

Miscarriage Care and Facilities in Scotland: Scoping Report NHS Shetland



CHILDREN, EDUCATION AND SKILLS

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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 a better understanding of miscarriage care and facilities in Scotland. It sets out the current arrangements for miscarriage care in **NHS Shetland** 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 Shetland**, 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 Shetland**
- 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 the 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 and 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, analysed, and are presented in a national report as well as in individual reports specific to each Health Board. This report presents the analysis of responses received from sites in **NHS Shetland**. 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 units (CMU)⁵, Early Pregnancy Units (EPU), and midwifery services more generally. Women can 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 services	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 Shetland

In **NHS Shetland** one secondary care site was identified that could come into contact with women experiencing miscarriage, this was:

- Gilbert Bain Hospital

NHS Shetland reported that all women would present at Gilbert Bain Hospital for the first time when experiencing a miscarriage. The services provided at this site are detailed in Table 3 below.

Table 3: Services for miscarriage care in NHS Shetland								
Site	Early Pregnancy Unit	Maternity Unit	Community Maternity Unit	Obstetrics and Gynaecology Department	Accident & Emergency Department	Recurrent miscarriage services	Infertility services	Other
Gilbert Bain Hospital	No	Yes	No	Yes	Yes	No	Yes	No

NHS Shetland provides miscarriages care from Gilbert Bain Hospital Maternity Unit. However, only first trimester losses are cared for within **NHS Shetland**; second trimester losses are transferred out of the Health Board area to a tertiary centre (NHS Grampian)

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 in Scotland			
	Under 9 weeks %	9-12 weeks %	Over 12 weeks %
All sites Average	65	26	9

NHS Shetland provided data on approximate gestation at which miscarriage care is provided on their sites this is provided in Table 5 below.

Table 5: Gestation at which miscarriage care is provided in NHS Shetland			
Site	Under 9 weeks %	9-12 weeks %	Over 12 weeks %
Gilbert Bain Hospital	39	34	27

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).

There is no EPU in **NHS Shetland**.

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.

In **NHS Shetland**, the Gilbert Bain Hospital has a maternity unit that is open 24 hours a day seven days a week (Table 6).

Table 6: Opening times of Maternity Units in NHS Shetland

Site	Monday – Friday	Saturday	Sunday
Gilbert Bain Hospital	24 hours	24 hours	24 hours

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.

There is no CMU in **NHS Shetland**.

Obstetrics and Gynaecology

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

In **NHS Shetland** the Obstetrics and Gynaecology department at Gilbert Bain Hospital is open 08:00-16:00 Monday to Friday and is closed on the weekends (Table 7).

Table 7: Opening times of Obstetrics and Gynaecology departments in NHS Shetland

Site	Monday – Friday	Saturday	Sunday
Gilbert Bain Hospital	24 hours	24 hours	24 hours

Recurrent miscarriage services

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

In **NHS Shetland** there is no Recurrent Miscarriage Clinic.

Infertility services

Across Scotland there are 14 infertility services across 12 Health Boards..

In **NHS Shetland** infertility services run 13:30-17:00 on Fridays and is closed all other days of the week (Table 8).

Table 8: Opening times of infertility services in NHS Shetland

Site	Monday – Friday	Saturday	Sunday
Gilbert Bain Hospital	13:30-17:00 Friday only	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 **NHS Shetland**, the Gilbert Bain Hospital has an accident and emergency facility open 24 hours 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.

If a woman presents at A&E with suspected miscarriage through the night (out of hours) within **NHS Shetland** they would be directed to the Maternity Unit within the Gilbert Bain Hospital.

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 were asked if they currently provide dedicated facilities for women experiencing unexpected pregnancy complications at **any gestation**. 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**.

In **NHS Shetland** the Gilbert Bain Hospital can provide dedicated facilities for women experiencing unexpected pregnancy complications at any gestation. At the time of completion of this questionnaire **NHS Shetland** provided care up to and including 12 completed weeks of pregnancy, however, a new bereavement suite which is under construction will enable NHS Shetland to provide care up to 22 weeks gestation (Table 9).

