

Miscarriage Care and Facilities in Scotland: Scoping Report NHS Dumfries and Galloway



CHILDREN, EDUCATION AND SKILLS

Miscarriage care and facilities in Scotland: scoping report

NHS Dumfries and Galloway

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Introduction

The Scottish Government's 2021-22 Programme for Government: A Fairer, Greener Scotland¹ includes a commitment to 'establish a dignified and compassionate miscarriage service'. The aim of this commitment is to support the development of Individualised care plans following a woman's first miscarriage, take forward specific recommendations made in the Lancet series on Miscarriage Matters published on 26 April 2021², and ensure women's services in Health Boards have dedicated facilities for women who are experiencing unexpected pregnancy complications.

Miscarriage is the loss of intrauterine pregnancy before viability, at 23 weeks and 6 days or less. First trimester miscarriages occur in the first 11 weeks and 6 days of pregnancy, while second trimester miscarriages occur between 12 weeks and 23 weeks and 6 days of pregnancy.

The Lancet series on Miscarriage Matters found that the risk of miscarriage in the UK was 15.3% of all recognised pregnancies and that the risk of miscarriage was lowest in women with no history of miscarriage (11%)³.

It is thought that miscarriage affects around one in five pregnancies before 12 weeks. It is estimated that 1–2% of second-trimester pregnancies miscarry before 23 weeks and 6 days of gestation. After 24 weeks gestation the death of a baby in utero is regarded as a stillbirth.

Treatment of miscarriage is dependent on gestation. Patients in early first trimester may choose to go home and miscarry with support; those in late first trimester or second trimester will usually be advised to be admitted to hospital.

There are three recognised management pathways for miscarriage available for women:

Expectant (also called natural or conservative) management – this allows a miscarriage to happen without medical intervention and is often recommended in the early first trimester. National Institute for Health and Care Excellence (NICE) guidelines state that expectant management should be the first method of consideration.

Medical management – treatment with medication taken orally and/or vaginal tablets (pessaries) to start or assist the process of a missed or incomplete miscarriage.

Surgical management – to remove the pregnancy tissue surgically. This is usually carried out under general anaesthetic although it can be done under local anaesthetic.

As well as the physical treatment of miscarriage there is also the emotional consideration of the loss of a pregnancy and the way in which people process this loss varies.

¹ Scottish Government Programme for Government: A Fairer, Greener Scotland 2021-22

² The Lancet: Miscarriage Matters Series

³ The Lancet: Miscarriage Matters Series

Recurrent miscarriage is defined by the Royal College of Obstetrics and Gynaecology (RCOG) as three or more first trimester miscarriages and is thought to affect one in every hundred women. Previously, the RCOG defined recurrent miscarriage as the loss of three or more consecutive pregnancies, however, this was redefined in June 2023 to include non-consecutive miscarriages⁴. The risk of recurrent miscarriage increases after each successive pregnancy loss, reaching approximately 40% after three consecutive pregnancy losses. Miscarriage, and especially recurrent miscarriage, is associated with future obstetric complications. The chance of preterm birth increases stepwise with each previous miscarriage, showing a biological gradient with the highest chance in women with three or more previous miscarriages. The chance of fetal growth restriction, placental abruption, and stillbirth in future pregnancies is also increased.

The prognosis worsens with increasing maternal age. Previous live birth does not preclude a woman developing recurrent miscarriage.

The chances of finding a treatable cause for recurrent miscarriage are better than in a single miscarriage but a cause will not be identified in many women, despite undergoing investigation.

⁴ [Recurrent Miscarriage Green-top Guideline No. 17 - BJOG: An International Journal of Obstetrics & Gynaecology](#)

This report

This report details the findings of a scoping exercise to enable better understanding of miscarriage care and facilities in Scotland. It sets out the current arrangements for miscarriage care in **NHS Dumfries and Galloway** and will be used, together with the other Health Board reports to inform the development of a consistent graded model of care across Scotland. Whilst this is a standalone report detailing miscarriage arrangements in **NHS Dumfries and Galloway**, it can also be read alongside the national report which details the service provision within each of the 13 other Health Boards in Scotland overall. The individual Health Board reports and the national report seek to aid policy makers and Health Boards in making decisions about what improvements are required to miscarriage care in Scotland.

The key aims of the report are to;

- provide an overarching view of miscarriage care in **NHS Dumfries and Galloway**
- highlight consistencies and inconsistencies in miscarriage care provision
- provide information to aid in the development of an improvement plan for miscarriage care in Scotland.

Methods

All Health Boards were contacted to identify a lead professional for miscarriage care within their individual Health Board in May 2022. The lead professionals then worked with Scottish Government to identify staff within the 44 secondary care sites across Scotland where women experiencing miscarriage may present. When a contact for all 44 sites was identified a web-based questionnaire was sent out to each site to request information on the provision of care within that site.

The questionnaire opened on the 1st June 2022 and unique links to the questionnaire were sent to all 44 sites (Annex A). The questionnaire consisted of up to 95 questions, sites were routed through the questionnaire based on their answers to the questions. There were a range of closed and open ended questions within the questionnaire as well as space for additional information to be added if appropriate. The questionnaire closed on the 3rd August 2022 with responses from all 44 sites across all 14 Health Boards.

The results of the questionnaire were collated and analysed and are presented in a national report and in individual reports specific to each Health Board. This report presents the analysis of responses received from sites in **NHS Dumfries and Galloway**. Alongside the questionnaire responses, sites were also asked to send leaflets and other policy documents relevant to miscarriage care to the Scottish Government. Where documents were submitted, these were analysed along with the questionnaire results to supplement some sections of the report.

Findings

Miscarriage care services in Scotland

In Scotland women experiencing miscarriage present at many different locations. This includes: GP practices, Accident and Emergency (A&E) departments, Maternity Units, Community Maternity Units⁵, Early Pregnancy Units, and midwifery services more generally. Women call in advance or present in person for the first time at this range of settings.

Within the 14 Health Board areas in Scotland, numerous secondary care sites that could provide miscarriage care in Scotland were identified. These were checked by the lead professional for miscarriage care in each Health Board to ensure they were secondary care sites that may be the first point of contact for women experiencing miscarriage. This resulted in 44 sites being identified. The sites are listed in Annex A. Table 1 shows the number of sites identified for each Health Board.

Table 1: Number of sites where women experiencing miscarriage in Scotland may be seen	
Health Board	Number of sites
NHS Ayrshire and Arran	3
NHS Borders	1
NHS Dumfries and Galloway	2
NHS Fife	1
NHS Forth Valley	1
NHS Grampian	6
NHS Greater Glasgow and Clyde	5
NHS Highland	12
NHS Lanarkshire	3
NHS Lothian	2
NHS Orkney	1
NHS Shetland	1
NHS Tayside	3
NHS Western Isles	3
Total	44

Table 2 below lists the secondary care services that the 44 sites, that took part in this scoping exercise, said were available at each site within the 14 Health Board areas.

⁵ The Best Start: A five year plan for Maternity and Neonatal Care refers to CMUs as either being freestanding units or alongside units.

