



Scottish Early Pregnancy Network Newsletter April 2021

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Scottish Early Pregnancy Network

Newsletter

April 2021

A warm welcome to the first Scottish Early Pregnancy Network (SEPN) newsletter.

At our annual conference in Dumfries in April 2019, as we enjoyed an excellent programme in a fabulous venue, none of us could have envisaged what 2020 was going to bring. Sadly our April 2020 conference in Glasgow had to be postponed and our optimism that it would take place in April 2021 has not been realised. I believe we are all missing the benefits of meeting face to face and networking with each other.

This newsletter is to give an update on the work that SEPN has been continuing over the last year and to remind everyone that we can still network and seek help or advice even although we can't currently meet.

The challenge of providing clinical care through this pandemic has no doubt had an impact on all of us, from all disciplines, in every EPU across Scotland. Some of us may have found new ways of working which are better for patient centred care and others may be struggling with the ongoing demands of trying to provide care without the physical space and resources which are now required.

I am sure you will find the review of the Mife/Miso trial interesting and relevant to clinical practice. Professor Duncan is also going to be presenting a webinar on progesterone use in miscarriage on Thursday 13th May 19:30pm.

To book a place on this please follow this link: [Click here](#)

SEPN has also made connections with the Scottish Perinatal Network who are working across Scotland with all agencies and professionals concerned with providing perinatal care. In their March Newsletter an article about SEPN was included:

<https://www.perinatalnetwork.scot/wp-content/uploads/2021/02/SPN-Newsletter-Issue-4-v1.0.pdf>

It is heartening to have early pregnancy recognised as an important part of pregnancy care across Scotland and we expect to have ongoing involvement with them.

We have co-opted Marjory MacLean back out of retirement as 'External Communications Consultant' for SEPN as the time required to raise the profile of SEPN with Scottish Government and other organisations is more than any of us can offer while working clinically. Marjory has helped with updating our 'Key Contacts across Scotland' – we now have a contact for a doctor, nurse or midwife and a sonographer in almost every unit in Scotland. Additionally, Marjory has helped in the creation of this newsletter and we are delighted to have her working with SEPN again.

I look forward to seeing many of you at the webinar and we trust the April 2022 conference will be able to happen in the real world.

Lisa Starrs, Chairperson Scottish Early Pregnancy Network

Update on work with Scottish Government Including 'Changing Miscarriage Care' Campaign

Marjory MacLean, External Communications Consultant SEPN



The 'Changing Miscarriage Care' campaign was launched in September 2020 by Shona Robison MSP and Nadia El-Nakla in partnership with Tommy's. The campaign aims to focus on a number of issues including breaking down the stigma of miscarriage by sharing experiences, changing the recurrent miscarriage policy & accessibility of services. Representatives from SEPN and Miscarriage Association were invited to attend the zoom launch in September. Following this, SEPN wrote to Shona Robison to advise the campaign group about the work which has been undertaken in Scotland to improve care at the time of early pregnancy loss. The campaign is promoting Tommy's aims which are:

- women should be offered some care after the first miscarriage - pre-conceptual advice, weight loss, smoking, take folate - can signpost websites
- if bleed in early pregnancy after miscarriage- progesterone (PRISM trial)
- after 2 miscarriages nurse lead care, (consultant led care too expensive) - basic tests, FBC, TFT'S, possible APS
- after 3 miscarriages, consultant led care, Karyotype losses, more tests.
- after 5 miscarriages progesterone (PROMISE re-analysis) – hysteroscopy

On 6th October Shona Robison led a debate in Scottish Parliament to discuss the motion – “the Parliament notes the launch of the campaign, Changing Miscarriage Care, which aims to open a conversation and breakdown the stigma regarding miscarriage, while campaigning for practical changes to the provision of miscarriage services in Scotland; recognises what it sees as the devastating impact that miscarriage can have on couples, who can often be left feeling unsupported and in search of answers; understands that there are already some very good pregnancy services, and notes the aim to make sure that this is the case everywhere in order to provide timely and dignified care to every pregnant woman across Scotland.” This was a moving debate where several MSPs shared personal accounts of pregnancy loss.

<https://www.scottishparliament.tv/meeting/members-business-changing-miscarriage-care-october-6-2020>

A transcript of the debate is available from page 64 of the link below.
<https://www.parliament.scot/parliamentarybusiness/report.aspx?r=12875&mode=pdf>

The work of SEPN was acknowledged in the summing up of the debate which concluded that “the Scottish Government are firmly committed to providing the right support at the right time to women and their families who have sadly experienced a loss”.

