

# Recurrent Miscarriage Investigation and Management: A Quality Improvement Project

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## BACKGROUND & AIMS

- There is a lack of consensus between international governing bodies regarding recurrent miscarriage (RM) guidelines.
- This study aims to raise awareness of updated 2023 provisional RCOG guidelines for RM management.
- New guidelines advocate for specialist referral to be made after 2, rather than 3 RMs.

## METHODS

- 3 PDSA cycles were designed.  
PDSA 1: Educational MDT workshop was delivered to OBGYN staff. Feedback surveys were conducted.

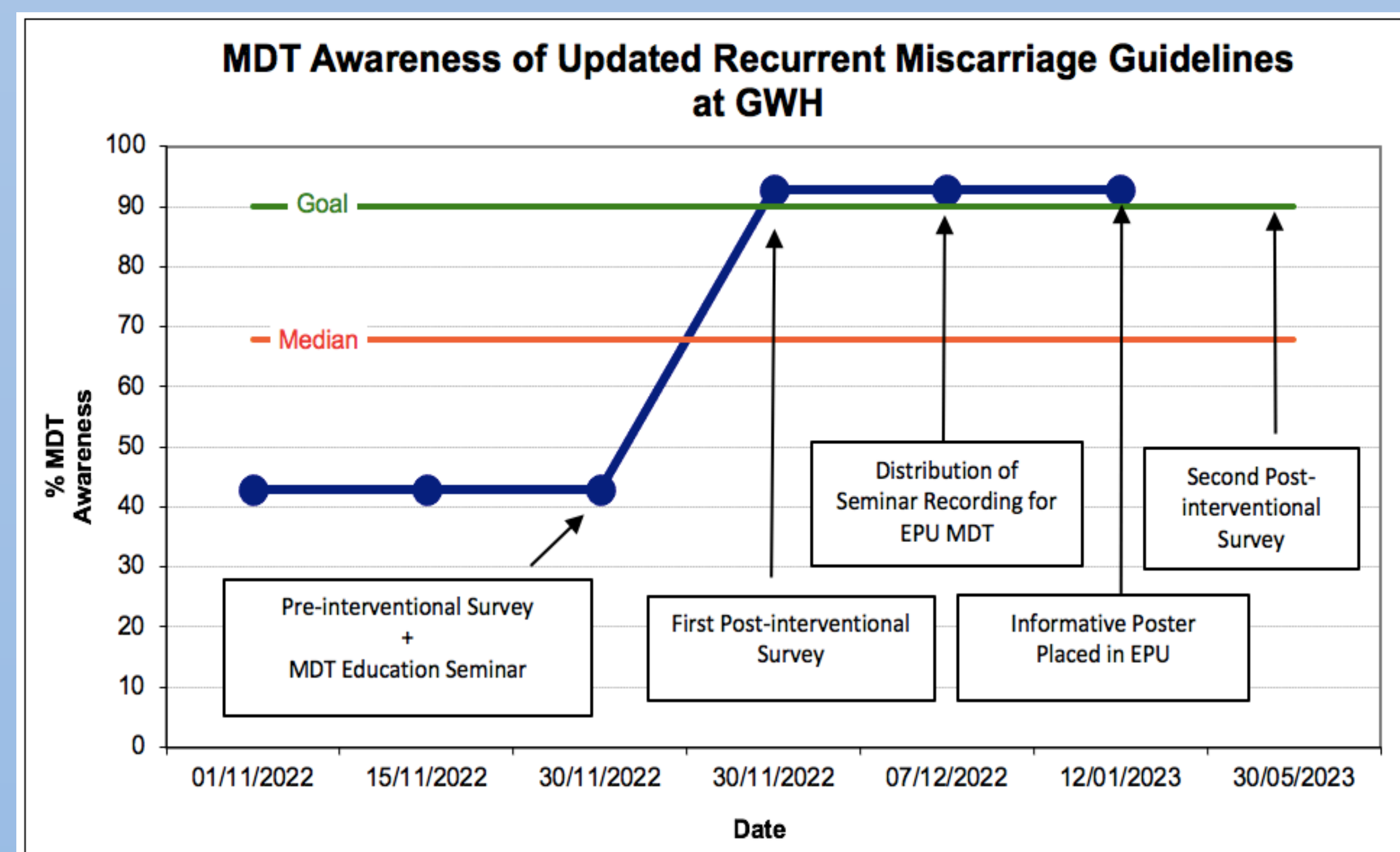
PDSA 2: Informative posters were designed and hung in EPU to illustrate how to send samples for cytogenetic testing.

PDSA 3: 6-month post-intervention survey to assess effectiveness of implementation strategies.

