Royal College of Nursing

Pregnancy Loss Guidance for Nursing

CLINICAL PROFESSIONAL RESOURCE

Acknowledgements

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This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

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Contents

Notes:

It is recognised that services may be provided by registered nurses and midwives, nursing associates, healthcare support workers, assistant practitioners, and student nurses, midwives and trainee nursing associates. For ease of reading, the generic terms 'nursing' and 'nurses' are used throughout this document.

The RCN recognises and embraces our gender diverse society and encourages this guideline to be used by and/or applied to people who identify as non-binary, transgender, or gender fluid.

The RCN also recognises that not all those born female or male, will identify with the same gender nouns but for ease of reading, we use the term 'woman' and where appropriate, acknowledge non-binary terms. This guidance applies to people who do not identify as women but are pregnant or have given birth.

1. Introduction and background

Nurses and midwives should be aware and comfortable supporting the potential distress associated with pregnancy loss regardless of gestation. The unexpected loss of a pregnancy at any gestation can be frightening, devastating and traumatic, leading to depression and anxiety. Farren et al., (2020) found that one month following a pregnancy loss, some women were suffering from mental health issues including depression, anxiety and post-traumatic stress. Though distress reduced as time passed, a significant number continued to experience such symptoms at nine months after the loss.

During and following an early pregnancy loss, accessing information can be difficult, especially where or how to access the right help and support, particularly out-of-hours. Access to information is often dependent on local services, what is available at places of work, and the voluntary/charity sector. Feedback from practitioners, women and their families highlights the lack of co-ordinated and focused care for women and their families during and after pregnancy loss.

This guidance is intended to provide an overview of the needs of those who have suffered a pregnancy loss, and to support best practice by nurses working in a wide range of settings. The document has not been developed for those going through abortion (except for fetal anomaly), as often these women require a different type of care and support. See the RCN's *Termination of Pregnancy and Abortion Care* at: rcn.org.uk/Professional-Development/publications/rcn-termination-of-pregnancy-and-abortion-care-uk-pub-011-285 for further information

Pregnancy loss is a unique experience for each woman who is experiencing it, regardless of circumstances. It is important to acknowledge the growing evidence to support the particular challenges some women may face and how these contribute to making pregnancy/pregnancy loss more complex. These may include women with Black or ethnic minority heritage, or those with mental health issues, physical disability or circumstances such as domestic abuse, modern slavery, or homelessness which may make them more vulnerable.

In England, the *National Bereavement Care Pathway*, available at: nbcpathway.org.uk, has been developed to improve bereavement care for families, as well as providing agreed standards on how care can be delivered, and is discussed further in Section 3.

Each situation is different and requires compassionate care and support from well-prepared health care professionals. *The Pregnancy Loss Review* (2023) referred to the limited learning resources available, specifically for nurses and midwives.

Examples of courses currently available include:

- NHS training platforms (e-learning for health) e-lfh.org.uk/programmes/national-bereavement-care-pathway
- Miscarriage Association miscarriageassociation.org.uk/information/for-health-professionals/e-learning
- Sands training training.sands.org.uk
- Abigail's Angels – training for health care professionals abigailsfootsteps.co.uk/professionals/training

In 2025, the Scottish Government launched a Framework for Miscarriage Care, available at: gov.scot/news/improving-miscarriage-care, which focuses on a 'one Scotland' approach to the delivery of miscarriage care, provided by the 14 health boards in Scotland. The new framework reflects the standards of care contained within the National Bereavement Care Pathway, (available at: sands.org.uk/professionals/national-bereavement-care-pathway/nbcp-scotland, alongside the professional guidance produced by the Royal College of Obstetricians and Gynaecologists (RCOG), National Institute for Health and Care Excellence (NICE) and the Lancet Series at: thelancet.com/series/miscarriage.

The Welsh government is working closely with its UK government counterparts to explore how improvements should be made to the bereavement care and support available across Wales, including for early pregnancy loss. The NHS Executive is working with organisations, including Sands and experts to implement the national bereavement care pathways across Wales specifically for miscarriage, stillbirth and baby loss. Fair Treatment for the Women of Wales produced the following report: ftww.org.uk/wp-content/uploads/2025/03/Miscarriage-report-FINAL.pdf

Earlier this year, Sands was commissioned to undertake a series of listening events across Wales with bereaved families and staff who have supported and cared for them. The information gathered will support the development of a Wales-specific National Bereavement Care Pathway and phase two, the development and rollout of the pathways for pregnancy and baby loss. More information is available at: nbcpathway.org.uk/listening-events-for-parents-and-professionals-to-be-held-in-wales