Changing Miscarriage Care held a private online event 'Sharing Experiences of Miscarriage Care with Scottish Government' in February. This was an opportunity for women to share their experience of early pregnancy loss in a safe space. We hope that the campaign will engage with SEPN and the NBCP as we all have a shared aim to ensure best practice in early pregnancy care.

SEPN are requesting that Scottish Government consider an audit to establish what miscarriage care looks like in Scotland before they commit to changes. This is particularly important given the wide variety of situations across Scotland.

Collaboration with Scottish Government

SEPN are actively seeking a representative from Scottish Government to join the Exec. This is to facilitate a direct route for the representation of the clinicians who deliver early pregnancy care in Scotland with the relevant campaigns and initiatives. SEPN is also seeking to highlight the need for well-resourced realistic medicine for early pregnancy care.

National Bereavement Care Pathway (NBCP) Scotland



Marjory MacLean, External Communications Consultant SEPN

The launch of the NBC Pathways last March was sadly cancelled however the 5 pathways continue to be piloted through work with the Early Adopter sites <https://www.nbcpscotland.org.uk/>

- Miscarriage, ectopic and molar pregnancy
- Termination of pregnancy for fetal abnormality
- Stillbirth
- Neonatal Death
- Sudden Unexpected Death in Infancy

<https://www.nbcpscotland.org.uk/miscarriage/>

The **miscarriage, ectopic and molar pregnancy pathway** contains sections on the following:

- When a pregnancy issue is suspected
- Next steps
- First trimester miscarriage
- Second trimester miscarriage
- Ectopic pregnancy
- Molar pregnancy
- Marking the loss, making memories
- After the loss
- Before discharge
- Support in the community
- Next pregnancies
- Staff care
- Outcome measures
- Useful contacts
- Training and support resources

From the miscarriage page there is a very useful link to **training and support**: <https://www.nbcpscotland.org.uk/miscarriage/training-and-support/>

This includes links for bereavement care; staff support; caring during loss including a video for ambulance crew; marking loss, making memories; certification, post mortem and cremation; and women's and partner's mental health.

Outcomes from the pilot study are being independently evaluated by Fiveways.

Monthly **updates** can be found on the website <https://www.nbcpscotland.org.uk/updates/>.

Mifepristone and Misoprostol versus Misoprostol alone?

Myra Kinnaird, Bereavement Support Midwife,
NHS Grampian



The results from the MifeMiso trial reported in [the Lancet](#) on 25 August 2020 showed that treatment with mifepristone two days before misoprostol led to the miscarriage resolving more quickly than treatment with misoprostol alone. It also stated that the combined treatment reduced the need for surgery following medical management and was less costly overall.

Previous audits undertaken by EPU's in Scotland were discussed by the SEPN Executive. Results of these audits would suggest that the outcome in Scotland may be better than the MifeMiso trial (eg Lothian-RIE currently have a 90% success rate with medical management).

It was agreed to collate information from all Scottish EPU's to ascertain what treatment regimens are currently being used. The results are presented below.

Results

25 EPU's were contacted. 20 EPU's responded including 5 EPU's who don't carry out medical treatment on site but refer to a tertiary hospital and one site which only offers medical management as outpatient treatment from a Health Centre Hub. Of the EPU's responding – only 2 currently use MIFE/MISO for all gestations, with 1 in the process of changing to this protocol and another 2 only using MIFE after 9 weeks gestation.

Regime	Number EPU
Mife / Miso all gestations	2 (1 draft)
Mife after 9 weeks	2
Miso only	16

EPU's vary greatly in their misoprostol regimes as can be seen below. Most EPU's offer outpatient treatment, some giving the first dose in a hospital setting, some giving the medication for women to take at home. Most EPU's only offer outpatient management up to 9+0 or 9+6 weeks (one EPU offers outpatient misoprostol up to 12 weeks). The timing of further misoprostol varied from 3 – 4 hourly. If treatment was unsuccessful, most EPU's would offer further medical management or surgical management.

Outpatient Management:

Outpatient ≤ 9 weeks CRL ≤ 22mm	Mifepristone	Misoprostol first dose 36-48hrs later
Number EPU		
1 (draft)	200 mg	1x 800 mcg SL/PO/PV
1	200 mg	1x 800 mcg PV
1	200 mg	1x 800 mcg PV – 1x 400 mcg PV/PO

Outpatient	Misoprostol first dose	Further dose
Number EPU		
5	800 mcg SL	None
1	800 mcg PV	None
2	800 mcg PV	400 mcg PO 1x
2	800 mcg SL	400 mcg PO 1x
1	800 mcg PV/SL/PO	400 mcg PO up to 2x

Mifepristone and Misoprostol versus Misoprostol alone?

