PE1443/H

The petition

Calling on the Scottish 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.

Tommy's response

Summary

Tommy's supports this petition's good intentions but not the solution proposed as it currently stands.

Our response in more detail

We do support women receiving high standards of supportive care irrespective of how many miscarriages they experience. **Tommy's has a** free phone helpline run by specially trained midwives, who are able to support and provide information to women who have experienced miscarriage. This service supplements care already provided by NHS Scotland.

We do support care being provided 24 hours a day, ideally through early pregnancy units. We often find early pregnancy units open during the daytime; no help is often available during the evenings and nights. We would recommend that women are clearly signposted to where to go should they experience problems day or night. We also support women being given information about what symptoms they should be concerned about. This may help to encourage those who need help to seek it promptly and target resources on those who need most help.

We support investigations after one miscarriage for those women experiencing late miscarriage. The rule that women must have 3 miscarriages before the causes are investigated is not appropriate for those women who have a late miscarriage, the causes of which are more likely to be associated with pre-term birth.

For early miscarriages we would recommend that investigations are carried out after 2 early miscarriages assuming these are concurrent – simply because of the level of distress that is endured by parents in this situation.

We would also recommend that all women receive the same consistent level of care irrespective of where they live and women are empowered to receive appropriate care because they are aware of the standard of care and the investigations they should be offered. We recommend that women are provided with information about the causes of miscarriage and the factors which might heighten their risk. We would recommend that all women are encouraged by their midwives to stop smoking, stop drinking alcohol, manage their weight in pregnancy, eat a healthy diet, take regular gentle exercise, take Folic acid and Vitamin D (as appropriate).

We also suggest that women's care is amended in pregnancies which follow a miscarriage as anxiety levels are likely to higher and often ongoing through-out a subsequent pregnancy.

Evidence suggests that women are just as likely to have a normal pregnancy after one early miscarriage as those women who have not suffered a miscarriage at all – it indicates that investigations after the first miscarriage may not detect an underlying cause in many cases.

Lastly we urge governments to prioritise research into the early cost effective screening and treatment of women in pregnancy to identify those who are most at risk of having a pregnancy problem.