Table 2: Services for miscarriage care in Scotland							
Services	Early Pregnancy Unit	Maternity Unit	Community Maternity Unit	Obstetrics and Gynaecology Department	Accident & Emergency Department	Recurrent miscarriage service	Infertility services
Total All Sites	17	19	21	21	37	13	14
All Health Boards	10	14	7	14	14	11	12
NHS Ayrshire and Arran	1	1	1	1	3	1	1
NHS Borders	1	1	0	1	1	1	1
NHS Dumfries and Galloway	0	1	0	1	2	1	2
NHS Fife	1	1	0	1	1	1	1
NHS Forth Valley	1	1	1	1	1	0	1
NHS Grampian	2	2	3	2	4	1	1
NHS Greater Glasgow and Clyde	5	4	4	4	4	2	2
NHS Highland	1	1	8	1	10	1	0
NHS Lanarkshire	2	1	0	2	3	1	1
NHS Lothian	2	2	0	2	2	2	1
NHS Orkney	0	1	0	1	1	1	1
NHS Shetland	0	1	0	1	1	0	1
NHS Tayside	1	1	3	2	1	1	1
NHS Western Isles	0	1	1	1	3	0	0

Services in NHS Dumfries and Galloway

In **NHS Dumfries and Galloway** two sites were identified that could come into contact with women experiencing miscarriage, these are:

- Galloway Community Hospital (A&E)
- Dumfries and Galloway Royal Infirmary

In terms of miscarriage care, **NHS Dumfries and Galloway** operates almost all miscarriage care services from one primary location, Dumfries and Galloway Royal Infirmary. Galloway Community Hospital acts as an A&E department with a community midwifery hub.

Where most women present for the first time when experiencing a miscarriage differs depending on the site. With regards to the main location that most women experiencing miscarriage should be seen, **NHS Dumfries and Galloway** identified a clinic which incorporates Early Pregnancy Services at Dumfries and Galloway Royal Infirmary. **NHS Dumfries and Galloway** also reported that there is a Community Midwifery hub at the Oak Tree Family Centre which is co-located on the site of Galloway Community Hospital. The Community Midwifery Hub offers antenatal and postnatal appointments with the ability to provide scheduled ultrasound, however, there are scans Monday to Friday during business hours. The services provided at the two sites are detailed in Table 4 below.

Site	Early Pregnancy Unit	Maternity Unit	Community Maternity Unit	Obstetrics and Gynecology Department	Accident & Emergency Department	Recurrent miscarriage services	Infertility services	Other
Dumfries and Galloway Royal Infirmary	No	Yes	No	Yes	Yes	Yes	Yes	Early Pregnancy Services within existing structures

Galloway Community Hospital	No	No	No	No	Yes	No	Yes	Community midwifery hub with obstetric scanning facility and visiting obstetrics twice a month
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Gestation at which miscarriage care is provided

All sites in Scotland were asked to provide an approximation of the gestation at which miscarriage care is provided at their site. There was wide variation in responses particularly among sites that do not currently collect data on gestation. The average approximations of gestation at which miscarriage care is provided are presented in Table 4 below.

Table 4: Gestation at which miscarriage care is provided			
Site	Under 9 weeks %	9-12 weeks %	Over 12 weeks %
All Scotland sites Average	65	26	9

The data provided by **NHS Dumfries and Galloway** on approximate gestation at which miscarriage care is provided in each site is provided in Table 5 below.

Table 5: Gestation at which miscarriage care is provided in NHS Dumfries and Galloway			
Site	Under 9 weeks %	9-12 weeks %	Over 12 weeks %
Dumfries and Galloway Royal Infirmary	70	20	10
Galloway Community Hospital	80	10	10

Opening hours of miscarriage care services

Early Pregnancy Units

The Lancet series on Miscarriage Matters recommended that healthcare funders and providers invest in early pregnancy care, with specific focus on training for clinical nurse specialists and doctors to provide comprehensive miscarriage care within the setting of **dedicated Early Pregnancy Units**.

17 of the 44 sites reported that they have a dedicated Early Pregnancy Unit (EPU). This was across 10 Health Board areas (Table 2).

NHS Dumfries and Galloway reported that neither of the two sites provide a dedicated EPU, however, early pregnancy services are available within existing structures at Dumfries and Galloway Royal Infirmary (Table 6).

Site	Monday- Friday	Saturday	Sunday
Dumfries and Galloway Royal Infirmary	No dedicated Early Pregnancy Unit		
Galloway Community Hospital	No dedicated Early Pregnancy Unit		

Maternity Units

19 sites of the 44 sites reported that they have a Maternity Unit that is currently open. This was across all 14 Health Board areas.

NHS Dumfries and Galloway reported that there is a Maternity Unit at Dumfries and Galloway Royal Infirmary which is open 24 hours a day seven days a week (Table 7).

Site	Monday – Friday	Saturday	Sunday
Dumfries and Galloway Royal Infirmary	24 hours	24 hours	24 hours
Galloway Community Hospital	No Maternity Unit		

Community Maternity Units

21 of the 44 sites said that they have a Community Maternity Unit (CMU). This was across 7 Health Board areas. The Best Start: A five year plan for Maternity and Neonatal Care refers to CMUs as either being freestanding units or alongside units.

NHS Dumfries and Galloway reported that there are no Community Maternity Units that are currently open in either of the two sites in **NHS Dumfries and Galloway**.

However, Galloway Community Hospital operates a Community Midwifery Hub which is open 09:00-17:00 7 days a week for antenatal and postnatal appointments only (Table 8).

Table 8: Opening times of Community Maternity Units (CMU) in NHS Dumfries and Galloway

Site	Monday – Friday	Saturday	Sunday
Dumfries and Galloway Royal Infirmary	No CMU	No CMU	No CMU
Galloway Community Hospital	No CMU*	No CMU*	No CMU*

*There is no operational CMU at Galloway Community Hospital

Obstetrics and Gynaecology

21 of the 44 sites said they had an Obstetrics and Gynaecology department. This was across all 14 Health Boards areas.

NHS Dumfries and Galloway reported that there is an Obstetrics and Gynaecology Department at Dumfries and Galloway Royal Infirmary which is open 24 hours a day seven days a week (Table 9).

Table 9: Opening times of Obstetrics and Gynaecology departments in NHS Dumfries and Galloway

Site	Monday – Friday	Saturday	Sunday
Dumfries and Galloway Royal Infirmary	24 hours	24 hours	24 hours
Galloway Community Hospital	No Obstetrics and Gynaecology Department		

Recurrent miscarriage services

13 of the 44 sites said they have recurrent miscarriage services. This was across 11 Health Board areas.

NHS Dumfries and Galloway reported that a recurrent miscarriage clinic (RMC) is operated from Dumfries and Galloway Royal Infirmary which is available one day a week on Mondays 9:00-12:30. This service is closed on all other days of the week (Table 10).

Table 10: Opening times of recurrent miscarriage services in NHS Dumfries and Galloway

Site	Monday – Friday	Saturday	Sunday
Dumfries and Galloway Royal Infirmary	9:00-12:30 Monday	Closed	Closed
Galloway Community Hospital	No RMC	No RMC	No RMC

Infertility services

14 of the 44 sites said they have infertility services. This was across 12 Health Board areas.

