



Exploratory analysis of the **costs** associated with **receiving recurrent miscarriage care** in Ireland

Key issues

Recurrent miscarriage (RM) affects 1%-3% of the reproductive age population^{1,2}

Women and their partners who have had a RM generally want to understand and identify why the loss happened, what they can do to prevent it from happening again, what the chance is of a subsequent pregnancy, and how to deal with their grief

While identifying risk factors and effective interventions to prevent miscarriage has become a priority, the management and treatment of **recurrent miscarriage** represent a significant **cost burden**

Aim

This study explores the costs associated with receiving RM care for women experiencing two or more first-trimester miscarriages

Participants

A **total of 135 women participants** completed the survey, 79% were aged 35-44 years (n=106), 85% were married (n=114), 39% had postgraduate degrees (n=53) with 80% having private health insurance (n=108)

Furthermore, **57% had experienced two consecutive miscarriages** (n=77), **75% had received care within the last five years** (2016-2021), and 24% had been diagnosed with infertility (n=32)



What we did

A **cross-sectional anonymous web-based national survey** was used to examine the experience of women who have interacted with the maternity services following RM. In brief, women over 18 who experienced two or more consecutive first-trimester miscarriages in the last ten years, 2011-2021 and who received care for RM in the Republic of Ireland were invited to participate in the survey

A purposefully designed survey which included questions on each **stage of the RM care pathway, sociodemographic information, and pregnancy and pregnancy loss history** was distributed online using Qualtrics in September 2021

The link to the survey was shared through emails, websites, newsletters, and social media accounts

Data on economic items such as time off work, job performance, travel, out-of-pockets and quality of life were analysed

Find out more about the RE:CURRENT Project here



What we found

Of the 135 women, 57% had two consecutive losses (n=77), and 43% had three or more consecutive losses (n=58).

RE:CURRENT



Employment

3250 hours Off from work to attend RM care



Additional service use

64% Attended additional primary care appointments (on average 4 additional appt)



Travel

34,849 km Total estimated travel to all RM care appts

258 km The average estimated travel to all RM care appts per person



Cost of travel

€12,811 The average cost of travel to all RM care appts - transport, parking

€95 The average cost of travel per person

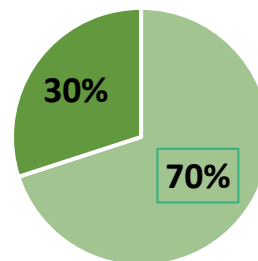


Other out of pocket expenses

>€260,000 Additional services such as fertility

€1,417 Minding of children/dependents

Stanford Presenteeism Scale SPS-6

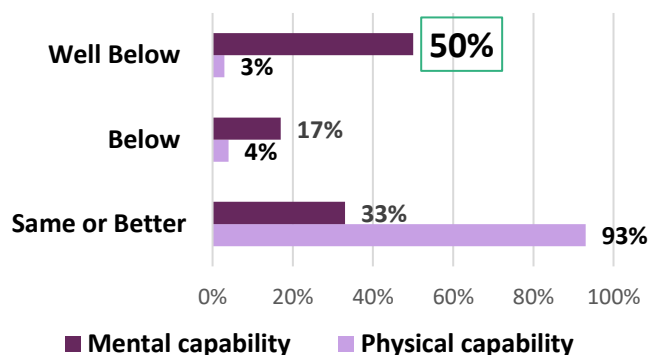


- Decreased presenteeism/decreased productivity
- Increased presenteeism/greater ability to concentrate

HRQoL score

Mental component score 38.7 Indicating the likelihood of women experiencing depression

Quality of life scoring for Mental & Physical Capability compared to population norms



Public health policies need to consider the **financial impact of RM**. We need to address ways to prevent high patient costs, provide timely diagnosis and treatment and provide effective interventions to support women with RM