Table 9: Facilities provided for miscarriage care in NHS Shetland (within EPU or outwith EPU)

	Dedicated facilities for women experiencing <u>unexpected pregnancy complications at any gestation</u>		Separate room/area/ward away from labour ward for women that are <u>miscarrying</u>		Separate room/area/ward with dedicated services to admit <u>women who are miscarrying</u>		Number of rooms
	Within EPU	Outwith EPU	Within EPU	Outwith EPU	Within EPU	Outwith EPU	
Gilbert Bain Hospital	No EPU	Yes	No EPU	Not currently provided – plan to implement in next 2 years	No EPU	Not currently provided – plan to implement in next 2 years	1 room

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 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 in Scotland.

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

In **NHS Shetland**, the Gilbert Bain Hospital does not have an EPU. Patients experiencing miscarriage would be transferred to the Maternity Unit within Gilbert Bain Hospital. There is no separate room/area/ward away from the labour ward or dedicated facilities to admit women who are miscarrying, although there is one room available for use of women who require early pregnancy care up to 12 weeks gestation. This room is also used for women experiencing ectopic pregnancies. **NHS Shetland** do not offer termination of pregnancy due to fetal anomaly (TOPFA), this is provided in NHS Grampian. In **NHS Shetland** the numbers of miscarriages have historically been low. As a Board there are approximately 150 births per year and there has been a reduction in this number over time. **NHS Shetland** is currently redesigning the maternity unit to create a space for bereaved families, this will include a bereavement suite with a separate entrance. This will enable an increase in the gestation cared for from 12 weeks to up to 22 weeks. Outside these gestations the Gilbert Bain Hospital would continue to refer to a tertiary centre (NHS Grampian). To coincide with the bereavement suite opening there is a planned launch of new guidelines along with training to support service delivery.

Scanning facilities

Scans are often performed to confirm a miscarriage has occurred. For this scoping exercise all sites were asked if a separate area was available to carry out complication or investigative scans separated from women with a continuing pregnancy.

Overall, 7 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 in **NHS Shetland**, scans are provided in the Maternity Unit by the midwife sonographers, with consultants available for scans out of hours. These scans are carried out in the same area as women with a continuing pregnancy (Table 10).

No scans to confirm miscarriage are conducted at Obstetrics and Gynaecology or A&E departments on this site.

Table 10: Scanning facilities in NHS Shetland		
Site	Separate area to carry out complication / investigative scans separated from area for women with a continuing pregnancy	
	Within EPU	Outwith EPU
Gilbert Bain Hospital	No EPU	Not currently provided– no plans to implement

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 that 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.

In **NHS Shetland**, Gilbert Bain Hospital provides care for first trimester miscarriages only. Women experiencing miscarriage in the second trimester are referred to a tertiary centre in NHS Grampian, however, if a woman has family support in another Health Board area NHS Shetland will refer to another site if requested.

Written information

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

In **NHS Shetland**, Gilbert Bain Hospital reported that they provide written information on the treatment options for the management of miscarriage and what to expect next in terms of miscarriage care on site. Written Information about services including third party services for mental health support following a loss is not currently provided at Gilbert Bain Hospital, although local leaflets directing women to SANDS⁷ are provided following a pregnancy loss. Leaflets from the Miscarriage Association, Mariposa Trust and NHS leaflets detailing next steps are also provided to women (Table 11).

Table 11: Written information provided in NHS Shetland about:	
Gilbert Bain Hospital	
Treatment options for the management of miscarriage	Yes
What to expect next in terms of miscarriage care	Yes
Services including third party services for mental health support following a loss	Not currently provided on this site
Services including third party services for bereavement following a loss	Yes

Information about management options

As well as written information, the Gilbert Bain Hospital agreed that what will happen during the chosen method of management, is explained fully to women. They neither

⁷ [About Sands | Sands - Saving babies' lives. Supporting bereaved families.](#)

agreed nor disagreed that what will happen after the chosen method of management or what will happen in terms of follow up (Table 12).

