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Pregnancy Experiences after Recurrent Miscarriage

1. Hoping for the best, expecting the worst: pregnancy after loss

Item Type: Conference Proceeding

Authors: Bailey, S.

Publication Date: 2024

Publication Details: Human Reproduction. Conference: 40th Annual Meeting of the European Society of Human Reproduction and Embryology, ESHRE 2024. Amsterdam Netherlands. 39(Supplement 1) (pp i97); Oxford University Press,

Abstract: Recurrent pregnancy loss (RPL) is an extremely distressing condition and can be both physically and emotionally traumatising. The condition is compounded by the fact that even after diagnostic procedures, the majority of cases, remain unexplained. The early waiting period of a new pregnancy, when confirmation by ultrasound scan of an ongoing and viable pregnancy is awaited, represent a particularly challenging time for those affected by this condition. This waiting period is associated with high levels of distress due to the anxiety of possibly experiencing a further miscarriage. However, there is a lack of understanding amongst some health professionals of the emotional burden of this difficult waiting period, furthermore, limited support and counselling is available, and many women are left to manage their distressing emotions without coping support. While some seek frequent confirmation of viability by ultrasound scans, this approach is not feasible in most



clinical settings and, in any case, appears to be of limited efficacy in reducing anxiety. An alternative approach was to provide the woman with tools that could bolster their ability to cope with this challenging period. Our programme of research has investigated the use of the Positive Reappraisal Coping Intervention (PRCI), a self-administered coping technique, based on the principles of positive reappraisal, as a method of providing much needed emotional support. Qualitative research findings have provided deep insight into the lived experience of RPL during the early waiting stages of a new pregnancy, establishing that for those with a history of RPL, this is a traumatic time of great uncertainty, emotional turmoil and immense personal significance, where those affected 'hope for the best, but expect the worst.' Whilst our programme of research is still ongoing, studies to date, have demonstrated that study participants were receptive to the use of the PRCI and that it appeared to convey benefits, with no apparent downside. It was a 'go to' resource in times of strong emotional need and one that stimulated positive coping, providing respite from the stressor of uncertainty. There is a compelling need to provide those experiencing RPL with increased emotional support to help them manage the stressful early waiting period of a new pregnancy. Findings suggest that PRCI could provide a useful adjunct to care pathways and has the potential to be made more widely available as an effective, safe, convenient, and low-cost intervention to provide emotional support in RPL clinics.

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2. Depression, anxiety, and stress and adverse pregnancy outcomes in pregnant women with history of recurrent pregnancy loss in Nigeria.

Item Type: Journal Article

Authors: Eleje, George U.;Oguejiofor, Charlotte B.;Oriji, Sunday O.;Ekwuazi, Kingsley E.;Ugwu, Emmanuel O.;Igbodike, Emeka P.;Malachy, Divinefavour E.;Nwankwo, Ekeuda U.;Onah, Christian E.;Ugboaja, Joseph O.;Ikechebel, Joseph I. and Nwagha, Uchenna I.

Publication Date: May ,2024

Journal: International Journal of Psychiatry in Medicine 59(3), pp. 303–324

Abstract: OBJECTIVE: The primary purpose of this study was to examine whether pregnant women with a history of recurrent pregnancy loss (RPL) are more likely to experience moderate-to-severe depression, anxiety, or stress symptoms than pregnant women without a history of RPL. The secondary purpose was to determine whether women with prior RPL experienced more unfavorable pregnancy outcomes if they had depression, anxiety, or stress. METHODS: A prospective case-control study was conducted that included 47 pregnant women with a history of RPL and 94 pregnant women without prior RPL. Participants 20 weeks of gestation or earlier were included. Both groups completed the Depression, Anxiety, and Stress Scale (DASS-21), and were followed up until delivery to determine the pregnancy outcomes. Multivariate logistic regression was used to compare adverse pregnancy outcomes. RESULT: Among the 47 women with prior RPL, 10 had primary RPL (two or more miscarriages without a successful pregnancy) and 37 secondary RPL (two or more miscarriages with a history of successful pregnancy). RPL was



significantly associated with moderate-to-severe levels of depression (P P P P = .03) and preterm labor (AOR = 6.07, 95%CI = 1.61-100.0, P = .04). Depression and anxiety were not associated with adverse pregnancy outcomes. CONCLUSION: Pregnant women with a history of RPL had considerably higher rates of moderate-to-severe depression, anxiety, and stress. Repeat miscarriage and preterm labor were considerably higher among pregnant women with RPL who were experiencing high stress levels at baseline.

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3. The effect of home ultrasound on maternal anxiety in patients with previous recurrent pregnancy loss: A randomized control trial.

Item Type: Journal Article

Authors: Mor, Liat;Weiner, Eran;Marom, Or;Tairy, Daniel;Nardi-Arad, Moran;Barda, Giulia;Tamayev, Liliya and Levy, Michal

Publication Date: Oct ,2024

Journal: American Journal of Obstetrics & Gynecology MFM 6(10), pp. 101447

Abstract: BACKGROUND: Patients with previous recurrent pregnancy loss are subject to increased maternal anxiety and reduced antenatal attachment during the subsequent pregnancy. Maternal anxiety is associated with worse pregnancy and neonatal outcomes. Home ultrasound is a feasible tool with the potential to alleviate maternal anxiety by ensuring fetal well-being. OBJECTIVE: This study aimed to investigate the impact of complementing standard prenatal care with twice-weekly telemedicine visits incorporating home ultrasound on maternal anxiety and antenatal attachment in individuals with a history of recurrent pregnancy loss. STUDY DESIGN: In this randomized controlled trial, patients with a history of 2 or more prior abortions were randomized early in their subsequent pregnancy in a 1:1 ratio into either the control group, which received standard high-risk prenatal care, or the study group, which received additional twice-weekly home-ultrasound sessions. The home-ultrasound scans assessed fetal pulse, movements, and amniotic fluid volume, aiming to provide maternal reassurance. Patients performed the scans themselves using the Pulsenmore device, with real-time guidance from a physician. Maternal anxiety was assessed using the validated State-Trait Anxiety Inventory Scale (STAI-S) and the Revised Prenatal Distress Questionnaire (NuPDQ), while maternal attachment was measured with the validated Maternal Antenatal Attachment Scale (MAAS-2) at 3 time points during pregnancy. The primary outcome was the STAI-S score at the final prenatal visit. A sample size of 50 patients was calculated to detect a 20% difference in the primary outcome. RESULTS: Of the 57 patients recruited, 50 completed the follow-up, 25 in each group. There were no significant differences in demographics between the groups. The primary outcome (STAI score at the last visit) was significantly lower in the device group compared to the control group (P=.037). In addition, the study group exhibited a greater



reduction in STAI scores between the first and last visits ($P=.045$), and a significantly higher MAAS score at the end of the follow-up period ($P=.046$). CONCLUSION: Integrating routine home-ultrasound telemedicine visits into prenatal care can significantly reduce maternal anxiety during pregnancy and contribute to greater maternal attachment in individuals with a history of recurrent pregnancy loss. These results emphasize the potential benefits of home ultrasound as a tool to alleviate anxiety, provide a sense of control, and foster a deeper maternal connection among pregnant individuals who have experienced previous pregnancy loss. Copyright © 2024 Elsevier Inc. All rights reserved.

