

The Psychological Impact of Early Pregnancy Loss

How can you make a difference in primary care?

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Objectives

To be equipped with a better understanding of:

1. What the psychological impact of EPL is on women and partners
2. Why the psychological impact of EPL is important
3. How to improve care for couples after EPL



Early Pregnancy Loss

- Early Miscarriage <13 weeks
- Ectopic Pregnancy
- Failed Pregnancy of Unknown location

- 1 in 4 pregnancies end in miscarriage
- 1 in 100 are ectopic pregnancies
- Approximately 260,000 women affected in UK each year



Miscarriage stories

I was a broken mess and I felt like my grief was wrong because it wasn't a real baby, like I was being dramatic, over-the-top.

“When it rained heavily, I'd see the water turn red as it went through the planter where our baby was buried and ran onto the patio. Every period was horrific, I'd get flashbacks and struggle to cope with a pain so similar to the miscarriage.”

What It Is Like To Suffer From PTSD After A Miscarriage: 'It Can Shatter You To Your Very Core'

— *Scientists have found that almost a third of women suffer PTSD after losing a baby*



BY OLIVIA BLAIR 16/01/2020

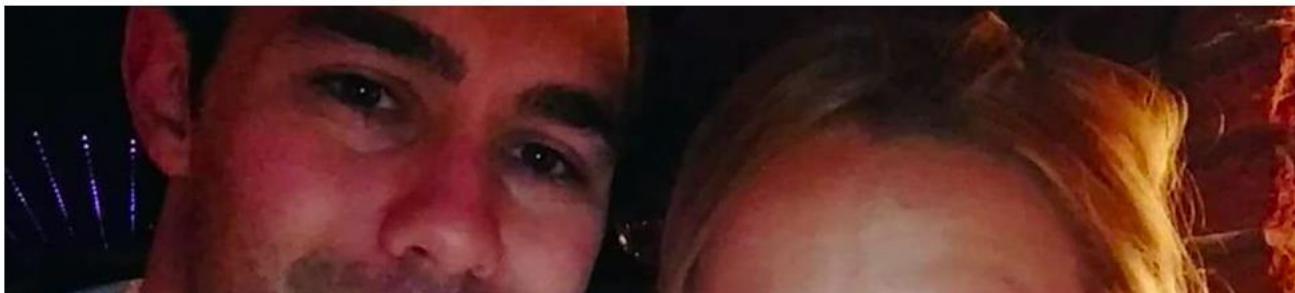


Health

After miscarriage, I was rocked by depression. Like many other women, I didn't get follow-up care for this loss.

🕒 Thursday 16 January 2020 07:28, UK

promoted panic attacks



The psychological impact of early pregnancy loss

Jessica Farren^{1,2}, Nicola Mitchell-Jones^{1,3}, Jan Y. Verbakel^{4,5},
Dirk Timmerman⁶, Maria Jalmbrant¹, and Tom Bourne  ^{1,2,6,*}

OUTCOMES: We found evidence of significant depression and anxiety in the first month following EPL in women. Partners were also shown to display depression and anxiety, albeit to a generally lower level. There is also evidence of post-traumatic stress symptoms relating to the EPL in three studies.

WIDER IMPLICATIONS: In view of their high frequency, EPLs can significantly contribute to the overall burden of psychopathology within a population. Recognition of this impact is important, so that severely affected individuals may be screened and treated appropriately. Further research to establish risk factors to promptly identify and treat these patients, and to optimize their management, is crucial.

Open Access

Research

BMJ Open Post-traumatic stress, anxiety and depression following miscarriage or ectopic pregnancy: a prospective cohort study

Jessica Farren,¹ Maria Jalbrant,² Lieveke Ameye,³ Karen Joash,¹
Nicola Mitchell-Jones,⁴ Sophie Tapp,¹ Dirk Timmerman,^{3,5} Tom Bourne^{1,3,5}

Pilot study
186 women
-128 EPL
-58 ongoing pregnancies

	PTSD	Anxiety	Depression
1 month	28%	32%	16%
3 months	38%	20%	5%
Control	0%	10%	10%

ORIGINAL RESEARCH OBSTETRICS | [VOLUME 222, ISSUE 4, P367.E1-367.E22](#),
APRIL 01, 2020

Multi-center study

- 908 women
- 737 losses
- 171 controls

Posttraumatic stress, anxiety and depression following miscarriage and ectopic pregnancy: a multicenter, prospective, cohort study

[Jessica Farren, PhD](#) • [Maria Jalmbrant, DClinPsy](#) • [Nora Falconieri, MSc](#) • ... [Laure Wynants, PhD](#) •

[Dirk Timmerman, PhD](#) • [Tom Bourne, PhD](#) • [Show all authors](#)

Published: December 13, 2019 • DOI: <https://doi.org/10.1016/j.ajog.2019.10.102> •



	PTSD	Anxiety	Depression
1 month	29%	24%	11%
3 months	21%	23%	8%
9 months	18%	17%	6%
Control group	-	13%	2%

What about partners?