Table 12: Information about management options in NHS Shetland			
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
Gilbert Bain Hospital	Agree	Neither agree nor disagree	Neither agree nor disagree

Management options

In **NHS Shetland**, the Gilbert Bain Hospital reported that the site is limited to what it can provide and that referral to a tertiary centre (NHS Grampian) is offered, particularly for women over 12 weeks gestation at present (2022). Due to this the Gilbert Bain Hospital neither agreed nor disagreed that women are free to choose their preferred management approach based on their needs and preferences. They disagreed that women are offered only the management options available on site and agreed that women may be referred to another site depending on the management approach they choose.

All treatment options for miscarriage care offered at the Gilbert Bain Hospital are available during the first trimester only. All second trimester losses in **NHS Shetland** are transferred to a tertiary referral centre (NHS Grampian). In **NHS Shetland**, there are plans to begin building work which will allow for more treatment options to be delivered on site up to 22 weeks gestation. Gilbert Bain Hospital indicated that once the building work has started staff will receive training to enable them to develop the skills to deliver care for those who experience a loss, up to a gestation of 22 weeks. The options offered at the Gilbert Bain Hospital are listed below in Table 14. It should be noted that these options are currently being reviewed and will be updated accordingly to include management options for second trimester losses up to 22 weeks when the new bereavement suit opens.

Table 13: Management options in NHS Shetland

	Gilbert Bain Hospital
Expectant management	Provided on site - (first trimester only)
Medical management with misoprostol	Provided on site - (first trimester only)
Medical management with mifepristone and misoprostol	Provided on site - (first trimester only)
Medical management - Inpatient	Provided on site - (first trimester only)
Medical management - Outpatient	Provided on site - (first trimester only)
Surgical management with manual vacuum aspiration (MVA) with local anaesthetic	Not provided on site
Surgical management under general anaesthetic	Provided on site - (first trimester only)
Other management options	No

Expectant management in NHS Shetland

Expectant Management is offered at the Gilbert Bain Hospital in **NHS Shetland**. Following a scan to confirm a loss, women are offered choices for their management. Expectant management is offered only to women with a loss under 12 weeks. After this gestation a referral is made to a tertiary referral centre (NHS Grampian). Information is given about expectant management as well as other choices available. This information includes the length of time the process may take, when to contact the hospital and any potential problems such as high temperature or excessive bleeding and pain. A follow up appointment is given for a repeat scan. If necessary further care options are discussed. A letter is sent to the woman's GP

informing them of the loss and information is provided about who to contact for advice/support for a subsequent pregnancy, should this be appropriate. Families are also provided with information from the SANDS charity.

Medical management in NHS Shetland

Medical Management with misoprostol is provided at the Gilbert Bain Hospital in the first trimester. Following a scan, women are seen by a gynaecologist and offered choices for management, with medical management available for women with a loss under 12 weeks. After this gestation a referral is made to a tertiary referral centre (NHS Grampian). Women are provided with information about what the process will entail, the length of time the process may take, whether they want to go home or remain in hospital, what the risks are and when to contact the hospital if they return home. The gynaecologist will prescribe medication, pain relief and anti-emetics, which is administered by a midwife. Women are advised to contact the Maternity Unit if there has been no bleeding after 24 hours.

Women receive full written information containing hospital contact numbers. A pregnancy test is also provided with the advice to do this after three weeks. Advice is given about what to do if the test is positive. A letter is also sent to their GP to inform them of the miscarriage and women are given information about SANDS charity.

