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National Bereavement Care Pathway

Miscarriage Pathway

Putting families at the heart of bereavement care, everywhere in Wales

Introduction

This pathway supports the delivery of high-quality bereavement care for families following miscarriage, ectopic or molar pregnancy.

- **Additional information and resources for this pathway can be found here.**
- **Information on NBCP Cymru, including resource packs, padlets and toolkits can be found here.**
- **Supporting information and national guidance can be found here.**

Acknowledgements

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The Ectopic Pregnancy Trust

Registered Charity Number:
1071811 (England & Wales) SC053187 (Scotland)

We also extend our thanks to **The Ectopic Pregnancy Trust** for the valuable input during the development of this guidance.

We also acknowledge the valuable contributions of parents and families who bravely and generously shared their experiences, and the healthcare professionals who provided their expertise and feedback throughout the development of this pathway.

A note on language

Language used within the pathway follows relevant national guidance, including NICE recommendations. Where the terms woman or women are used, they include individuals who do not identify as women but are pregnant or have given birth. Staff should always follow the preferences expressed by the person receiving care.

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Miscarriage, ectopic and molar pregnancy pathway

When concerns in pregnancy are identified

The Woman may present with abdominal pain, vaginal bleeding, unexpected scan findings or concerns about early pregnancy in a range of settings, including out of hours or urgent care, Early Pregnancy Units, primary care, ambulance services or private healthcare providers, as well as via telephone.

Care at this stage is calm, responsive and clearly led. Communication is sensitive, based on known clinical information, and paced to reduce worry during a time of uncertainty.

Teams

Calm, responsive and clearly led care is demonstrated when:

- The clinical history is reviewed, including previous pregnancies, pregnancy losses and fertility history.
- Staff actively seek clarification where information is incomplete rather than relying solely on written records.
- Consent for examination, ultrasound or investigation is obtained with clear explanation, including the possibility that repeat scans or second opinions may be required.
- Information about timescales, uncertainty and potential delays is explained openly.
- If consultation with another professional is required, this is explained before leaving the room, with reassurance that staff will return promptly.
- Staff giving diagnosis are appropriately trained and supported.
- Where contact is made via emergency or urgent care services, clear arrangements are made for the woman to be reviewed by clinicians without unnecessary delay.
- Care is moved to a quiet and private space wherever possible, or steps are taken to maximise privacy in the current setting.
- Worry and distress are acknowledged, with time given for questions.

Families

Families experience sensitive, factual and paced care when they:

- Feel that their concerns are listened to and responded to promptly.
- Experience calm and sensitive communication in a private setting.
- Experience efforts to protect their privacy where space is limited.
- Understand what examinations or investigations are taking place and why.
- Know that uncertainty may require repeat assessment or further review.
- Understand what will happen next and how long this may take.
- Feel reassured when staff need to leave the room to consult colleagues.
- Are given opportunities to ask questions and express concerns.

When a diagnosis is confirmed or loss is identified

News of miscarriage, ectopic pregnancy or molar pregnancy may be anticipated because of symptoms or previous discussions, or it may come as a complete shock. Care at this stage is private, and compassionate. **Communication** is honest and paced, recognising that individuals respond differently to unexpected or distressing news. Responsibility for explanation, next steps and ongoing treatment remains with the clinical team.

Teams

Care that is private, compassionate and clearly led is demonstrated when:

- The woman is offered the opportunity to have a partner or support person present.
- Known facts are explained clearly using straightforward, language, if medical terminology is used, it is explained in plain language.
- Staff follow the woman's lead in terminology and language, where this is unclear, the woman is asked,
- Where diagnosis is given during an ultrasound examination, the woman is asked if she wishes to see or have the findings explained on the screen.
- Uncertainty, further investigations or additional appointments are explained clearly, including what will happen next and with who.
- Documentation is completed with accurate and factual information that the patient is aware of and understands fully.
- Written information and signposting to appropriate support organisations are provided.