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4. 'An extra level of kind of torment': Views and experiences of recurrent miscarriage care during the initial phases of COVID-19 in Ireland-A qualitative interview study.

Item Type: Journal Article

Authors: Dennehy R.;Hennessy M.;Dhubhgain J.U.;Lucey C. and O Donoghue, K.

Publication Date: 2023

Journal: Health Expectations : An International Journal of Public Participation in Health Care and Health Policy 26(4), pp. 1768–1782

Abstract: INTRODUCTION: Maternity services underwent much change during the COVID-19 pandemic. Research on the impact on miscarriage care and experiences during this time is sparse. Within a national evaluation of recurrent miscarriage care, we qualitatively explored stakeholder views and experiences of recurrent miscarriage services in Ireland. This study describes the impact of the COVID-19 pandemic on those experiences and perceptions of care. METHOD(S): People with professional and lived experience of recurrent miscarriage and service engagement were actively involved in this qualitative study from idea generation to analysis and reporting. We recruited women and men with two or more consecutive first-trimester miscarriages, and people involved in the management/delivery of recurrent miscarriage services and supports. We used purposive sampling to ensure that perspectives across disciplinary or lived experience, geographical, and health service administrative areas, were included. We conducted semi-structured interviews, virtually all due to COVID-19 restrictions, between June 2020 and February 2021. These were audio-recorded, and data were transcribed, and subsequently analyzed using reflexive thematic analysis. RESULT(S): We interviewed 42 service providers and 13 women and 7 men with experience of recurrent miscarriage. We actively generated two central themes during data analysis. The first-'Disconnected'-describes how many women navigated miscarriage diagnosis and management and care in subsequent pregnancies alone; many felt that this resulted in increased trauma. At the same time, men struggled with not being present to support their partners and described feeling disconnected. The second theme highlighted 'The perceived dispensability of recurrent miscarriage services and supports'. Some service providers felt that service reduction and redeployment



demonstrated a lack of value in the service. Virtual clinics facilitated access to services, but a preference for in-person care was highlighted. CONCLUSION(S): Our analysis provides rich insights into the significant impacts that the COVID-19 pandemic has had on the way recurrent miscarriage care is provided and experienced, with important implications for early pregnancy, miscarriage and recurrent miscarriage care. Services have undergone significant changes and, while these may be temporary, how services should be delivered in the future requires consideration, particularly given the deficits in care and care experiences highlighted pre-pandemic. PATIENT OR PUBLIC CONTRIBUTION: Members of the multidisciplinary RE:CURRENT Project Research Advisory Group (including four parent advocates, two of whom are co-authors on this article) were actively involved throughout the study, including the generation of topic guides and the refining of themes. Copyright © 2023 The Authors. Health Expectations published by John Wiley & Sons Ltd.

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5. Lived experience of recurrent miscarriage: women and their partners' experience of subsequent pregnancy and support within an NHS specialist clinic - a qualitative study.

Item Type: Journal Article

Authors: Hawkes A.; Shields R.C.; Quenby S.; Bick D.; Parsons J. and Harris, B.

Publication Date: 2023

Journal: BMJ Open 13(12) (pagination), pp. Article Number: e075062. Date of Publication: 20 Dec 2023

Abstract: Objective This study aims to describe the lived experiences of couples with a history of recurrent miscarriage in subsequent pregnancies and their perception of clinic support and cytogenetic investigations. Design A qualitative interview study with a phenomenological approach. Semi-structured interviews were conducted using video conferencing software. Two researchers coded the transcripts and developed themes. Setting A National Health Service (NHS) hospital in central England between May 2021 and July 2021, during the COVID-19 pandemic. Participants Patients attending a specialist recurrent miscarriage clinic and their partners. This clinic accepts referrals from all over the UK for couples who have suffered two or more miscarriages. Results Seventeen participants were interviewed: 14 women and 3 male partners. Six main themes were identified from the data. Three related to the women's lived experience of recurrent miscarriage (emotions in pregnancy, confidence in their bodies, expectations and coping strategies) and three related to the clinical support offered by the NHS service (impact of early pregnancy scanning, effect of the COVID-19 pandemic and cytogenetic investigations). Conclusions Pregnancy following recurrent miscarriage is extremely difficult. Recurrent miscarriage specialist services can provide couples with support and access to



early pregnancy scanning, which can make the first trimester of pregnancy manageable. Partners should not be excluded from the clinic as it can result in a feeling of disconnect. Cytogenetic testing of pregnancy tissue can offer couples with recurrent miscarriage closure after pregnancy loss and is a desired investigation. Copyright © Author(s)

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6. **'You're never pregnant in the same way again': prior early pregnancy loss influences need for health care and support in subsequent pregnancy.**

Item Type: Journal Article

Authors: Koert E.;Hartwig T.S.;Hviid Malling G.M.;Schmidt L. and Nielsen, H. S.

Publication Date: 2023

Journal: Human Reproduction Open 2023(3) (pagination)

Abstract: STUDY QUESTION: What are couples' needs for health care and support in a subsequent pregnancy after prior early pregnancy loss (PL) and how do needs change across the pregnancy? SUMMARY ANSWER: Couples described unmet needs for pregnancy care in the first 20 weeks of pregnancy and were more satisfied with the care provided during the remainder of the pregnancy. WHAT IS KNOWN ALREADY: Despite early PL being common (~25% of pregnancies), there is a paucity of research to guide practice to optimize treatment and support future pregnancies. There has been low priority for the issue in research and a pervasive acceptance that couples should 'just try again' after experiencing PL. Women with prior PL report increased anxiety during the first trimester of pregnancy compared to those without previous PL. No longitudinal studies explore what couples' needs are throughout the pregnancy and how these needs shift across time. STUDY DESIGN, SIZE, DURATION: This was a qualitative longitudinal dyadic (joint) interview study. In total, 15 couples who were pregnant after a prior PL were interviewed four times over their pregnancy. Couples were recruited from the Copenhagen Pregnancy Loss Cohort Research Programme. Interviews were held in person at the hospital or university, or online. Interviews ranged from 20 to 91 min (mean = 54 min). PARTICIPANTS/MATERIALS, SETTING, METHODS: Inclusion criteria included couples with one to two prior early PL(s) who self-reported a new pregnancy and were willing to be interviewed together and in English. Couples were interviewed four times: after a positive pregnancy test and once in each trimester. Interviews were transcribed and data were analysed using thematic analysis to compare and contrast needs of the couples at each of the four time periods in the pregnancy and across the entire pregnancy. One same-sex couple and 14 heterosexual couples participated. MAIN RESULTS AND THE ROLE OF CHANCE: Couples' needs were categorized into two main longitudinal themes across the pregnancy, divided by the 20-week scan. Within each longitudinal theme, there were two themes to represent each time period. In the longitudinal theme 'The first 20 weeks: a 'scary' gap in care' there were two themes: Positive pregnancy test: 'Tell them it's not the same pregnancy' and First trimester: 'We craved that someone was taking care of us'. The standard pregnancy care offered in the public healthcare system in Denmark includes a