In Northern Ireland, the National Bereavement Care Pathway, funded by the Public Health Agency and led by Sands, is currently developing a pathway of care. The intention is to achieve equitable care for every bereaved parent and every family, every time there is a pregnancy loss, or the death of a baby. More information is available at: publichealth.hscni.net/news/national-bereavement-care-pathway-northern-ireland-listening-events-january

Defining pregnancy loss

Pregnancy loss is a deeply personal and complex experience that can happen for many reasons. It can be caused by genetic issues in the pregnancy (which explains two-thirds of early miscarriages), infection, or uterine anomalies or by external factors such as trauma (for example, violence against the woman in instances of domestic abuse). However, the cause of many pregnancy losses remains unknown (NHS Inform, 2022).

In 2021, research found that Black and Black Mixed Heritage women had a 43% increased risk of miscarriage compared to white women, while acknowledging that most Black women have successful pregnancies and healthy babies (Quenby S, et al., 2021). There is also evidence that other ethnic groups may be more susceptible to miscarriage due to differing physical, social and/or economic factors.

Miscarriage: A miscarriage is the spontaneous loss of a pregnancy before 24 weeks gestation.

It is categorised as:

- first trimester pregnancy loss: occurs before 12 weeks gestation
- second trimester loss/late miscarriage: occurs between 12 and 24 weeks gestation.

Recurrent miscarriage or recurrent pregnancy loss (RPL) is defined as having three or more spontaneous miscarriages, and women should be offered referral for investigation, as there a wide range of reasons why this may be happening. Treatment will depend on the possible cause, if identified.

The use of progesterone hormone could be helpful for some women who are experiencing bleeding in early pregnancy, and who have had at least one miscarriage. Further information can be found at: tommys.org/baby-loss-support/miscarriage-information-and-support/pregnancy-after-miscarriage/taking-progesterone-early-pregnancy and miscarriageassociation.org.uk/research/the-promise-trial

Further information on recurrent pregnancy loss can be found at: tommys.org/baby-loss-support/miscarriage-information-and-support/recurrent-miscarriage and tommys.org/baby-loss-support/miscarriage-information-and-support/tests-and-treatments-after-miscarriage/your-care-after-3-miscarriages

Empty gestation sac/anembryonic pregnancy is when a normally located pregnancy sac is identified on an ultrasound scan with no evidence of an embryo within it.

Missed miscarriage is when there is a normally located pregnancy with an embryo or fetus but with no heartbeat identified on an ultrasound scan.

Inevitable miscarriage is when specific clinical features indicate that a pregnancy is in the process of physiological expulsion from the uterine cavity. The pregnancy will not continue and will proceed to an incomplete or complete miscarriage.

Incomplete miscarriage is when vaginal bleeding is still occurring, and some pregnancy tissue remains within the uterine cavity (a previous scan should have identified a pregnancy in the uterine cavity or pregnancy tissue has been passed in the presence of a trained health care professional).

Complete miscarriage is when the pregnancy has been expelled from the uterus, the uterine cavity is empty, and the bleeding has stopped (a previous scan should have identified a pregnancy in the uterus or pregnancy tissue has been passed in the presence of a trained health care professional). Usually, no further management is needed.

Molar pregnancy (which sits under an umbrella term of gestational trophoblastic disease) is a rare complication of pregnancy in which abnormal cells grow in place of a healthy pregnancy (NHS Inform, 2024), related to an imbalance in genetic make up.

Ectopic pregnancy occurs when a fertilised egg implants outside of the uterine cavity, most commonly in a fallopian tube. It is a potentially life-threatening condition and may require urgent medical intervention (NHS Inform, 2024). A third of tubal ectopic pregnancies will resolve without medical intervention (known as expectant management).

Pregnancy of unknown location (PUL) is a pregnancy confirmed by a positive pregnancy test but where no visible pregnancy is seen on a transvaginal ultrasound scan. PUL is a classification that will indicate either a very early pregnancy, or a miscarriage, or an ectopic pregnancy (RCOG, 2021).

Stillbirth is defined as the death of a baby after 24 weeks gestation, before or during birth. This affects approximately one in 250 pregnancies annually in the UK (Tommy's, 2022). This guidance does not cover stillbirth in detail, and further information can be found in Further resources and the National Bereavement Care pathway at: nbcpathway.org.uk

Termination of pregnancy for fetal anomaly (ToPFA)/termination of pregnancy for medical reasons (TFMR) involves ending a pregnancy after a diagnosis of a severe or life-limiting condition in the fetus. It is typically performed after thorough specialist consultation and is a deeply emotional and complex experience for patients (Royal College of Obstetricians and Gynaecologists, 2010).