Families

Families experience private and compassionate care when they:

- Feel that information is shared honestly and sensitively.
- Understand the diagnosis, what is known, and what will happen next.
- Hear language that reflects their own preferences.
- Feel supported to have a partner or support person present.
- Are given time to absorb information and ask questions.
- Receive written information and know where to access further support.

Memory making

Memory making can be a meaningful part of care for many families following a loss of a baby or pregnancy, though preferences vary widely. At this stage, families may feel uncertain, overwhelmed or unsure about what feels right for them. Staff provide calm, sensitive and individualised support, offering options without pressure or assumption. Families experience care that gives them time, dignity and choice in how they wish to honour and remember their baby or pregnancy.

Teams

Personalised, sensitive memory-making support is delivered when:

- Staff explain **memory-making** options clearly and gently, without assumption or pressure.
- Families feel supported to understand the options available to them and the timescales for decision making.
- Information about what may be seen is shared sensitively.
- Staff are familiar with locally used memory-making resources, including offering scan images free of charge.
- Verbal and written information about spending time with their baby outside the hospital environment includes local guidance and options and is facilitated in a dignified and compassionate way.
- Memory making reflects family's preferences, including language, gestation, gender, culture, religion and personal beliefs.
- Decisions about memory making are discussed, documented and revisited as care continues.
- In multiple pregnancies, memory-making support reflects both the loss and the continuing pregnancy, with coordinated care across teams.

Families

As memory-making options are clearly explained and supported by staff, families:

- Are given time and space to consider how they wish to mark and remember their baby or pregnancy.
- Feel supported to understand the options available and the timescales for deciding.
- Are given clear, sensitive information about what to expect, including how appearance or condition may affect memory-making options.
- Receive care that honours cultural, spiritual and personal preferences.
- Are reassured that they can change their mind about memory-making decisions and know the timescales for doing so.
- See their wishes reflected in the care provided.
- Know that support is available from third sector organisations for siblings and the wider family.

Personalised care planning

Discussion of options following diagnosis is undertaken with care, privacy and clarity. Teams support families to understand their options, and they are given clear information. Information is provided in accessible language and understanding is checked. Families are supported to understand that medical and surgical options carry comparable risk profiles, and that neither option is intrinsically better for physical or psychological health. Where clinically appropriate, families are supported to choose the option that feels right for them and care remains consistent regardless of the option chosen.

Teams

Teams support informed decision-making and develop or review personalised care plans in a timely and considerate way. This is demonstrated when:

- A bereavement key contact is identified and noted on the personalised care plan.
- The **personalised care** plan is revisited and updated, and options for place of care are discussed.
- Pain management options, including analgesia, are discussed proactively and preferences are documented.
- Communication arrangements, including who will lead discussions, are recorded.
- Memory-making options are discussed, recorded, and families are informed they can change their mind.
- Where the woman returns home, emergency contact details and clear advice about when to seek help are provided.
- Plans for the woman's return to hospital, including alternative entry arrangements, are in place.
- Locally agreed systems for marking the woman's record to alert staff to the loss are used appropriately.
- Emotional and spiritual support is offered and documented, including referral to specialist bereavement or chaplaincy services.

Families

Families receive clear, coordinated communication about their options, what to expect next, and who is supporting them, and:

- Know who their key bereavement contact is, and how to get in touch with them.
- Feel informed about their choices and supported to make decisions.
- Understand what will happen during each process, including where plans may change.
- Receive honest, sensitive information about what to expect, including the appearance.
- Are given the opportunity to revise or develop a personalised care plan that includes memory making.
- Understand available pain management options, feel able to discuss preferences, and ask questions.
- Know who to contact and how to access support if they are returning home before the appointment.
- Give consent for their notes to have a local marker to signal pregnancy loss to staff.
- Are supported to have a partner or support person present.
- Are given details for spiritual and pastoral services as well as chaplaincy and third sector organisations such as Miscarriage UK, The Ectopic Pregnancy Trust or Molar Pregnancy Support and Information.