Surgical management in NHS Shetland

In the Gilbert Bain Hospital surgical management with manual vacuum aspiration (MVA) with local anaesthetic is currently not offered while surgical management under general anaesthetic is offered for women experiencing a loss under 12 weeks gestation. After this gestation a referral is made to a tertiary referral centre (NHS Grampian). As with expectant and medical management, information is provided about all choices available, what the process entails for each option and the length of time the process may take. They are also informed of the risks from general anaesthesia (procedure under local not offered). Written information from the RCOG is also provided.

If surgical management is the preferred option the patient is added to a theatre list and information is provided about fasting requirements. A gynaecologist will decide on whether to use misoprostol prior to the procedure and this will then determine the time of admission. Post operative recovery would take place in the maternity unit on site and the patient would be discharged once fit to do so. However, if the maternity ward is busy, women who have had surgical management are sometimes recovered on a general surgical ward with outreach from maternity prior to discharge. A discharge letter would be sent to their GP and advice given regarding post operative care and what to expect, including the use of analgesia. Women are told to contact maternity services for any problems or concerns and are provided with contact information for SANDS.

Referrals and assessment following a loss

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

NHS Shetland reported that only the referrals and assessments listed in Table 14 are provided within **NHS Shetland** for women who have had a first trimester loss only. For women who have had a second trimester loss, **NHS Shetland** can access these services in NHS Grampian which includes specialist bereavement services. Subsequent mental health and counselling referrals are made via the General Practitioner if they are required, however, if there are concerns about mental health prior to discharge a Midwife will make a referral in **NHS Shetland** (Table 14).

Table 14: Referrals and assessment following a loss in NHS Shetland	
	Gilbert Bain Hospital
Assessment of women for risk of psychological distress following miscarriage	Provided within Health Board area for first trimester losses. Accessed in NHS Grampian for second trimester losses.
Referring women to NHS services for mental health support following a loss	Provided within Health Board area for first trimester losses. Accessed in NHS Grampian for second trimester losses.
Referring women to third party services for mental health support following a loss	Provided within Health Board area for first trimester losses. Accessed in NHS Grampian for second trimester losses.
Referring women to NHS services for bereavement support following a loss	Provided within Health Board area for first trimester losses. Accessed in NHS Grampian for second trimester losses.
Referring women to third party services for bereavement support following a loss	Provided within Health Board area for first trimester losses. Accessed in NHS Grampian for second trimester losses.
Referring women to NHS services for counselling following a loss	Provided within Health Board area for first trimester losses. Accessed in NHS Grampian for second trimester losses.
Referring women to third party services for counselling following a loss	Provided within Health Board area for first trimester losses. Accessed in NHS Grampian for second trimester losses.

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 miscarriages⁸.

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

Currently in **NHS Shetland** a graded approach is not provided within the Health Board but is accessible in another Health Board area (NHS Grampian).

After first miscarriage

The Lancet series on Miscarriage Matters recommended the following services, listed in Table 15 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 Guidelines⁹ that state this should be offered for women with early pregnancy bleeding and a history of miscarriage rather than a first miscarriage.

In **NHS Shetland**, the information provision or services asked about that were provided on site at the Gilbert Bain Hospital are listed in Table 15 below. Information provided to optimise health for future pregnancies and referrals to necessary services for management and optimisation of chronic medical conditions are not currently provided, with plans to implement these within in the next two years.

⁸ [Recurrent Miscarriage Green-top Guideline No. 17 - BJOG: An International Journal of Obstetrics & Gynaecology](#)

⁹ [Ectopic pregnancy and miscarriage: diagnosis and initial management | Guidance | NICE](#)

However, a preconceptional care clinic has recently been commissioned to optimise health and well-being for those planning a pregnancy. It will include weight management, lifestyle, smoking cessation and referral to a gynaecologist (if necessary) to support pre-pregnancy planning. In **NHS Shetland** these services are offered to all women regardless of the gestation when the loss occurred.