Further information on ToPFA can be found at: arc-uk.org

This guidance does not focus on abortion care. Information on abortion care can be found in the RCN's *Termination of Pregnancy and Abortion Care* which is available at: rcn.org.uk/Professional-Development/publications/rcn-termination-of-pregnancy-and-abortion-care-uk-pub-011-285

Care in different settings

It is advisable and preferable that women experiencing early pregnancy loss present to specialist early pregnancy units. However, it is important to be aware that women commonly present, or receive care in a variety of other care settings.

Acute care

- Emergency and out-of-hours services, walk-in clinics.
- Gynaecology wards.
- Maternity wards and midwifery-led care settings.
- Fertility services.
- Abortion services.
- Ultrasound services.
- Sexual health clinics.

Primary care

- GP practice.
- Community practice centres, or at home.
- Private/independent clinics.
- NHS 111 services across the UK.
- Emergency care including ambulance crews and paramedics.

All health care professionals working in these areas should understand early pregnancy loss, including the potential complex needs and care involved, referral processes, resources, and support available for women/couples/families.

Staff education and support

All health care professionals whose roles bring them into contact with women experiencing early pregnancy loss should be provided with training and be supported to access specific training. Workplace and wellbeing support should be available for all employees. The National Bereavement Care Pathway states that health care staff should be effectively supported to care for bereaved women/couples and families, ensuring:

- staff wellbeing is prioritised and monitored as a key part of a safe, effective and high-quality health care service
- a trauma-informed approach is taken when providing support for staff.
- workplaces are supportive environments where staff feel valued, have access to wellbeing services and specialist psychological support and have opportunities to debrief.

Although there is currently no formal education in place, information, e-learning, websites and good practice resources can be found on many of the early pregnancy loss charities and the RCOG website. For example:

- NHS training platforms e-learning for health e-lfh.org.uk/programmes/national-bereavement-care-pathway
- Miscarriage Association miscarriageassociation.org.uk/information/for-health-professionals/e-learning
- Professional Pause - free reflective practice sessions offered by the Miscarriage Association and Ectopic Pregnancy Trust eventbrite.co.uk/cc/professional-pause-3340689
- Sands training training.sands.org.uk

The National Bereavement Care Pathway standard on education (number 8), suggests that 'All staff involved in the care of bereaved women/couples and families receive the training and resources they need to provide high-quality bereavement care', including:

- bereavement care training is mandatory for all staff who may come into contact with bereaved women/couples and families
  - Staff receive training on induction and annual refresher training and can access this training in working hours
  - There is specialist bereavement care service delivery training provided for all bereavement leads.
- all staff who speak with women/couples and families about their post-mortem options must have completed post-mortem consent training
- staff have access to up-to-date and relevant bereavement care resources.

Training and education are of paramount importance and should be delivered by experienced professionals who have received accredited bereavement training.

Ideally, education and support would include:

- ability to meet the National Bereavement Care Pathway standards
- specific education for all those involved in the clinical care of women experiencing pregnancy loss at any gestation
- mandatory, accredited, advanced training for specialist bereavement nurses/midwives
- staff meetings and debriefs after a traumatic delivery/clinical situation
- restorative supervision and/or counselling made available to all
- occupational health support, where available, is critically important, especially for staff who may have suffered a pregnancy loss
- specific resources/services and policies such as a wellbeing policy for staff to consider their personal wellbeing
- peer support, especially where nurses may be working alone
- collaborative working with other units for support and sharing good practice
- education competency packages may be available locally to support best practice.

Access and provision

Specialist provision and access to early pregnancy loss care varies widely across the UK. Integrated care boards (ICBs)/health boards, NHS trusts, and independent providers should have clear care and referral pathways in place. All staff encountering women experiencing early pregnancy loss should be aware of their local pathways and where to find them. Information can be found via the ICBs/health boards for each country and local intranets and guidelines, and at: aepu.org.uk/find-a-unit

Early pregnancy care units

An early pregnancy unit (EPU) or early pregnancy assessment unit (EPAU) is a specialist service provided by the NHS across the UK. They see women with an early pregnancy complication, such as vaginal bleeding, abdominal pain, or severe sickness. Often the EPU is based in a gynaecology assessment unit where women with acute gynaecology disorders are also seen.

