

Ministear airson Slàinte Phoblach is Slàinte
Bhoireannach
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20 March 2026

Dear Convener,

Please find attached an update paper on progress in relation to the 2021-22, 2023-24 and 2025-26 Programme for Government commitments to improve miscarriage care in Scotland which may be of interest to members of your committee.

Your committee will also wish to note that the Patient Charter for Miscarriage Care in Scotland mentioned in the briefing note will be published on the Scottish Government website today. A link to the Charter can be found here [A Patient Charter for Miscarriage Care In Scotland](#) .

Yours sincerely

Jenni Minto MSP

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IMPROVING MISCARRIAGE CARE IN SCOTLAND – UPDATE PAPER

Programme for Government

- In September 2021 the Scottish Government made a commitment through the [Programme for Government 2021 to 2022 - gov.scot](#) to improve miscarriage care. This commitment was reinforced in the 2023-24 Programme for Government [Equality, Opportunity, Community – Our Programme for Government](#).
- The intention of these commitments was to improve miscarriage care and support so women do not wait until a third miscarriage to receive tailored support. The commitments include the introduction of a graded model of care approach after a woman's first, second and subsequent miscarriage as recommended in the Lancet series, [Miscarriage matters](#) published in April 2021.
- Access to progesterone prescriptions and separate spaces in hospitals for women who suffer a miscarriage were also part of the programme for government commitments, as well as the launching a Certificate and Memorial Book of Pregnancy and Baby Loss Prior to 24 Weeks.
- The Memorial Book and certificate were launched and open for applications on 4 October 2023. [The Memorial Book - National Records of Scotland \(NRS\)](#)
- Along with a physical entry in the book, a commemorative certificate is provided, which is intended to give recognition and comfort to those who want to record their loss. The service is run by National Records of Scotland is free of charge, completely voluntary and historical applications are welcome, as are applications for more than one loss. Since the service was launched, over 2,600 entries have been made in the memorial book and over 2,700 certificates have been issued.
- The Programme for Government 2025-26 [Programme for Government - gov.scot](#) commits to ensuring NHS Boards progress implementation of the Delivery Framework for Miscarriage Care, including starting to move to the graded model of miscarriage care, and ensuring all clinically appropriate women are offered progesterone treatment, backed by £1.5m funding to NHS Boards in 2025-26.

Work undertaken

Scoping exercise

- As part of the work to fulfil the Programme for Government commitments, Scottish Government analysts carried out a scoping exercise across all 14 NHS Boards into the availability of services within Boards for miscarriage and unexpected pregnancy complications.

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- Following analysis of responses of the scoping exercise, 1 national report and 14 individual NHS Board reports were produced with senior NHS board review and sign-off.
- The reports were published on 29 November 2023, and the findings were presented at a Scottish Government Miscarriage Event for health professionals and third sector stakeholders held on the same day. Links to the Reports can be found on the Scottish Government website. [Key Messages - Miscarriage Care and Facilities in Scotland: Scoping Report National Overview - gov.scot](#)

Delivery Framework for Miscarriage Care in Scotland

- The results of the scoping exercise were used to inform next steps, including the development of a Delivery Framework for Miscarriage Care in Scotland.
- The Framework was developed by an Expert Short Life Working Group and included wide representation from health professionals and third sector organisations.
- The Framework [Delivery Framework for Miscarriage Care in Scotland - gov.scot](#) was published on 6 February 2025 and outlines a plan for introducing a graded model of miscarriage care and brings together professional guidance, including National Institute for Clinical Excellence (NICE) and Royal College of Obstetricians and Gynaecologists (RCOG) guidance with the recommendations in the Lancet Series, Miscarriage Matters publication.
- The framework has 34 actions/deliverables and outlines 'Now' (within 6 months of publication), 'Short' (within 12-15 months) and 'Medium' term (within 15-24 months) objectives to help NHS Boards prioritise change locally and move to a 'One Scotland' approach.
- At the date of publication, it was recognised that miscarriage services in Scotland were at different stages of delivery against the actions/deliverables outlined in the Framework, as many NHS Boards had been implementing professional guidance and good practice for some time.
- 18 of the 34 actions/deliverables within the Delivery Framework are expected to be completed within 6 months of publication, this includes the provision of vaginal micronised progesterone for women with bleeding in early pregnancy and a history of miscarriage, where clinically appropriate.
- 10 further actions/deliverables are expected to be complete within a maximum of 15 months from publication and the final 6 are expected to take up to 24 months to complete.