Table 15: Service provision after first miscarriage in NHS Shetland	
	Gilbert Bain Hospital
Information provided about miscarriage	Provided on this site
Vaginal micronised progesterone in women with early pregnancy bleeding and a history of miscarriage	Provided on this site
Information provided about physical health needs following pregnancy loss	Provided on this site
Information provided about mental health needs following pregnancy loss	Provided on this site
Screening for mental health issues	Provided on this site
Information provided to optimise health for future pregnancies e.g. smoking cessation, weight loss, folic acid intake etc.	Not currently provided – plan to implement in the next 2 years
Referral to necessary services for management and optimisation of chronic maternal medical conditions	Not currently provided – plan to implement in the next 2 years
Women are asked verbally if they have had a previous miscarriage	Provided on this site
Development of an individualised care plan	Provided on this site

NHS Shetland signpost patients to the following services outlined in Table 16.

Table 16: Service provision after first miscarriage in NHS Shetland	
	Gilbert Bain Hospital
Patient Support Groups	Always
Online self-help strategies for mental health	Some of the time
Weight management	Only, if deemed appropriate
Smoking and recreational drugs cessation services	Only, if deemed appropriate
Information on appropriate pre-conceptual folate and vitamin D supplementation	Some of the time

After second miscarriage

The Lancet series on Miscarriage Matters recommended the following services, listed in Table 17 below, should be available after a second miscarriage.

After a second miscarriage the information provision or services asked about that were provided on site at the Gilbert Bain Hospital are listed in Table 17 below. After two consecutive miscarriages (with the same partner) women are referred to the Midwife with specialist interest in fertility. Where services listed below are not

available within **NHS Shetland**, the Board can refer women to a tertiary referral clinic in NHS Grampian.

Table 17: Service provision after second miscarriage in NHS Shetland	
Gilbert Bain Hospital	
Appointment at a nurse-led miscarriage clinic	Can refer/access (outwith HB area)
Appointment at a midwifery-led miscarriage clinic	Can refer/access (outwith HB area)
Continuity of carer	Can refer/access (outwith HB area)
Test for full blood count offered	Not currently provided – plan to implement in next 2 years
Tests for thyroid function offered	Not currently provided – plan to implement in next 2 years
Vaginal micronized progesterone offered to women with early pregnancy bleeding and a history of miscarriage	Provided on this site
Discussion about lifestyle issues in relation to future pregnancies	Provided on this site
Referral to specialist care if required	Not currently provided – plan to implement in next 2 years
Access to support and early pregnancy reassurance scan in subsequent pregnancies	Provided on this site
Women are asked verbally if they have had a previous miscarriage	Provided on this site

After third and subsequent miscarriage

The Lancet series on Miscarriage Matters recommended the following services listed in Table 18 below should be available after a third or subsequent miscarriage.

After a third or subsequent miscarriage the information provision or services asked about provided on site at the Gilbert Bain Hospital are shown in Table 18 below. Where services listed below are not available within **NHS Shetland**, the Board can refer women to a tertiary referral clinic in NHS Grampian.

Table 18: Service provision after third and subsequent miscarriage in NHS Shetland	
Gilbert Bain Hospital	
Appointment at a medical consultant led clinic	Not currently provided – plan to implement in next 2 years
Continuity of carer	Provided on this site
Pregnancy tissue from the third and any subsequent miscarriages will be sent for genetic testing	Not currently provided – plan to implement in next 2 years
Blood tests for antiphospholipid antibodies	Not currently provided – plan to implement in next 2 years

Investigative pelvic ultrasound scan arranged (ideally three dimensional – not a pregnancy scan)	Can refer/access (outwith HB area)
Parental karyotyping offered depending on the clinical history and results of the genetic analysis of pregnancy tissue from previous losses	Can refer/access (outwith HB area)
Vaginal micronized progesterone in women with early pregnancy bleeding and a history of miscarriage	Provided on this site
Appropriate screening for mental health issues	Provided on this site
Appropriate care for mental health issues	Provided on this site
Women are recognised as being at an increased risk of obstetric complications including pre-term birth	Can refer/access (outwith HB area)
Appropriate screening and care for future obstetric risks	Provided on this site
Care for mental health issues and future obstetric risk are incorporated into the care pathway for couple with a history or recurrent miscarriage	Provided on this site
Women are treated as at high risk during antenatal and intrapartum care	Provided on this site
Women are asked verbally if they have had a previous miscarriage	Provided on this site

