

Screening and referral for psychological distress after early pregnancy loss

Nina Parker, Bara’a Elhag, Nina Cooper, Alex Novak, Jen Barcroft, Maya Al-Memar, Catriona Stalder, Karen Burgess and Tom Bourne

Introduction

Early pregnancy loss (EPL) is **psychologically traumatic** for many; we have previously shown that EPL is associated with **significant psychopathology** that persists in about **16-20%** of women.

Follow up for mental health is not routinely offered after EPL leaving those suffering the most without appropriate support or treatment.

This study investigates the acceptability, feasibility and uptake of mental health screening delivered by text message following EPL and referral for treatment.

Method

Study Design:
Prospective pilot screening study

Inclusion:

- Early pregnancy loss (miscarriage <12/40, ectopic pregnancy, and failed pregnancy of unknown location)

Exclusion:

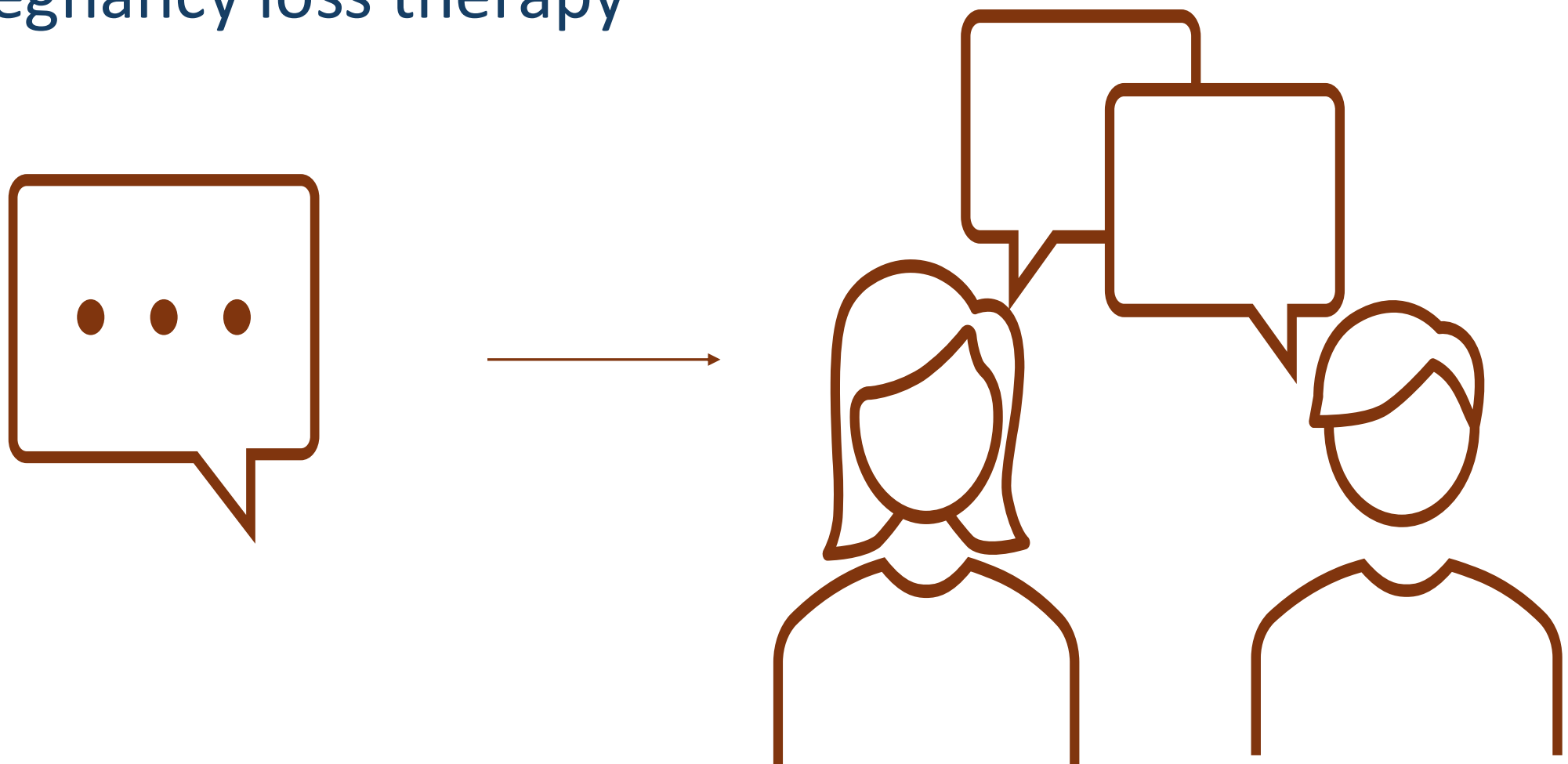
- <16 years old
- Viable intrauterine pregnancy (VIUP)
- Pregnancy of unknown viability (PUV)

