

The psychological impact of recurrent miscarriage

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Introduction

- Recurrent miscarriage (RM) is an intense period of emotional distress for women
- 29% of women reported post-traumatic stress, 24% anxiety, and 11% depression one month after the pregnancy loss¹
- Small proportion of miscarrying women get appropriate follow-up care
- Interventions may reduce adverse pregnancy-related outcomes in subsequent pregnancies.²

Objective

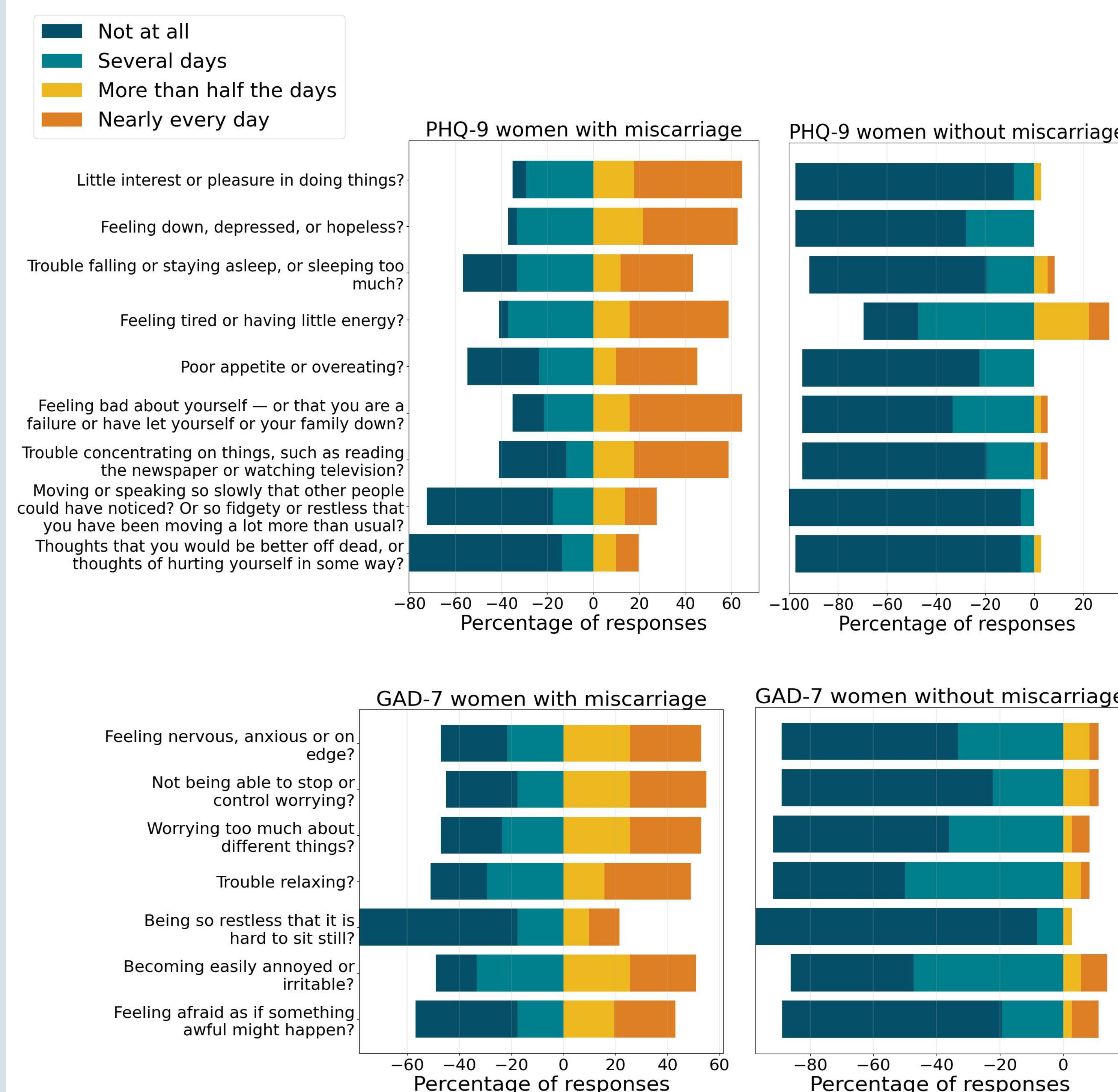
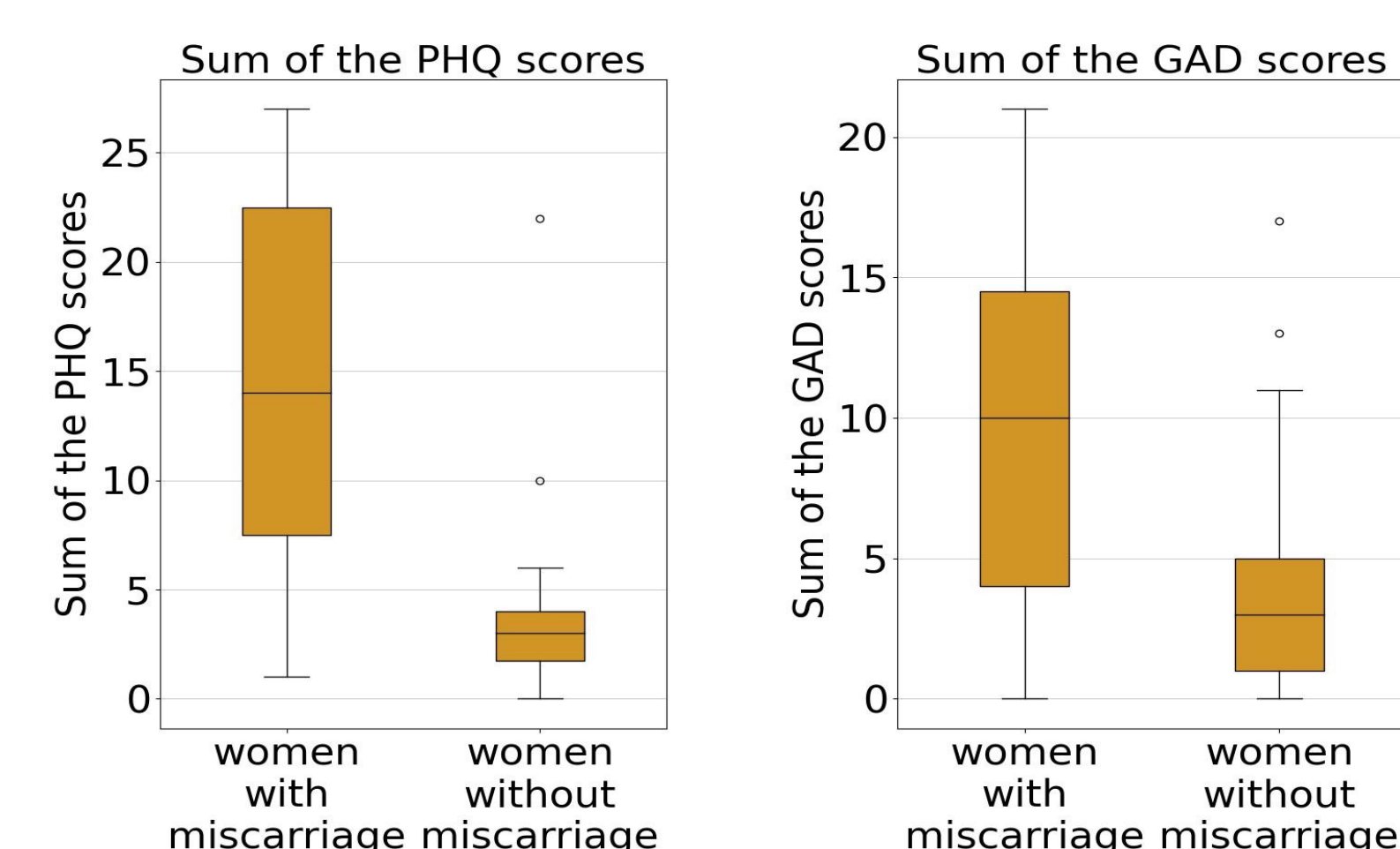
- Aim: estimate the incidence of depression and anxiety symptoms in women with recurrent miscarriages