## RESULTS

PDSA cycle 1 results:

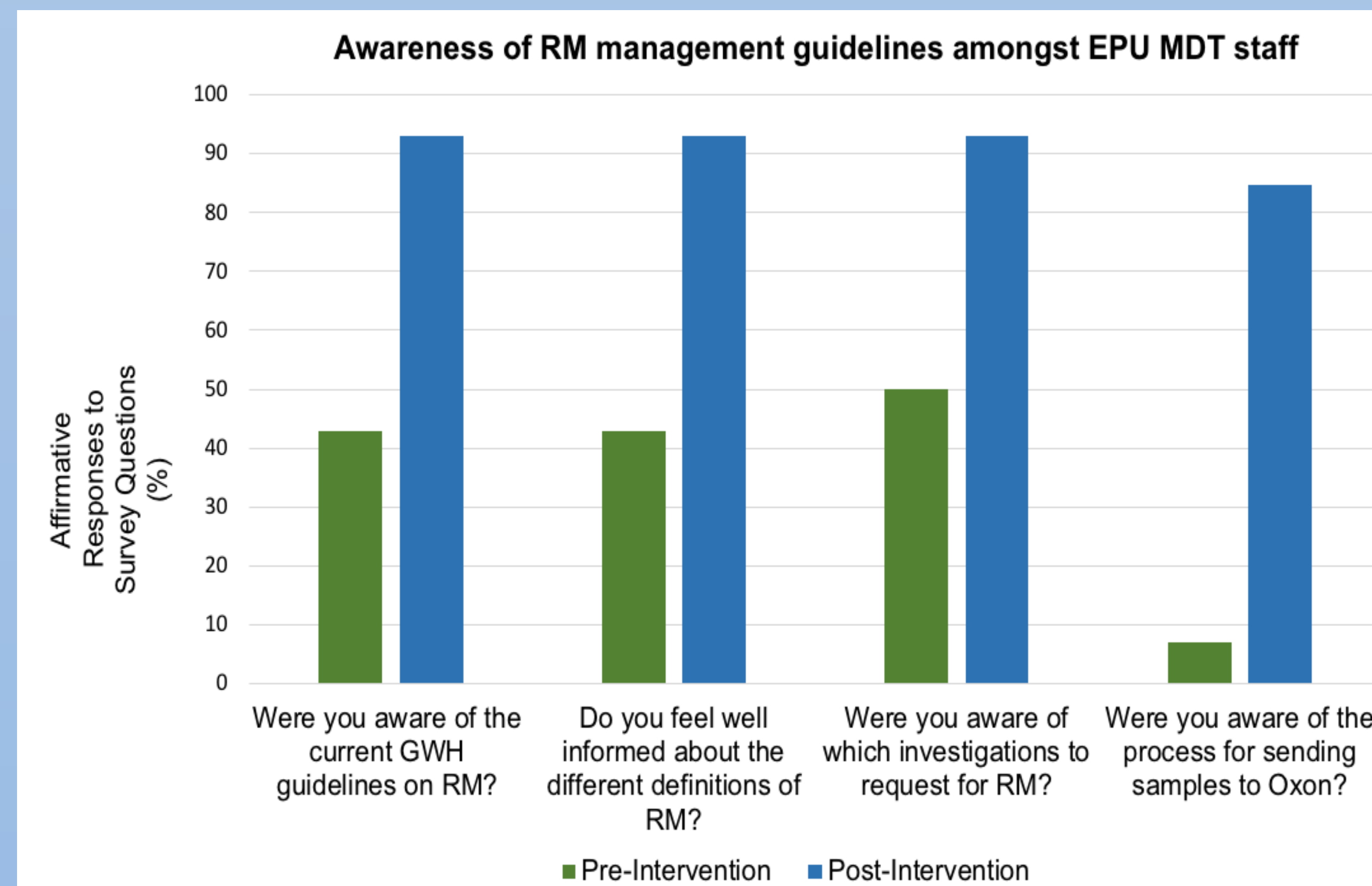
- Run chart diagram illustrates MDT members' awareness of RM management both before and after receiving an educational workshop that explained updated 2023 RCOG guidelines, current GWH protocols and cytogenetic testing methods.



PDSA cycle 2 results: 100% patients:

- felt the guideline change would be helpful
- would like to be offered maternal blood tests and embryo genetic testing
- would prefer to be investigated earlier than the three-miscarriage mark

- Post-intervention survey results: after the 30-minute presentation, staff awareness of RM definitions increased from 42.9 to 92.9%.
- Awareness of international recommendations improved from 35.7% to 92.9%.
- Awareness of cytogenetic testing also improved.



PDSA cycle 3 results are due in August 2023, to mark 6 months post-implementation of the poster.

## CONCLUSION

- Educational workshops can serve as a useful tool in raising staff awareness of RM guidelines.
- Recorded and live-streamed workshops options increase the number of staff reached.
- Illustrational posters can provide both short-term and long-term memory cues to aid staff in understanding the method of referral and sending samples to cytogenetics testing.

## FUTURE SCOPE

- The methods outlined in this study are cost-effective and simple to undertake. Hence, this makes them a preferable option to adopt and be scaled-up to multiple NHS Trusts.
- Cost-savings may be incurred by potentially identifying rectifiable pathology sooner (rather than after 3 RMs).