NHS Dumfries and Galloway reported that infertility services run at both sites. At Dumfries and Galloway Royal Infirmary, infertility services are available 8:00-14:00 Monday to Wednesday and are closed on all other days of the week. Infertility services are also available at Galloway Community Hospital approximately one Wednesday every three months between 9:00-17:00 (Table 11).

Table 11: Opening times of infertility services in NHS Dumfries and Galloway			
Site	Monday – Friday	Saturday	Sunday
Dumfries and Galloway Royal Infirmary	8:00-14:00 Monday - Wednesday	Closed	Closed
Galloway Community Hospital	9:00-17:00 on Wednesday approx. every 3 months	Closed	Closed

Accident and Emergency

37 of the 44 sites said they have a Accident and Emergency (A&E) department. This was across all 14 Health Board areas. All A&E sites said they were open 24 hours every day including weekends in all Health Board areas.

In Dumfries and Galloway both sites have an A&E facility that is open 24 hours a day, seven days a week.

Out of Hours Care

If a woman presents at A&E with suspected miscarriage through the night (out of hours) in Scotland the reported processes varied both within and between Health Boards.

Sites were asked what would happen if a woman presents at A&E with suspected miscarriage through the night (out of hours) within **NHS Dumfries and Galloway**. Galloway Community Hospital reported that if a woman presents at A&E with suspected miscarriage through the night (out of hours) at their site, they are transferred to Dumfries and Galloway Royal Infirmary as Galloway Community Hospital A&E department does not have an onsite gynaecology team.

If a woman presented at Galloway Community Hospital through the night (out of hours) the medical staff in A&E would make an initial airway, breathing, circulation assessment (ABC assessment). If a woman's symptoms are mild and stable and suitable for discharge home, this is arranged with follow up appointments with the local midwifery team or the Early Pregnancy Services the next working day. If a woman was actively miscarrying but remained unstable, medical staff will contact the on call gynaecology team at Dumfries and Galloway Royal Infirmary for advice and the patient would remain in A&E for observation and completion of miscarriage until stable and suitable for discharge home. Again, follow up would be arranged with Early Pregnancy Services. In an emergency situation, medical staff would initiate an

ABC assessment and arrange for an emergency transfer to Dumfries and Galloway Royal Infirmary.

Out of hours care at Dumfries and Galloway Royal Infirmary is dependent on the initial assessment, with referral to obstetrics and gynaecology team. Women may be triaged and sent home if stable, with referrals to Early Pregnancy Services for follow up during working hours.

Dedicated facilities

Unexpected pregnancy complications at any gestation

The Scottish Government has committed to the provision of dedicated facilities for women experiencing unexpected pregnancy complications through the Programme for Government 2021-22⁶. All sites in the survey were asked if they currently provide dedicated facilities for women experiencing unexpected pregnancy complications at **any gestation** and sites with an EPU were also asked to indicate if they currently provide dedicated facilities for women experiencing unexpected pregnancy complications at **any gestation within the EPU**.

Within **NHS Dumfries and Galloway**, Dumfries and Galloway Royal Infirmary indicated that they currently provide dedicated facilities for women experiencing unexpected pregnancy complications at **any gestation** (Table 12)

Table 12: Dedicated facilities provided in NHS Dumfries and Galloway (within EPU or outwith EPU)

	Dedicated facilities for women experiencing <u>unexpected pregnancy complications</u> at any gestation		Separate room/area/ward away from labour ward for women who are <u>miscarrying</u>		Separate room/area/ward with dedicated services to admit women who are <u>miscarrying</u>		Number of rooms
	Within EPU	Outwith EPU	Within EPU	Outwith EPU	Within EPU	Outwith EPU	All
Dumfries and Galloway Royal Infirmary	No EPU	Yes	No EPU	Yes	No EPU	Yes	1 (Gynaecology ward)
Galloway Community Hospital	No EPU	Not currently provided – no plans to implement	No EPU	Not currently provided – no plans to implement	No EPU	Not currently provided – no plans to implement	0

Separate room/area/ward

All sites in Scotland were asked if they provide a separate room, area or ward away from the labour ward for women that are miscarrying. They were also asked if they provide a separate room, area, ward or unit with dedicated services to admit women

⁶ Scottish Government Programme for Government: A Fairer, Greener Scotland 2021-22

who are miscarrying. The number of separate rooms reported to be available for women who are experiencing miscarriage ranged between 1 and 12 rooms per site.

There is no dedicated EPU at either of the two sites in **NHS Dumfries and Galloway**. Dumfries and Galloway Royal Infirmary reported that they are able to provide a separate room/area/ward away from the labour ward and also a separate room area/ward/unit with dedicated services to admit women who are miscarrying. There is one room on the gynaecology ward to admit women who are miscarrying in Dumfries and Galloway Royal Infirmary, there is another room available for women who are experiencing still birth or termination of pregnancy due to fetal anomaly (TOPFA) in the maternity ward area. Women who are experiencing molar or ectopic pregnancies are admitted to the gynaecology ward in Dumfries and Galloway Royal Infirmary. The facilities that are provided outwith the EPU are set out in Table 12 above.

Scanning facilities

Scans are often performed to confirm a miscarriage has occurred. For this scoping exercise, all sites in Scotland were asked if a separate area was available to carry out complication or investigative scans separated from women with a continuing pregnancy. Overall, eight out of the 14 Health Boards reported having a separate area to carry out complication/investigative scans separated from women with a continuing pregnancy, either within or outwith the EPU.

When asked about areas where complication or investigative scans are carried out, Dumfries and Galloway Royal Infirmary carries out scans in the Maternity Unit (24 hours a day, seven days a week) and in the recurrent miscarriage clinic (09:00-12:30 on Mondays) within the same area as other expectant mothers. Within the Obstetrics and Gynaecology Department these scans are carried out separated from other expectant mothers and available 24 hours a day, seven days a week. Galloway Community Hospital has scanning facilities available 9:00-17:00 on Tuesdays and Wednesdays, where scans are carried out in the same area as other expectant mothers (Table 13).

Table 13: Scanning facilities in NHS Dumfries and Galloway		
Site	Area to carry out complication / investigative scans separated from women with a continuing pregnancy	
	Within EPU	Outwith EPU
Dumfries and Galloway Royal Infirmary	No EPU	Provided on this site (In Obstetrics and Gynaecology Department)
Galloway Community Hospital	No EPU	Can refer/access – not locally (within HB area)

Miscarriage management and information

The Lancet series on Miscarriage Matters stated that women should be presented with the available evidence about miscarriage management and be free to choose the management approach that suits their needs and preferences.

Choice of management option

All Health Boards in Scotland reported that they ensure women can choose their preferred method of management of miscarriage. However, the geography in Scotland has implications for women in terms of how they can access their chosen approach.

Written information

All Health Boards in Scotland said that they provide written information about the treatment options for the management. However, not all sites where women may present for miscarriage care said that they provide written information on treatment options or what to expect.