Design and methods

- Pilot study – recurrent miscarriage clinic
- PHQ-9 (Patient Health Questionnaire) and GAD-7 (Generalised Anxiety Disorder Assessment) were used to assess the severity of depression and anxiety.
- 51 responses received from women with RM
- 36 responses from women who have not had any early pregnancy losses and have given birth in our Trust
- Total PHQ-9 and GAD-7 scores of ten and above indicated moderate to severe depression and anxiety, respectively

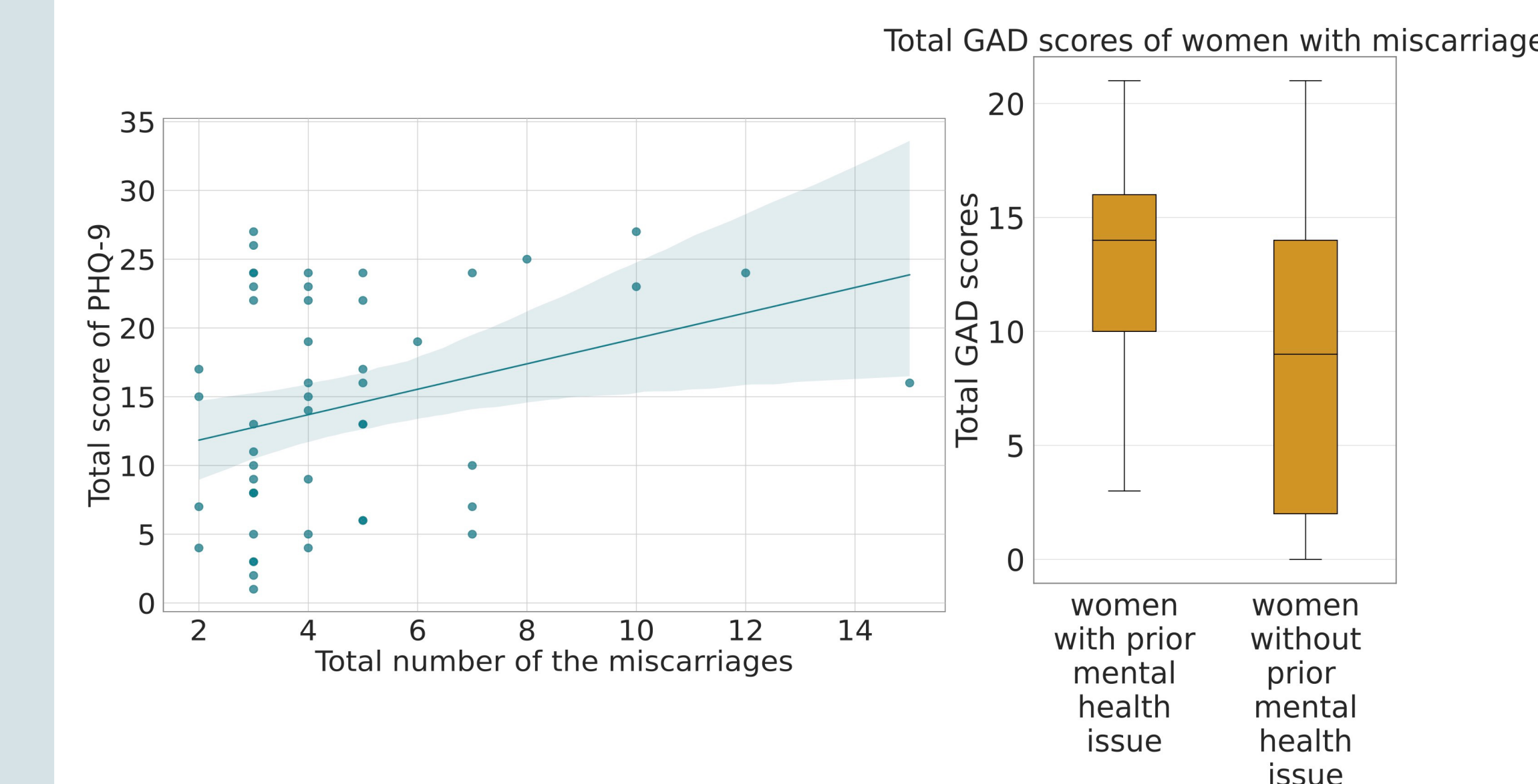
Results

- Median age was 39 ± 4.98 years in the RM group
- 21.57% have had mental health disorders before their last miscarriage
- 37.25% sought professional help and 66.67% agreed that their partner would have benefited from support
- 92.11% of the women said that their loss has negatively affected their experience in the subsequent pregnancy
- The PHQ scores were significantly increased in the miscarriage group (14 ± 7.97 vs. 3 ± 3.78), $p = <0.001$)
- The GAD scores were significantly elevated as well in the miscarriage group (10 ± 6.58 vs. 3 ± 3.88), $p = <0.001$)



*in the following two weeks after miscarriage; in the past two weeks

- Moderate to severe depression and anxiety were significantly higher among miscarrying women (62.75% and 52.94%) than those with no previous miscarriage (5.56% and 8.34%)
- There is a weak correlation between the number of miscarriages and the total PHQ scores ($r = 0.29$, $p = 0.037$)
- Those who had mental health issues before their miscarriages had higher GAD scores than those who had not had any ($p = 0.042$)
- There is no significant correlation neither between age and total GAD/PHQ scores, nor between number of miscarriages and GAD scores



Conclusion

- Anxiety and depression are common shortly after miscarriage and psychological support is wanted both for the women and their partners
- We aim to include these questionnaires as part of our recurrent miscarriage care pathway, and we are actively engaged in the pursuit of funding opportunities in order to integrate interventions into our healthcare services
- We need higher sample size to recognise more vulnerable subpopulations

1) Farren J, Jalmbrant M, Falconieri N, et al. Posttraumatic stress, anxiety and depression following miscarriage and ectopic pregnancy: a multicenter, prospective, cohort study. *Am J Obstet Gynecol*. 2020;222(4):367.e1-367.e22. doi:10.1016/j.ajog.2019.10.102

2) San Lazaro Campillo I, Meaney S, McNamara K, et al. Psychological and support interventions to reduce levels of stress, anxiety or depression on women's subsequent pregnancy with a history of miscarriage: an empty systematic review. *BMJ Open* 2017;7:e017802. doi:10.1136/bmjopen-2017-017802