Psychological wellbeing following miscarriage from a salutogenic perspective: What helps women?

Anne Marie Rennie

#miscarriagematters
#talkingaboutmiscarriage
#supportaftermiscarriage
A miscarriage is when a pregnancy spontaneously ends before the 24th week of pregnancy (UK definition), with the frequency increasing with rising maternal age.

Most occur in the first trimester of pregnancy (1st 12 weeks).

Most cannot be prevented.

Between 15% and 20% of clinically confirmed pregnancies spontaneously end before the 13th week. Although this could be higher...... e.g. unreported, undiagnosed.
Definitions differ globally.

2019 VIDM Conference:
• shared country
• definition of miscarriage

• Highlighted differences i.e. some 20 weeks, some 24 weeks, some 28 weeks gestation
• What are the implications of this?
**Impact of miscarriage on psychological wellbeing** – Individual response

<table>
<thead>
<tr>
<th>Response</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>sad and tearful</strong></td>
<td>suddenly bursting into tears without any obvious trigger</td>
</tr>
<tr>
<td><strong>shocked and confused</strong></td>
<td>especially if there were no signs that anything was wrong with pregnancy e.g. at first scan</td>
</tr>
<tr>
<td><strong>numb</strong></td>
<td>don’t seem to have any feelings at all</td>
</tr>
<tr>
<td><strong>angry</strong></td>
<td>at fate, at hospital staff, or at others’ pregnancy announcements</td>
</tr>
<tr>
<td><strong>jealous</strong></td>
<td>especially when seeing other pregnant women and babies</td>
</tr>
<tr>
<td><strong>Self-blame / guilt</strong></td>
<td>perhaps wondering if they might have caused the miscarriage despite that being very unlikely</td>
</tr>
<tr>
<td><strong>empty</strong></td>
<td>a physical sense of loss</td>
</tr>
<tr>
<td><strong>lonely</strong></td>
<td>especially if other people do not understand</td>
</tr>
<tr>
<td><strong>panicky and out of control</strong></td>
<td>feeling unable to cope with everyday life.</td>
</tr>
</tbody>
</table>
Recurrent Miscarriage

Three or more miscarriages in a row:
Affecting 1 in 100 women
• Recent literature suggests two in a row

Further tests to check for any underlying cause, no cause is found in about half of cases.

Many women go on to have a successful pregnancy.

Much of the research focuses on trying to find a cause or treatment to stop miscarriages happening.
Salutogenesis by combining:

- Latin Salus = health &
- Greek genesis = origin.
- Factors that support health and wellbeing, rather than on factors that cause disease.
Mixed methods

• **Phase 1** - Quantitative study to determine impact on psychological wellbeing and identify protective factors over time
  • **Stage 1**: Comparative study - Women with miscarriage V without miscarriage
  • **Stage 2**: Prospective study – Women with miscarriage to examine changes over time on psychological impact & identify predictors of enhanced wellbeing at different time points
    • Baseline (shortly after miscarriage i.e. initial)
    • 6 months (around time of due date)
    • 13 months (to avoid anniversary effect)

• **Phase 2** - Qualitative study (Framework Analysis) to further explore the predictors of enhanced psychological wellbeing after miscarriage (after 13 months)
  • Interview topic guide informed by quantitative findings
  • Explored factors that helped
Used in this study:

- Anxiety & Depression (HADS Zigmund & Snaith 1983)
- Wellbeing (WEMWBS Tennant et al. 2007)

**Proposed moderator variables**

- Health Locus of Control (Wallston et al. 1978)
- Perceived Social Support (MSPSS Zimet et al. 1988)
- Coping Style (Endler & Parker 1990)
- Self-blame (Brief Cope Carver 1997)
- Resilience (Connor-Davidson Resilience Scale-10; 2003)
Full NHS Ethics review

• Ethical approval sought sequentially
  • Informed consent, voluntary and able to withdraw at any stage
• Comparative sample of women who were of reproductive age but had no experience of miscarriage / non pregnant
  • Reproductive health clinic
• Prospective sample of women recruited shortly after miscarriage
  • Midwives recruited women
• Vulnerable group
  • High anxiety or depression ≥ 11 (HADS)
    • GP notified
Results from quantitative study

• **Comparative study:** A significant proportion of women following miscarriage experience elevated levels of anxiety and depression and had lower wellbeing than women without miscarriage.

• **Prospective study:** Overtime, wellbeing increases and depression appears to lessen, anxiety remains elevated.

