



## Let's talk about miscarriage

**Project leaders:** Rachel Whittal-Williams and Sylvia Jones

**Duration:** November 2015 – June 2017

**Keywords:** Miscarriage, early pregnancy loss, early pregnancy bereavement, patient stories, nurse values and beliefs in working with miscarriage

### Project background

The project leader had worked for the Hywel Dda University Health Board (HDUHB) for three years and had been struck by the number of women affected by miscarriage. She had an existing interest in women's health and this prompted her to become the link gynaecology nurse for recovery. Following her own miscarriage, she set up a miscarriage support group in the community. One of the group's findings was that current support was patchy, and the group proposed the idea of 'pregnancy support packs'. On the back of this, the project leader came up with the concept of 'Let's talk about miscarriage', in order to bring together the health professionals involved in early miscarriage care and people who have experienced an early miscarriage, so they could begin to talk and share their experiences of miscarriage.

### Aims and objectives

The aim of the project was to understand the lived experience of women who have had an early miscarriage or ectopic pregnancy and to use this as a basis to change and improve practice. To achieve this, the objectives identified were to:

- Identify and engage key stakeholders in the project
- Explore the lived experience of the women using a variety of methods, such as interviews, group sessions and questionnaires
- Explore staff perspectives, values and beliefs of caring for a woman who has experienced miscarriage/ectopic pregnancy
- Use a practice development framework to implement changes in practice

### Implications for practice

- Gathering and listening to women's stories of miscarriage can be a powerful way to engage key stakeholders
- Using a professional narrator/storyteller to share stories in a non-clinical, non-healthcare setting (such as parks or gardens) is a creative approach to help balance the emotional messages about suffering a miscarriage
- Clinical supervision is a good support mechanism for staff who are caring for women who have experienced a miscarriage

*This project was supported by the FoNS Patients First Programme in partnership with The Burdett Trust for Nursing*

### Online

Further information about the project can be accessed from: [fons.org/library/report-details?nstd=73157](https://fons.org/library/report-details?nstd=73157)

### Key activities and outcomes

#### • Staff values and beliefs writing exercise

With the support of the health board's patient experience manager and service improvement team, nursing staff from the gynaecology ward were invited to describe their values and beliefs around caring for a woman who had experienced a miscarriage. The six responses were collated and fed back to the team via the ward sister. There was a clear desire to give the best possible care but a recognition that this wasn't always possible due to time pressures and the lack of a full understanding of the women's experiences.

#### • Patient story packs

The project team wanted to gather personal stories/accounts of women's experiences of miscarriage. In order to do so, they invited women from a range of settings, including the early pregnancy assessment unit (EPAU), the gynaecology ward and the local miscarriage support group. Six of the 10 stories, chosen at random, were read out at a later meeting of the project team plus a small number of invited others. While the stories were read out, other attendees noted down key events, comments and feelings. These were categorised in terms of the patient journey and were both positive and negative.

#### • Ward tea party

It was realised at the patient story event (above) that there was a need to communicate the positive messages back to the ward nursing staff. The project team decided the best way to do this was to hold a tea party on the ward. The project leader created a feedback poster where messages were written under hearts that the staff were then invited to uncover and read. These messages were also placed in small, pocket-sized bottles for staff to keep as a reminder of the positive impact they can have on their patients.

#### • Stakeholder participation event

The aim of the stakeholder event was to hear the women's stories, discuss the results of the project so far and to invite stakeholders to make pledges within their own practice. The event attracted 40 people and was held at the National Botanic Gardens where a narrator was hired to read the patient stories. After listening to the stories, small group discussions were held and stakeholders invited to make a pledge. Feedback was very positive and reflected the impact of the stories heard. Pledges included personal and team development and greater sharing. This has resulted in a wider recognition of the emotional experience of miscarriage.

#### • Clinical supervision for the nursing staff

The need for clinical supervision was identified by the staff values and beliefs clarification exercise. This was piloted for a six-month period, offering 10 members of staff one hour of individual clinical supervision per month provided by the hospital bereavement service. Feedback was sought before and at the end of the pilot. The pilot has been so successful that clinical supervision will now be offered more widely in EPAUs across the health board sites.