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- NHS Boards have been asked by Scottish Government to assess what their service is delivering now, and report on their progress towards implementing the key actions/deliverables. Annual and Local Delivery Plan guidance for NHS Boards for 2025-26 highlight improving miscarriage care and implementing this Framework as a specific planning priority.
- To assist NHS Boards with their assessments, a monitoring framework document, which includes BRAG ratings of progress towards delivery by the end March 2027, was issued to NHS Boards in August for completion by 10 October 2025.
- Most Boards have reported very positive progress on the actions due to have been completed within 6 months of publication of the Delivery Framework. Where gaps are identified, Boards will be asked to explain why and if needed meetings will be set up to discuss and agree a way forward.
- Most of the actions/deliverables from the Delivery Framework given the status “Now” – within 6 months of publication - have been achieved in all 14 Boards. 2 NHS Boards reported completing all the actions/deliverables, 4 NHS Boards reported requiring additional support or finding it challenging in implementing one of the actions within the 6 month implementation period and 6 NHS Boards reported requiring additional support or finding it challenging implementing two or more of the actions. 2 NHS Boards reported that they were on track to complete one remaining action, having completed all others.
- **Annex A** provides a summary infographic showing Boards’ progress with each of the “Now” actions/deliverables.

Graded Model of Care

- As noted above, the Delivery Framework outlines the graded model of miscarriage care after one, two and three or more miscarriages and tasks NHS Boards with introducing this model of care in Early Pregnancy Services. The graded model of care sets out the that:

After a first miscarriage

- Information about the effects of BMI, diet, micronutrients such as Vitamin D and folic acid, and health-harming products such as excessive caffeine, alcohol, tobacco and medical co-morbidities should be highlighted to patients at an appropriate time, with the opportunity for additional contact with and referral to healthcare professionals if required.
- Information about how to seek support for psychological distress after miscarriage should also be given to patients. This includes signposting to

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bereavement care, third sector support groups, and self-help websites, as well as their primary care team.

Two previous miscarriages

- After a second miscarriage, in addition to the information and support offered after one miscarriage, the graded model of care recommends additional follow-up care, including offering an appointment at a nurse or midwife led miscarriage clinic for various blood tests
- A reassurance scan should also be offered at seven to eight weeks of a subsequent pregnancy, or at a gestation prior to 12 weeks that is preferred by the woman; for example, someone who has always miscarried at 9 or 10 weeks may prefer a slightly later ultrasound scan.

Three previous miscarriages

- After a third miscarriage, women should be offered an appointment at a specialist recurrent miscarriage clinic where additional tests and a full range of treatments can be offered. Pregnancy tissue from the third and any subsequent miscarriages will be sent for genetic testing. Women should also be offered assessment for congenital uterine abnormalities, ideally with a 3D ultrasound and an early pregnancy reassurance scan in subsequent pregnancies.
- After four previous miscarriages, the addition of vaginal micronised progesterone (such as uterogestan 400mg BD) from positive urine pregnancy test to 12 weeks of gestation should be offered.
- After five or more miscarriages it is appropriate to perform parental karyotype assessment if no genetic information is available. Follow-up may be with the consultant, specialised nurse/midwife, or the bereavement care team.

Full details of the graded model of care are set out in the Delivery Framework.

Separate Spaces

The provision of separate private spaces for women experiencing miscarriage is another of the actions/deliverables outlined in the Delivery Framework.

- All 14 Boards have now advised that these spaces are available within their Board. (although they may not yet be available in every hospital as some Boards are still rolling out where there are multiple units in one Board).
- The results of the monitoring framework sent to NHS Boards in August 2025 confirmed that in all 14 Boards patients experiencing miscarriage can be seen in a separate private space appropriate for bereavement and where possible all their treatment will take place in that space.