• **Protective factors**
  • Higher internal health locus of control
  • Higher social support from significant other and family
  • Higher task, lower avoidant focused coping and lower self blame coping styles
  • Higher resilience
Most strongly related:

- To wellbeing
  - Resilience

- To anxiety and depression
  - Self-blame
  - Avoidant coping style
What women say helps?

• Supportive, loving relationships
• Someone to talk to who understands and listens - **talking is powerful**
  • Helps make sense
  • Able to express emotions
  • Realise miscarriage is common
  • Reduces self-blame
• Having a plan
• Sensitive care that is individualised to meet their own needs
“I think he found it difficult at first, because he didn’t want to be upset himself, because he didn’t want to upset me, but then we do talk, we’ve talked through a lot of stuff, so we did in the end just talk it through”

“but we vowed we’d stick together and we would get there in the end. I would definitely say that it’s made myself and (name of partner) stronger as a couple”

“Just telling me that it would be ok and we would get a baby and not to blame myself”
“if you think of everything that’s got to happen in the body to make a baby, of course things go wrong”

Being able to talk about miscarriage:

“Twelve people sat round a table and out of the twelve of you, finding about eight had had a miscarriage, if not more”

“speaking to friends who had experienced the same was invaluable on so many levels”
“she took ages, and she was just very gentle, and just saying “I’m sorry, but it’s not good news” and then she said “do you want to see the screen?” and she showed me on the screen, and then we went through to the other room, and she just came through and sort of sat beside me, and she was just nice, just a lovely lady”

“the midwife took great care of me but had left me alone for over 30 minutes not long after the news and I felt agitated and alone”
Taking part in research:

“the research questions, I dunno, they really made me think about what I’d gone through and I think that helped. I would say that’s probably been one of the key things”

“it was nice because I thought someone’s actually interested in me”
What doesn’t help

• Having non-sensitive locality for care
  • not next to women with babies where they can hear a baby crying

• “I still think there should be like a, I don’t know, a memorial thing or something”

• “I think I was more surprised, more than anything that there wasn't any follow-up”

• “even just to have someone to cry to, I mean, I cried on my own a lot”
UK Nice Guidelines (2012) suggests offer of follow-up with a healthcare professional of woman’s choice:

Typically midwife contacts woman and visits.

• When and how is support offered?
• Do midwives identify those in need of support? If yes, how?
• If women request support, what does that support look like?
Over time

“I went to the toilet and there was blood, and it was horrible. Oh I'm sorry I'm going to cry”

Do we know about the long term impact of miscarriage?
Miscarriage is common
Often no underlying cause
Many women adjust well
Many women go on to have a baby

Anxiety is an issue for some women, especially in next pregnancy
• Those that are not anxious:
  • do not self-blame
  • have higher resilience
  • feel able to express their emotions
  • feel able to talk about their experiences
  • have a plan
  • feel supported by their significant other & family
Implications / further research

• Conduct adequately powered randomised controlled trials for the effectiveness of follow up for women following miscarriage e.g. mindfulness or resilience training, reducing self-blame
  • Use standardised psychological assessments to compare across studies
  • Identify those in need of follow-up e.g. anxious to avoid diluting effect
  • Consider diversity and inclusion
  • Consider cultural context
    • The role of extended families

• Raise awareness about women’s psychological wellbeing after miscarriage
  • Education of midwives, student midwives, others
#SimplySay campaign

Our #SimplySay campaign aims to help people find the right words when someone they know experiences pregnancy loss.

Hundreds of women and men from around the UK and beyond have already shared their #SimplySay messages on Facebook, Twitter, Instagram and other social media platforms.

If you would like to get involved, simply upload a photo to social media with or without holding up a sign with a comment you received after pregnancy loss, with the #say or #dontsay hashtags. For
Acknowledgements & Further Information

- **Women** who generously gave up their time to share their experiences
- **Midwives & nurses** who helped with recruitment
- **PhD Supervisors** – Dr Katrina Forbes-McKay, Dr Sarah Henderson, Professor Susan Klein, Dr Valerie Sheach Leith RGU & Professor Grant Cumming, NHS Grampian for their expert guidance and support

- Robert Gordon University, Aberdeen, Scotland PhD Scholarship

- Iolanthe Midwifery Trust Award

- elearning resource from Miscarriage Association UK Information and support

- Tommy's UK Charity: Research into miscarriage Information and research
References in PhD:

RENNIE, A.M. 2016. Psychological wellbeing following miscarriage from a salutogenic perspective. Robert Gordon University, PhD thesis available:

https://openair.rgu.ac.uk/handle/10059/2140

• Thank you for this opportunity and for listening! Any questions?

#miscariagematters
#talkingaboutmiscarriage
#supportaftermiscarriage