scan at 12 and 20 weeks. While all couples wished for additional access to scans and monitoring of the foetus in early pregnancy to provide reassurance and detect problems early, they described considerable variation in the referrals and care they were offered. Both partners expressed a high degree of worry and anxiety about the pregnancy, with pregnant women in particular describing 'surviv[ing] from scan to scan' in the early weeks. Couples took scans wherever offered or paid for comfort scans, but this resulted in fragmented care. Instead, they wished for continuity in care, and acknowledgement and sensitivity that a pregnancy after PL is not the same as a first pregnancy. In the longitudinal theme 'The second 20 weeks: Safety in the care system' there were two themes: Second trimester: 'I think we are in good hands' and Third trimester: 'It's more of a 'nice to know' everything is OK than a 'need to know'. Couples reported their distress was lower and overall needs for care were met during this time. They expressed general satisfaction with regular or extended antenatal support although, as in the first 20 weeks, additional acknowledgement and sensitivity regarding their history of PL was desired. Couples said they felt more secure given that they had access to a 24-hour telephone support by midwife/nurse if they had any concerns or questions. LIMITATIONS, REASONS FOR CAUTION: Participants were self-selected from an ongoing cohort study of patients presenting at hospital with PL. Single women were not included in the study. This study was limited to data collection in Denmark; however, other countries with public healthcare systems may have similar offerings with regard to their provision of antenatal care, care provided in recurrent pregnancy loss (RPL) clinics and the availability of private scans. WIDER IMPLICATIONS OF THE FINDINGS: The findings underscore that an early PL creates an increased need for monitoring and care in a subsequent pregnancy. This study highlights a gap in pregnancy care for those with a history of PL given that their need for monitoring and support is high in the early weeks of a new pregnancy before they have access to antenatal care, and before they have had multiple PLs and can be referred to the RPL unit. STUDY FUNDING/COMPETING INTEREST(S): This project has received funding from the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 101028172 for E.K. The Copenhagen Pregnancy Loss Cohort is funded by a grant from the BioInnovation Institute Foundation. H.S.N. has received scientific grants from Freya Biosciences, Ferring Pharmaceuticals, BioInnovation Institute, Ministry of Education, Novo Nordisk Foundation, Augustinus Fonden, Oda og Hans Svenningsens Fond, Demant Fonden, Ole Kirks Fond, and Independent Research Fund Denmark. H.S.N. received personal payment or honoraria for lectures and presentations from Ferring Pharmaceuticals, Merck, Astra Zeneca, Cook Medical, Gedeon Richter, and Ibsa Nordic. All other authors declare no competing interests. Copyright © The Author(s) 2023.

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7. Psychological distress in subsequent pregnancy among women with a history of pregnancy loss: A latent profile analysis.

Item Type: Journal Article

Authors: Luo X.;Chen B. and Shen, Q.

Publication Date: 2023

Journal: Midwifery 127, pp. 103845

Abstract: BACKGROUND: Women who have undergone pregnancy loss can experience a range of psychological distress during subsequent pregnancies; however, the outcomes may vary based on individual circumstances. OBJECTIVE(S): To explore the potential patterns of psychological distress for pregnant women with a history of pregnancy loss, and to investigate the impact of factors related to pregnancy loss on these patterns. METHOD(S): From October 2022 to August 2023, the participants were recruited from four medical centers in Guangdong Province, China. They completed a questionnaire survey comprising sociodemographic and obstetric characteristics, the Perceived Stress Scale-4 (PSS-4), the Impact of Event Scale-Revised (IES-R), the Pregnancy-related Anxiety Questionnaire-Revised 2 (PRAQ-R2), and the Patient Health Questionnaire-9 (PHQ-9). Latent profile analysis was used to determine optimal patterns of psychological distress. The logistic regression was conducted to assess the associations between the number of pregnancy loss, types of pregnancy loss, inter-pregnancy interval, and distinct psychological distress patterns. RESULT(S): A total of 446 pregnant women with a history of pregnancy loss were included for formal analysis. Three distinct profiles were identified, namely the "mild psychological distress" (34.1 %), "moderate psychological distress" (57.8 %), and "severe psychological distress" (8.1 %). Recurrent pregnancy loss was associated with increased risks of both moderate (adjusted odds ratio [aOR] 2.45, 95 % confidence interval [CI]: 1.42-4.24; P = 0.001) and severe psychological distress (aOR 2.93, 95 % CI: 1.25-6.83; P = 0.013). Furthermore, compared to women who conceived after 6 months of pregnancy loss, those who conceived within 6 months of pregnancy loss were more likely to be categorized into the group of moderate psychological distress (aOR 2.00, 95 % CI: 1.21-3.30; P = 0.007). CONCLUSION(S): Approximately two-thirds of pregnant women with a history of pregnancy loss exhibit moderate to severe psychological distress. Such individuals could benefit from early screening and targeted psychological interventions, particularly those who have encountered recurrent pregnancy loss and those who conceive shortly after a pregnancy loss. Copyright © 2023 The Author(s). Published by Elsevier Ltd.. All rights reserved.

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8. Depression symptoms during pregnancy and postpartum in patients with recurrent pregnancy loss and infertility: The Japan environment and children's study.

Item Type: Journal Article

Authors: Otani-Matsuura, Ayano;Sugiura-Ogasawara, Mayumi;Ebara, Takeshi;Matsuki, Taro;Tamada, Hazuki;Yamada, Yasuyuki;Omori, Toyonori;Kato, Sayaka;Kano, Hirohisa;Kaneko, Kayo;Matsuzaki, Kazuki;Saitoh, Shinji and Kamijima, Michihiro

Publication Date: 2022

Journal: Journal of Reproductive Immunology 152, pp. 103659

Abstract: There are a limited number of studies in which the depression status was followed up throughout pregnancy and postpartum to 1 year after delivery though 8.6-33% of women with recurrent pregnancy loss (RPL) and 10-25% of women who undergo in vitro fertilization and embryo transfer (IVF-ET) suffer from depression. We examined whether RPL and IVF-ET affect depressive symptoms during pregnancy and postpartum. A nationwide large-scale birth cohort study known as the "Japan Environment and Children's Study (JECS)" was conducted. The subjects consisted of 99,202 pregnant women recruited between January 2011 and March 2014. The Kessler Psychological Distress Scale was used for the 1st trimester, 2nd/3rd trimester and 1 year postpartum. The Edinburgh Postnatal Depression Scale was used for the first and the sixth month postpartum. The screening instruments were used to quantify depressive symptoms. Women with no live births had a significantly higher prevalence of elevated depressive symptoms throughout pregnancy and postpartum. The prevalence of elevated depressive symptoms was significantly higher in the second/third trimester among women with three or more pregnancy losses with no live births. IVF-ET was associated with reduced risk of developing depressive symptoms during all pregnancies and at 1 and 6 months after delivery in women with no live births. RPL and IVF-ET did not affect postpartum depressive symptoms, and IVF-ET rather reduced the risk of depression throughout pregnancy and postpartum. Psychological support for RPL women would be necessary. Copyright © 2022 The Authors. Published by Elsevier B.V. All rights reserved.