In **NHS Shetland** the board has recently employed substantive consultants and the pathway for miscarriage management is currently under review pending a restructure to allow for a bereavement suite. Specialist support and genetic testing are provided at a tertiary centre (NHS Grampian) with management of subsequent pregnancy plans also being provided from that centre.

Staff guidance, skills and training

Written clinical guidance

In **NHS Shetland**, the Gilbert Bain Hospital reported that they have written clinical guidance for clinical staff on the appropriate treatment and care for miscarriage for first trimester losses. The Gilbert Bain Hospital agrees that all necessary staff that require access to this clinical guidance have access to it and that this guidance is followed for women experiencing miscarriage (Table 19).

Table 19: Clinical guidance in NHS Shetland	
	Gilbert Bain Hospital
Is there written clinical guidance for clinical staff on the appropriate treatment and care for miscarriage at all gestations within this site?	Yes, but only for the first trimester
All staff that need to have access to the clinical guidance on miscarriage care have access to it	Agree
The clinical guidance on miscarriage care is followed by all staff that care for women experiencing miscarriage	Agree

The recommendations from The Lancet in regard to skills and training for miscarriage care are shown in Table 20 below.

In **NHS Shetland**, there are staff with additional specialist training to deal with all baby losses from early pregnancy to stillbirth at the Gilbert Bain Hospital. Additional services listed in Table 20 are not currently provided within **NHS Shetland**, however these can be accessed outwith the Health Board area at a tertiary referral centre (NHS Grampian) where all services are provided.

Table 20: Staff skills and training in NHS Shetland	
	Gilbert Bain Hospital
There are staff with additional specialist training to deal with all baby losses from early pregnancy to stillbirth	Provided on site
There are midwives/nurses with additional specialist training to provide comprehensive miscarriage care	Can refer/access (outwith HB area)
There are midwives/nurses with additional specialist training for recurrent miscarriage care	Can refer/access (outwith HB area)
Specialised medical staff are trained specifically for recurrent miscarriage care	Can refer/access (outwith HB area)
Doctors are trained to provide comprehensive miscarriage care	Can refer/access (outwith HB area)

Data on 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 Care 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 Health 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 Shetland** data is collected via BadgerNet. Data is collected on the number of miscarriages and gestation. There is currently no data collected on miscarriages as a proportion of pregnancies, maternal age, parity, SIMD or ethnicity (Table 21).

Table 21: Data collected on miscarriage in NHS Shetland										
Site	BadgerNet Maternity	Trakcare	Other	Number of miscarriages	Miscarriages as proportion of pregnancies	Gestation	Maternal Age	Parity	SIMD	Ethnicity
Gilbert Bain Hospital	Yes	No		Yes	No	Yes	No	No	No	No

This data is then presented to the Scottish Heads of Midwifery for review. The board records a miscarriage from any women who have accessed the service.

Summary

The overall summary is presented below and is shown in Table 22 against the recommendations within the Lancet series on Miscarriage Matters and the Scottish Government Programme for Government commitments.

In **NHS Shetland**, the Gilbert Bain Hospital provides care for those that experience miscarriage in the first trimester; second trimester losses are transferred out of the Health Board area to a tertiary centre (NHS Grampian). The Gilbert Bain Hospital reported that this site is limited to what it can provide and that referral to the tertiary centre (NHS Grampian) is offered, particularly for women over 12 weeks gestation. Due to this the Gilbert Bain Hospital neither agreed nor disagreed that women are free to choose their preferred management approach based on their needs and preferences.

