



Petition PE1443 - miscarriage

RESPONSE FROM RCGP SCOTLAND

The Royal College of General Practitioners (RCGP) is the academic organisation in the UK for general practitioners. Its aim is to encourage and maintain the highest standards of general medical practice and act as the 'voice' of general practitioners on education, training and issues around standards of care for patients.

The College in Scotland came into existence in 1953 (one year after the UK College), when a Scottish Council was created to take forward the College's interests within the Scottish Health Service. We currently represent over 4000 GP members and Associates in Training throughout Scotland. In addition to a base in Edinburgh, the College in Scotland is represented through five regional faculty offices in Edinburgh, Aberdeen, Inverness, Dundee and Glasgow.

Comments

It is very important that GPs recognise and acknowledge the distress that a first or recurrent miscarriage causes to both parents and offer appropriate support and care. GPs should be prepared to offer counselling to women and inform them of the availability of local support groups that may be of help to them.

Health workers should not underestimate the impact of miscarriage. Members of the primary healthcare team ought to be able to do this by providing information and offering comprehensive support within a wider team as necessary. There is evidence to suggest that women with unexplained miscarriage can have an excellent prognosis for future pregnancy outcomes if offered supportive care.

The current guidance is for GPs to investigate after a third miscarriage occurring in the first trimester or after one miscarriage in the second trimester. This is evidence based on guidelines provided by the Royal College of Obstetricians and Gynaecologists. A significant proportion of miscarriages remain unexplained despite investigation: only a minority are found to have a cause, and of these, an even smaller number have a treatable cause. Therefore investigating all women who have had one miscarriage may cause unnecessary and extra anguish without providing useful information.

Approximately one in four pregnancies end in miscarriage, and this is nature's way of dealing with an unviable pregnancy. Investigating all women who have had one

miscarriage could be likened to screening of the normal population, as there is no evidence that women who have one miscarriage are any different to the population of women at large. The pre-test probability of abnormality would be very low. This would mean that false positive test results are more likely. In the absence of evidence, a programme of screening women might cause unnecessary distress and unnecessary risk from resultant treatment when in fact there is nothing wrong with them. While it is understandable for those who care closely for people who have suffered distressing adverse events in their life to call for the widespread application of screening tests, there are very few circumstances in which such screening has been shown to offer greater benefit than harm and women might find this unreasonably intrusive.

There is currently no evidence to support the investigation of women after only one miscarriage. Reassurance and optimism, based on the statistics, after, two (or even three) early miscarriages helps prevent over-medicalisation of the majority, most of whom will go on to have a healthy baby. Psychological support has been shown, in the form of a randomized control trial, to improve pregnancy outcome and this currently should be offered by GPs to all women after one miscarriage.

We believe that offering investigation after one miscarriage in the first trimester would not currently be beneficial, and would therefore not support this petition.

Dr John Duncan
Deputy Chair (Policy)
May 2013