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9. Anxiety, depression and social support across pregnancy in women with a history of recurrent miscarriage: A prospective study.

Item Type: Journal Article

Authors: Qu J.;Weng X.L. and Gao, L. L.

Publication Date: 2021

Journal: International Journal of Nursing Practice 27(5), pp. e12997

Abstract: AIM: Women with a history of recurrent miscarriage are a vulnerable population. This study aimed to examine changes and relationships among anxiety, depression and social support across three trimesters of pregnancy in women with a history of recurrent miscarriage. METHOD(S): A prospective, longitudinal study was employed. A convenience sample of 166 pregnant women with a history of recurrent miscarriage completed the measures at their 6-12, 20-24 and 32-36 gestational weeks. RESULT(S): The prevalence of anxiety at early, middle and late pregnancy was 47.6%, 36.1% and 32.5%, respectively, whereas that of depression was 38%, 34.3% and 31.3%, respectively. Social support scores increased from early pregnancy to middle pregnancy then remained in late pregnancy. There were correlations among anxiety, depression and social support across pregnancy. CONCLUSION(S): Anxiety and depression were highly prevalent in pregnant women with a history of recurrent miscarriage, especially in early pregnancy when the level of social support was the lowest. Social support is an essential buffer against anxiety and depression throughout the pregnancy. Copyright © 2021 John Wiley & Sons Australia, Ltd.

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10. Anxiety levels in early pregnancy following recurrent miscarriage

Item Type: Conference Proceeding

Authors: Shields R., Hawkes A., Flint N., Morris N. and Quenby, S.

Publication Date: 2021

Publication Details: BJOG: An International Journal of Obstetrics and Gynaecology. Conference: Royal College of Obstetricians and Gynaecologists World Congress, RCOG 2021. Virtual. 128(SUPPL 2) (pp 39); Blackwell Publishing Ltd,

Abstract: Objectives Recurrent miscarriage (defined within this clinic as 2 or more consecutive early pregnancy losses) is a distressing set of events that effects couples both emotionally and physically. Pregnancy following recurrent miscarriage can be especially challenging. We aimed to investigate the incidence of anxiety during pregnancy within couples who have experienced previous recurrent miscarriage, along with encouraging patient involvement to plan clinic care in the future. Design Mixed methods study. Methods During recurrent miscarriage early pregnancy scan clinics between September 2019 and January 2021, patients were asked to complete a GAD-7 anxiety questionnaire. 108 questionnaires were collected from 90 patients or partners (61 patients, 29 partners). 18 participants were sampled on two separate occasions within early pregnancy. The data was discussed with a series of patient and public involvement (PPI) groups. Patients were asked at these groups to share their experiences of the support provided in early pregnancy by the recurrent miscarriage service. Results 39% (35/90) of patients scored 10 or more on the GAD-7 score, a sensitive and specific marker for moderate anxiety, at the early scan clinics. 29 couples and 32 women have participated to date (no partners have attended since March 2020 due to COVID-19 restrictions). 15 of these couples demonstrated scores at opposite ends on the anxiety scale. The average anxiety scores for women (8.94) is greater than that of partners (6.21), with anxiety appearing to increase in women after partners where no longer able to attend the ultrasound clinic (average score 8.94 pre-COVID-19 and 10.9 during COVID-19). The patients have stated that they find the support provided by the clinics invaluable in early pregnancy after suffered previous recurrent pregnancy loss. Feedback has been used to improve the service provided. Conclusion Our findings indicate that patients with a history of recurrent miscarriage can be anxious in early pregnancy and consequentially may benefit from additional support. Individuals within the couple may experience early pregnancy differently, making it important to tailor care. This initial data suggests anxiety has increased during COVID-19 and is an important area to investigate further. Patient feedback via PPI groups suggests this can best be achieved with a multidisciplinary team and a specialist recurrent miscarriage clinic that incorporates early pregnancy scanning.

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11. Anxiety, depression and social support in pregnant women with a history of recurrent miscarriage: a cross-sectional study

Item Type: Journal Article

Authors: Gao, Lingling; Qu, Jia and Wang, Alex Y.

Publication Date: 2020

Journal: Journal of Reproductive & Infant Psychology 38(5), pp. 497–508

Abstract: Objective: This study aims to investigate the prevalence of anxiety and depressive symptoms and the associations between social support and anxiety/depressive symptoms amongst Chinese pregnant women with a history of recurrent miscarriage. Methods: A cross-sectional study was conducted in Guangzhou, China, between September 2016 and May 2017 with 278 Chinese pregnant women with a history of recurrent miscarriage. Measures included the Self-rating Anxiety Scale (SAS), the Edinburgh Postnatal Depression Scale (EPDS) and the Perceived Social Support Scale (PSSS). Results: The occurrence of anxiety (SAS \geq 50) and depressive symptoms (EPDS \geq 13) were 45.0% and 37.0%, respectively. The women reported moderate level of social support. The low and moderate level of social support and education of high school or below were the predictors for anxiety and depressive symptoms. The other predictors for anxiety symptoms were having been married for \geq 5 years and no child. Another predictor for depressive symptoms was aged \geq 35 years. Anxiety predicted depressive symptoms. Conclusion: The results suggest early routine screening for anxiety and depressive symptoms amongst the Chinese pregnant women with a history of recurrent miscarriage. Health-care professionals should give more effort to enhance these women's social support to decrease their anxiety and depressive symptoms.

Access or request full text: <https://libkey.io/10.1080/02646838.2019.1652730>



12. **Hope for the best ...but expect the worst: A qualitative study to explore how women with recurrent miscarriage experience the early waiting period of a new pregnancy.**

Item Type: Journal Article

Authors: Bailey S.L.;Boivin J.;Cheong Y.C.;KitsonReynolds E.;Bailey C. and MacKlon, N.