Both sites in **NHS Dumfries and Galloway** stated that the same pathway of care for miscarriage treatment is used across all available departments on each site. Both sites in **NHS Dumfries and Galloway** provide written information on treatment options for the management of miscarriage and what to expect next in terms of miscarriage care (Table 14)

Table 14: Written information provided in NHS Dumfries and Galloway about:		
	Dumfries and Galloway Royal Infirmary	Galloway Community Hospital
Treatment options for the management of miscarriage	Yes	Yes
What to expect next in terms of miscarriage care	Yes	Yes
Services including third party services for mental health support following a loss	Yes	Yes
Services including third party services for bereavement following a loss	Yes	Yes

Information about management options

As well as written information, both sites in NHS Dumfries and Galloway agreed that what will happen during and after the chosen method of management of miscarriage and what happens in terms of follow-up after the management of miscarriage is fully explained to women (Table 15).

Table 15: Information about management options in NHS Dumfries and Galloway

Site	What will happen DURING the chosen method of management of miscarriage is explained fully to women	What will happen AFTER the chosen method of management of miscarriage is explained fully to women	What will happen in terms of FOLLOW-UP after the management of miscarriage is fully explained to women
Dumfries and Galloway Royal Infirmary	Agree	Agree	Agree
Galloway Community Hospital	Agree	Agree	Agree

Management options

Both sites in **NHS Dumfries and Galloway** agreed that women are free to choose their preferred management approach based on their needs and preferences. Galloway Community Hospital noted that women may be referred to another site depending on the management approach they choose.

All management options for miscarriage care, detailed below, are offered at Dumfries and Galloway Royal Infirmary with the exception of surgical management with manual vacuum aspiration (MVA) with local anaesthetic which is only available on request through Dumfries and Galloway Royal Infirmary as the service is still being developed. The available options include:

Table 16: Management options in NHS Dumfries and Galloway		
	Dumfries and Galloway Royal Infirmary	Galloway Community Hospital
Expectant management	Provided on site (first trimester only)	Provided on site (first trimester only)
Medical management with misoprostol	Provided on site (first and second trimester)	Provided on site (first trimester only)
Medical management with mifepristone and misoprostol	Provided on site (first and second trimester)	Provided on site (first trimester only)
Medical management - Inpatient	Provided on site (first and second trimester)	Referred to Dumfries and Galloway Royal Infirmary
Medical management - Outpatient	Provided on site (first trimester only)	Provided on site (first trimester only)
Surgical management with manual vacuum aspiration (MVA) with local anaesthetic	No – available on request	Referred to Dumfries and Galloway Royal Infirmary
Surgical management under general anaesthetic	Provided on site (first trimester only)	Referred to Dumfries and Galloway Royal Infirmary

All sites were asked to fully describe the treatment pathway for expectant management, medical management and surgical management. The descriptions provided have been presented under the relevant subheadings below; these narratives contain only information provided by the sites during this exercise.

Expectant management in NHS Dumfries and Galloway

At Dumfries and Galloway Royal Infirmary expectant management is offered to women when gestation is no greater than 10 weeks. Women are provided with written leaflets about management options, as well as contact numbers for 24/7

support and to enable escalating concerns for welfare or symptoms. Women are able to change their mind and request medical or surgical alternatives at any time. Women will be discharged with written and verbal advice, with a follow up call arranged. Women will receive a follow up pregnancy test and recommendations for analgesia during and following miscarriage and for contraception following miscarriage should this be required.

At Galloway Community Hospital women are also given advice about the timescale of expectant management and analgesia recommendations are offered. Weekly contact is maintained with Early Pregnancy Services via telephone. As with Dumfries and Galloway Royal Infirmary, women can request medical or surgical intervention at any time if expectant management is not progressing. All options for management are discussed, with information and arrangements made for options requested.

Women in **NHS Dumfries and Galloway** who chose expectant management, are followed up weekly with a telephone call and a well-being call three to four weeks after their loss for emotional support, health and lifestyle advice, and contraception or folic acid recommendations. If there is no evidence of pregnancy loss, they are individually assessed for physical follow up. If a miscarriage occurs spontaneously, there is more frequent contact as preferred by individuals. Women are also recommended to repeat a pregnancy test three weeks post miscarriage.

Medical management in NHS Dumfries and Galloway

In **NHS Dumfries and Galloway** written and verbal information is provided about the side effects of medication used for medical management and about outpatient and inpatient options. Medical management of miscarriage with Misoprostol alone and also with a combination of Mifepristone and Misoprostol may be offered up to 12 weeks gestation (depending on clinical presentation) at Dumfries and Galloway Royal Infirmary and Galloway Community Hospital. However, at gestations over 10 weeks, women are advised to have inpatient care which is available at Dumfries and Galloway Royal Infirmary (women living in the region covered by Galloway Community Hospital would be treated at Dumfries and Galloway Royal Infirmary if they chose medical management as an inpatient if more than 10 weeks gestation).

Women are advised that the timeframe is different for everyone but it is usual to have some response to medication within a few hours and passage of pregnancy within a few days. Options for inpatient or at home management are discussed, recommendations for analgesia and support of another adult if at home, and follow up by the Early Pregnancy Service are also discussed.

When a loss is confirmed, women are advised of the options available, either with a discussion in hospital (if an inpatient) or a return appointment that is arranged. Misoprostol and mifepristone options are also discussed. For inpatient treatment misoprostol may be administered and/or a clinical assessment undertaken followed by misoprostol 36-48 hours later. If there is no response to initial dose, women will be reviewed by medical staff prior to further repeat doses. If miscarriage does not occur after a full course of treatment women will be advised to rest overnight and consider further medical management or surgical options.

If an outpatient, similarly mifepristone and misoprostol will be taken and if there is no response within 72 hours, women will be advised to contact Early Pregnancy Services for further discussion of management options. Prescriptions can be self administered for outpatients, with disposal of tissue advice provided and, when appropriate, sent for pathology. Women are recommended to take a home pregnancy test after three weeks and a follow up is arranged by Early Pregnancy Services 3-4 weeks after miscarriage for well-being, support and advice.

Surgical management in NHS Dumfries and Galloway

In **NHS Dumfries and Galloway** women undergoing surgical management receive information leaflets and advice on the length of time, risk and benefits, including those associated with anaesthesia and surgery recovery time. They also receive advice on fasting information and telephone numbers for advice once they are discharged. The timeframe for this procedure is more exact and would be planned as a day case under general anaesthetic. Women are advised of post surgery analgesia, bleeding and the need for support by another adult for 24 hours post surgery.

If surgical management option is chosen, a pre-assessment questionnaire is completed, including recommendations for full blood count and blood group antibody check. Women are given a pre-assessment and then admitted for surgical procedure via the day surgery if the procedure is planned. Emergency admissions are done via gynaecology admissions in the surgical ward in Dumfries and Galloway Royal Infirmary. Misoprostol would be recommended approximately 1-2 hours prior to surgery. Women are given a miscarriage leaflet containing 24/7 contact numbers in the event they need advice after surgery. Women would be informed of the post operative recovery routine and would be discharged home with advice and a follow up with a well-being call arranged for 2-3 days following the procedure. A further well-being call would also be arranged 3-4 weeks later.

Referrals and assessment following a loss

All sites in Scotland were asked if they provide or can access referrals and assessment for support services following a loss.