Methods:

- 505 women attending a London early pregnancy unit with a diagnosis of EPL were asked to opt in/out of receiving a follow up text message 8 weeks after EPL
- 8 weeks after EPL all women, unless they opted out, were sent a text message containing a questionnaire link
- The CORE-10 validated questionnaire was used to screen for clinically significant psychological distress (score of ≥ 11)
- Those who score ≥ 11 & who provide consent are referred for specialist pregnancy loss therapy

Outcomes:
Number of women who:

- opt in/out of receiving psychological screening text message.
- respond to screening message by completing CORE-10.
- score ≥ 11 on CORE-10
- consent to referral for specialist baby loss counselling.
- attend counselling sessions.
- achieve clinical and/or reliable change at the end of treatment.



Results

78% (393/505) of women with a diagnosis of EPL opted to receive text message follow up. 392/393 were sent a text message containing a link to the CORE-10 questionnaire and 25% (98/392) responded.

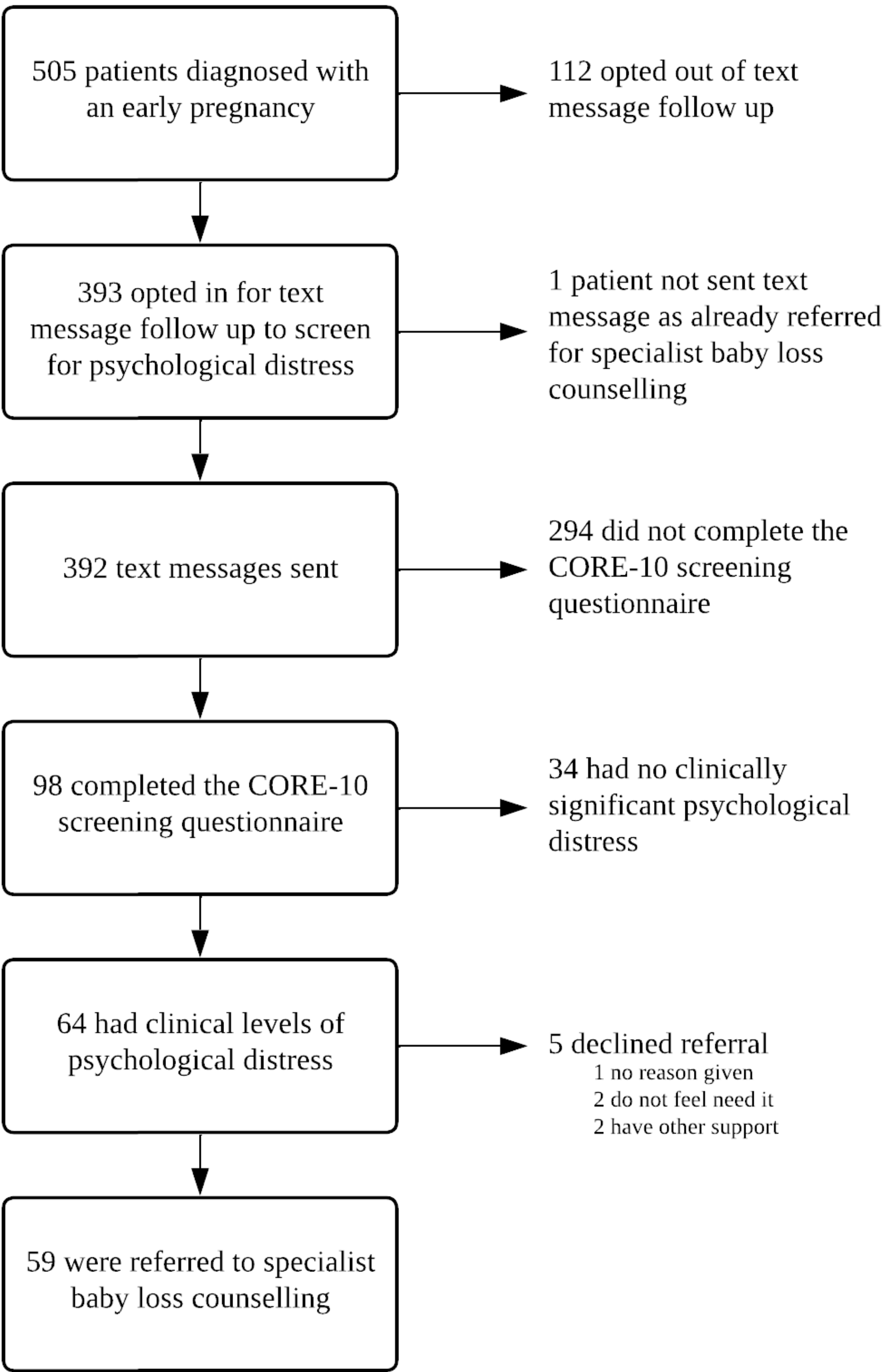
65% (64/98) of respondents had clinically significant levels of psychological distress and 92% (59/64) consented to referral for specialist baby loss counselling.

This equates to the identification of significant psychological distress in 16% (64/392) of all women sent a text message via this pathway and referral for specialist counselling in 15% (59/392).

Table 1: Number and proportion (%) of women by study outcome

Outcome	N	%
Rate of EPL patients who opted in to text message screening	393/505	78%
Response rate to text message	98/392	25%