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- However, 3 NHS Boards reported that not all aspects of care can currently be provided in a separate private space at times of high multiple demand, but all 3 of those Boards are working to resolve this.

Psychological Support

- Psychological support, separate to bereavement care, also forms part of the Delivery Framework. We know that the availability of mental health support and counselling varies across NHS Boards.
- Along with perinatal mental health professionals we are mapping out existing counselling and psychological services available following a pregnancy and baby loss (including those provided by third sector organisations) to ensure that women, can access appropriate mental health support, should they require it (in addition to bereavement care).

Miscarriage Data

- Scottish Government commissioned Public Health Scotland to collect meaningful miscarriage data from all 14 NHS Boards to help provide a more accurate picture of the prevalence of miscarriage in Scotland.
- Initial work concentrated on establishing a data set for the collection of miscarriages experienced by those patients presenting at Early Pregnancy settings.
- A final draft miscarriage dataset was produced in Autumn 2024. In early 2025, the final draft dataset was used to extract a 6 month sample of miscarriage data from all 14 NHS Boards.
- Based on analysis of the 6 month sample, the miscarriage dataset was further refined. The final refined dataset is being used by PHS and NSS digital to produce detailed functional, data, file and interface (data views) specifications.
- The annual number and incidence rate of recorded miscarriages will be reported by NHS Boards of residence. Comparison across areas, person characteristic such as maternal age, ethnicity and socioeconomic status may be limited because of variation in treatment pathways and recording processes.
- Permissions to access miscarriage data have been granted by the Caldicott Guardians of all 14 health boards.
- For the 13 boards that use BadgerNet, accessing data began on (or shortly after) 30 October 2025. For NHS Lothian, who do not use BadgerNet, accessing data began on (or shortly after) 09 October 2025. Data will be retrospectively collected from 1 January 2024 onwards.
- Access to the data is required to enable NSS digital colleagues to complete the next stage of building the miscarriage data view. The data development is progressing well and is within the planned timescale.

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- The planned introduction of routine collection of the miscarriage data onto the MatNeo platform is taking place between January and March 2026. The target date for production data flow (routine collection) of miscarriage data into the MatNeo Data Platform remains April 2026.
- High-quality data on incidence of miscarriage is required to understand where and for whom the need for prevention is greatest and to ensure treatment services are proportionate to need and equitable.

Training

- The Delivery Framework additionally sets out that NHS Boards should ensure staff receive appropriate training for miscarriage and other early pregnancy complications.
- Training should include trauma care, supporting bereaved individuals, peer support for staff, and aligning with the NBCP Miscarriage, Ectopic and Molar Pregnancy Pathway.
- A number of helpful resources on bereavement and trauma informed care and support for staff are signposted in the Miscarriage Framework document.
- Action 32 of the Delivery Framework (status “Now” - implemented within 6 months of publication) sets out the expectation that staff in NHS Boards receive training in compassionate, culturally competent care after miscarriage and other early pregnancy complications.
- 9 NHS Boards have reported that staff in their Board receive this training. The remaining 5 Boards are at varying stages of implementation, with 3 Boards RAG rating this action green and 2 Boards RAG rating this action amber.

National Progesterone Pathway

- The Programme for Government 2023-24 and 2025-26, committed to providing women with access to progesterone prescriptions.
- To assist Boards the Scottish Government published alongside the Delivery Framework, a national progesterone pathway. Action 12 of the key actions/deliverables in the Delivery Framework sets out that NHS Boards must follow the National Guidance on the [Use of Progesterone in the Management of Threatened Miscarriage and Recurrent Miscarriage - gov.scot](https://www.gov.scot/publications/national-guidance-on-the-use-of-progesterone-in-the-management-of-threatened-miscarriage-and-recurrent-miscarriage/pages/12.aspx)
- The national progesterone pathway was developed to ensure that women who have had at least one previous miscarriage, and present with early pregnancy bleeding, are offered vaginal micronised progesterone (400 mg twice daily), until 16 weeks of gestation, where it is clinically indicated. Action 12 of the delivery Framework which was given the status *N – priority now and implemented within 6 months*, refers.

