AUDIT ON PSYCHOLOGICAL ASSESSMENT OF COUPLE IN A TERTIARY CARE RECURRENT MISCARRIAGE UNIT IN THE UNITED KINGDOM

G. Sarodey, L. Regan, R. Rai
L. Franklin
Imperial college healthcare NHS Trust, St. Mary’s Hospital, London
NO CONFLICTS OF INTEREST
Miscarriage is defined as loss of pregnancy less than 23+6 weeks gestation.

Recurrent miscarriage has been described as a traumatic event for couples. Although symptoms of depression, anxiety and lowered self-esteem have been related after recurrent miscarriage, little is known about its impact on the couple and on gender differences in attitude and the grief that follow.
HOW CAN I MAKE SURE IT DOESN’T HAPPEN AGAIN?

IT WILL HAPPEN WHEN IT IS MEANT TO BE.

HOW ABOUT YOU GO THROUGH ALL THE MISCARRIAGES IN THE MEANTIME FOR ME THEN.
METHODS

- This is a prospective audit of all couples attending the Recurrent Miscarriage clinic in our unit from August 2016.
- All couples filled in the CORE - OM questionnaire to see the scoring for both male and female.
- These were reassessed at every visit and analysed. These were input into an excel proforma and analysed.
Our Primary Goals

- To know how and who to refer patients who need extra support.
- To set up a support group for the couples.
OBSERVATIONS

- NUMBER OF FEMALES: 670
- NUMBER OF MALES: 590
DEMOGRAPHICS

AVERAGE AGE

- Female (26-42)
- Male (28-47)
Factors

- Smokers BMI >30
- Alcohol >10 units a week
PARITY

MALE

FEMALE
116 Women had more than 5 early losses.
179 women had late miscarriages.
62 women had more than 1 late miscarriages.
Counselling

MALE  FEMALE
### CORE-OM QUESTIONNAIRE

**Outcome Measure**

**Site ID:** [Redacted]

**Client ID:** [Redacted]

**Therapist ID:** [Redacted]

**Stage Completed:** [Redacted]

**Screening:** [Redacted]

**Referral:** [Redacted]

**Assessment:** [Redacted]

**First Therapy Session:** [Redacted]

**Pre-therapy (unspecified):** [Redacted]

**During Therapy:** [Redacted]

**Last Therapy Session:** [Redacted]

**Follow up:** [Redacted]

**Episode:** [Redacted]

**Date form given:** [Redacted]

**IMPORTANT - PLEASE READ THIS FIRST**

This form has 34 statements about how you have been OVER THE LAST WEEK. Please read each statement and think how often you felt that way last week. Tick the box which is closest to this. *Please use a dark pen (not pencil) and tick clearly within the boxes.*

### Over the last week

| **1.** I have felt terribly alone and isolated | 0 | 1 | 2 | 3 | 4 |
| **2.** I have felt tense, anxious or nervous | 0 | 1 | 2 | 3 | 4 |
| **3.** I have felt I have someone to turn to for support when needed | 0 | 1 | 2 | 3 | 4 |
| **4.** I have felt OK about myself | 0 | 1 | 2 | 3 | 4 |
| **5.** I have felt totally lacking in energy and enthusiasm | 0 | 1 | 2 | 3 | 4 |
| **6.** I have been physically violent to others | 0 | 1 | 2 | 3 | 4 |
| **7.** I have felt able to cope when things go wrong | 0 | 1 | 2 | 3 | 4 |
| **8.** I have been troubled by aches, pains or other physical problems | 0 | 1 | 2 | 3 | 4 |
| **9.** I have thought of hurting myself | 0 | 1 | 2 | 3 | 4 |
| **10.** Talking to people has felt too much for me | 0 | 1 | 2 | 3 | 4 |
| **11.** Tension and anxiety have prevented me doing important things | 0 | 1 | 2 | 3 | 4 |
| **12.** I have been happy with the things I have done | 0 | 1 | 2 | 3 | 4 |
| **13.** I have been disturbed by unwanted thoughts and feelings | 0 | 1 | 2 | 3 | 4 |
| **14.** I have felt like crying | 0 | 1 | 2 | 3 | 4 |
| **15.** I have felt panic or terror | 0 | 1 | 2 | 3 | 4 |
| **16.** I made plans to end my life | 0 | 1 | 2 | 3 | 4 |
| **17.** I have felt overwhelmed by my problems | 0 | 1 | 2 | 3 | 4 |
| **18.** I have had trouble sleeping or staying asleep | 0 | 1 | 2 | 3 | 4 |
| **19.** I have felt warmth or affection for someone | 0 | 1 | 2 | 3 | 4 |
| **20.** Problems have been impossible to put to one side | 0 | 1 | 2 | 3 | 4 |
| **21.** I have been able to do most things I needed to | 0 | 1 | 2 | 3 | 4 |
| **22.** I have threatened or intimidated another person | 0 | 1 | 2 | 3 | 4 |
| **23.** I have felt despairing or hopeless | 0 | 1 | 2 | 3 | 4 |
| **24.** I have thought it would be better if I were dead | 0 | 1 | 2 | 3 | 4 |
| **25.** I have felt criticised by other people | 0 | 1 | 2 | 3 | 4 |
| **26.** I have thought I have no friends | 0 | 1 | 2 | 3 | 4 |
| **27.** I have felt unhappy | 0 | 1 | 2 | 3 | 4 |
| **28.** Unwanted images or memories have been distressing me | 0 | 1 | 2 | 3 | 4 |
| **29.** I have been irritable when with other people | 0 | 1 | 2 | 3 | 4 |
| **30.** I have thought I am to blame for my problems and difficulties | 0 | 1 | 2 | 3 | 4 |
| **31.** I have felt optimistic about my future | 0 | 1 | 2 | 3 | 4 |
| **32.** I have achieved the things I wanted to | 0 | 1 | 2 | 3 | 4 |
| **33.** I have felt humiliated or shamed by other people | 0 | 1 | 2 | 3 | 4 |
| **34.** I have hurt myself physically or taken dangerous risks with my health | 0 | 1 | 2 | 3 | 4 |