Most women who access an EPU will require a full assessment and an ultrasound scan, when clinically indicated, where a diagnosis can be made. They can also provide reassurance that the pregnancy is progressing and provide rapid hydration for those suffering from hyperemesis gravidarum (an extreme form of morning sickness).

The minimum standard of opening for EPUs in the UK, as suggested by NICE guidance (2023) and the *Pregnancy Loss Review* (2023) is Monday–Friday 9am–5pm, and the gold standard is a 24/7 service with direct access. Currently, only four units in the UK offer a 24/7 service. The AEPU provides a comprehensive list of units and opening times at: aepu.org.uk/find-a-unit

Resources, such as posters and patient information leaflets are also available and useful to have available where women can access them.

- **Antenatal Results and Choices**
  arc-uk.org
- **Baby Loss Awareness Week**
  babyloss-awareness.org
- **Miscarriage Association**
  miscarriageassociation.org.uk/leaflet-orders
- **Sands**
  sands.org.uk/support-following-miscarriage-molar-pregnancy-and-ectopic-pregnancy
- **The Ectopic Pregnancy Trust**
  ectopic.org.uk/professionals/leaflets-about-ectopic-pregnancy
- **Think Ectopic**
  ectopic.org.uk/think-ectopic-resources-for-sites
- **Tommy's**
  tommys.org/pregnancy-information/health-professionals/free-pregnancy-resources

Roles in bereavement care

While there are designated bereavement health care roles, all members of the multidisciplinary team should be aware of the importance of effective communication and supporting anyone who is bereaved. Appropriate and compassionate communication skills can have a positive influence on a bereaved family. All staff should have education to enable understanding of the needs of women, and their families. This should include anyone who may be involved in that care, not just the health care professionals but the needs of support staff should also be considered.

Bereavement care services across the health care systems remain inconsistent, and charities and organisations such as Sands, who lead the NBCP, Miscarriage Association and AEPU, and the National Bereavement Midwives' Forum (NBMF) (as well as the All-Party Parliamentary Group for Baby Loss (APPG)), have been advocating for a standardised bereavement service for all bereaved women/couples/families regardless of gestation.

Gynaecology bereavement nurse/bereavement clinical nurse specialist

Some gynaecology units have developed specific bereavement roles, often in collaboration with bereavement midwives, or clinical nurse specialists in bereavement. The role may involve caring for women up to 20 weeks gestation.

Bereavement midwife

All midwives should have a good understanding of the specific care required for women who have a bereavement, and best practice supports the need for a specific role of a bereavement midwife, to provide support to families who experience a miscarriage, termination of pregnancy after fetal anomaly diagnosis, stillbirth or the death of their baby during or shortly after delivery. This role involves leading the bereavement service for the unit, increasing the knowledge and understanding for all those involved in care, and co-ordinating clinical and emotional care for the woman and her family during the postnatal period and often beyond, especially for a subsequent pregnancy.

Reports have repeatedly called for adequate numbers of bereavement midwives so that staff and bereaved families receive appropriate support. In November 2021, the National Bereavement Midwives' Forum (NBMF) submitted its *10 Gold Standards in Bereavement Midwifery Care* to Parliament. It recommended that every maternity unit should have at least one specialist bereavement midwife for every 2,500 deliveries per year. Additionally, it calls for regional oversight of bereavement services and advanced clinical teaching by a senior bereavement care midwife, along with national oversight by a national lead bereavement midwife.

The national bereavement care standards state that:

- bereaved parents and families receive their care from an appropriately staffed team
- all staff involved in the care of bereaved parents and families receive the training and resources they need to provide high-quality bereavement care
- staff are supported in delivering bereavement care, including access to resources that support their own wellbeing.

2. Principles of good practice

This guidance is designed for those working in a wide range of settings to support best practice when caring for those who have suffered a pregnancy loss.

It has been developed following the publication of the findings of the Pregnancy Loss Review, available at: gov.uk/government/publications/pregnancy-loss-review. It is intended as an overview, and further details of supporting pregnancy loss can be found at: nbcpathway.org.uk

The Twins Trust has additional information in relation to multiple pregnancy loss, which can be found at: twinstrust.org/healthcare-professionals/bereavement-in-twins-and-triplets/information-for-professionals.html

Diagnosis and care

In most cases, early pregnancy loss is diagnosed at the time of an ultrasound scan in an early pregnancy unit. There are local and national guidelines regarding the diagnostic criteria for miscarriage and ectopic pregnancy (NICE 126, 2023).

