

# Care after miscarriage needs standardised approach, report reveals

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Credit: University of Bristol

The standard of care for mothers experiencing the end of a pregnancy varies widely, with more to be done to replicate good practice found in some NHS Trusts and hospitals, according to a new study led by researchers at the Universities of Bristol and Birmingham.

The findings are the result of the first stage of Death Before Birth, a two-

year study looking at the experience of women who have gone through the potentially traumatic experience of [pregnancy](#) loss either through miscarriage or termination for fetal anomaly, or experience of stillbirth.

Dr Danielle Fuller, University of Birmingham, said: "We hope that the report will assist the Human Tissue Authority as they move towards a review of their Guidance, and that it will contribute to the improvement of care pathways for, and advice offered to the bereaved."

The study found that although there was a range of good and improving, practice, there were problematic variations in practice across England, with some policies, consent forms and patient information leaflets of some trusts and hospitals hard to interpret and changing on an ad-hoc basis.

Dr Sheelagh McGuinness, from the University of Bristol Law School, said: "In general, we found women are being offered some choice for disposal of pregnancy remains although it is rare for trusts to either offer or inform of all possible options.

"There was confusion and ambiguity about the meaning of 'sensitive' incineration and whether it was an appropriate method of disposal."

Other key findings of the study include:

- A need for clarity on whether disposal of pregnancy remains is discussed as part of the consent to treatment process;
- Trust policy on disposal of pregnancy remains is often unclear or internally inconsistent;
- In general, there is inconsistency regarding the range of information and support offered to women. For instance - patient information leaflets (PILs) often do not contain information about management and disposal of remains meaning the level of

care and information a woman receives is dependent on those caring for her;

- Parental attendance at funeral/memorial services is not always facilitated despite there being no legal obstacles.

The researchers looked at the extent to which the Human Tissue Authority (HTA) Guidance (2015) had been incorporated into hospital policies for the management and disposal of pregnancy remains within NHS England.

They also examined the extent to which those who were providing bereavement care to women – particularly, professionals in healthcare service and the funerary industry in England– incorporated the HTA Guidance within their practice.

The team also investigated the extent to which professionals take account of the views, experiences and needs of the bereaved.

The team also made a number of recommendations to the Human tissue Authority (HTA):

- Clarification was needed on what sensitive incineration means and the legitimacy of offering this method for disposal;
- A more standardised approach to provision of care needed in this area;
- Consideration should be given about whether the disposal of remains of pregnancy be brought within the meaning of 'treatment' of miscarriage and as such discussed as part of the consent process.

Drawing on the fields of law and sociology, Dr Sheelagh McGuinness and Louise Austin from the University of Bristol worked with Dr Karolina Kuberska from the University of Birmingham to undertake the

research that produced the report.

**More information:** Report to the Human Tissue Authority on disposal of pregnancy remains (less than 24 weeks' gestational stage).

[deathbeforebirthproject.org/re ... earch/htareport2017/](https://deathbeforebirthproject.org/research/htareport2017/)

Provided by University of Bristol

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