Publication Date: 2019

Journal: BMJ Open 9(5) (pagination), pp. Article Number: e029354. Date of Publication: 01 May 2019

Abstract: Objective To investigate how women experience the initial period of a new pregnancy after suffering recurrent miscarriage (RM). Design A qualitative study, nested within a randomised controlled feasibility study of a coping intervention for RM, used semi-structured face-to-face interviews. Interviews were audio-recorded, transcribed verbatim and analysed using a thematic network approach. Setting Participants were recruited from the Recurrent Miscarriage Clinic and Early Pregnancy Unit in two tertiary referral hospitals in the UK. Participants 14 women with RMs and who had previously participated in the randomised controlled trial (RCT) feasibility component of the study were recruited. Results Seven organising themes emerged from the data: (1) turmoil of emotions, (2) preparing for the worst, (3) setting of personal milestones, (4) hypervigilance, (5) social isolation, (6) adoption of pragmatic approaches, (7) need for professional affirmation. Conclusions The study established that for women with a history of RM, the waiting period of a new pregnancy is a traumatic time of great uncertainty and emotional turmoil and one in which they express a need for emotional support. Consideration should be given to the manner in which supportive care is best delivered within the constraints of current health service provision. Trial registration number ISRCTN43571276. Copyright © Author(s) (or their employer(s)) 2019. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

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13. Recurrent pregnancy loss: couples' perspectives on their need for treatment, support and follow up.

Item Type: Journal Article

Authors: Koert, E.;Malling, G. M. H.;Sylvest, R.;Krog, M. C.;Kolte, A. M.;Schmidt, L. and Nielsen, H. S.

Publication Date: 2019

Journal: Human Reproduction 34(2), pp. 291–296

Abstract: STUDY QUESTION: What do couples referred to or attending a recurrent pregnancy loss (RPL) clinic believe they need in terms of treatment, support and follow up? SUMMARY ANSWER: Men and women wish for more information, earlier access to treatment, support and follow up that is sensitive to their history of pregnancy loss (PL), includes both members of the couple, and acknowledges the psychological impact of RPL. WHAT IS KNOWN ALREADY: Previous research has highlighted women's dissatisfaction with medical care provided post-PL and their desire for medical professionals to have increased awareness about PL and recognition of the psychological impact of PL. Less is known about the needs of the male partner, the needs of those experiencing RPL and whether the needs differ during different reproductive stages. STUDY DESIGN, SIZE, DURATION: Over a 2-month period in 2017-2018, 13 couples who were referred to the national RPL program in Copenhagen, Denmark were qualitatively interviewed. PARTICIPANTS/MATERIALS, SETTING, METHODS: Inclusion criteria were heterosexual couples with at least three consecutive PLs before 12 weeks' gestation with no children or one child prior to the PLs, not currently pregnant, and willing to be interviewed in English. Couples were interviewed together in a semi-structured format. Data were analyzed using thematic analysis. Invitations (n = 30) were sent to couples recently referred to the RPL program who indicated an interest in participating and 17 couples contacted the interviewer to schedule an interview. Due to cancellations, 15 interviews were held. Data from 13 interviews that met the study criteria were used for the current analysis. MAIN RESULTS AND THE ROLE OF CHANCE: The participants had experienced a median of three PLs (range 3-6). Both men and women described the cumulative effect of RPL with an increase in pressure and exhaustion by the third and subsequent losses. Inclusion of the male partner in consultations and treatment was seen as important. Men felt pressured to remain positive and support their partners despite their own feelings of loss. The findings showed that couples desired reliable and accurate information about RPL. They wished for recognition from the medical community that RPL has a significant psychological impact, and stressed that effective treatment should include both members of the couple, with attention to both physical and psychological aspects of the RPL and should be tailored to their current reproductive stage, in order to help them cope with the negative impact of RPL and the anxiety associated with conception and another pregnancy. LIMITATIONS, REASONS FOR CAUTION: Participants were self-selected thus findings cannot be generalized to all couples with RPL. WIDER IMPLICATIONS OF THE FINDINGS: This is the first study addressing the needs of the female and male partners in couples suffering from RPL. The findings highlight a disconnect between couples' perceived needs and their experience of medical care after RPL. This may be partly due to a discrepancy in couples' and medical professionals' perceptions of the PLs. The findings highlight that medical professionals need to take a holistic and couple-focused approach in their treatment of RPL and include attention to the psychological impact and cumulative effect of the multiple PLs on the couple. The results underscore the need for informational resources and



psychological support for couples experiencing RPL, tailored to their reproductive stage. STUDY FUNDING/COMPETING INTEREST(S): EK was funded by a Travel/Training Fellowship from ReproUnion, co-financed by the European Union, Interreg V OKS. No other competing interests were declared. TRIAL REGISTRATION NUMBER: N/A.

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14. Women with Recurrent Pregnancy Loss : Their Psychology During Late Pregnancy and the Supportive Behavior of Their Partners.

Item Type: Journal Article

Authors: Hada K.;Kuse E. and Nakatsuka, M.

Publication Date: 2018

Journal: Acta Medica Okayama 72(4), pp. 387–394

Abstract: To elucidate the psychiatric characteristics of mothers and the supportive behavior of their partners during late pregnancy, 131 mothers who gave birth at 2 general hospitals in City A between August 2009 and September 2010 (control group: n=90; recurrent pregnancy loss (RPL) group: n=41) completed a self-administered questionnaire on four separate occasions: during late pregnancy, during hospitalization, at 1-month postpartum, and at 3-months postpartum. The RPL group had significantly ($p=0.03$) lower anxiety regarding potential change in their appearance than the controls, but were more likely to worry about losing their baby (58% vs. 38%) ($p=0.021$). At 3-months postpartum, the RPL group reported having had more stress during pregnancy than the controls (49% vs. 31%; $p=0.041$). There were no significant differences in state or trait anxiety (State-Trait Anxiety Inventory) between the 2 groups at any of the four measurements. However, state anxiety decreased significantly throughout the hospitalization for controls ($p < 0.001$), but did not decrease significantly for the RPL group until 3 months postpartum ($p < 0.05$). RPL participants who expressed high satisfaction with their partners' supportive behavior received significantly greater psychological support than did participants with low satisfaction. Healthcare professionals should attempt to support both members of RPL couples.

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15. Patient-centered early pregnancy care: A systematic review of quantitative and qualitative studies on the perspectives of women and their partners.

Item Type: Journal Article

Authors: van den Berg M.M.J.; Dancet E.A.F.; Erlikh T.; van der Veen F.; Goddijn M. and Hajenius, P. J.

