The role of the Recurrent Miscarriage Clinic

11th December 2024, BMUS, Coventry

Rachel Small
RGN RM FRCOG (Hon)
Clinical Matron UHB
Chair of The Ectopic Trust
Past Chair of The Association of Early Pregnancy Units





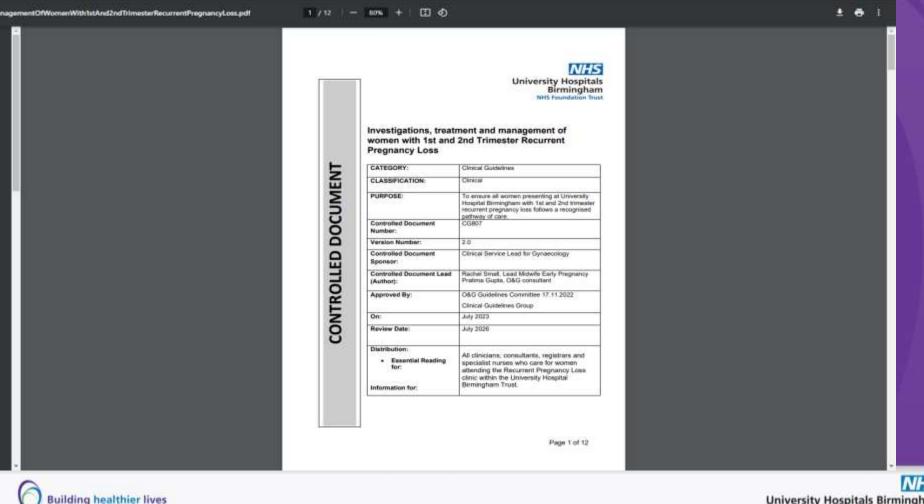
Guidance for Recurrent Miscarriage care:

- ESHRE 'Recurrent Pregnancy Loss' (updated 2022)
- RCOG Green Top Guideline No 17 'Recurrent Miscarriage (updated June 2023)

Essentials:

- Criteria
- Referral framework
- Robust SOP
- Location
- MDT working
- Access to Imaging







First Visit:

- History
- Investigations USS, bloods, height & weight
- Psychological support
- Lifestyle advice
- Supportive care
- Begin continuity of care



Useful tools

Age	Risk of miscarriage
12-19	13%
20-24	11%
25-29	12%
30-34	15%
35-39	25%
40-44	51%
>45	93%

Previous no miscarriages	Risk of miscarriage
1	11%
2	17%
3	28%
4	39%
5	47%
6	64%

Second visit:

- Discuss results
- Supportive care continues
- Plan for treatment for any abnormal results
- Plan for all patients for the subsequent pregnancy regardless of results
- Offer relevant research studies



Subsequent Pregnancy

- Patient has direct access to clinic, calls when has positive PT
- Maintain supportive and continuity of care
- Perform USS for reassurance every fortnight until 12
 -16 weeks (or when loss occurred if further)
- Counsel patient following outcome of USS
- Offer cytogenetics for miscarriages
- Follow up in clinic for further results, plan and support



Reassurance Scans – why?

- Reduce anxiety
- Reduce ED attendance
- Improve livebirth rate

Consider:

- Appointment times
- Skilled Sonographer
- Location of USS room
- Slave monitor/pictures
- History
- Impact of USS



Patient feedback

 'the investigations were important but what was life saving were the scans in the next pregnancy as I was so scared it would happen again'

• 'just having the same person who knew what I have been through meant so much'

 'not having to explain what I have been through each time I go to the hospital was so important to me'







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Any questions?

Thank you