Dumfries and Galloway Royal Infirmary provides assessment of women for risk of psychological distress following miscarriage. NHS Dumfries and Galloway reported that referrals to the services listed in Table 17 are often made by GPs or delivered by another local service within the Health Board but not in a secondary care setting. In addition, there is access to local spiritual care is available on site at Dumfries and Galloway Royal Infirmary but is usually utilised for late pregnancy loss. The Galloway Community Hospital site refers women to Dumfries and Galloway Royal Infirmary to receive support and post miscarriage mental health, bereavement and counselling as required (Table 17).

Table 17: Referrals and assessment in NHS Dumfries and Galloway		
	Dumfries and Galloway Royal Infirmary	Galloway Community Hospital
Assessment of women for risk of psychological distress following miscarriage	Yes	Can refer/access – not locally (but within HB area)
Referring women to NHS services for mental health support following a loss	Can refer/access locally – not on this site (within this HB area)	Can refer/access – not locally (but within HB area)
Referring women to third party services for mental health support following a loss	Can refer/access – not locally (but within HB area)	Can refer/access – not locally (but within HB area)
Referring women to NHS services for bereavement support following a loss	Can refer/access – not locally (but within HB area)	Can refer/access – not locally (but within HB area)
Referring women to third party services for bereavement support following a loss	Can refer/access – not locally (but within HB area)	Can refer/access – not locally (but within HB area)
Referring women to NHS services for counselling following a loss	Can refer/access – not locally (but within HB area)	Can refer/access – not locally (but within HB area)
Referring women to third party services for counselling following a loss	Can refer/access – not locally (but within HB area)	Can refer/access – not locally (but within HB area)

Graded approach to recurrent miscarriage care

The Lancet series on Miscarriage Matters provided information on the provision of treatment and care after first, second and third or subsequent miscarriage. The Lancet series proposed a graded approach to the treatment of recurrent miscarriage, where after one miscarriage women would have their health needs evaluated and would be provided with information and guidance to support future pregnancies. If a second miscarriage were to occur, they would be offered an appointment at a miscarriage clinic for initial investigations, extra support and early reassurance scans for subsequent pregnancies. After three miscarriages they would be offered a full series of evidence-based investigations and care. RCOG guidelines state that the graded approach should be encouraged as it appears to bridge the gap between sporadic and recurrent miscarriage care, encouraging a systematic graded approach rather than a fragmented one. It also addresses the balance between the need for evidence-based and supportive care, while targeting healthcare resources effectively.

The following sections of this report are based on the Lancet series and will help to ascertain the extent to which the graded approach is currently being delivered in Health Boards across Scotland.

It should be noted that at the time of completion of this questionnaire, RCOG defined recurrent miscarriage as the loss of three or more consecutive pregnancies. RCOG guidelines on the treatment of recurrent miscarriage were updated in June 2023 and this definition now includes non-consecutive miscarriages⁷.

In Scotland 12 of the 14 Health Boards said a graded approach to the treatment of recurrent miscarriage is adopted.

In **NHS Dumfries and Galloway** a graded approach to treatment of recurrent miscarriage care is provided at both the Royal Infirmary and Galloway Community Hospital.

After first miscarriage

The Lancet series on Miscarriage Matters recommended the following services listed in Table 18 below should be available after a first miscarriage. Vaginal micronised progesterone in women with early pregnancy bleeding and a history of miscarriage is not offered in all 14 Health after a first miscarriage with some sites referring to the NICE Guidelines⁸ that state this should be offered for women with early pregnancy bleeding and a history of miscarriage rather than a first miscarriage.

⁷ [Recurrent Miscarriage Green-top Guideline No. 17 - BJOG: An International Journal of Obstetrics & Gynaecology](#)

⁸ [Ectopic pregnancy and miscarriage: diagnosis and initial management | Guidance | NICE](#)

In **NHS Dumfries and Galloway**, after a first miscarriage some of the information provision or services asked about were provided on site at both the Royal Infirmary and Galloway Community Hospital and are listed in Table 18 below. Screening for mental health issues would usually be referred via GP, primary care or third sector.

Table 18: Service provision after a first miscarriage in NHS Dumfries and Galloway		
	Dumfries and Galloway Royal Infirmary	Galloway Community Hospital
Information provided about miscarriage	Provided on this site	Provided on this site
Vaginal micronised progesterone in women with early pregnancy bleeding and a history of miscarriage	Not currently provided – no plans to implement	Not currently provided – no plans to implement
Information provided about physical health needs following pregnancy loss	Provided on this site	Provided on this site
Information provided about mental health needs following pregnancy loss	Provided on this site	Provided on this site
Screening for mental health issues	Not currently provided – no plans to implement	Not currently provided – no plans to implement
Information provided to optimise health for future pregnancies e.g. smoking cessation, weight loss, folic acid intake etc.	Provided on this site	Provided on this site
Referral to necessary services for management and optimisation of chronic maternal medical conditions	Provided on this site	Provided on this site
Women are asked verbally if they have had a previous miscarriage	Provided on this site	Provided on this site
Development of an individualised care plan	Provided on this site	Provided on this site

In **NHS Dumfries and Galloway** these services are offered to all women regardless of the gestation when the loss occurred. While vaginal micronised progesterone is not provided to women with early pregnancy bleeding after a first miscarriage it is provided after a second and third or subsequent miscarriage.

After the first miscarriage sites in **NHS Dumfries and Galloway** signpost patients to some of the following services, however, Dumfries and Galloway Royal Infirmary and Galloway Community Hospital reported different approaches to this, as outlined in Table 19.

Table 19: Service provision after first miscarriage in NHS Dumfries and Galloway

	Dumfries and Galloway Royal Infirmary	Galloway Community Hospital
Patient Support Groups	Always	Always
Online self-help strategies for mental health	Never	Only if deemed appropriate
Weight management	Only if deemed appropriate	Only if deemed appropriate
Smoking and recreational drugs cessation services	Only if deemed appropriate	Only if deemed appropriate
Information on appropriate pre-conceptual folate and vitamin D supplementation	Always	Always

After Second Miscarriage

The Lancet series on Miscarriage Matters recommended the following services listed in table 20 below should be available after a second miscarriage.

After a second miscarriage the information provision or services provided on site at Dumfries and Galloway Royal Infirmary and Galloway Community Hospital are shown in Table 20 below. Both sites in **NHS Dumfries and Galloway** reported that they do not currently provide appointments at a nurse-led or midwifery-led miscarriage clinic with no plans to implement. Both sites reported that this is due to the low numbers of women accessing services. Access to support and early pregnancy reassurance scans in subsequent pregnancies is currently not provided at either site. Dumfries and Galloway Royal Infirmary reported that this is due to a lack of space, staff recruitment, staff training and lack of equipment.

