

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY L.M.C. DOUBLET OF ST. SAVIOUR
QUESTION SUBMITTED ON MONDAY 21st JUNE 2021
ANSWER TO BE TABLED ON MONDAY 28th JUNE 2021**

Question

Further to a series on miscarriage care published by the Lancet medical journal on 26th April 2021, in which “*a graded model of care*” was proposed, where “*after one miscarriage women should have their health needs evaluated and be provided with information and guidance to support future pregnancies*”, a second miscarriage should see women offered an appointment at a miscarriage clinic for a full blood count and thyroid function tests and extra support and early scans for reassurance in any subsequent pregnancies, and a third miscarriage should see additional tests offered (including genetic testing and a pelvic ultrasound), will the Minister state whether he has considered this information, and will he agree to consider how miscarriage care in Jersey could be improved in line with this and other relevant best practice in this area?

Answer

The graded model of care proposed in the question is a sensible and entirely appropriate way forward in the provision of service to women in Jersey who have experienced the loss of a pregnancy. The prevalence of miscarriage will mirror such an approach ie about 10.8% of pregnancies result in one miscarriage, 2% of women experience a second miscarriage and 0.7% of women experience three or more recurrent miscarriages. Currently, women in Jersey who experience an unfortunate loss who access the hospital after one miscarriage are provided with two main patient information leaflets: ‘Early miscarriage leaflet’ and ‘Your feelings after early pregnancy loss.’ There is a list of useful websites and forums within each information leaflet signposting women to relevant resources for additional support. Women are also provided with a ‘Rayner ward passport’ which provides open access to the gynaecology ward 24/7 for any gynaecology / early pregnancy concerns.

With regard to recurrent miscarriages, women are referred to the Assisted Reproduction Unit (ARU) via an established pathway. The pathway identifies various tests and investigations to optimise the health of the woman as part of the care process.

In the future, with the recent appointment of an internationally renowned Professor of Reproductive Medicine and Women’s Reproductive Health, the intention is to establish a formal recurrent miscarriage clinic by Q4 of this year. This will ensure there is continuity of care and application of best care principles, such as alluded to in the Lancet publication as quoted by Deputy Doublet.

Care and psychological support for women who have suffered a miscarriage is provided by the nursing and medical staff following the bereavement pathway. However, the Care Group recognises the value of support from a psychologist in such situations and such provision is currently under review.