In **NHS Shetland**, the Gilbert Bain Hospital provides written information on the treatment options for the management of miscarriage and what to expect next in terms of miscarriage care. The Gilbert Bain Hospital agreed that what will happen during the chosen method of management option is explained fully to women. They neither agreed nor disagreed that what will happen after the chosen method of management or what will happen in terms of follow up.

In **NHS Shetland** a graded approach to miscarriage is not provided within the Health Board but is accessible in another Health Board area (NHS Grampian). Most of the elements outlined in the Lancet series on Miscarriage Matters are provided in **NHS Shetland** after a first miscarriage with the exception of information provided to optimise health for future pregnancies and referrals to necessary services for management and optimisation of chronic medical conditions. However, a pre-conception care clinic has recently been commissioned to optimise health and well-being for those planning a pregnancy. It will include weight management, lifestyle, smoking cessation and referral to a gynaecologist if necessary to support pre-pregnancy planning.

Dedicated facilities are available for those up to 12 weeks gestation at the Gilbert Bain Hospital in **NHS Shetland**. A new bereavement suite will be open from August 2023 which will enable NHS Shetland to provide miscarriage care up to 22 weeks gestation.

In **NHS Shetland**, there is no separate area to carry out complication/investigative scans separated from women with a continuing pregnancy.

In **NHS Shetland** data is collected via BadgerNet. Data is collected on the number of miscarriages and gestation. There is currently no data collected on miscarriages as a proportion of pregnancies, maternal age, parity, SIMD or ethnicity. This data is then presented to the Scottish Heads of Midwifery for review. The board records a miscarriage from any women who have accessed the service.

Table 22: Scottish Government Programme for Government (PfG) Commitments and The Lancet Miscarriage Matters Recommendations

Source	Commitment/Recommendation	Service provision in NHS Shetland
PfG	Ensure women's services in Health Boards have dedicated facilities for women who are experiencing unexpected pregnancy complications.	Dedicated facilities are available for those up to 12 weeks gestation at the Gilbert Bain Hospital in NHS Shetland , however a new bereavement suite which will be open from August 2023 will enable NHS Shetland to provide miscarriage care up to 22 weeks gestation.
The Lancet: Miscarriage Matters	A graded approach to the treatment of recurrent miscarriage	In NHS Shetland a graded approach is not provided within the Health Board but is accessible in another Health Board area (NHS Grampian).
After First Miscarriage		
	After the first miscarriage, women will be guided to information about miscarriage	Provided at the Gilbert Bain Hospital.
	After the first miscarriage, women will be guided to resources to address their physical needs	Provided at the Gilbert Bain Hospital.
	After the first miscarriage, women will be guided to resources to address mental health needs following pregnancy loss	Provided at the Gilbert Bain Hospital.
	After the first miscarriage, women will be guided to ways to optimise their health for future pregnancy	Not currently provided in NHS Shetland
After First Miscarriage – this approach could involve:		
	Patient support groups	Provided at the Gilbert Bain Hospital.
	Online self-help strategies for mental health	Provided at the Gilbert Bain Hospital.
	Weight management	Provided at the Gilbert Bain Hospital.
	Smoking and recreational drugs cessation services	Provided at the Gilbert Bain Hospital.
	Information on appropriate preconceptual folate and vitamin D supplementation	Provided at the Gilbert Bain Hospital.
	Referral to necessary services for management and optimisation of chronic maternal medical conditions	Not currently provided in NHS Shetland