ULTRASOUND
in Obstetrics & Gynecology



Original Paper | [Free Access](#)

Differences in post-traumatic stress, anxiety and depression following miscarriage or ectopic pregnancy between women and their partners: multicenter prospective cohort study

J. Farren, M. Jalmbrant, N. Falconeri, N. Mitchell-Jones, S. Bobdiwala ... [See all authors](#) ▾

First published: 08 October 2020 | <https://doi.org/10.1002/uog.23147> | Citations: 1

Sub-group of 192 couples
All partners were male

	PTSD		Anxiety		Depression	
	Women	Partner	Women	Partner	Women	Partner
1 month	34%	7%	30%	6%	10%	2%
3 months	26%	8%	25%	9%	8%	5%
9 months	21%	4%	22%	6%	7%	1%

What about partners?

[BMC Pregnancy Childbirth](#). 2017; 17: 380.

Published online 2017 Nov 15. doi: [10.1186/s12884-017-1560-9](https://doi.org/10.1186/s12884-017-1560-9)

PMCID: PMC5688642

PMID: [29141591](https://pubmed.ncbi.nlm.nih.gov/29141591/)

The impact of pregnancy loss on men's health and wellbeing: a systematic review

[Clemence Due](#),^{✉1} [Stephanie Chiarolli](#),¹ and [Damien W. Riggs](#)²

▶ [Author information](#) ▶ [Article notes](#) ▶ [Copyright and License information](#) [Disclaimer](#)

- Men less likely to have negative psychological outcomes compared to women
- More likely to engage in compensatory behaviours: alcohol and substance use
- See their role as 'supporter'
- Often feel overlooked and marginalised compared to female partner

Why is this important?

- Psychological co-morbidities
- Physical co-morbidities
- Social and Economic impacts
- Impacts on future pregnancies
 - maternal
 - fetal

Why is this important?

- More vulnerable and less likely to seek help:
 - Hidden loss
 - ‘12 week rule’ results in isolation around EPL
 - Cultural taboo and stigma (self blame, shame, guilt)
 - Seen as routine (1 in 4)
- Trauma of EPL is unique particularly the necessity to re-expose oneself to trauma when trying to conceive a successful pregnancy.
- Missed opportunity: most couples will have contact with healthcare professionals around this time

Evidence for follow up

Cochrane Database of Systematic Reviews | [Review - Intervention](#)

Follow-up for improving psychological well being for women after a miscarriage

✉ [Fiona A Murphy](#), [Allyson Lipp](#), [Diane L Powles](#) [Authors' declarations of interest](#)

Version published: 14 March 2012 [Version history](#)

- Limited: 6 studies, did not look at EP or PTSD
- Concluded that evidence for broad-brush counselling following miscarriage is insufficient
- One study showed benefits of counselling in those with high baseline scores for distress and depression
- Indicates that a more targeted approach may be needed
- Since then there has been one study that showed CBT intervention after pregnancy loss is beneficial for PTSD

NICE Guidance for Follow up

- **NICE Guidance for EP and miscarriage (NG126):**
 - Offer follow up appointment with healthcare professional of women's choice.
 - Offer evidence based information on where to access support and counselling services.
- **NICE Guidance for AN and PN mental health (CG 192):**

Following miscarriage or still birth:

 - Offer advice and support
 - Take into account impact on partners and encourage to take up support from family or friends
 - Offer high intensity psychological therapy for women with PTSD after miscarriage

How can we make a difference as healthcare professionals

- Inform ourselves of the problem ✓
- Acknowledge it with our patients
 - Compassion and empathy after EPL and in new pregnancy
 - Ask if they need time off work / offer sick note
 - Sign post to EPL specific support

EPL specific support



- **QCCH Pregnancy Loss Support group**

- 2nd Thursday of the month 1800-2000
- Currently on zoom – will be going back f-t-f
- Details under **West London support groups** on MA website
- Email to get zoom link:
juanita@miscarriageassociation.org.uk



- Online support – chat / group forums
- Helpline 01924200799 (M-F 9-4)
- Reliable information about loss and when to seek help

EPL specific support

-  The Ectopic Pregnancy Trust
 - Online discussion forums
 - Live virtual f-t-f support group and individual sessions: ept@ectopic.org.uk
 - Helpline 02077332653 /email: helpline@ectopic.org.uk
-  **Petals**
The Baby Loss Counselling Charity
 - Baby Loss Counselling Charity- Women can self refer:
 - Tel: 03006880068
 - E-mail: counselling@petalscharity.org
- **Tommy's**
 - Reliable information about loss, research and support.