Myra Kinnaird, Bereavement Support Midwife,
NHS Grampian



For those EPUs offering inpatient management >9 weeks there is further variation not only with the regime but also the gestational age. Some EPUs only give to 12+0 weeks; the majority give to 12+6 weeks and some give up to 13+6 weeks. This may depend on whether the EPU is in a gynaecology or midwifery setting.

Inpatient >9 weeks up to 13+6	Mifepristone	Misoprostol first dose 36-48hrs later
Number EPU		
1 (draft)	200 mg	800 mcg SL/PO/PV with up to 4x 400 mcg SL
2	200 mg	800 mcg PV with up to 3x 400 mcg PO/PV
1	200 mg	800 mcg PV with up to 2x 400 mcg PO/PV
1	200 mg	800 mcg PV with up to 1x 400 mcg PV

Inpatient	Misoprostol First dose	Further dose
Number EPU		
4	800 mcg SL	None
1	800 mcg PV/SL/PO	400 mcg PO up to 2x
1	800 mcg PV	400 mcg PO up to 3x
2	800 mcg PV	400 mcg SL up to 3x

It was also noted that some EPUs were still administering antibiotics routinely and some offered anti-D prior to 12 weeks gestation.

The next stage will be to audit the success of medical management in each EPU against the national research findings. To make this equitable across Scotland, it was suggested that an audit document should be developed and shared to capture the relevant information.

The question is: **“Is this an audit EPUs would support SEPN undertaking?”**

References

[Mifepristone and misoprostol versus misoprostol alone for the management of missed miscarriage \(MifeMiso\): a randomised, double-blind, placebo-controlled trial - The Lancet](#)

<https://www.miscarriageassociation.org.uk/research/the-mifemiso-trial/>



“MISCARRIAGE AND PROGESTERONE”

Webinar with Professor Colin Duncan
Honorary Consultant Reproductive Medicine,
Clinical Lead Early Pregnancy,
Edinburgh

Thursday 13th May
7:30pm

To book follow link below:

[Click here](#)

CALL FOR SEPN EXECUTIVE MEMBERS



There are vacancies on the SEPN Committee for a Nurse or Midwife and a Sonographer.

The commitment includes a minimum of two Executive meetings per year and helping with the organisation and running of the annual conference.

Assistance with other activities, for example conducting audits across Scotland, is also part of the role.

Additionally SEPN are engaged with a number of patient led initiatives and with providing information to the Scottish Government.

A demonstrable interest in early pregnancy and a relevant clinical role is essential.

To apply please e-mail Kara Sewnauth (Secretary) for an application form.

kara.sewnauth@nhs.scot



SEPN Executive Members

Name	Role Exec with date	Clinical Role	email
Lisa Starrs	Chairperson SEPN 2014 Exec Member 2005	Lead Nurse Early Pregnancy, Edinburgh	lisa.starrs@nhslothian.scot.nhs.uk
Colin Duncan	Exec Member 2019	Honorary Consultant Reproductive Medicine, Clinical Lead Early Pregnancy, Edinburgh	W.C.Duncan@ed.ac.uk
Myra Kinnaird	Exec Member 2011	Bereavement Support Midwife, Aberdeen	myra.kinnaird@nhs.scot
Kara Sewnauth	Secretary SEPN Exec Member 2014	Consultant O&G, Joint Lead EPU Forth Valley	kara.sewnauth@nhs.scot
Julie Murphy	Treasurer SEPN Exec Member 2013	Consultant O&G Paisley, GGC	Julie.murphy2@ggc.scot.nhs.uk
Sonal Anderson	Exec Member 2019	Consultant O&G, Clinical Lead EPU, Ayrshire	Sonal.Anderson@aapct.scot.nhs.uk
David Smith	Trainee Representative Member 2018	ST6 O&G trainee WoS	David.Smith4@ggc.scot.nhs.uk
Aileen Cope	Exec Member 2013	Consultant O&G, Joint Lead EPU Forth Valley	aileen.cope@nhs.scot
Donald Wilson	Trainee Representative Exec Member 2018	ST7 trainee WoS (Consultant Forth Valley from August 2021)	donald.wilson@ggc.scot.nhs.uk
Marjory MacLean	External Communications Consultant 2020 past chair SEPN	Retired obstetrician	marjory.maclean@ntlworld.com
Andrea Woolner	Exec Member 2021	ST7 trainee North (Senior Clinical Lecturer and Honorary Consultant Aberdeen Maternity Hospital August 2021)	andrea.woolner1@nhs.scot a.woolner@abdn.ac.uk