Scottish **C**are and **I**nformation on **M**iscarriage
Providing Therapeutic Counselling for Miscarriage, Stillbirth & Neonatal loss

14th January 2012

Scottish Care & Information Response to Letters in relation to petition PE1443
(Executive Summary Page 4)

I said in my opening statement to the petitions committee on the 27th of November; "this petition is about the people who can be helped by testing, it is not about the ones who cannot". The focus is on offering all women a choice about testing as miscarriage effects 5,708 women in Scotland a typical year (ISD Scotland 2010) and has a distressing effect on women's emotional wellbeing.

"A third of women attending specialist clinics are clinically depressed, and one in five have levels of anxiety that are similar to those in psychiatric outpatient populations" (Rai, 2006)

Our main aim in bringing the petition to the committee's attention is to highlight the devastating emotional effect that the current guidelines have on women. The pre-counselling evaluations that women complete before they begin therapy with us evidence the traumatic effects of miscarriage. This is also backed by research into Women's Perceptions of Counselling Following Miscarriage (2007) and we also regularly hear about the effects that this policy has during our counselling sessions with clients who are referred to us by the NHS through their GP, health visitor, Early Pregnancy Unit or Mental Health Unit. These referrals come from all over Scotland.

Since SCIM was set up in 1994 we have had the best all round care for women in Scotland. This includes links with and regular referral to Early Pregnancy Units (EPU), GP practices, Women's health Centres and other appropriate services through the web and try to maintain regular contact with. We offer links to The Association of Early Pregnancy Units and NHS maternity Services. Most recently we have spoken with Rosslyn Crocket (Director of Nursing), mental health clinic staff and medical/midwifery staff from various hospitals in Scotland.

With reference to the replies the committee has received, it is reassuring for us to read that all of the groups, who were consulted, acknowledge the need for proper professional counselling support. Also that this is carried out by specialised qualified counsellors and that this type of emotional support is recognised as being essential in offering support to families who have suffered miscarriage. One of the doctors refers to (TLC) Tender Loving Care that is a critique of organisations that offer tea and sympathy. This has never been our position. We want the very best possible guidelines. It is more than TLC that is necessary.

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Our experience in working therapeutically with women and couples who have suffered miscarriage, stillbirth and neonatal loss is that they make a good emotional recovery when given access to professional services. This assists them in preparation for their future and good emotional health in the longer term. However this requires regular engagement, not just a quick fix. The idea that information leaflets and direction to website information is the solution matches more with a DIY approach to the management of miscarriage than proper professional care.

It is also a relief to hear that over the last two months the Scottish Government's statement of good practice on the management of Early Pregnancy loss (1996) which places considerable emphasis on the human element in medicine, be reiterated to hospital staff by Dr MacLean. This is a document in which The Scottish Government acknowledge the contribution made by SCIM. I feel confident that Dr MacLean also restates the Scottish Governments recommendation that SCIM's contact details be given to couples for counselling support also.

Through, the Scottish Qualifications Authority (SQA), we have also provided regular counselling skills training to midwives in units such as Ayrshire Central and Wilshaw General. As an award winning training centre we currently offer specialised counselling skills training to university counselling students.
From a medical point of view the responses from both the SAEPN and the AEPU Executive Committee demonstrate with our point that there is no uniformity in the way miscarriage is responded to medically. I can only reiterate some of the examples given by the medical profession; only 50% of the hospitals have specialised EPU units in place while others do not, some hospitals offer testing after 2 miscarriages while others do not. Surely it should not be left for women to negotiate for themselves especially when they are in such a vulnerable state.

Our experience, from a professional therapeutic counselling point of view, shows that this random approach is unhelpful in clearly identifying the cause of miscarriage and it is unsupportive in terms of emotional recovery. The arguments put forward are circular. Scientific study which can be shared and built on is what would be the most helpful for women in the longer term and of course would assist in offering preventative measures and early intervention for future generations in line with the current Scottish Parliament Policy.

We would like to see standardised testing for all women who have suffered miscarriage with a view to creating the facts on which proper study can be based, in an effort to relieve some of the anxiety that the existing policy causes. The idea that the cause of miscarriage is random or chance, argues the need for testing. The lack of proof is a point that is clearly recognised by Professor Quenby, Professor of Obstetrics, who agrees that there are insufficient evidence based trials conducted. A statement of reassurance that is contradictory does nothing but confuse and upset women further, the idea that you ***have to suffer consecutive loss before*** you are offered testing is unkind as it is unscientific. SCIM would also agree with the Scottish Government that guidelines for the medical management of miscarriage are essential in providing good miscarriage care across Scotland however we would like a change in the current testing guidelines to make that care better.

The 1,184 people who signed our petition agree that there should be a change in policy. The current policy is unacceptable as it only delays finding medical reasons for miscarriage. This policy condemns some women to the trauma of miscarriage over and over again. Change would mean that fewer women would have to go through it. There is no question that it would greatly assist women in Scotland if in reviewing this policy the committee were to exercise its remit and urge the Scottish Government to change this policy in favour of the women in Scotland in 2013 who may suffer miscarriage like the 5,708 women in Scotland who suffered miscarriage in 2010.

Yours sincerely,

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Bradnock, Dr, et al, Response Letter to Petition Committee (Dec 2012)

Executive Summary

SCIM agrees with the Scottish Government that guidelines for the medical management of miscarriage are essential. However, we would like a change in current testing guidelines to make care better.

Background

- Current policy means that women have to suffer three consecutive losses before testing is offered (RCOG, 2011)
- Miscarriage affects 5,708 women in Scotland each year (ISD Statistics, 2010)
- There is significant variation on the level of care provided (NICE Guidelines, p27, 2012)

Responses to the committee

- Only 50% of hospitals have specialised Early Pregnancy Units (AEPU, 2009)
- No uniformity in the way miscarriage is responded to medically (Bradnock et al, 2012)
- A leading authority agrees that there are insufficient evidence based trials conducted (Quenby, Professor, 24th Dec 2012)