Rate of psychological distress in respondents	64/98	65%
Uptake of referral for specialist therapy	59/64	92%
Overall rate of psychological distressed identified*	64/392	16%
Overall uptake of specialist therapy**	59/392	15%

*Expressed as proportion of patients with clinical levels of psychological distress who were sent screening text message
** Expressed as proportion of patients consenting to referral for specialist therapy who were sent screening text message

Figure 1: Flow of participants through study

```
graph TD; A[505 patients diagnosed with an early pregnancy] --> B[393 opted in for text message follow up to screen for psychological distress]; A --> C[112 opted out of text message follow up]; B --> D[392 text messages sent]; B --> E[1 patient not sent text message as already referred for specialist baby loss counselling]; D --> F[98 completed the CORE-10 screening questionnaire]; D --> G[294 did not complete the CORE-10 screening questionnaire]; F --> H[64 had clinical levels of psychological distress]; F --> I[34 had no clinically significant psychological distress]; H --> J[59 were referred to specialist baby loss counselling]; H --> K[5 declined referral<br/>1 no reason given<br/>2 do not feel need it<br/>2 have other support];
```

Conclusion

This study demonstrates that after EPL:

- Most women** accept the offer of **psychological follow up via text message**.
- That **mental health screening** via **text message** is an **acceptable, feasible and effective** way to **identity** women who develop **persistent psychological distress** to allow referral for specialist treatment.