

Treatment of pregnancy loss in Surrey hospitals

May 2021

Background

In April 2021, the Lancet published a series of papers (Lancet, 2021) reviewing evidence on miscarriage and calling for reforms around the care of people who have had a miscarriage. The issues reported in the Lancet reflect experiences people in Surrey have shared with us over the years, and that we still hear about regularly now. We recognise that adaptations to care and treatment were required during the Covid-19 pandemic, however, the experiences people have shared with during this time are similar to what people shared before the pandemic. Therefore, we believe that it's important to make lasting improvements and revisit support and training.

The NHS Constitution's core values include working together for patients, respect and dignity, and compassion. Pregnancy loss can have a profound effect on people's mental health, so it is imperative that those experiencing it are shown compassion and offered support through the whole process. Those treating people experiencing pregnancy loss should "respond with humanity and kindness to each person's pain, distress, anxiety or need" (Department of Health and Social care, March 2012). This report demonstrates that these values are not always reflected in the experiences of patients but also the impact it can have when they are.

As a result of the experiences shared with us, we have made a number of recommendations that we would like providers to consider to improve the experiences of people in Surrey going forward.

Mental health support

Pregnancy loss often has a significant impact on the mental health of those experiencing it. People have shared the effect having a miscarriage has had on them:

"[XXXX] is currently off work with depression following a miscarriage [7 months ago]." April 2021

"I attended Epsom early pregnancy unit for my missed miscarriage (during pandemic) and my husband was not allowed in with me which I really needed him to be there. I had to go through a D&C procedure on my own, it was really hard for me." October 2020

We have also been told that people did not feel adequately supported following the loss of pregnancy:

"Neither Hospitals called her after the procedures although she was told that she would receive a follow up call from both." April 2021

“We were also surprised at the absence of any mental health support despite the traumatic experience- she has been offered no help at all in this respect. The devastating news of a miscarriage is bad enough without being treated like this.”
November 2019

As well as the impact that good support can have:

“The bereavement midwife is like [XXXX’s] best friend. She is always contacting us. And I had two lots of counselling via the hospital then Petals. I cannot even imagine not having that kind of experience.” May 2021

NICE guidelines recommend that Healthcare professionals should “...be aware that women will react to complications or the loss of a pregnancy in different ways. Provide all women with information and support in a sensitive manner, taking into account their individual circumstances and emotional response.”

Healthwatch Surrey recommends that Providers should ensure that adequate mental health support is offered to those who have experienced pregnancy loss.

Commemorative certification

According to the Miscarriage Association, many parents who lose a baby before 24 weeks of pregnancy would welcome a form of certification. Similarly, the Royal College of Obstetricians and Gynaecologists encourage NHS trusts “to develop a system of hospital-based commemorative certification for foetuses that are not classified as stillbirths. This would provide women or couples with a certificate recording their pregnancy loss before 24 weeks of gestation.” However, people have told us that this has not been adopted across the hospitals in Surrey:

*“[XXXX] was advised to contact the Miscarriage Association and was told that **she could ask a certificate following her miscarriage, but [the hospital] didn't know what this was. [She] has made her own recognition of Life certificate and sent this to [the hospital] with a letter but has not yet had a reply.**”* April 2021

“...there were some blips but we got a certificate in the end.” May 2021

Healthwatch Surrey recommends that all acute trusts should offer commemorative certification for foetuses that are not classified as stillbirths and staff are well informed of the process.

People have sometimes felt that Healthcare professionals did not communicate sensitively:

“At her 12-week scan at St Peter's a missed miscarriage was diagnosed and she was told the baby had died. She felt the nurses were cold and unsympathetic.” April 2021

“...she was already feeling emotional and apprehensive about the procedure and one of the nurses asked her why she was upset? This was the first example of a lack of compassion for her situation.” November 2019

But it can make a big difference to people when they do communicate well:

“We experienced nothing but kindness... I felt very taken care of the entire way.” May 2021

NICE guidelines recommend that “Healthcare professionals providing care for women with early pregnancy complications in any setting should be aware that early pregnancy complications can cause significant distress for some women and their partners. Healthcare professionals providing care for these women should be given training in how to communicate sensitively and breaking bad news. Non-clinical staff... working in settings where early pregnancy care is provided should also be given training on how to communicate sensitively with women who experience early pregnancy complications.” (NICE, 2019).

Some people do not feel that the places that they received care in were appropriate for the situation:

“[She] was put on a ward next to the maternity ward and other women having scans and this was highly distressing her. She was told that all the wards were put together because of the impact of covid.” April 2021

“I was in a private room so it wasn't so bad, but my husband had to hear everything going on in the labour ward whilst we were losing our own baby whenever he left the room” May 2021

“the nurses were discussing the patients within earshot of them. Part of this discussion was sensitive information about how many miscarriages each patient had had as well as what testing would be done for them all. My friend heard the

nurses discussing her case and then referred to her name which seems like a breach of personal information.” November 2019

People have told us about delays in receiving clinical treatment and inadequate communication:

*“My wife had an appointment for day surgery for miscarriage treatment, they said to us to be there at 7 am...but then they didn't come to say anything to her for any update, we waited there until 6pm, then the doctor came and said to her **you have to go home because we can't operate today because we were very busy. This the worst thing I have ever seen in my life.**” December 2019*

*“When she arrived, she was told that she would not be going into surgery until very late in the day. She was also made to dress for surgery despite it not being scheduled for 6 hours and she could have easily got changed closer to the time.... She also heard that there were 2 gynae lists running that day that were too big and the nurses saying they wouldn't be staying late to cover it. Whilst feeling sympathetic to the nurses and how over worked they were, this also compounded her apprehension as **she was worried, she wouldn't be seen at all as she was at the end of the list.**” November 2019*

Healthwatch Surrey recommends that all acute trusts should consider regular refresher training in compassion, sensitivity and person-centred care for all professionals coming into contact with expectant parents and explore ways to embed compassion and effective communication to patients.

Recommendations

1. Providers should ensure that adequate mental health support is offered to those who have experienced pregnancy loss.
2. All acute trusts should offer commemorative certification for foetuses that are not classified as stillbirths and staff are well informed of the process.
3. All acute trusts should consider regular refresher training in compassion and sensitivity for all professionals coming into contact with expectant parents and explore ways to embed compassion and effective communication to patients.

About Healthwatch Surrey

Healthwatch Surrey is an independent organisation commissioned by Surrey County Council to give local people a strong voice in health and social care services. One of our statutory duties is to listen to Surrey residents and to share their views in order to influence, inform and challenge decision making. We believe that to be truly person-centred, service development needs to be built on patient and citizen voice alongside more quantitative data.

Every year we hear from thousands of Surrey residents. Our listening is agenda-free and shines a light not just on physical experiences but also emotional wellbeing, levels of understanding, and the impact that good or less good care has on the lives of people and their loved ones.

The personal experiences within this report give rich insight into the lived experiences of people accessing treatment in acute hospitals within Surrey as a result of pregnancy loss. This report is not intended to provide a representative portrayal of services.

- Personal details have been removed to protect the anonymity of individuals.
- All appropriate information and advice and signposting to complaints processes has already been given.
- Any urgent or concerning cases have been escalated to the appropriate teams.