Management options

Following confirmation of miscarriage, ectopic pregnancy or molar pregnancy, discussions about management options take place in a suitable location, with care, privacy and clarity. Families may be experiencing shock or distress, and their ability to absorb information may be reduced. Information is shared in accessible language, paced appropriately, and understanding is checked throughout.

Where clinically appropriate, families are supported to consider expectant, medical or surgical options. Information is clear and care remains compassionate and consistent regardless of the option chosen. Responsibility for coordination remains with the clinical team so that families are not left to navigate decisions alone during a vulnerable time.

Teams

Staff give clear and realistic information about medical and surgical options, including:

- What each procedure involves and where care takes place.
- Who will be present and whether other patients may be nearby.
- The potential risks, possible complications, expected length of stay and recovery.
- The potential implications for the woman's health and fertility.
- How the chosen method may affect or limit options for Post-Mortem Examination and memory making.
- Information and contact details about how to discuss further or change the management option chosen.
- Who to contact if the miscarriage occurs at home, prior to the appointment.

Surgical

Where surgical management is recommended or chosen, the admission process, pre-operative preparation and surgical approach (including laparoscopic or open surgery) are explained clearly.

Medical

- Where expectant or medical management is chosen, the need for ongoing monitoring and follow-up appointments is explained clearly, including the possibility that further treatment or surgery may be required.
- Clear information is provided about what to expect, including pain management, bleeding and when to seek urgent care.
- Analgesics or advice on over-the-counter options are offered as well as the likely need for extra-absorbent sanitary pads.

Families

Families receive personalised care and informed choice when they:

- Have verbal and written information about what each procedure involves.
- Feel that information about treatment options is clear.
- Know they may revisit or change management decisions.
- Understand where the care will take place, who will be delivering the care and likely location and timescales.
- Understand the risks, complications and expected recovery for each option.
- Are given honest but compassionate information about memory making.
- Feel supported to ask questions about future health and fertility.
- Understand what investigations are possible following each procedure.
- Are given information of how to access support.

Considerations for Specific Types of Loss

Miscarriage, ectopic pregnancy and molar pregnancy each carry different clinical risks and follow-up requirements. Care at this stage is tailored to the specific medical and emotional needs associated with each diagnosis. Information is shared honestly and at a manageable pace, recognising that families may be processing both pregnancy loss and concerns about immediate health and future fertility.

Molar pregnancy

Molar pregnancy is uncommon and may be unexpected and difficult to understand. Diagnosis may be suspected at ultrasound or confirmed following histological examination after miscarriage.

When a Molar Pregnancy Is Suspected

Where diagnosis is uncertain care acknowledges the difficulty of waiting and the emotional impact of uncertainty.

Teams

Supportive care when a diagnosis has not been confirmed is demonstrated when:

- The need for further assessment or repeat investigations is explained clearly.
- The reasons for uncertainty are described honestly, including what is known and what is not yet confirmed.
- The emotional impact of waiting for clarification is acknowledged.
- Families are given information about the potential **diagnosis**.

Where referral to a specialist centre, including those outside of Wales, is required:

- The reason for referral is explained clearly.
- Details of the receiving unit, including contact information, are provided verbally and in writing.
- What the referral process involves and what will happen next is explained.

Families

During this period, families:

- Understand why further assessment is required, where and with who.
- Feel that uncertainty is acknowledged rather than minimised.
- Understand why referral to a specialist centre may be necessary.

Ectopic pregnancy

Ectopic pregnancy may be diagnosed following symptoms such as abdominal pain and/or vaginal bleeding, during investigation of a pregnancy of unknown location, an emergency, or after an earlier suspected miscarriage.

When an Ectopic Pregnancy is Confirmed

Management may be expectant, medical or surgical, depending on clinical presentation and risk. Care is individualised, and decisions are made with clear explanation of benefits, risks and uncertainties.

