

Practise Compassionate Care for Miscarriage and Ectopic Pregnancy

Dr Rebecca Mawson clarifies the role of clinicians and practice nurses in diagnosing, referring, and providing ongoing support to people experiencing pregnancy loss

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About This Article

[Key Points](#)

[Introduction](#)

[The Language of Pregnancy Loss](#)

[Miscarriage](#)

[Ectopic Pregnancy](#)

[Advice About Future Pregnancies](#)

[Follow Up](#)

[Barriers to Best Practice Uptake](#)

[Clinician Wellbeing](#)

[Summary](#)

[Useful Resources](#)

[Ask Medscape AI](#)

Read This Article to Learn More About:

- the role of general practice in identifying and managing ectopic pregnancy and miscarriage
- key signs and symptoms of these conditions
- appropriate and sensitive follow up of patients who have experienced pregnancy loss.

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Key Points

- Clinicians have a larger role in the management of ectopic pregnancy and miscarriage than just referral to an EPAU; ideally, they should be involved throughout a patient's journey
- Clinicians should consider offering a pregnancy test to any female patients of reproductive age with abdominal pain, unless they are in an exclusively same-sex relationship
- A positive pregnancy test with acute abdominal signs should be considered as an ectopic pregnancy unless proven otherwise
- Insensitive language, such as 'retained products', 'fetus', 'incompetent cervix', or 'non-viable', should be avoided when discussing pregnancy loss
- Miscarriage management should be tailored to the individual, and should take account of previous history and experiences
- Women who experience recurrent miscarriages (three or more miscarriages before 10 weeks' gestation) should be referred for further investigation in specialist care
- If there is persistent or irregular bleeding after a miscarriage or ectopic pregnancy, clinicians should perform an HCG test to exclude molar pregnancy/GTD
- Pregnancy loss can cause significant psychological problems that persist after the initial grief
- The psychological impact of pregnancy loss can be lessened by good-quality support in general practice
- Clinicians should not assume that their patient has been given effective support and information by specialist care after pregnancy loss, and should know where to signpost patients
- Pregnancy loss certificates should be available soon for pregnancy loss under 24 weeks' gestation, although this development is still under Government consultation.

EPAU=early pregnancy assessment unit; **GTD**=gestational trophoblastic disease; **HCG**=human chorionic gonadotrophin

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Introduction

Miscarriage is defined as a loss of pregnancy before 24 weeks' gestation.

[1] It is the most common complication that happens in pregnancy, with an estimated 12–24% of pregnancies ending in miscarriage.[2] The true incidence is probably higher—especially considering very early pregnancies, for which pregnancy tests have not been performed.[2] The risk of miscarriage decreases as a pregnancy progresses.[1][3]

Ectopic pregnancy is a potentially life-threatening condition that occurs in 11 of every 1000 pregnancies in the UK.[4] These are pregnancies that happen outside the uterus, most commonly in the fallopian tubes.[5]

Mortality rates from ectopic pregnancy are decreasing,[6] although two in every 1000 ectopic pregnancies still lead to maternal death.[4] Maternal mortality disproportionately impacts women from groups who find access to healthcare services more challenging, such as women from deprived areas.[6]

NICE Guideline 126

In August 2023, the National Institute for Health and Care Excellence (NICE) updated its guideline, *Ectopic pregnancy and miscarriage: diagnosis and initial management*.^[4] Unfortunately, the roles of the clinician and practice nurse are not explicitly discussed in the updated guidance, other than in relation to referring patients to Early Pregnancy Assessment Units (EPAUs) and other specialist care providers.^[4] Nevertheless, this article will draw on aspects of the guideline that may be relevant to general practice, exploring the need for support for those experiencing pregnancy loss; it does not discuss specialist care management.

The guideline recommends:^[4]

'Treat all women with early pregnancy complications with dignity and respect. 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.'

Two recent reviews of pregnancy loss and maternal mortality—Independent Pregnancy Loss Review^[7] (2023) and *Saving lives, improving mothers' care*^[6] (2020)—suggest that the provision of care for pregnancy loss in the UK is far from this ideal.

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The Language of Pregnancy Loss

Healthcare professionals need to be sensitive to both the distress caused by early pregnancy loss and the impact that the terminology they use can have on patients. In recent years, there has been a shift in language about pregnancy loss away from outdated terms like 'fetal demise' and 'retained products of conception' and towards more compassionate and sensitive terms that take into account patients' preferences.^{[8][9][10]} Even the term 'miscarriage' implies that a woman's body has somehow 'mis'-carried the pregnancy, as though it was a failure on her part.^{[8][11]}

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Diagnosis and Management of Miscarriage

NICE recommends that the diagnosis and management of miscarriage is conducted by EPAUs, which are equipped to offer tests for human chorionic gonadotrophin (HCG) levels, ultrasound scans, and trained personnel who can plan management and offer counselling.^[4] However, there is significant variation in these services across the UK; some EPAUs are only available in working hours, some do not see women before 6 weeks' gestation, and some offer limited out-of-hours services.^{[7][8]}

Box 1 differentiates the various types of miscarriage, which are associated with different management strategies.^[12]

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Box 1: Types of Miscarriage

Spontaneous miscarriage is defined as the loss of a pregnancy before fetal viability (22 weeks of gestation). The stages of spontaneous miscarriage may include:

- threatened miscarriage (pregnancy may continue)
- inevitable miscarriage (pregnancy will not continue and will proceed to incomplete/complete miscarriage)
- incomplete miscarriage (products of conception are partially expelled)
- complete miscarriage (products of conception are completely expelled).