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- The results of the Delivery Framework monitoring template issued to Boards in August shows that 13 NHS Boards have fully implemented action 12 with 1 NHS Boards only providing progesterone to women who have had 3 or more losses and are under the care of their recurrent miscarriage clinic. Officials are following this up with that Board.
- The pathway additionally provides guidance that asymptomatic women with four or more previous miscarriages should be offered vaginal micronised progesterone (400 mg twice daily) from a positive urine pregnancy test until 12 weeks of gestation, where clinically appropriate. Action 29 of the Delivery Framework which was given the status *N – priority now and implemented within 6 months*, refers.
- The results of the Delivery Framework monitoring template issued to Boards in August shows that all 14 NHS Boards have fully implemented action 29.
- The pathway is in line with relevant Royal College of Obstetricians and Gynaecologists (RCOG) and National Institute for Health and Care Excellence (NICE) guidelines although neither of these professional bodies include a recommendation on asymptomatic women with four or more pregnancies.

Patient Information

NHS inform

- To improve patient information, the Scottish Government updated and improved the miscarriage information available on NHS inform.
- The updates were developed by a short life working group chaired by the pregnancy and baby loss charity Tommy's and had wide representation from other baby loss charities and healthcare professionals.
- The updated pages provide information on miscarriage in general, causes of miscarriage, early miscarriage, late miscarriage, recurrent miscarriage, early pregnancy units, coping after you've lost a baby, working after losing a baby, trying again after losing a baby, coping after your partner has lost a baby, supporting someone who's lost a baby, and finding support after baby loss, ectopic pregnancy and molar pregnancy.
- The page on early pregnancy units provides information on where to contact if you have any bleeding or concerns about your pregnancy.

Patient Information Leaflets

- The short life working group also developed 3 comprehensive miscarriage patient information leaflets:

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- [I think I'm having a miscarriage: leaflet - gov.scot](#)
- [After a miscarriage - gov.scot](#)
- [Miscarriage: dads and partners - gov.scot](#)
- The leaflets are available in digital format on the Scottish Government website along with versions translated into 18 different languages. Audio and BSL versions are additionally available on the website.
- The leaflets and updated NHS inform pages were published online on 6 February 2025 to coincide with the publication of the Delivery Framework for Miscarriage in Scotland. Hard copies of the leaflets were distributed to all 14 NHS Boards in May 2025.

Patient Charter

- Scottish Government commissioned Tommy's to work in partnership with other baby loss charities, Held In Our Hearts and the Miscarriage Association to develop a Patient Charter to ensure those experiencing miscarriage are aware of the support they should expect to receive from NHS Boards.
- The Charter will focus on the 34 key actions set out in the Delivery Framework for Miscarriage Care in Scotland.
- As the key actions have a phased completion ranging from six months to 2 years, Tommy's have been asked to develop and deliver an interim charter covering the 18 actions given the status N – priority now and implemented within 6 months of publication of the Framework document. This will publish on the Scottish Government website on Friday 20 March 2026.
- A full patient charter also developed by Tommy's, Held In Our Hearts and the Miscarriage Association will publish in March 2027 in line with timeframes for the remaining actions in the Delivery of the Framework.

Next steps

- Continue to monitor NHS Board implementation of the Delivery Framework for Miscarriage Care in Scotland through the Maternity and Neonatal monitoring framework template.
- The template for the next miscarriage reporting phase which covers the actions given the status S – *should be implemented in the short term within 12 – 15 months* of publication of the Delivery Framework will issue to Boards in Spring 2026.

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- Continue work with perinatal mental health colleagues to map counselling and psychological services (including those provided by third sector organisations) so that women can access appropriate mental health support following a miscarriage
- Introduction of routine collection of the miscarriage data onto the MatNeo platform taking place between January and March 2026.
- Launch of the interim patient charter on Friday 20 March 2026
- Launch of the full patient charter in March 2027.