**Please turn over**

---

**Total Scores**

**Mean Scores**

*Note: score each dimension (divided by number of items completed in that dimension)*
The patient(s) is asked to respond to questions about how they have been feeling over the last week, using a 5-point scale ranging from 'not at all' to 'most or all of the time'. The 34 items of the measure cover four dimensions:

1. Subject wellbeing (W) - 4 questions
2. Symptoms/problems (P) - 12 questions
3. Life functioning (F) - 12 questions
4. Risk/harm (R) - 6 questions
ANXIETY LEVELS

Overview of Female Results (n=670)
- Healthy: 294
- Low level: 196
- Mild: 82
- Moderate: 26

Overview of Male Results (n=570)
- Healthy: 418
- Low level: 79
- Mild: 63
- Moderate: 24
- Mod-severe: 19
In Dec 2016 a small scale feasibility study was undertaken to evaluate a couple-focused psychological wellbeing group for women and their partners following recurrent miscarriage. Psychologist feedback: “In terms of the potential for clinical effectiveness, the intervention showed promise in possibly reducing anxiety and low mood.” See graph to the right.
CONCLUSIONS

- Dedicated counselling sessions or group therapies will go a long way to improve the quality of life in couples.
- Couple therapies should be considered.
How Well Do Men Cope with Loss After Miscarriage?
STUDIES

1. The PIEPE study: looking at the psychological effects of miscarriage
Tommy’s researchers want to find out why some women suffer more severe mental health problems following miscarriage, and the best way to help them.

Miscarriages are traumatic; there is no way around it. Sometimes though, grief can turn into something very severe. Occasionally, miscarriage can lead to problems with mental health such as depression, anxiety, and Post-Traumatic Stress Disorder (PTSD).

2. Journal of Family Planning and Reproductive Health Care
Coping After Recurrent Miscarriage
Uncertainty and Bracing for the Worst
Henrietta D L Ockhuisen; Jacky Boivin; Agnes van den Hoogen; Nickolas S Ma
Disclosures
The psychological and social consequences of miscarriage


Olga BA van den Akker
School of Health & Social Sciences,
Middlesex University, The Town Hall,
The Burroughs, Hendon, London,
NW4 4BT, UK
Tel.: +44 0208 411 6953
Fax: +44 0208 411 4259
o.vandenakker@mdx.ac.uk

This article summarizes the research detailing factors relevant to the identification and estimation of medically defined miscarriages, and describes research highlighting the psychological effects and individual social context of miscarriage. Specifically, issues of culture and social psychological interpretations of miscarriage are discussed in this article, and suggestions for improvement of follow-up care are discussed. The research reviewed shows there is a need for immediate and longer term recognition of the psychosocial effects of miscarriage and support for women, particularly those not supported within their social network, and emphasizes the need to be culturally aware when addressing health policy and healthcare needs of different populations undergoing similar reproductive losses.

Journal Reference:

Clinical outcomes in routine evaluation: The CORE-OM

Article in Journal of Mental Health 9(3):247-255 · June 2000
DOI: 10.1080/713680250
Chris Evans, University of Roehampton.
John Mellor-Clark, Birmingham City University,
Frank Margison, Manchester Mental Health and Social Care Trust

Towards a standardised brief outcome measure: psychometric properties and utility of the CORE—OM
CHRIS EVANS, JANICE CONNELL, MICHAEL BARKHAM, FRANK MARGISON,
GRAEME McGRATH, JOHN MELLOO-CLARK, KERRY AUDIN
The British Journal of Psychiatry Jan 2002, 180 (1) 51-60;
DOI: 10.1192/bjp.180.1.51
THANK YOU !
There is Hope

We are!
Charm Foundation UK
St Mary's Hospital
Department of Obstetrics and Gynaecology
Ground Floor, Mint Wing
South Wharf Road
London
W2 1NY

www.Charm-UK.org

https://www.facebook.com/CHARMFoundation

www.facebook.com/pages.charm