

Briefing for the Public Petitions Committee

Petition Number: [PE01443](#)

Main Petitioner: Maureen Sharkey on behalf of Scottish Care and Information on Miscarriage (SCIM)

Subject: Investigation into the cause of miscarriage

Calls on the Parliament to urge the Scottish Government to offer all women, who have suffered miscarriage, investigations following one loss through miscarriage and to review NHS Scotland's policy on the investigation and treatment of couples who experience miscarriage to help relieve the anxiety and distress to women caused by the current guidelines.

Background

In the period April 2009 to March 2010, there were 5,708 miscarriages in Scotland - equivalent to 5.5 miscarriages per 1,000 women aged 15-44 years. (ISD 2012)¹ Table 1 provides further details on the number of miscarriages recorded by the woman's age and health board area of residence.

In this same time period, there were a total of 58,356 births² in Scotland, 58,051 of which were live births and the remaining 207 were still-births.

While data are collected on the number of live and still-births, and on the number and rate of miscarriage across Scotland, there are no national data reported on the number of women experiencing recurrent miscarriage in Scotland. There are also no nationally reported data in Scotland on the stage of pregnancy that miscarriage occurred (e.g. during first or second trimester).

An article published in 2006 in the [Lancet](#) notes that miscarriage is the commonest complication of pregnancy. Recurrent miscarriage (the loss of three or more consecutive pregnancies) is said to affect one per cent of those trying to conceive. There is a strong association between recurrent miscarriage and psychological health, with a third of women attending specialist clinics as a result of miscarriage found to be clinically depressed, and one in five with levels of anxiety similar to those who attend psychiatric outpatient services.

¹ ISD (2012) "Births in Scottish Hospitals: Healthy Birth Weight". Edinburgh: Information Services Division Scotland. Available [here](#)

² Not including home births and births at non-NHS hospitals.

Table 1: Miscarriage^{3 4} by health board area and maternal age, Scotland
Year ending 21 March 2012

	Total	Rate ⁵	Age of mother					
			Under 20	20-24	25-29	30-34	35-39	40+
Scotland⁶	5,708	5.5	401	849	1,236	1,375	1,231	616
Ayrshire and Arran	395	5.8	36	80	64	85	89	41
Borders	169	8.8	11	17	27	48	43	23
Dumfries and Galloway	159	6.5	17	36	30	32	24	20
Fife	436	6.1	41	71	109	96	89	30
Forth Valley	267	4.6	15	40	56	53	66	37
Grampian	1093	10.2	79	135	249	304	206	120
Greater Glasgow and Clyde	1204	4.7	80	191	268	269	265	131
Highland	333	6.3	22	44	79	68	70	50
Islands⁷	25	2.2	*	8	*	8	*	*
Lanarkshire	488	4.3	25	70	125	115	116	37
Lothian	726	3.9	40	96	133	196	178	83
Tayside	368	4.8	28	57	85	85	76	37
Other/not known	45	x	*	*	*	16	*	*

Source: ISD "Births in Scottish Hospitals"⁸

"x" not applicable

³ Miscarriages (spontaneous abortions) requiring hospital in-patient treatment.

⁴ Miscarriage is defined using ICD10 codes (from 1996 onwards) O02 - Other abnormal products of conception, including missed abortion and O03 - Spontaneous abortion.

⁵ "Rate" refers to the number of miscarriages per 1 000 women aged 15-44 years.

⁶ Includes births where NHS board of residence is unknown or outside Scotland.

⁷ Orkney, Shetland and Western Isles NHS board areas

⁸ ISD (2012) "Births in Scottish Hospitals: Healthy Birth Weight". Edinburgh: Information Services Division Scotland. Available [here](#)

NHS Inform is the national health information service providing quality assured health information for the public in Scotland. The NHS Inform [website](#) provides information on potential causes of miscarriage. This includes information on causes associated with first trimester miscarriage and causes associated with second trimester miscarriage. It also notes some common misconceptions about the causes of miscarriage.

'Green-top' [guidelines](#) on investigation and treatment of couples with recurrent first trimester and second trimester miscarriage were published by the Royal College of Obstetricians and Gynaecologists in 2011. Green-top guidelines offer systematically developed recommendations to assist clinicians and patients in making decisions about appropriate treatment for specific conditions. Green-top guidelines are concise; providing practice based recommendations focusing on specific areas of clinical practice. The guidelines explore possible treatments and services where recurrent miscarriage has occurred during the first trimester or where there has been a miscarriage in the second trimester. The 2011 guidelines replace "The Management of Recurrent Miscarriage" guidelines published in 1998 and 2003.

There are also green-top guidelines on [early pregnancy loss](#)⁹ (pregnancies up to 12 weeks) produced in 2006. These focus on pre and post miscarriage medical interventions. These guidelines do make reference to the need to recognise the distress and upset likely to affect many couples/women experiencing miscarriage. However, there is no explicit reference to pursuing investigation in order to reduced the risk of, or prevent future, miscarriage.

Scottish Government Action

The Scottish Government published: "[A Refreshed Framework for Maternity Care in Scotland](#)" in January 2011. This Framework was launched with the aim of making sure maternity services achieve the best possible health outcomes for both mother and child, with services individualised to a woman's needs, including additional support for women with complex health and social care needs.

The Framework requires that NHS Boards provide a full and integrated neonatal and maternity care that is responsive to the needs of the local population. Women experiencing complications in early pregnancy should be given access to an early pregnancy assessment service, with care provided in a dedicated area distinct from the general gynaecology or obstetric ward and, in the case of miscarriage, offered a range of care options.

While there was guidance produced to accompany this Framework, this focuses specifically on reducing antenatal health inequalities. The strategic Framework does not focus further on support for women who experience complications in pregnancy, specifically regarding interventions to investigate the causes of miscarriage.

⁹ With an addendum added in 2011 (link [here](#)).

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