PE1443/C

Response to petition PE1443

The Scottish Committee of the Royal College of Obstetrician and Gynaecologists (SCRCOG) welcomes the opportunity to respond the questions presented by the Scottish Care and Information on Miscarriage.

Miscarriage occurs in up to 20% of clinical pregnancies and the care of women experiencing such a loss is a substantial and important component of the care provided to women by Gynaecologists, together with other key members of the Health Service in Scotland.

Evidence based guidance relating to the management and care of women experiencing miscarriage appears in the RCOG guideline No.25 The Management of Early Pregnancy Loss (2006) (1). The recommendations contained within this guideline address matters surrounding diagnosis, appropriate terminology, service provision and psychological aspects of miscarriage. Information for women and their partners is provided in an accompanying patient information leaflet 'Early Miscarriage- Information for Women and Their Partners' (2008) (2). The large majority of women experiencing a miscarriage subsequently experience a normal pregnancy without investigation or intervention.

Recurrent miscarriage is currently defined as the loss of three or more consecutive pregnancies and affects 1% of couples trying to conceive. Recommendations regarding the investigation and treatment of couples with recurrent miscarriage appear in the RCOG guideline No.17 The Investigation and Treatment of Couples with recurrent First-trimester and Second-trimester Miscarriage(2011) (3).

The investigation of the substantial majority of couples in connection with recurrent miscarriages does not reveal positive findings, and of those where a positive finding is obtained only in a proportion of cases does it lead to a demonstrably effective therapeutic intervention. With a diagnosis of recurrent miscarriage but in the absence of positive investigations, the prognosis for a future pregnancy is considered to be good, with 75% of subsequent pregnancies having a successful outcome (3)

To address the specific questions presented to SCRCOG by the petitioners.

Can you provide the basis for the current guidelines stipulating three miscarriages should have occurred before investigations are carried out?

The diagnosis of recurrent miscarriage is that of three consecutive miscarriages and the RCOG guideline No 17 addresses the investigation and management of such women. The scientific literature (upon which the RCOG guidelines are based) principally reports results from investigating and offering treatments to women with three successive miscarriages; information relating to the investigation and management of women experiencing one miscarriage can reasonably be expected to be sparse and requires a different set of questions in order to be able to generate valid guidance.

Research into the incidence and nature of positive test investigations following one miscarriage and how they relate to the outcome a subsequent pregnancy would be most welcome. If such research demonstrated a significant number of positive tests that were associated with a negative outcome of a subsequent pregnancy, and were amenable to safe and effective intervention, then guidance surrounding the investigation and management of women with less than three consecutive miscarriages would be very relevant.

What are your views on what the petition seeks?

The SCRCOG fully supports the universal provision of medical and psychological support for women experiencing miscarriage. Such support is mainly but not solely provided throughout Scotland via a network of early pregnancy units, General Practitioners and support organisations.

The incidence and relevance of abnormal investigations following one miscarriage is not well established. Given that the majority of women with recurrent miscarriage test negative for the investigations currently recommended it is likely that women experiencing one miscarriage will have a lower incidence of abnormal test results.

Furthermore, the significance of an abnormal test result discovered after one miscarriage is more difficult to quantify, since with rare exceptions there is no abnormality on testing that is associated with an absolute inability to have a successful pregnancy. In other words, finding an abnormal result after one miscarriage may or may not be relevant to the prognosis of a future pregnancy. Diagnosing a condition in a woman which has an uncertain or no influence upon her subsequent pregnancy outcomes is unlikely to be constructive.

Extrapolating treatments demonstrated to be effective in women with an abnormality against a background of recurrent miscarriage to women with a similar abnormality who have experienced one miscarriage may be inappropriate. This may expose the woman to unnecessary intervention with the possibility of side effects and complications.

The history of the management of women with recurrent miscarriage is littered with treatments subsequently demonstrated to be ineffective when evaluated by suitably designed research studies. A properly designed evaluation of the incidence, nature and significance of investigations performed after one miscarriage would be essential prior to any consideration of it being recommended practice.

An exception to this is testing for antiphospholipid antibodies amongst women who have experienced a miscarriage after 10 weeks' gestation. Such a positive test is a research criterion for the diagnosis of antiphospholipid syndrome (Hughes' syndrome) (4) but does not form part of the recommendations for antiphospholipd antibody testing set out by the British Committee for Standards in Haematology (2012) (5). Since a diagnosis of antiphospholipid syndrome has recognised negative effects upon subsequent pregnancy outcomes and is amenable to effective intervention, the SCRCOG would consider it appropriate to offer antiphospholipid testing to women who have experienced a miscarriage at greater than 10 weeks.

References.

1. The Investigation and Treatment of Couples with recurrent First-trimester and Second-trimester Miscarriage. 2011. www.rcog.org.uk

2 Early Miscarriage-Information for Women and Their Partners. 2008. www.rcog.org.uk

3.The Investigation and Treatment of Couples with recurrent First-trimester and Second-trimester Miscarriage 2011.www.rcog.org.uk

4. Miyakis S et al (2006) International consensus statement on an update of the classification criteria for definition of the antiphospholipid syndrome. Journal of Thrombosis and Haemostasis. 4;295-306.

5. Keeling et al (2012) Guidelines on the investigation and management of antiphospholipid syndrome. British Journal of Haematology 157; 47-58.