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Annex A – Summary of NHS Board Progress with actions/deliverables given the status "N" – priority now and implemented within 6 months of publication of the Framework on 6 February 2025.

BRAG rating –

Blue = complete,

Green = Achievable within timeframes

Amber = Achievable within timeframes with additional support required

Red = Challenging to deliver within timeframes

Action 3 Does your Board signpost patients and partners to the miscarriage information on NHS inform and refer them to the NHS/SG leaflets on miscarriage care?	12	2	
Action 4 Is information about your early pregnancy service up-to-date on your local website and on NHS Inform website?	12		2
Action 5 Are patients experiencing complications in early pregnancy able to self-refer to an Early Pregnancy Unit /Assessment Service within opening hours in your Board area?	14		
Action 6 Are clinically stable patients, with pain and/or bleeding and a positive pregnancy test who contact their GP or the Emergency Department directed to their nearest EPU/EPAS within opening hours?	14		
Action 10 i) Are patients experiencing miscarriage at any stage of pregnancy are seen in a separate private space appropriate for bereavement and, if admitted to hospital, where possible are treated in a single room?	11	2	1
Action 10 ii) Are patients and partners who wish to avoid walking through areas where there are patients with a continuing pregnancy given the choice of using a different exit?	9	2	3
Action 11 i) Does your NHS Board have clear local procedures in place, in line with NICE Guidelines, for the diagnosis of miscarriage using ultrasound scanning by appropriately trained and validated ultrasonography practitioners?	12	1	1
Action 11 ii) Are ultrasound scans on patients experiencing pregnancy complications conducted in private rooms?	14		
Action 12 Is your Board providing micronised progesterone treatment to patients with a previous miscarriage who are experiencing bleeding in early pregnancy, as set out in the NHS Scotland National Guidance on the Use of Progesterone in the Management of Threatened Miscarriage and Recurrent Miscarriage?	12	1	1
Action 13 i) Does your Board provide clear written and verbal information on the miscarriage management options to patients and other caregivers such as GP's and are patients supported to choose the management approach that suits their needs and preferences?	14		
Action 13 ii) Are interpretation services (including British Sign Language) available for patients throughout their assessment and care?	14		
Action 14 Where medical management is opted for, does your Board use of mifepristone in advance of misoprostol is standard practice in your NHS Board?	13		1

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Action 17 After a miscarriage are patients and partners signposted to preconception health pages on NHS inform and, where appropriate given contraceptive advice?	12		1	1
Action 18 After a miscarriage (of any gestation) are patients provided with the Scottish Government/National Records of Scotland leaflet on the memorial book of pregnancy and baby loss prior to 24 weeks?	12		1	1
Action 20 Graded model of care: after a first miscarriage are patients signposted to either NHS inform or local information to help them self assess for modifiable risks?	10	2	1	1
Action 25 i) Graded model of care: after three miscarriages are patients offered an appointment at a recurrent miscarriage clinic and seen by specialist consultant or equivalent medical staff within that clinic?	14			
Action 25 ii) Graded model of care: If your NHS Board does not have a recurrent miscarriage clinic, are patients referred to another NHS Board that does provide a recurrent miscarriage clinic?	14			
Action 27 i) Graded model of care: After 3 miscarriages is 3D ultrasound offered and are patients offered 2D ultrasound where 3D ultrasound is not available?	9	2	2	1
Action 27 ii) Graded model of care: After 3 miscarriages, where 3D ultrasound or MRI is not available within your NHS Board and an abnormality is suspected, does your Board offer patients a 3D ultrasound or MRI at another NHS Board?	12			2
Action 29 Graded model of care: After 4 miscarriages are asymptomatic women offered vaginal micronised progesterone from a positive urine pregnancy test until 12 weeks of gestation, where clinically appropriate?	14			
Action 32 Do staff in your NHS Board receive training in compassionate, culturally competent care after miscarriage and other early pregnancy complications?	9	3		2

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