Induced miscarriage is defined as a process by which pregnancy is terminated before fetal viability.

Unsafe miscarriage is defined as a procedure performed either by persons lacking necessary skills or in an environment lacking minimal medical standards, or both.

Septic miscarriage is defined as miscarriage complicated by infection. Sepsis may result from infection if organisms rise from the lower genital tract following either spontaneous or unsafe miscarriage. Sepsis is more likely to occur if there are retained products of conception and evacuation has been delayed. Sepsis is a frequent complication of unsafe miscarriage involving instrumentation.

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Management of Recurrent Miscarriage

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Recurrent miscarriage is defined as three or more first-trimester miscarriages.^[13] NICE recommends that women with recurrent

miscarriage should be referred or self-refer to an EPAU for assessment.^[4]

Investigations will likely include screening for antiphospholipid syndrome, genetic testing in both partners, and ultrasound scanning to look for uterine abnormalities.^[13] Of those couples who have normal results on investigation, 75% will go on to have a successful pregnancy in the future with supportive care.^[13]

Identification and Referral of Ectopic Pregnancy

For ectopic pregnancy, clinicians play a crucial part in identifying potential cases and escalating them to specialist care with appropriate communication. This is particularly important for women who cannot easily communicate their health needs to speciality teams, as clinicians are well positioned to advocate for their care in letters and referrals.

The role of general practice in recognising ectopic pregnancy is particularly important given the results of a 2018–2020 review of maternal mortality, which found that deaths from ectopic pregnancy were usually related to substandard care and delays in recognising and acting upon complications.^[6] The review concluded that one-third of these deaths could have been avoided with better care.^[6]

Red Flags

When a woman presents with acute abdominal pain on examination and a positive pregnancy test, clinicians should assume the pregnancy is ectopic until proven otherwise.^[4] In this case, urgent referral to an EPAU or out-of-hours gynaecology service is essential.^[4] If the patient is haemodynamically unstable or the degree of pain or bleeding is a cause for concern, immediate referral to Accident and Emergency (A&E) is indicated.^[4]

In general, clinicians should be aware of the possibility of ectopic pregnancy in women of reproductive age and consider offering pregnancy tests to female patients of this age even when they have nonspecific symptoms.^[4] This recommendation does not apply to women in exclusively same-sex relationships. Table 1 includes some key signs and symptoms of ectopic pregnancy, although the NICE guideline reminds clinicians that ectopic pregnancy often resembles other conditions commonly presents atypically.^{[4][14][15]}

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Table 1: Signs and Symptoms of Ectopic Pregnancy

	More Common	Less Common	Of Significant Concern
Signs	<ul style="list-style-type: none"> • Pelvic, adnexal, and/or abdominal tenderness 	<ul style="list-style-type: none"> • Cervical motion tenderness • Rebound tenderness or peritoneal signs • Pallor • Abdominal distension • Enlarged uterus • Tachycardia (>100 BPM) • Hypotension (BP <100/60 mmHg) and/or orthostatic hypotension • Shock or collapse 	<ul style="list-style-type: none"> • Haemodynamically unstable • Significant concern about the degree of pain or bleeding • Positive pregnancy test and: <ul style="list-style-type: none"> ◦ pain and abdominal tenderness or ◦ pelvic tenderness or ◦ cervical motion tenderness • Bleeding or other symptoms/signs of early pregnancy complications and: <ul style="list-style-type: none"> ◦ pain or ◦ a pregnancy of 6 weeks' gestation or more or ◦ a pregnancy of uncertain gestation
Symptoms	<ul style="list-style-type: none"> • Pelvic and/or abdominal pain, sometimes one-sided • Amenorrhoea, missed period, or other early symptoms of pregnancy • Vaginal bleeding, with or without clots, 	<ul style="list-style-type: none"> • Breast tenderness • Gastrointestinal and/or urinary symptoms, e.g. diarrhoea • Dizziness, fainting, or syncope • Pain in the tip of the shoulder • Passage of tissue 	

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	More Common	Less Common	Of Significant Concern
	or brown watery discharge	<ul style="list-style-type: none">• Rectal pressure, pain, or discomfort on defaecation	

BP=blood pressure; **BPM**=beats per minute

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Advice About Future Pregnancies

There is conflicting information about what advice to give to patients about future pregnancies after pregnancy loss. The mental and physical impact on an individual can be substantial, and sometimes a break from trying for pregnancy can help with recovery.

