [P-05-965](#)

**Petition title:** Push the government into introducing a separate ward other than maternity ward, for families going through a miscarriage

**Text of petition:** After seeing what the NHS put me and my wife through when she was having her miscarriage: being sent to have a scan with mums to be and just telling us 'You're having a miscarriage, go home', that was it. Then told to come back a few days later to be made to sit in a room with people coming out with their scan pictures, is not fair. There needs to be a separate ward.



---

## Background

A miscarriage is defined as the loss of a pregnancy during the first 23 weeks. The main sign of a miscarriage is vaginal bleeding, which may be followed by cramping and pain in the lower abdomen. The majority of miscarriages happen in the first 12 weeks, known as early pregnancy.

There are no routinely published statistics for miscarriages in Wales or the UK as a whole. The Royal College of Obstetricians and Gynaecologists (RCOG) estimate that early pregnancy loss accounts for over 50,000 admissions in the UK annually. Figures published by Tommys, a charity funding research into the causes of miscarriage, stillbirth and premature birth, indicate that:

- An estimated 1 in 4 pregnancies ends in miscarriage;
- Around 11 in 1,000 pregnancies are ectopic;
- About 1 in 100 women in the UK experience recurrent miscarriages (3 or more in a row);
- The risk of miscarriage greatly reduces in the second trimester. Around 1-2 in 100 women have a late miscarriage in the second trimester.

## Diagnosis, testing and care

As the Miscarriage Association state, 'We know that for many women and their partners, it can be a very difficult and distressing experience and often quite a lonely one too'.

Detailed guidance for the diagnosis and initial management of miscarriage and ectopic pregnancy is provided by the National Institute for Health and Care Excellence (NICE) in NICE guideline NG126 (2019), and is supported by the RCOG. NG126 sets out a number of recommendations, including:

Healthcare professionals providing care for women with early pregnancy complications in any setting should be aware that early pregnancy complications can cause significant distress for some women and their partners. Healthcare professionals providing care for these women should be given training in how to communicate sensitively and breaking bad news. (para.1.1.2)

Regional services should be organised so that an early pregnancy assessment service (EPAS) is available 7 days a week for women with early pregnancy

complications, where scanning can be carried out and decisions about management made. (para.1.2.1)

Ensure that a system is in place to enable women referred to their local EPAS to attend within 24 hours if the clinical situation warrants this. If the service is not available, and the clinical symptoms warrant further assessment, refer women to the nearest accessible facility that offers specialist clinical assessment and ultrasound scanning (such as a gynaecology ward or A&E service with access to specialist gynaecology support). (para.1.2.4)

NICE has published a [Scenario for Managing suspected first trimester miscarriage](#), which sets out the clinical indications for referral onwards to an EPAS, out of hours gynaecology service or immediate admission to hospital.

The RCOG has also published [Providing quality care for women: A framework for maternity service standards](#) (November 2016), which recommends that:

There should be at least **one dedicated bereavement room or suite**, away from celebrating families and the sounds of live babies, where a woman whose baby has died can labour and/ or be cared for afterwards.(p.65)

According to [NHS 111 Wales](#), If someone sees their GP or midwife because of vaginal bleeding or other symptoms of miscarriage, they may be referred to an EPAS at a hospital for tests. If they are more than 18 weeks pregnant, they will usually be referred to a hospital maternity unit. If they are less than 6 weeks pregnant, they may not be referred for tests straight away, as it is very hard to confirm a miscarriage this early on.

The hospital can carry out tests to confirm whether they are having a miscarriage. The first test used is usually an ultrasound scan to check the development of their baby and look for a heartbeat. Blood tests may also be offered to measure hormones associated with pregnancy' usually 2 blood tests are needed, 48 hours apart to see if their hormone levels go up or down. Sometimes a miscarriage cannot be confirmed immediately using ultrasound or blood testing. If this is the case, they may be advised to have the tests again in 1 or 2 weeks.