(e.g., diabetes, hypertension, heart disease, and epilepsy)	
Screening for mental health issues.	Provided at the Gilbert Bain Hospital.
After Second Miscarriage	
Women will be offered an appointment at a miscarriage clinic nurse or midwifery-led	Not provided within NHS Shetland but is accessible in another Health Board area (NHS Grampian).
Continuity of Carer	Not provided within NHS Shetland but is accessible in another Health Board area (NHS Grampian).
Tests for full blood count are offered	Not provided within NHS Shetland
Tests for thyroid function are offered	Not provided within NHS Shetland
Discussion about lifestyle issues	Provided at the Gilbert Bain Hospital.
Referral for specialist care will be arranged if tests are abnormal or if there is a chronic medical or mental health problem.	Not provided within NHS Shetland but is accessible in another Health Board area (NHS Grampian).
Women will have access to support and early pregnancy reassurance scans in subsequent pregnancies.	Provided at the Gilbert Bain Hospital.
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.	Not provided within NHS Shetland but is accessible in another Health Board area (NHS Grampian).
Pregnancy tissue from the third and any subsequent miscarriages will be sent for genetic testing.	Not provided within NHS Shetland but is accessible in another Health Board area (NHS Grampian).
Blood tests for antiphospholipid antibodies will be arranged.	Not provided within NHS Shetland but is accessible in another Health Board area (NHS Grampian).

A pelvic ultrasound scan (ideally three dimensional transvaginal) will be arranged.	Not provided within NHS Shetland but is accessible in another Health Board area (NHS Grampian).
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.	Not provided within NHS Shetland but is accessible in another Health Board area (NHS Grampian).
Appropriate screening for mental health issues.	Provided at the Gilbert Bain Hospital.
Appropriate care for mental health issues.	Provided at the Gilbert Bain Hospital.
Overall Recommendations	
Appropriate screening and care for future obstetric risks, particularly preterm birth, fetal growth restriction, and stillbirth.	Provided at the Gilbert Bain Hospital.
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.	Provided at the Gilbert Bain Hospital.
Consider giving vaginal micronised progesterone in women with early pregnancy bleeding and a history of miscarriage.	Provided at the Gilbert Bain Hospital.
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.	There are staff with additional specialist training to deal with all baby losses from early pregnancy to stillbirth at the Gilbert Bain Hospital. There are no midwives/nurses or doctors who are trained to provide comprehensive miscarriage care in NHS Shetland .
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.	In NHS Shetland , scans are provided in the Maternity Unit by the midwife sonographers, with consultants available for scans out of hours. These scans are carried out in the same area as women with a continuing pregnancy.

	<p>Expectant management is provided at the Gilbert Bain Hospital in the first trimester. Medical management with mifepristone and misoprostol is not currently provided but there are plans to implement this in the next two years.</p> <p>Surgical management with manual vacuum aspiration is not provided in NHS Shetland.</p>
<p>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.</p>	<p>In NHS Shetland data is collected via BadgerNet. Data is collected on the number of miscarriages and gestation. There is currently no data collected on miscarriages as a proportion of pregnancies, maternal age, parity, SIMD or ethnicity. This data is then presented to the Scottish Heads of Midwifery for review. The board records a miscarriage from any women who have accessed the service.</p>
<p>Identifying women at risk of psychological distress following miscarriage.</p>	<p>Provided within Health Board area for first trimester losses. Accessed in NHS Grampian for second trimester losses.</p>
<p>Identifying women at risk of psychological distress following miscarriage and the development of optimal treatment strategies have been recognised as research priorities.</p>	<p>Not assessed</p>
<p>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</p>	<p>Provided at the Gilbert Bain Hospital.</p>

treated as patients at high risk during antenatal and intrapartum care.

Miscarriage Management - women should be presented with the available evidence and be free to choose the management approach that suits their needs and preferences.

The Gilbert Bain Hospital reported that they provide written information on the treatment options for the management of miscarriage and what to expect next in terms of miscarriage care on site. The Gilbert Bain Hospital agreed that what will happen during the chosen method of management option is explained fully to women. They neither agreed nor disagreed that what will happen after the chosen method of management or what will happen in terms of follow up. The Gilbert Bain Hospital reported that this site is limited to what it can provide and that referral to a tertiary centre (NHS Grampian) is offered, particularly for women over 12 weeks gestation. Due to this the Gilbert Bain Hospital neither agreed nor disagreed that women are free to choose their preferred management approach based on their needs and preferences.

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 Belford Hospital	12

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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