Publication Date: 2018

Journal: Human Reproduction Update 24(1), pp. 106–118

Abstract: BACKGROUND: Early pregnancy complications, defined as miscarriage, recurrent miscarriage or ectopic pregnancy, affect the physical and psychological well-being of intended parents. Research in this field so far has focused mainly on improving accuracy of diagnostic tests and safety and effectiveness of therapeutic management. An overview of aspects of care valued by women and/or their partners is missing. OBJECTIVE AND RATIONALE: This systematic review aims to provide an overview of aspects of care valued by women and/or their partners faced with early pregnancy complications and to identify potential targets for improvement in early pregnancy healthcare. SEARCH METHOD(S): We searched five electronic databases for empirical quantitative or qualitative studies on patients' perspectives of early pregnancy care in July 2017. We first identified aspects of early pregnancy care valued by women and/or their partners based on qualitative and quantitative data and organized these aspects of care according to the eight dimensions of patient-centered care. Second, we extracted the assessment of service quality from women and/or their partners on each of these aspects of care based on quantitative data. Third, we combined the findings on patients' values with the findings of service quality assessment to identify potential targets for improvement in five groups according to how likely these targets are to require improvement. OUTCOME(S): The search yielded 6240 publications, of which 27 studies were eligible for inclusion in this review. All included studies focused on miscarriage or recurrent miscarriage care. We identified 24 valued aspects of care, which all covered the eight dimensions of patient-centered care. The most frequently reported valued aspect was 'being treated as an individual person experiencing a significant life event rather than a common condition'. Assessment of service quality from women and/or their partners was available for 13 of the 24 identified aspects of care. Quantitative studies all documented service quality as problematic for these 13 aspects of care. We thus identified 13 potential targets for improvement in the patient-centeredness of miscarriage and recurrent miscarriage care of which none were very likely, four were likely, six were unlikely and three were very unlikely, to require improvement. The four likely potential targets for improvement were 'Understandable information provision about the etiology of pregnancy', 'Staff discussing patients' distress', 'Informing patients on pregnancy loss in the presence of a friend or partner' and 'Staff performing follow-up phone calls to support their patients after a miscarriage'. WIDER IMPLICATION(S): It is important for clinicians to realize that women and their partners undergoing a miscarriage experience a significant life event and appreciate an individual approach. Future qualitative studies are needed to explore the identified potential targets for improvement of (recurrent) miscarriage care and to explore patients' perspectives in women suspected and treated for ectopic pregnancy. Copyright © The Author 2017.

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[118&date=2018&title=Human+Reproduction+Update&atitle=Patient-centered+early+pregnancy+care%3A+A+systematic+review+of+quantitative+and+qualitative+studies+on+the+perspectives+of+women+and+their+partners&aulast=van+den+Berg&pid=%3Cauthor%3Evan+den+Berg+M.M.J.%3BDancet+E.A.F.%3BErlikh+T.%3Bvan+der+Veen+F.%3BGoddijn+M.%3BHajenius+P.J.%3C%2Fauthor%3E%3CAN%3E621865080%3C%2FAN%3E%3CDT%3EArticle%3C%2FDT%3E](#)

16. **Supportive care for women with recurrent miscarriage: A survey to quantify women's preferences.**

Item Type: Journal Article

Authors: Musters A.M.; Koot Y.E.M.; Van Den Boogaard N.M.; Kaaijk E.; MacKlon N.S.; Van Der Veen F.; Nieuwkerk P.T. and Goddijn, M.

Publication Date: 2013

Journal: Human Reproduction 28(2), pp. 398–405

Abstract: Background Supportive care is regularly offered to women with recurrent miscarriages (RMs). Their preferences for supportive care in their next pregnancy have been identified by qualitative research. The aim of this study was to quantify these supportive care preferences and identify women's characteristics that are associated with a higher or lower need for supportive care in women with RM. Method SA questionnaire study was conducted in women with RMs (≥ 2 miscarriages) in three hospitals in the Netherlands. All women who received diagnostic work-up for RMs from January 2010 to December 2010 were sent a questionnaire. The questionnaire quantified supportive care options identified by a previous qualitative study. We next analysed associations between women's characteristics (age, ethnicity, education level, parity, pregnancy during questionnaire and time passed since last miscarriage) and their feelings about supportive care options to elucidate any differences between groups. RESULT Two hundred and sixty-six women were asked to participate in the study. In total, 174 women responded (response rate 65%) and 171 questionnaires were analysed. Women with RM preferred the following supportive care options for their next pregnancy: a plan with one doctor who shows understanding, takes them seriously, has knowledge of their obstetric history, listens to them, gives information about RM, shows empathy, informs on progress and enquires about emotional needs. Also, an ultrasound examination during symptoms, directly after a positive pregnancy test and every 2 weeks. Finally, if a miscarriage occurred, most women would prefer to talk to a medical or psychological professional afterwards. The majority of women expressed a low preference for admission to a hospital ward at the same gestational age as previous miscarriages and for bereavement therapy. The median preference, on a scale from 1 to 10, for supportive care was 8.0. Ethnicity, parity and pregnancy at the time of the survey were associated with different preferences, but female age, education level and time passed since the last miscarriage were not. Conclusions Women with RM preferred a plan for the first trimester that involved one doctor, ultrasounds and the exercise of soft skills, like showing understanding, listening skills, awareness of obstetrical history and respect towards the patient and their miscarriage, by the health care professionals. In the event of a miscarriage, women prefer aftercare. Women from ethnic minorities and women who were not pregnant during the questionnaire investigation were the two patient groups who preferred the most supportive care options. Tailor-made supportive care can now be offered to women with RM. © 2012 The Author.

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[13179&id=doi:10.1093%2Fhumrep%2Fdes374&issn=0268-1161&isbn=&volume=28&issue=2&spage=398&pages=398-405&date=2013&title=Human+Reproduction&atitle=Supportive+care+for+women+with+recurrent+miscarriage%3A+A+survey+to+quantify+women%27s+preferences&aulast=Musters&pid=%3Cauthor%3EMusters+A.M.%3BKoot+Y.E.M.%3BVan+Den+Boogaard+N.M.%3BKaa+jik+E.%3BMacklon+N.S.%3BVan+Der+Veen+F.%3BNieuwkerk+P.T.%3BGoddijn+M.%3C%2Fauthor%3E%3CAN%3E368147144%3C%2FAN%3E%3CDT%3EArticle%3C%2FDT%3E](https://doi.org/10.1093%2Fhumrep%2Fdes374&issn=0268-1161&isbn=&volume=28&issue=2&spage=398&pages=398-405&date=2013&title=Human+Reproduction&atitle=Supportive+care+for+women+with+recurrent+miscarriage%3A+A+survey+to+quantify+women%27s+preferences&aulast=Musters&pid=%3Cauthor%3EMusters+A.M.%3BKoot+Y.E.M.%3BVan+Den+Boogaard+N.M.%3BKaa+jik+E.%3BMacklon+N.S.%3BVan+Der+Veen+F.%3BNieuwkerk+P.T.%3BGoddijn+M.%3C%2Fauthor%3E%3CAN%3E368147144%3C%2FAN%3E%3CDT%3EArticle%3C%2FDT%3E)

17. Coping after recurrent miscarriage: Uncertainty and bracing for the worst.

Item Type: Journal Article

Authors: Ockhuijsen H.D.L.;Boivin J.;Van Den Hoogen A. and Macklon, N. S.