Teams

Clear and coordinated care is demonstrated when:

- The diagnosis and associated risks are explained in straightforward language.
- Possible surgical outcomes, including the impact on a Fallopian tube where relevant, are discussed honestly.
- Information about relevant support organisations, including the **Ectopic Pregnancy Trust**, is provided.

Families

During diagnosis and management, families:

- Understand the diagnosis and associated risks.
- Understand the need for monitoring or further treatment where relevant.
- Receive honest information about possible surgical outcomes and implications for fertility.
- Know how to contact support organisations, such as the Ectopic Pregnancy Trust.

First trimester / early miscarriage

Early miscarriage may present with bleeding, pain or unexpected scan findings. Information is shared honestly and at a manageable pace, recognising that waiting for miscarriage to occur or experiencing it at home can be particularly difficult. Management may be expectant, medical or surgical, depending on clinical circumstances and personal preference. Early miscarriage may present with bleeding, pain or unexpected scan findings. A woman may have already miscarried at home and may present with or without the pregnancy remains.

Teams

Compassionate and coordinated care is demonstrated when:

- Concerns are acknowledged promptly and taken seriously.
- Care is provided in an appropriate and private environment by staff who are sensitive to the family's needs.
- The diagnosis and any uncertainty are explained clearly, including what is known and what requires further assessment.
- The possible limitations of geography or care setting on management options are explained, especially if any procedure is carried out at another hospital or Board.
- Where miscarriage occurs within the clinical setting, privacy is protected and support offered.

Families

During early miscarriage care, families:

- Feel that their concerns are taken seriously.
- Are cared for in a private and appropriate environment.
- Understand the diagnosis and any areas of uncertainty.
- Feel supported whether miscarriage occurs at home or in hospital.
- Are given time to digest the options available and fully understand the decisions they will need to make.
- Know who to contact in the case of any concerns or an emergency.

Second trimester miscarriage

Second trimester miscarriage may involve induction of labour and birth. Care at this stage recognises the physical demands of labour alongside acute grief. Communication is clear, compassionate and paced to support understanding. Families are prepared honestly for what to expect, including the duration of labour and the appearance of their baby, while being given time, privacy and choice.

Management options may vary depending on local service provision.

Teams

Compassionate and coordinated care is demonstrated when:

- Care is provided in an appropriate and private environment by staff who are sensitive to the family's needs.
- The process of induction, labour and birth is explained clearly, including analgesia options available, that labour may take many hours and may require an overnight stay.
- Arrangements for birth location are explained, including any transfer to another unit where required.
- Surgical management is considered and discussed on a case-by-case basis, including availability and location of specialist services.

Families

During second trimester miscarriage care, families:

- Are cared for in a private and appropriate environment.
- Understand what to expect during induction, labour and birth and where this will take place.
- Understand the differences between induction and surgical management.

Multiple pregnancy

Bereavement care for a multiple pregnancy, care recognises the complexity of grieving one or more babies while continuing an ongoing pregnancy. Families may experience bereavement alongside hope, anxiety and the demands of ongoing clinical care.

Teams

Compassionate and personalised care is demonstrated when:

- The complexity of emotions is acknowledged, and bereavement alongside an ongoing pregnancy is recognised.
- Language is used carefully, and references to the surviving baby as a 'positive outcome' in discussions of loss are avoided.
- Clear information is provided about any additional monitoring or appointments required for the continuing pregnancy.
- Families are offered specialist bereavement support relevant to multiple pregnancy loss, including resources from **Twins Trust**.
- The locally agreed signalling system is used to alert staff that this is a multiple pregnancy with loss.
- Medical records are reviewed and signalling systems are understood and applied consistently.