How can we make a difference as healthcare professionals

- Inform ourselves of the problem ✓
- Acknowledge it with our patients
 - Compassion and empathy after EPL and in new pregnancy
 - Consider offering sick notes if they need time off work
 - Sign post to EPL specific support
- Adjust the language we use around EPL

Language

I miscarried a child 20 years ago, and I know the language we use really matters

Please, doctor, do

*Shelley Silas*The
KThe
la

'At least it wasn't a real baby yet': Women who have suffered a miscarriage reveal the insensitive things people have said to them

- The 30-second video was produced by pregnancy charity Tommy's
- Shows the insensitive things women are told after losing their babies
- Study shows that 84% of women hear: 'It wasn't meant to be'

▲ On Saturday, the culmination of Baby Loss commemorate the lives of babies who have died. Photograph: Alamy



▲ 'Society has much to answer for on this. To be a family is seen by many as having children.' Photograph: Alamy

Language of EPL

- Medical language / insensitive terminology / language of failure
 - Products of conception → Pregnancy tissue/remains/ embryo/ baby
 - Evacuation / ERPC → Surgical management of miscarriage
 - Spontaneous abortion → Miscarriage
 - External mass → Ectopic pregnancy
 - Tubal abortion → Tubal loss
 - Threatened miscarriage → Pregnancy bleeding
 - Failed/Non-viable pregnancy → Pregnancy unable to continue
 - Chemical pregnancy → very early pregnancy loss
 - Blighted ovum → Early pregnancy without an embryo
- Language that minimises the loss
 - At least it happened early
 - You're young, you can try again
 - At least you know you can get pregnant
 - Everything happens for a reason

**BLIGHTED OVUM-
EARLY PREGNANCY
WITHOUT AN EMBRYO**

When a fertilized egg implants in the uterus but doesn't develop into an embryo

**CHEMICAL PREGNANCY
EARLY PREGNANCY LOSS**

When an egg is fertilized but never fully implants in the uterus

**EVACUATION OF RETAINED-
PRODUCTS OF CONCEPTION-
COMPASSIONATE REMOVAL**

Removal of the pregnancy tissue from the womb

**EXTERNAL MASS-
ECTOPIC PREGNANCY**

A pregnancy where the fertilized egg implants outside the uterus

**FAILED PREGNANCY-
PREGNANCY THAT WILL
NOT CARRY TO TERM**

A pregnancy that will not carry through to term

**FETAL DEMISE-
STILLBIRTH**

Loss of life in the uterus at or after the 20th week of gestation

**HABITUAL-ABORTER
RECURRENT MISCARRIAGE**

Three or more consecutive pregnancy losses before 20 weeks of gestation

**LATE MISCARRIAGE-
EARLY STILLBIRTH**

Loss of a pregnancy between 14 and 24 weeks

**MEDICAL-TERMINATION-
COMPASSIONATE
INDUCTION**

Ending the pregnancy by taking medicine

**MISSED MISCARRIAGE-/
ABORTION-/
SILENT-
MISCARRIAGE-
MISCARRIAGE WITHOUT
SYMPTOMS**

When the embryo has died but hasn't been released yet

**NON-VIABLE PREGNANCY-
PREGNANCY UNABLE TO
CONTINUE**

When the fetus or baby is unable to be born alive

**PRODUCTS OF CONCEPTION-
PREGNANCY TISSUE**

The tissue derived from the union of an egg and a sperm

**SPONTANEOUS ABORTION-
PREGNANCY LOSS**

Loss of pregnancy naturally before 20 weeks

**THREATENED MISCARRIAGE-/
ABORTION**

PREGNANCY BLEEDING
Abnormal bleeding and abdominal pain that occurs while the pregnancy still continues

**TUBAL ABORTION-
TUBAL LOSS**

When the embryo is passed through the fallopian tube into the abdomen

**VANISHING TWIN-
MISCARRIED MULTIPLE**

A multiple gestation pregnancy that results in a single delivery due to loss



MISCARRIAGE ASSOCIATION

The knowledge to help

« Index

Unit 3:

Considering language

Start ▶



Learning outcomes

After completing this unit you will:

- Recognise how important it is to use language appropriate to the individual woman
- Know how to reflect the woman's preferred language
- Know the non-medical language to use with the woman



How can we make a difference as healthcare professionals

- Inform ourselves of the problem ✓
- Acknowledge it with our patients
 - Compassion and empathy after EPL and in new pregnancy
 - Consider offering sick notes if they need time off work
 - Sign post to EPL specific support
- Adjust the language we use around EPL
- Recognise psychopathology after EPL and refer early for support/treatment

Recognising psychopathology and referring early for treatment

- Unfortunately no standardised mechanisms in place specifically for women and partners following EPL (yet)
- Reliant on charities and primary care to recognise and refer to talking therapies and IAPTs
- Screening tools to assess for common psychopathology:
 - PCL-5
 - PHQ-9
 - GAD-7

Conclusion

- 1 in 3 women will suffer with PTSD/anxiety/depression 1 month after EPL which persists >1 in 6 long term
- In the UK alone this equates to 45,000 women a year and cumulatively over 10 years 400,000 → a major public health problem
- Impacts are far reaching: mental and physical health, subsequent pregnancies, socioeconomic costs
- No standardised way of following couples up
- Need to take opportunities to offer couples:
 - compassionate care
 - acknowledgment of what they are going through
 - information about EPL support
 - early referral for psychological support