However, some women may prefer to keep trying to conceive, and there is evidence to suggest that getting pregnant within 6 months of a previous miscarriage can reduce the risk of future miscarriage or preterm birth.^[16] Therefore, it is clinically safe to advise women that they can continue trying for pregnancy without waiting, although a sensitive approach is required in any conversation of this nature—unless these patients were treated with methotrexate, in which case it's recommended to wait at least 3 months before becoming pregnant again because of the potential for harm to the baby.^[14]

Women who have experienced an ectopic pregnancy will be asked to present early to healthcare professionals when they next have a positive pregnancy test.^[14] This is because they are at increased risk of a future ectopic pregnancy. They will usually be offered early scans or HCG monitoring.

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Follow Up of Pregnancy Loss in General Practice

The NICE guideline recommends that all areas of the UK should have a dedicated EPAU that is available 7 days a week to manage early pregnancy complications, and that these units should be staffed by dedicated healthcare professionals who are skilled in delivering difficult news and trained in sensitive communication.^[4] However, the 2023 Independent Pregnancy Loss Review found many failures in care, which included women being ‘bounced’ between general practice, A&E, and out-of-hours services.^[7] Clinicians in general practice can therefore play an important role in offering follow-up support to women who have experienced miscarriage or ectopic pregnancy.

If there is persistent or irregular bleeding after a miscarriage or ectopic pregnancy, clinicians should perform an HCG test to exclude molar pregnancy (gestational trophoblastic disease).

Psychological Support

The impact of pregnancy loss varies between individuals, but the psychological sequelae—including high levels of anxiety, depression, grief, and post-traumatic stress—are often overlooked.^[17] Although levels decline over time, they can still be clinically significant up to 9 months after pregnancy loss.^[17]

The role of members of the general care team in the follow up of patients who have experienced pregnancy loss is to offer support and to help to mitigate the psychological impact.^[8] During acute management in hospital, the contacts, information, and signposting that are given can often be inappropriate or not retained by patients,^[7] so offering resources and information at a person-centred follow-up appointment in general practice can be of considerable benefit.^{[4][8]}

Official Recognition

As a result of the Independent Pregnancy Loss Review, the Government has agreed to start offering an official certificate to recognise losses before 24 weeks’ gestation.^{[7][18]} These pregnancy loss certificates should be available soon, but are still under Government consultation.^{[7][18]}

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Barriers to the Uptake of Best Practice in General Practice

In an ideal system, general practice should be involved in supporting a woman through her pregnancy loss journey, including in recovery after the event.^{[7][8]} This is especially important for women who struggle to access healthcare services or are at risk of poorer psychological outcomes.^[7] However, the fragmentation and 'siloeing' of services can make it challenging to follow women through their journey^[7] and, in the author's experience, poor-quality discharge letters and formulaic EPAU reports that give little personalised information can also hinder the effectiveness of this support in general practice. In general, it is challenging to offer follow up to women in an overburdened general practice setting, and clinicians are reliant on patients actively seeking support.

Pregnancy loss is also still stigmatised, with women feeling they cannot talk about it and many healthcare professionals feeling uncomfortable managing patients who have experienced it.^{[19][20]} The NICE guideline does advocate training to discuss pregnancy loss sensitively and sympathetically.^[4] However, most clinicians will have never worked in an early pregnancy setting, and it is unclear how this training could be provided widely in general practice settings. Some useful resources are available from:

- [the Miscarriage Association](#)
- [the Royal College of Obstetricians and Gynaecologists](#)
- [the Royal College of General Practitioners](#).

Clinician Wellbeing

Many healthcare professionals working in general practice will have personal connections to pregnancy loss, and this can make consultations around this subject particularly difficult.^[8] If they feel too connected to the topic, clinicians can always ask a colleague to offer follow up to a patient in their stead.

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Summary

Services for early pregnancy loss are inconsistent between regions, and the management of miscarriage and ectopic pregnancy varies significantly. Clinicians have a vital role in supporting individuals through the pregnancy loss journey, and can improve their patients' psychological wellbeing by adopting a sensitive approach to discussions and offering effective and appropriate follow up.

The Useful Resources box below contains resources for both patients and clinicians.

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Useful Resources

Patient Resources—from the Independent Pregnancy Loss Review

- [Ectopic Pregnancy Trust](#), a national organisation offering support and information for those experiencing an ectopic pregnancy
- [Saying Goodbye](#), part of the Mariposa Trust, an international charity based in the UK offering support to anyone who has lost a baby at any stage of pregnancy, at birth, or in infancy
- [The Miscarriage Association](#), a national charity offering emotional support and information via telephone, and training resources for health professionals
- Baby loss certificates—these should be available, in recognition of a life lost, for parents of those who have suffered a pregnancy loss before 24 weeks' gestation. For more information, see Annex I in the Independent Pregnancy Loss Review 2023. The Government response stated these would be available via an online application system for bereaved parents.

Useful Reading for Healthcare Professionals

- [The Pregnancy Loss Review: what does it mean for general practice?](#) (Dr Nada Khan)
- [A template letter for clinicians to patients after a pregnancy loss](#), available in Annex G of the Independent Pregnancy Loss Review
- [GPs dealing with pregnancy concerns: a good practice guide](#), developed by the Miscarriage Association and including information for clinicians and their patients on when to try again, grief reaction, support available, when to have sex, how to talk to work, and how to talk to family/children.

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