Families

As care recognises both bereavement and an ongoing pregnancy, families:

- Feel that their grief is acknowledged, even where one or more babies remain alive.
- Are spoken to in ways that recognise both their loss and the continuing pregnancy.
- Do not have to repeatedly explain that this was a multiple pregnancy and given the choice to refer to this as such or not.
- Feel confident that professionals involved in their care understand their circumstances and communicate consistently.
- Understand the plan for monitoring and care during the continuing pregnancy.
- Are offered specialist sources of support relevant to multiple pregnancy loss.

Investigations, examinations and reviews

Examinations and investigations are offered to support families' understanding of the loss and any implications for future pregnancies. Discussions are approached with sensitivity, recognising that some families may have already undergone multiple investigations and may find further discussion distressing.

Histology

Teams

Teams providing care give clear, honest information about what is recommended, what is optional, the limitations and timescale when they explain:

- That it is common to carry out a histological examination and the length of time this may take.
- Where histological examination of the pregnancy or placenta is recommended, this is explained to the family along with any limitations of the examination.
- That this examination may not provide information about a possible cause of death or pregnancy loss.
- Other investigations, such as blood tests and genetics, may be carried out.

Families

Families experience clear and honest care when they know:

- That histology is common practice and that it is their choice if it is carried out.
- How and when they are likely to receive outcomes.
- How histology timing may impact the remains being available for personal funeral/disposal of remains arrangements.
- What other investigations may be carried out.

Post-mortem examination

Teams

Clear and sensitive practice is shown when:

- Post-Mortem consent is obtained by a staff member who is trained and registered to take consent.
- The purpose, process and limitations of Post-Mortem Examinations are explained clearly and sensitively.
- Where the examination takes place at another hospital, including outside Wales, this is explained clearly along with the reasons and expected timeframes.
- Transport and handling arrangements are described transparently, including who is responsible, with reassurance that care is respectful and dignified.
- Likely timescales for the return of the baby's body or pregnancy remains, and availability of results are discussed.
- A named contact is identified to coordinate communication of results.
- Where personal items accompany the examination, families are advised that items are handled carefully and returned wherever possible, although this cannot be guaranteed.
- Families are signposted to available information resources to support understanding of Post-Mortem consent.

Families

Families experience safe, clear and informed care when they:

- Receive clear explanations about why a Post-Mortem may be recommended.
- Understand who will take consent and how the process will be conducted, including the purpose and any limitations.
- Are informed if their baby or pregnancy remains will be transferred and understand why.
- Feel reassured about how their baby or pregnancy remains will be cared for during transport and examination.
- Understand the likely timeframe for return of their baby or pregnancy remains and for receiving the outcome.
- Know who to contact regarding follow-up and outcomes.

Perinatal mortality review

The Perinatal Mortality Review forms part of the formal review process following loss where gestation is 22+0 weeks. Families are navigating ongoing questions about their baby's death, and clear information about the purpose, process and outcomes of the review is provided consistently. Any baby born with signs of life may be referred to the Medical Examiner.

Teams

Sensitive, structured Perinatal Mortality Review practice is delivered when:

Before the review:

- The purpose of the **Perinatal Mortality Review** is explained clearly, and verbal and written information is provided.
- Realistic timescales are discussed openly, including acknowledging the time required to complete the review.
- Families are invited to share their perspectives, questions and concerns to inform the review.
- A named contact is identified to provide updates and respond to questions throughout the process.

During the review:

- Meetings are led by the senior clinician or clinicians who have provided continuity of care.
- The review considers both clinical and emotional care, with input from relevant staff, including community services where involved.
- Information is shared appropriately between staff involved in the woman's care, with coordination led by the key bereavement contact.

After the review:

- A follow-up meeting is arranged, with clear information provided about who will attend.
- Meetings take place in a quiet, appropriate setting.
- Findings from investigations and the Perinatal Mortality Review are explained clearly and sensitively.
- Actions arising from the review are outlined and discussed.
- Time is given for questions, clarification and reflection.
- Families are informed that a written summary report is available, with flexibility about how and when this is shared.