Publication Date: 2013

Journal: Journal of Family Planning and Reproductive Health Care 39(4), pp. 250–256

Abstract: Background The aim of this study was to understand how women with single or recurrent miscarriages cope during the waiting periods after miscarriage - waiting for pregnancy or waiting for pregnancy confirmation - and to investigate their perception of a 'positive reappraisal' coping intervention designed for these waiting periods. Positive reappraisal is a cognitive strategy to change the meaning of a situation, specifically reinterpreting the situation in a more positive way. Methods A qualitative methodology was used. Data were obtained from two focus groups comprising nine women with one or more miscarriages. Results Two core categories, 'uncertainty' and 'bracing', were highlighted during the waiting period for confirmation of an ongoing pregnancy. Women who had experienced a single miscarriage appraised this waiting period as benign and used distraction and coping by social support. Women with recurrent miscarriages could not confidently appraise the waiting period as one that would bring hope or joy and used bracing for the worst as their coping strategy to manage this ambivalence. With this strategy, women tried to control their current emotions, and looked into the future to try to minimise their distress if a further miscarriage occurred. Although all women thought that a 'positive reappraisal' coping intervention would be practical and applicable during waiting periods, only women with recurrent miscarriages actually wanted to use such an intervention. Conclusions Coping interventions targeting reappraisal of the waiting period stressor situation could help women to cope as they wait for a subsequent pregnancy to be confirmed as ongoing. Coping interventions may need to be tailored, but before any strategy is introduced, further study is needed to identify the most appropriate approach.

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18. **Supportive care for women with unexplained recurrent miscarriage: Patients' perspectives.**

Item Type: Journal Article

Authors: Musters A.M.; TaminiuBloem E.F.; Van Den Boogaard E.; Van Der Veen F. and Goddijn, M.

Publication Date: 2011

Journal: Human Reproduction 26(4), pp. 873–877

Abstract: Background Supportive care is currently the only 'therapy' that can be offered to women with unexplained recurrent miscarriage (RM). What these women themselves prefer as supportive care in their next pregnancy has never been substantiated. Therefore the aim of this study was to explore what women with unexplained RM prefer as supportive care during their next pregnancy. Methods We performed explorative, semi-structured, in-depth interviews. The interviews were performed with 15 women with unexplained RM who were actively seeking conception. All interviews were conducted by telephone. The interviews were fully transcribed and two researchers independently identified text segments from the transcribed interviews and categorized them in the appropriate domain. Results Women identified 20 different supportive care options; 16 of these options were preferred for their next pregnancy. Examples of the preferred supportive care were early and frequently repeated ultrasounds, betaHCG monitoring, practical advice concerning life style and diet, emotional support in the form of counselling, a clear policy for the upcoming 12 weeks and medication. The four supportive care options that were not preferred by the women were admittance to a hospital ward at the same gestational age as previous miscarriages, Complementary Alternative Medicine, ultrasound every other day and receiving supportive care from their general practitioner. Conclusions Our study identified several relevant preferences for supportive care in women with unexplained RM. Many of these can be offered by the gynaecologist and will help in guaranteeing high-quality patient-centred care. © 2011 The Author.

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19. **Quality of life, depression and anxiety among pregnant women with previous adverse pregnancy outcomes.**

Item Type: Journal Article

Authors: Couto E.R.;Couto E.;Vian B.;Gregorio Z.;Nomura M.L.;Zaccaria R. and Passini Jr., R.

Publication Date: 2009

Journal: Sao Paulo Medical Journal 127(4), pp. 185–189

Abstract: CONTEXT AND OBJECTIVE: Previous adverse pregnancy outcomes (recurrent spontaneous abortion, fetal death, preterm birth or early neonatal death) can affect the quality of life of pregnant women. The objective of this study was to compare the quality of life and the prevalence of symptoms of anxiety and depression among pregnant women with and without these antecedents. DESIGN AND SETTING: An analytical cross-sectional study was performed in four settings (two high-risk and two low-risk prenatal clinics) in the city of Campinas, Sao Paulo, Brazil. METHOD(S): A total of 240 women were interviewed by a single investigator between the 18th and 24th weeks of gestation: 120 women with prior adverse pregnancy outcomes (group 1) and 120 women with no such history (group 2), matched according to their numbers of living children. Sociodemographic variables were collected and two questionnaires were used: the Short Form-36 quality-of-life questionnaire and the Depression and Anxiety Scale. RESULT(S): The women in group 1 had lower scores in all the items on the quality-of-life questionnaire. Depression and anxiety were more frequent in group 1 (P RESULT(S): The women in group 1 had lower scores in all the items on the quality-of-life questionnaire. Depression and anxiety were more frequent in group 1 (P CONCLUSION(S): Women with histories of recurrent spontaneous abortion, fetal death, preterm birth or early neonatal death seem to have poorer quality of life and more symptoms of anxiety and depression during their subsequent pregnancy, compared with those without such antecedents.

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20. **Levels and effects of different forms of anxiety during pregnancy after a prior miscarriage.**

Item Type: Journal Article

Authors: Fertl K.I.;Bergner A.;Beyer R.;Klapp B.F. and Rauchfuss, M.

Publication Date: 2009

Journal: European Journal of Obstetrics and Gynecology and Reproductive Biology 142(1), pp. 23–29

Abstract: Objectives: The aim of the study was to assess the current level of pregnancy-related fear and state anxiety in pregnant women who experienced prior miscarriages and to explore the impact of higher levels of anxiety during the first trimester on the following course and outcome of the pregnancy. Study design: One hundred forty-three pregnant women who had experienced prior miscarriage (sporadic or recurrent) were measured during each trimester and postpartum. Three independent control groups consisting of pregnant women without a history of miscarriage were recruited. For assessment, a battery of questionnaires including the STAI-state scale and various instruments were administered to record pregnancy-related fear, complications during pregnancy, the course of delivery and the health status of the neonate. Correlations, univariate logistic regression modelling, and ANOVA statistics including post hoc tests were conducted. Result(s): Compared to women without miscarriages, women with prior miscarriage had higher levels of pregnancy-related fear and state anxiety during the first trimester. The level of anxiety differed between pregnant women with a single as compared to those with recurrent miscarriage. Early pregnancy-related fear significantly correlated with complications during pregnancy and delivery. This effect was not found for state anxiety. Conclusion(s): This study suggests that miscarriages may lead to higher levels of pregnancy-related fear and state anxiety. In particular, pregnancy-related fear may have a negative impact on the course of pregnancy and delivery. Thus, interventions to reduce pregnancy-related fear are highly recommended. © 2008 Elsevier Ireland Ltd. All rights reserved.

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21. Shrouds of silence: three women's stories of prenatal loss.

Item Type: Journal Article

Authors: St John A.;Cooke M. and Goopy, S.