## Reports on miscarriage services in Wales

In September 2018 Fair Treatment for the Women of Wales published [Making the case for better miscarriage care in Wales](#). This report set out that the most common complaints from many of the women who experience a miscarriage centred on the fact that they had received their scan or treatment alongside

pregnant women who are attending their 12 and 20 week scans. There was concern also about how the news of their miscarriage had been communicated to them, and the lack of privacy that they experienced during their consultations.

The report set out a number of recommendations, including that:

- Immediate steps are taken to make EPAS available 7 days a week;
- Early Pregnancy Assessment Services should be reviewed to ensure that women who attend these units are being cared for in a way consistent with NICE guidelines and which is appropriate for the distressing life event that they are experiencing;
- A system should be put in place to ensure that women are receiving a greater level of psychological and emotional support during and after a miscarriage.

There was a subsequent debate in the Senedd in October 2018, putting forward a motion calling for better bereavement care for women who experience pregnancy and baby loss.

On 24 May 2019 the Minister for Health and Social Services issued a written statement indicating that officials were considering the report's recommendations, and were in discussions with stakeholder groups about how to improve the way in which women who suffer miscarriage are cared for and supported by local health boards (LHBs) in Wales. However, there were concerns reported in October 2019 that "very little action" had been taken on the report, including on privacy, support and the provision of EPAS.

As described in a written statement on 22 July 2019, the Welsh Government had set up a Bereavement Support Working Group, involving charities including 2 Wish Upon A Star, Sands and Bliss. The group was designed to 'work with Welsh Government to develop and help deliver improved bereavement arrangements and ensure health boards have suitable arrangements in place to help and support families who suffer the loss of a baby, child or young person'.

The statement also reported that Welsh Government had commissioned - through the End of Life Care Board - Cardiff University to undertake a study to identify and gather information on structured bereavement services in Wales, including for children and young people. An interim report published in May 2019 was followed by the final report in December 2019. The study mapped existing support, ranging from signposting through to specialist counselling, and identified areas where further resourcing and service development is needed. These are

centred on the need to develop a national framework for bereavement care in Wales. However, the report considers the broad extent of bereavement services, and does not set out any specific proposals for the delivery of miscarriage support.

## Welsh Government response to the petition

The response from the Minister for Health and Social Services recognizes the significant impact of miscarriage at any stage of pregnancy. It also highlights that miscarriage can occur in a number of different ways and settings:

- **Early miscarriage** often occurs either at home or within gynaecology services. Support would be provided by primary care and signposting may be provided to relevant support organisations such as the [Miscarriage Association](#). There would also be outreach from community midwifery services if the woman is already under their care;
- In the event of **late miscarriage**, care would be provided by local maternity services which ‘is an appropriate setting in later pregnancy’. LHBs in Wales have been working to ‘ensure bereavement rooms are in place to provide privacy and follow up bereavement support is in place which supports not only the parents but wider family members’.

However, the response also notes that:

[...] often the loss of a baby especially in early pregnancy cannot be presumed and is only identified during routine early scanning procedures. Health boards and staff strive to disclose this information to women and partners in appropriate settings but often the infrastructure of hospital premises would mean taking them through clinical settings to an appropriate private area.

The Minister states that his officials wrote in late 2019 seeking assurances from LHBs that their miscarriage services work in accordance with NICE guidelines and guidance from the Royal College of Obstetricians and Gynaecologists (RCOG), and the LHB responses indicated that services were being offered in an appropriate manner. The response acknowledges nonetheless that:

[...] there is always room for improvement and my officials will continue to work with health boards to ensure best practice in service provision.

The Minister’s correspondence notes additionally that:

- The national clinical lead for end of life care has been asked to establish a National Bereavement Steering Group **to take forward work** based on the final report of the Scoping Survey of Bereavement Services in Wales;
- The existing Bereavement Support Working Group will be **merged into this Group** , thereby ensuring that organisations supporting children, young people and those affected by baby loss and sudden death are all represented;
- The Welsh Government will make **an additional £1m available** for bereavement support from 2021-22, designed to address gaps in bereavement service provision. This will be followed by the development of a national bereavement framework, supported by pathways, training and standards.