Families

As the Perinatal Mortality Review is explained, coordinated and followed up by staff, families:

- Understand the purpose of the Perinatal Mortality Review and how it is conducted.
- Know how they can contribute their perspectives and questions.
- Receive updates during the review process and know who to contact.
- Are given realistic timescales and understand when to expect information.
- Receive a clear explanation of the review findings and any resulting actions.
- Feel able to ask questions and discuss the outcomes in a private and appropriate setting.

Registration and certification

Arrangements for registration and certification vary depending on gestation and the circumstances of death or loss. Care at this stage is coordinated and clearly communicated, recognising that these processes take place alongside acute grief.

Optional certificates marking pre-24-week losses are available from Miscarriage UK, The Ectopic Pregnancy Trust and Sands.

Teams

Sensitive, accurate support with registration and certification is provided when:

- Teams explain registration and certification processes clearly and sensitively, in line with gestation and the circumstances of the baby's death.
- Discussions take place in a private setting, with sufficient time for questions.
- Written information is provided to support families to navigate registration and certification processes.
- Responsibility for leading discussions is clear, with continuity wherever possible.

Families

As a result of this support, families:

- Understand what registration or certification is required in their circumstances.
- Know who is supporting them with these processes and who to contact with questions.
- Receive information at a manageable pace, in a private and respectful setting.
- Feel supported to navigate registration and certification alongside their grief.
- Have access to written information to refer to after discussions.

Funerals, burial and cremations

Funeral arrangements form part of the processes following a death. For families, these decisions are made during an emotionally significant time and may feel difficult to approach. Staff guide families through available options and timeframes, providing clear information and allowing time for reflection. Families experience care that supports informed choice and respects how and when decisions are made.

Teams

Sensitive, informed support around these arrangements is provided when:

- Staff have access to up-to-date **information resources** to support discussions about burial and cremation including green burial.
- Enough time is given to consider all options, including the opportunity to reflect at home before confirming a decision.
- Decisions, including where information is declined or no decision is made, are documented clearly in the medical record.
- Assumptions are avoided, including those based on gestation, culture, gender, religion or personal beliefs.
- Referral to spiritual or pastoral care is offered, guided by the family's preferences.
- Verbal and written information shared with families includes:
- Hospital-arranged burial or cremation options and any associated costs.
- The process for choosing private arrangements, including details of local funeral directors.
- Clear explanation that some funeral directors may provide basic services without charge, while additional services may incur costs.
- Timeframes for making and communicating decisions, including the hospital process if no decision is communicated.
- Information about urgent burial or cremation requirements.

Families

As funeral arrangements are explained and supported by staff, families:

- Understand the options available to them for burial or cremation.
- Feel able to take time before confirming decisions.
- Understand what the hospital can arrange and what they may choose to arrange independently.
- Receive clear information about costs and timeframes.
- Feel that their cultural, religious and personal preferences are respected.
- Know where to access further support if they need help making decisions.

Leaving the hospital

Bereavement Care continues whilst preparing to leave hospital and returning home. Information is coordinated and clearly communicated to support families during physical recovery and acute grief.

Teams

Before discharge, coordinated care is demonstrated when:

- Families are given clear information about ongoing pain, bleeding and postnatal physical changes, including when and how to seek medical advice.
- Lactation is discussed sensitively, including suppression, expression or donation depending on gestation and woman's preference.
- Psychological and emotional support available through perinatal services, primary care and third-sector organisations is explained.
- Information is provided about managing baby-related communications, including national mailing preference schemes.
- All discussions, decisions and agreed plans are recorded clearly in the medical record.

Families

As follow-up arrangements are explained, coordinated and revisited by staff, families:

- Know who will contact them with the outcomes of any reviews and investigations.
- Know how to arrange a debrief and the process for giving feedback, concerns or complaints.
- Have information on their physical symptoms, recovery and how to access ongoing care.
- Know what psychological and emotional support services are available to them.
- Have information about local and national support organisations.
- Receive information about managing baby-related communications.

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