Publication Date: 2006

Journal: The Australian Journal of Advanced Nursing : A Quarterly Publication of the Royal Australian Nursing Federation 23(3), pp. 8–12

Abstract: OBJECTIVE: To give voice to the experiences of women who have suffered a prenatal loss prior to a full term pregnancy. DESIGN: A descriptive, exploratory qualitative study using mini-biographies was used. In-depth interviews were conducted with women to record their experiences and stories. Interviews were transcribed and the patterns that emerged from the data were identified and themes generated. SUBJECTS: The mini-biographical stories of three women were gathered. Interviews occurred in the women's homes. The women were recruited through an advertisement in the Stillbirth and Neonatal Death Support (SANDS) newsletter. RESULT(S): The stories revealed the tragedy, pain and silence endured by these women, as they live with loss and grief. Common themes emerged from their stories highlighting grief, isolation, anger and self-blame in the face of their loss and subsequent full term pregnancy. CONCLUSIONS AND IMPLICATIONS FOR PRACTICE: The emergent theme suggests that further research needs to explore how society and the health care community may compound women's grief and isolation and in-turn perpetuate their feelings of anger. In telling their stories, these women give voice to their current health care practices may be modified to better support the needs of women who have suffered a prenatal loss and also points to the need for further research. Specifically, the study identifies a need for nurses and midwives to offer sensitive care, acknowledgment of previous loss and supportive counseling strategies for women following prenatal loss and during antenatal care for subsequent pregnancies.

URL: <https://libkey.io/libraries/2828/openurl?genre=article&sid=OVID:embase&id=pmid:16568873&id=doi:&issn=0813-0531&isbn=&volume=23&issue=3&spage=8&pages=8-12&date=2006&title=The+Australian+journal+of+advanced+nursing+%3A+a+quarterly+publication+of+the+Royal+Australian+Nursing+Federation&atitle=Shrouds+of+silence%3A+three+women%27s+stories+of+prenatal+loss&aurlast=St+John&pid=%3Cauthor%3ESt+John+A.%3BCooke+M.%3BGoopy+S.%3C%2Fauthor%3E%3CAN%3E43629499%3C%2FAN%3E%3CDT%3EArticle%3C%2FDT%3E>

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Search Strategy

Ovid MEDLINE(R) ALL <1946 to July 18, 2025>

1	exp Abortion, Habitual/	9948
2	recurrent miscarriage*.tw,kw.	3005
3	recurrent spontaneous abortion*.tw,kw.	1974
4	(habitual miscarriage* or habitual spontaneous abortion*).tw,kw.	72
5	recurrent early pregnancy los*.tw,kw.	121
6	1 or 2 or 3 or 4 or 5	11850
7	"pregnan*".m_titl.	288601
8	exp Pregnancy/ or exp Pregnancy, High-Risk/	1063963
9	7 or 8	1101127
10	exp Qualitative Research/	107090
11	qualitative.m_titl.	91637
12	"experience*".m_titl.	343120
13	"perception*".m_titl.	112082
14	10 or 11 or 12 or 13	570847
15	6 and 9 and 14	144
16	from 15 keep 8,20	2
17	exp Emotions/	458366
18	6 and 9 and 17	82
19	from 18 keep 10-11,15,21,33,35,61-62	8
20	exp Abortion, Habitual/px [Psychology]	126
21	9 and 20	124
22	from 21 keep 14,30,34,67,72	5
23	exp Pregnancy, High-Risk/px [Psychology]	241
24	6 and 23	5
25	"perspective*".m_titl.	196047
26	6 and 9 and 25	34
27	from 26 keep 14,22	2
28	exp Anxiety/	128267



29 exp Depression/ 171685
30 (anxiety or depression).m_titl. 201518
31 28 or 29 or 30 353192
32 6 and 9 and 31 67
33 from 32 keep 9,14,19,31,34 5
34 (subsequent pregnanc* or next pregnanc*).tw,kw. 6398
35 6 and 34 416
36 (pregnanc* adj2 experiences).tw,kw. 973
37 6 and 36 4

Embase <1974 to 2025 July 18>

1 exp Abortion, Habitual/ 9730
2 recurrent miscarriage*.tw,kw. 5234
3 recurrent spontaneous abortion*.tw,kw. 2703
4 (habitual miscarriage* or habitual spontaneous abortion*).tw,kw. 127
5 recurrent early pregnancy los*.tw,kw. 198
6 1 or 2 or 3 or 4 or 5 13729
7 "pregnan*".m_titl. 339236
8 exp Pregnancy/ or exp Pregnancy, High-Risk/ 859960
9 7 or 8 933218
10 exp Qualitative Research/ 152862
11 qualitative.m_titl. 100997
12 (experience* or perspective* or perception*).m_titl. 801186
13 exp psychological aspect/ 492206
14 (depression or anxiety).m_titl. 257139
15 exp depression/760719
16 exp depression/760719
17 exp anxiety/ 369422



18 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 2301354
19 6 and 9 and 18 294
20 limit 19 to english language 261
21 from 20 keep 63,66,100,107,128,137,143,202,206,209 10
22 exp emotion/ 937709
23 6 and 9 and 22 144
24 limit 23 to english language 137
25 from 21 keep 1-10 10
26 from 24 keep 34,36,41,54,59,71,74,78,98,111,118-119,131 13
27 exp individual coping/ 183
28 (cope or coping).m_titl. 31609
29 6 and 9 and 28 11
30 *"coping"/ 23294
31 6 and 9 and 30 7
32 exp distress syndrome/ 84304
33 6 and 9 and 32 29
34 from 33 keep 15,17 2
35 (subsequent pregnanc* or next pregnanc*).tw,kw. 9592
36 6 and 18 and 3537
37 from 36 keep 8-9,11,15,20 5
38 6 and 22 and 3525
39 from 38 keep 6-7 2
40 21 or 25 or 26 or 34 or 37 or 39 18
41 6 and 13 and 357
42 exp personal experience/ 78303
43 6 and 35 and 423
44 6 and 42 26



CINAHL Ultimate

#	Query	Results
S1	(MH "Abortion, Habitual")	979
S2	XB (recurrent miscarriage or habitual spontaneous abortion or recurrent spontaneous abortion or recurrent pregnancy loss or)	1,590
S3	S1 OR S2	1,881
S4	(MH "Qualitative Studies+")	211,438
S5	TI qualitative	60,567
S6	TI (experience or perception or perspective)	286,542
S7	(MH "Psychology+")	31,858
S8	TI (depression or anxiety)	91,419
S9	(MH "Depression+")	149,722
S10	(MH "Anxiety+")	74,197
S11	S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10	682,271
S12	(MH "Pregnancy, High Risk") OR (MH "Pregnancy+")	253,055
S13	XB (subsequent pregnanc* or next pregnanc*)	2,046
S14	S12 OR S13	253,544
S15	S3 AND S11 AND S14	42
S16	(MH "Pregnancy, High Risk/PF")	128
S17	S3 AND S16	0