Table 20: Service provision after second miscarriage in NHS Dumfries and Galloway

	Dumfries and Galloway Royal Infirmary	Galloway Community Hospital
Appointment at a nurse-led miscarriage clinic	Not currently provided – no plans to implement	Not currently provided – no plans to implement
Appointment at a midwifery-led miscarriage clinic	Not currently provided – no plans to implement	Not currently provided – no plans to implement
Continuity of carer	Continuity of carer is provided as there is limited resource – (by default rather than design)	Not currently provided – no plans to implement
Test for full blood count offered	Provided on this site	Not currently provided – no plans to implement

Tests for thyroid function offered	Provided on this site	Not currently provided – no plans to implement
Vaginal micronized progesterone offered to women with early pregnancy bleeding and a history of miscarriage	Provided on this site	Provided on this site
Discussion about lifestyle issues in relation to future pregnancies	Provided on this site	Provided on this site
Referral to specialist care if required	Not currently provided – no plans to implement	Provided on this site
Access to support and early pregnancy reassurance scan in subsequent pregnancies	Not currently provided – no plans to implement	Not currently provided – no plans to implement
Women are asked verbally if they have had a previous miscarriage	Provided on this site	Provided on this site

After third and subsequent miscarriage

The Lancet series on Miscarriage Matters recommended the following services listed in Table 21 below should be available after a third or subsequent miscarriage.

After a third miscarriage some of the information provision or services asked about are provided on site at Dumfries and Galloway Royal Infirmary and Galloway Community Hospital are listed below in Table 21. Currently, arranging an investigative pelvic ultrasound scan is not provided in **NHS Dumfries and Galloway** as it is not in current guidance. However, Dumfries and Galloway Royal Infirmary reported that this can be accommodated on site if required. Regarding screening and care for mental health concerns, both sites reported that this is not offered on site. However, although there is no formal screening, if mental health is a concern they would refer women accordingly to psychology teams within the Health Board region and Community Mental Health Teams. Regarding recognising women as being at an increased risk of obstetric complications including pre-term birth, this is not provided as such in NHS Dumfries and Galloway, however, women are all individually assessed throughout their pregnancy for any risks.

Table 21: Service provision after third and subsequent miscarriage in NHS Dumfries and Galloway

	Dumfries and Galloway Royal Infirmary	Galloway Community Hospital
Appointment at a medical consultant led clinic	Provided on this site	Can refer/access at Dumfries and Galloway Royal Infirmary
Continuity of carer	Provided on this site	Can refer/access at Dumfries and Galloway Royal Infirmary)

Pregnancy tissue from the third and any subsequent miscarriages will be sent for genetic testing	Provided on this site	Can refer/access at Dumfries and Galloway Royal Infirmary)
Blood tests for antiphospholipid antibodies	Provided on this site	Can refer/access at Dumfries and Galloway Royal Infirmary)
Investigative pelvic ultrasound scan arranged (ideally three dimensional – not a pregnancy scan)	Not in current guidance but can be arranged on this site on request	Not currently provided – no plans to implement
Parental karyotyping offered depending on the clinical history and results of the genetic analysis of pregnancy tissue from previous losses	Provided on this site	Can refer/access at Dumfries and Galloway Royal Infirmary)
Vaginal micronized progesterone in women with early pregnancy bleeding and a history of miscarriage	Provided on this site	Provided on this site
Appropriate screening for mental health issues	Not currently provided – no plans to implement	Not formally screened but can be referred if required
Appropriate care for mental health issues	Can refer/access locally – not on this site (within HB area)	Can refer/access – not locally (within HB area)
Women are recognised as being at an increased risk of obstetric complications including pre-term birth	Not currently provided – no plans to implement (women are individually assessed)	Recurrent miscarriage identified and documented on risk assessment
Appropriate screening and care for future obstetric risks	Provided on this site	Referred to consultant if additional information provided
Care for mental health issues and future obstetric risk are incorporated into the care pathway for couple with a history of recurrent miscarriage	Can refer/access locally – not on this site (within HB area)	Individualised assessment
Women are treated as at high risk during antenatal and intrapartum care	Individually assessed for ongoing consultant care	Individual assessment
Women are asked verbally if they have had a previous miscarriage	Provided on this site	Provided on this site

Staff guidance, skills and training

Written clinical guidance

Both sites in **NHS Dumfries and Galloway** offer written clinical guidance for clinical staff on the appropriate treatment and care for miscarriage at all gestations. There is agreement across both sites that all necessary staff that require access to this clinical guidance have access to it. Galloway Community Hospital agree that clinical guidance on miscarriage care is followed by all staff that care for women experiencing miscarriage, while Dumfries and Galloway Royal Infirmary neither agree or disagree (Table 22)

Table 22: Clinical guidance in NHS Dumfries and Galloway		
	Dumfries and Galloway Royal Infirmary	Galloway Community Hospital
Is there written clinical guidance for clinical staff on the appropriate treatment and care for miscarriage at all gestations within this site?	Yes, at all gestations	Yes, at all gestations
All staff that need to have access to the clinical guidance on miscarriage care have access to it	Agree	Strongly agree
The clinical guidance on miscarriage care is followed by all staff that care for women experiencing miscarriage	Neither agree or disagree	Agree

The recommendations from the Lancet on skills and training for miscarriage care are shown in Table 23 below.

There are staff with additional specialist training to deal with all baby losses including miscarriage and stillbirth at Dumfries and Galloway Royal Infirmary (Table 23). Both sites noted that a small number of women use these services and Galloway Community Hospital reported that they act as a community midwifery hub only with no additional staff specifically for baby loss.

Table 23: Staff skills and training in NHS Dumfries and Galloway		
	Dumfries and Galloway Royal Infirmary	Galloway Community Hospital
There are staff with additional specialist training to deal with all baby losses from early pregnancy to stillbirth	Provided on site	Not currently provided – no plans to implement
There are midwives/nurses with additional specialist training to	Provided on site	Not currently provided – no plans to implement

provide comprehensive miscarriage care		
There are midwives/nurses with additional specialist training for recurrent miscarriage care	Not currently provided – no plans to implement	Not currently provided – no plans to implement
Specialised medical staff are trained specifically for recurrent miscarriage care	Not currently provided – no plans to implement	Not currently provided – no plans to implement
Doctors are trained to provide comprehensive miscarriage care	Provided on site	Not currently provided – no plans to implement

Data about miscarriages

Accurate assessment of the number of all miscarriages that occur in Scotland is not possible at present as only miscarriages that require hospital inpatient or day case treatment are recorded.

The Lancet series on Miscarriage Matters recommended that:

- miscarriage data are gathered and reported to facilitate comparison of rates among countries, to accelerate research, and to improve patient care and policy development; and
- every country reports annual aggregate miscarriage data, similarly to the reporting of stillbirth.

The Scottish Government is currently working with Public Health Scotland to find ways to improve miscarriage data recording and to gather a more accurate picture of the number of miscarriages in Scotland. This will be used to facilitate comparison of rates among countries, to accelerate research, and to improve patient care and policy development.

This scoping exercise found that miscarriage data is not collected in all sites or in all Health Boards in Scotland. While some data is collected in 11 of the 14 boards, there is variation in what is being recorded as a miscarriage and this varies both across and within Health Boards.

Information technology used to collect miscarriage data

Across Scotland different IT systems are used by Health Boards to collect data about those accessing miscarriage care. BadgerNet Maternity is used by 11 out of 14 Health Boards to collect miscarriage data and Trakcare is used by 8 Health Boards to capture miscarriage data.

