



# 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)<sup>1</sup>. At the time of this study, there was no national CPG for RM, though one was in development<sup>2</sup>. While CPGs can help to improve the quality of RM care, many are not implemented fully in practice; poor adherence to Dutch<sup>3,4</sup> and UK<sup>5,6,7</sup> 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<sup>8</sup>

#### 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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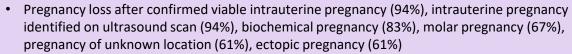


Majority of surveys completed by Consultant Obstetrician/Gynaecologist (67%), remainder by CMS; 55% participants had ≥6 years' experience in the role, and 50% led a specialist RM clinic.

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%)





### 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

<sup>1</sup>Van den Berg MM, et al. Recurrent miscarriage clinics. *Obstet Gynaecol Clin North Am.* 2014;41(1):145-55. <sup>2</sup>Institute of Obstetricians and Gynaecologists of the Royal College Physicians Ireland. National Clinical Guidelines in Obstetrics and Gynaecology 2022. Available from: <a href="https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/">https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/</a>. <sup>3</sup>Franssen MTM, et al. Management of recurrent miscarriage: evaluating the impact of a guideline. *Hum Reprod.* 2007;22(5):1298-303. <sup>4</sup>van den Boogaard E, et al. Recurrent miscarriage: do professionals adhere to their guidelines. *Hum Reprod.* 2013;28(11):2898-904. <sup>5</sup>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. <sup>6</sup>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. <sup>7</sup>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. <sup>8</sup>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.

#### **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://imi.ie/a-national-evaluation-of-recurrent-miscarriage-care-services/





