

O&G OSCE Station
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UCL

Miscarriage Counselling

Instructions for student:

Miss Lisa Harper has just had an evacuation of the uterus after having an incomplete miscarriage at 10 weeks gestation in her first pregnancy. She is very upset.

What would you say to counsel her about her miscarriage before she leaves for home?

What information will you give her about postoperative recovery after her uterine evacuation?

Instructions for patient:

Patient is visibly upset and in some shock. This is your first pregnancy and you were planning to keep it. You had told your mother and boyfriend about the pregnancy, even though it was early on, and they were both very pleased about it.

Who are you living with at the moment? My boyfriend.

Does he know about the pregnancy? Yes.

Was the pregnancy planned? No, but once I got pregnant I was thrilled and wanted to keep it. So did my boyfriend.

How do you think he will take the news? Quite badly, he really wanted a baby too.

Do you have a good support network at home? Yes, my boyfriend is great. So is my mum, she knows about the pregnancy too.

Can you talk to her about the miscarriage? Yes, she's very supportive. She actually had a miscarriage too after I was born. But she had another child after that and it all went fine.

Are you worried about anything before you go home? Yes. Will I be able to get pregnant again. Should I stop trying in the near future? Is this all because my mum had a miscarriage too?

When told about postoperative recovery, if mentioned ask:

What will the blood loss be like?

Why do I have to have an anti-D injection?

NB Your blood type is AB negative.

If asked more about social history, you work as a journalist for a local newspaper. Your boyfriend works for the same newspaper in another department. The relationship is going well and you were both looking forward to having a child.

Instructions for Examiner:

Student should display empathy and should discuss any ideas, concerns or expectations that the patient may have.

Student should be reassuring, but professional.

Student should ask questions to gauge if the pregnancy was wanted, how many people know about the pregnancy, and if the patient has a good support network to go home to.

Student should offer contact details for additional support, such as support groups. They could offer a follow up appointment for further discussion if necessary.

Miscarriage counselling:

Miscarriage is a common occurrence, so the patient is not alone - one in 5 pregnancies end in miscarriage.

The patient couldn't have done anything to prevent the miscarriage.

There is not necessarily an underlying cause for the miscarriage, nor is it necessarily genetic.

The risk of miscarriage in the next pregnancy is not higher now.

The patient still has a chance of having a successful pregnancy in the future.

No investigations are needed unless 3 miscarriages occur in a row

Inform about support groups: give leaflets and tel numbers – often helpful.

Continue folic acid etc

Offer time off work, if required.

Postoperative recovery:

Patient might experience vaginal blood loss over the next few days. It shouldn't be particularly heavy and should stop after a few days. If the blood loss becomes heavy, or starts to smell unusual, patient should seek medical help.

Although further pregnancy attempts do not need to be delayed, it might be wise to wait as the patient grieves for her loss. We always suggest can start trying after one normal period, but when emotionally ready.

If she is rhesus negative, check that anti-D injection has been given. Explain that this prevents Rhesus disease, which can be fatal for the foetus as the mothers antibodies attack the foetus's red blood cells. Explain that if a mother has rhesus negative blood, and has a baby with a rhesus positive father, the woman's body will recognise any positive blood as foreign, and attack it. The baby has a 50% chance of being rhesus positive if the father is rhesus positive.

Explain that the anti-D injection can 'neutralise' the rhesus positive blood cells of the foetus, preventing an attack on them.