In **NHS Dumfries and Galloway** data is available via BadgerNet in both sites and the clinical portal in Dumfries and Galloway Royal Infirmary but is not actively collected. Basic data on miscarriages is collected for local purposes for Early Pregnancy Services follow up but not for formal purposes. No data is routinely collected on proportion of pregnancies, gestation, maternal age, parity, SIMD or ethnicity but data could be analysed if required.

Table 26: Data collected on miscarriages in NHS Dumfries and Galloway

Site	BadgerNet Maternity	Trakcare	Other	Number of miscarriages	Miscarriages as proportion of pregnancies	Gestation	Maternal age	Parity	SIMD	Ethnicity
Dumfries and Galloway Royal Infirmary	Yes	No	Clinical portal	No	No	No	No	No	No	No
Galloway Community Hospital	Yes	No	No	No	No	No	No	No	No	No

In **NHS Dumfries and Galloway** women reporting a home positive pregnancy test will be recorded as a pregnancy with no further confirmation required, with verbal reporting of pregnancy loss after positive test recorded as miscarriage

Summary

A summary of findings is presented below and is shown in Table 25 against the recommendations within the Lancet series on Miscarriage Matters and the Scottish Government Programme for Government commitments.

In **NHS Dumfries and Galloway**, both Dumfries and Galloway Royal Infirmary and Galloway Community Hospital provide care for those that experience miscarriage, with most women referred to Dumfries and Galloway Royal Infirmary. Both sites in **NHS Dumfries and Galloway** said that women are free to choose the management approach that suits their needs.

In **NHS Dumfries and Galloway**, both sites provide written information about the treatment options for the management of miscarriage and what to expect in terms of miscarriage care and information on what would happen before, during and after any treatment options.

Within **NHS Dumfries and Galloway** women are also provided with full explanations about what would happen during their chosen method of management, after the chosen method of management and in terms of follow-up.

In **NHS Dumfries and Galloway** a graded approach to treatment of recurrent miscarriage care is provided at Dumfries and Galloway Royal Infirmary and Galloway Community Hospital. Most of the elements outlined in the Lancet series on Miscarriage Matters are provided in **NHS Dumfries and Galloway**. Appointments at nurse-led or midwifery-led miscarriage clinics are not offered in **NHS Dumfries and Galloway** due to the small number of women using Early Pregnancy Services. Although appropriate screening for mental health issues is not provided at Royal Infirmary or Galloway Community Hospital, these services can be referred to within the health board area through GP, primary care or third sector.

Dedicated facilities are available at Dumfries and Galloway Royal Infirmary, where there is one separate room available away from the labour ward for women that are miscarrying.

In **NHS Dumfries and Galloway**, Dumfries and Galloway Royal Infirmary has a separate area to carry out complication/investigative scans separated from women with a continuing pregnancy.

In **NHS Dumfries and Galloway** data on miscarriage is collected via Badgernet Maternity and Clinical Portal. Data on miscarriages is collected for local purposes for Early Pregnancy Services follow up but not for formal purposes. No data is routinely collected on proportion of pregnancies, gestation, maternal age, parity, SIMD or ethnicity but data could be analysed if required.

Table 24: Scottish Government Programme for Government (PfG) Commitments and the Lancet Miscarriage Matters Recommendations

Source	Commitment/Recommendation	Service provision in NHS Dumfries and Galloway
PfG	Ensure women’s services in Health Boards have dedicated facilities for women who are experiencing unexpected pregnancy complications.	NHS Dumfries and Galloway have dedicated provisions for women experiencing unexpected pregnancy complications at Dumfries and Galloway Royal Infirmary. Dumfries and Galloway Royal Infirmary can use one room on the gynaecology ward for pregnancy loss. It is noted that some rooms/areas are not solely used for miscarriage care and may be used for other pregnancy complications or loss.
The Lancet: Miscarriage Matters	A graded approach to the treatment of recurrent miscarriage	Provided at both Dumfries and Galloway Royal Infirmary and Galloway Community Hospital.
After first miscarriage		
	After the first miscarriage, women will be guided to information about miscarriage	Provided at both Dumfries and Galloway Royal Infirmary and Galloway Community Hospital.
	After the first miscarriage, women will be guided to resources to address their physical needs	Provided at both Dumfries and Galloway Royal Infirmary and Galloway Community Hospital.
	After the first miscarriage, women will be guided to resources to address mental health needs following pregnancy loss	Provided at both Dumfries and Galloway Royal Infirmary and Galloway Community Hospital.
	After the first miscarriage, women will be guided to ways to optimise their health for future pregnancy	Provided at both Dumfries and Galloway Royal Infirmary and Galloway Community Hospital.
After first miscarriage – this approach could involve:		

Patient support groups	Provided at both Dumfries and Galloway Royal Infirmary and Galloway Community Hospital.
Online self-help strategies for mental health	Provided at Galloway Community Hospital.
Weight management	Provided at both Dumfries and Galloway Royal Infirmary and Galloway Community Hospital.
Smoking and recreational drugs cessation services	Provided at both Dumfries and Galloway Royal Infirmary and Galloway Community Hospital.
Information on appropriate preconceptual folate and vitamin D supplementation	Provided at both Dumfries and Galloway Royal Infirmary and Galloway Community Hospital.
Referral to necessary services for management and optimisation of chronic maternal medical conditions (e.g., diabetes, hypertension, heart disease, and epilepsy)	Provided at both Dumfries and Galloway Royal Infirmary and Galloway Community Hospital.
Screening for mental health issues.	Not provided at Galloway Community Hospital or Dumfries and Galloway Royal Infirmary. Screening for mental health issues would usually be referred via GP, primary care or third sector.
After second miscarriage	
Women will be offered an appointment at a miscarriage clinic nurse or midwifery-led	Not provided in NHS Dumfries and Galloway.
Continuity of Carer	Not provided in NHS Dumfries and Galloway.
Tests for full blood count are offered	Provided at Dumfries and Galloway Royal Infirmary.
Tests for thyroid function are offered	Provided at Dumfries and Galloway Royal Infirmary.
Discussion about lifestyle issues	Provided at both Dumfries and Galloway Royal Infirmary and Galloway Community Hospital.

Referral for specialist care will be arranged if tests are abnormal or if there is a chronic medical or mental health problem.	Provided at Galloway Community Hospital.
Women will have access to support and early pregnancy reassurance scans in subsequent pregnancies.	Not provided in NHS Dumfries and Galloway.
After third and subsequent miscarriage	
Women will be offered an appointment at a medical consultant-led clinic, in which additional tests and a full range of treatments can be offered.	Provided at Dumfries and Galloway Royal Infirmary.
Pregnancy tissue from the third and any subsequent miscarriages will be sent for genetic testing.	Provided at Dumfries and Galloway Royal Infirmary.
Blood tests for antiphospholipid antibodies will be arranged.	Provided at Dumfries and Galloway Royal Infirmary.
A pelvic ultrasound scan (ideally three dimensional transvaginal) will be arranged.	Currently not in the guidance to provide in NHS Dumfries and Galloway but can be arranged at Dumfries and Galloway Royal Infirmary on request.
If necessary, parental karyotyping will be offered depending on the clinical history and the results of the genetic analysis of pregnancy tissue from previous losses.	Provided at Dumfries and Galloway Royal Infirmary.
Appropriate screening for mental health issues.	Screening for mental health issues would usually be referred via GP, primary care or third sector.
Appropriate care for mental health issues.	Care for mental health issues would usually be referred via GP, primary care or third sector.
Overall recommendations	
Appropriate screening and care for future obstetric risks, particularly preterm birth, fetal growth restriction, and stillbirth.	Not provided in NHS Dumfries and Galloway. Although women are individually assessed at Dumfries and Galloway Royal Infirmary and recurrent miscarriage is documented as a risk at Galloway Community Hospital.

<p>Appropriate screening and care for future obstetric risks and mental health issues will need to be incorporated into the care pathway for couples with a history of recurrent miscarriage.</p>	<p>Provided at Dumfries and Galloway Royal Infirmary. Galloway Community Hospital women are referred to a consultant if additional information provided.</p>
<p>Consider giving vaginal micronised progesterone in women with early pregnancy bleeding and a history of miscarriage.</p>	<p>Provided at both Dumfries and Galloway Royal Infirmary and Galloway Community Hospital (provided after second and third or subsequent miscarriage at both sites).</p>
<p>We urge health-care funders and providers to invest in early pregnancy care, with specific focus on training for clinical nurse specialists and doctors to provide comprehensive miscarriage care within the setting of dedicated early pregnancy units.</p>	<p>There are staff with additional specialist training to deal with all baby losses including miscarriage and stillbirth at Dumfries and Galloway Royal Infirmary.</p>
<p>Early pregnancy services need to focus on providing an effective ultrasound service, as it is central to the diagnosis of miscarriage, and be able to provide expectant management of miscarriage, medical management with mifepristone and misoprostol, and surgical management with manual vacuum aspiration.</p>	<p>Dumfries and Galloway Royal Infirmary carries out scans in the Maternity Unit within the same area as other expectant mothers and within the Obstetrics and Gynaecology department separated from other expectant mothers. Galloway Community Hospital has scanning facilities available 09:00-17:00 on Tuesdays and Wednesdays, where scans are carried out in the same area as other expectant mothers.</p>
	<p>Both sites offer expectant management and medical management with mifepristone and misoprostol, however, Galloway Community Hospital cannot offer this as an inpatient. Surgical</p>

	management with manual vacuum aspiration is not currently offered in NHS Dumfries and Galloway as the service is still being developed, but this can be requested.
Recommend that miscarriage data are gathered and reported to facilitate comparison of rates among countries, to accelerate research, and to improve patient care and policy development. We recommend that every country reports annual aggregate miscarriage data, similarly to the reporting of stillbirth.	In NHS Dumfries and Galloway data on miscarriage is collected via Badgernet Maternity and Clinical Portal. Data on miscarriages is collected for local purposes for Early Pregnancy Services follow up but not for formal purposes. No data is routinely collected on proportion of pregnancies, gestation, maternal age, parity, SIMD or ethnicity but data could be analysed if required.
Identifying women at risk of psychological distress following miscarriage.	Provided at Dumfries and Galloway Royal Infirmary.
Identifying women at risk of psychological distress following miscarriage and the development of optimal treatment strategies have been recognised as research priorities.	Not assessed.
Women with a history of miscarriage, particularly those with three or more miscarriages, are at an increased risk of obstetric complications including preterm birth. Therefore, these women should be treated as patients at high risk during antenatal and intrapartum care.	Dumfries and Galloway Royal Infirmary and Galloway Community Hospital stated women are assessed individually.
Miscarriage Management - women should be presented with the available evidence and be free to choose the management approach that suits their needs and preferences.	Dumfries and Galloway Royal Infirmary and Galloway Community Hospital stated that women are free to choose the management approach that suits their needs.

Consider pathways of care for miscarriage management, treatment of women with a history of miscarriage and care following a miscarriage.	Not assessed.	
The Lancet: Miscarriage Matters	Key epidemiological research priority 1 - Establishing how we can monitor miscarriage rates on a population basis.	Project underway with Scottish Government and Public Health Scotland
Research Recommendations	Key epidemiological research priority 2 - Ascertaining if miscarriage risk and prevalence differ across nations and ethnic groups.	Project underway with Scottish Government and Public Health Scotland
	Key epidemiological research priority 3 - Whether miscarriage rate is increasing, and if so why; what the key outcomes are from women's point of view.	Work to follow from research priorities 1 and 2 above.
	Key epidemiological research priority 4 - Which risk factors for miscarriage are potentially causative and modifiable; and the effect of modification of the risk factor on clinical outcomes	Work to follow from research priorities 1 and 2 above.

Annex A

Table A: Secondary care sites where women experiencing miscarriage in may be seen	
Health Board	Number of sites
NHS Ayrshire and Arran Arran War Memorial Hospital University Hospital Ayr (ED) University Hospital Crosshouse (including Ayrshire Maternity Unit)	3
NHS Borders Borders General Hospital	1
NHS Dumfries and Galloway Dumfries and Galloway Royal Infirmary Galloway Community Hospital (A & E)	2
NHS Fife Victoria Hospital	1
NHS Forth Valley Forth Valley Royal Hospital	1
NHS Grampian Aberdeen Royal Infirmary and Maternity Hospital (Foresterhill Site) Dr Gray's Hospital Fraserburgh Hospital Inverurie Health & Care Hub Jubilee Hospital Peterhead Community Hospital	6
NHS Greater Glasgow and Clyde Glasgow Royal Campus – included: Princess Royal Maternity Jubilee Building (A& E) Glasgow Royal Infirmary Inverclyde Campus – included: Inverclyde Royal Hospital Inverclyde Community Maternity Unit Royal Alexandra Campus – included: Royal Alexandra Hospital Royal Alexandra Community maternity Unit Queen Elizabeth University Hospital Campus Vale of Leven Campus – included: Vale of Leven District General Hospital Vale of Leven Community Maternity Unit	5
NHS Highland	12

Belford Hospital Caithness General Hospital Campbeltown Hospital Cowal Community Hospital (A & E) (Dunoon Hospital previously) Dr MacKinnon Memorial Hospital - Broadford Hospital (A & E) Islay Hospital Lorn & Islands Hospital Mid Argyll Community Hospital and Integrated Care Centre Mull & Iona Community Hospital Nairn Town And County Hospital Victoria Hospital Raigmore Hospital	
NHS Lanarkshire University Hospital Hairmyres University Hospital Wishaw University Hospital Monklands	3
NHS Lothian Royal Infirmary of Edinburgh St Johns Hospital	2
NHS Orkney Balfour Hospital	1
NHS Shetland Gilbert Bain Hospital	1
NHS Tayside Arbroath Infirmary Ninewells Hospital Perth Royal Infirmary	3
NHS Western Isles Barra Community Hospital Uist and Barra Hospital Western Isles Hospital	3
Total	44



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This document is also available from our website at www.gov.scot.
ISBN: 978-1-83521-529-6

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

Produced for
the Scottish Government
by APS Group Scotland
PPDAS1373574 (11/23)
Published by
the Scottish Government,
November 2023



Social Research series
ISSN 2045-6964
ISBN 978-1-83521-529-6

Web Publication
www.gov.scot/socialresearch

PPDAS1373574 (11/23)