Ultrasound scans should be carried out by appropriately educated clinicians. The minimum educational requirement for nurses, midwives, and radiographers is completion of a Consortium for the Accreditation of Sonographic Education (CASE) accredited Post Graduate Certificate in diagnostic ultrasound which should include a module in early pregnancy/obstetrics. The Society of Radiographers (SoR) and the British Medical Ultrasound Society (BMUS) have produced the Guidelines for Professional Ultrasound Practice (Sor/BMUS, 2023). Health care professionals carrying out ultrasound scans should always have training in breaking bad news. Guidelines on the communication of unexpected news via ultrasound are outlined at: bmus.org/static/uploads/resources/ASCKS_Framework_guidelines.pdf

Diagnosis and care will depend on the type of pregnancy loss. Early miscarriage occurs in approximately one in four pregnancies (NICE, 2019). The management of miscarriage will depend on a variety of factors such as the size of the pregnancy, amount of bleeding, or any medical comorbidities, but choice is most often driven by preference of those experiencing the pregnancy loss. Ectopic pregnancy may be managed surgically, medically (with methotrexate) or expectantly. Care will also need to consider any ongoing viable pregnancy in the case of fetal loss in a multiple pregnancy. Local guidelines and clinical acumen should be followed such as *Miscarriage: a pocket guide for health professionals*, available at: pureadmin.qub.ac.uk/ws/portalfiles/portal/615185897/PG_Print_Version_FINAL_.pdf

Miscarriage management options

Available options for care may vary nationally. Women should always be counselled and provided with appropriate written information, available in a variety of formats. Best practice would also include access to an independent interpreter, when English is not their first language.

Information on treatment options to be considered should include potential risks, benefits, alternatives, and red flags or areas of concern, and what action to take if they are at all concerned. The woman (and partner, where appropriate) should be given time to make any decision needed and have access to a healthcare professional when their decision is made or to ask questions while making the decision. Most often, there is no right or wrong option, as it is a personal choice for that woman at that time.

Expectant management is the first line management recommended by NICE (2019) and is about allowing the miscarriage process to occur naturally. Women's choices should also be respected, recognising that not every woman will want to await unscheduled events with expectant management. Care provided needs to be individualised to their wishes and preferences.

Medical management involves the administration of medications to start or complete the miscarriage process. Dosage and medication may depend on the type of miscarriage. This is usually managed at home if the pregnancy is under nine weeks.

Surgical management of miscarriage involves removing the pregnancy tissue from the uterus through the vagina and cervix and is carried out in a clinical setting, either under local anesthetic (while awake), often referred to as manual vacuum aspiration (MVA) or under a general anesthetic.

If the woman has expectant or medical management, she should have 24-hour access to gynaecology services in case of bleeding/haemorrhage or severe pain. Telephone follow-up is also advised, if the woman wishes. A pregnancy test should be repeated after three weeks, and she should be advised to contact the heath service if the test is positive. A further scan may be performed, if clinically indicated. Local guidance on actions for the follow up after persistently positive urine pregnancy test should be in place.

Further information is available at:

- miscarriageassociation.org.uk/information/miscarriage/the-physical-process
- miscarriageassociation.org.uk/leaflet/management-of-miscarriage
- tommys.org/baby-loss-support/miscarriage-information-and-support/your-options-and-decisions/decision-aid

Molar pregnancy/gestational trophoblastic disease pregnancy

A molar pregnancy occurs in one in 600 pregnancies and is one of several different conditions that are sometimes called gestational trophoblastic disease (GTD).

There are two different types of molar pregnancy:

- a partial molar pregnancy is when two sperm fertilise an egg instead of one. The pregnancy cannot survive as there is too much genetic material
- a complete molar pregnancy is when one (or two) sperm fertilises an egg cell that has no genetic material inside. The pregnancy cannot develop as there is an insufficiency of the correct chromosomes.

A procedure, the same as surgical management of miscarriage, is carried out under general anaesthetic, and the tissue is sent for histology. The woman should have a follow-up appointment of her choice (telephone or face-to-face) to discuss the results.

If a molar pregnancy is diagnosed, the woman will be referred for follow-up at one of three gestational trophoblastic disease (GTD) centres, which are situated in London, Sheffield and Dundee. The follow-up is usually carried out by post and telephone. Urine and/or blood samples are tested to ensure beta human chorionic gonadotropin (bHCG) levels are decreasing.

Most women will not require any further treatment, but if bHCG levels do not fall, chemotherapy is sometimes required. After referral, the specialist centre will take over the care and support of the woman. After one or more molar pregnancies, the risk of another is increased. In future pregnancies, the local EPUs should provide an early ultrasound scan.

Further information can be found at: hmole-chorio.org.uk and stdc.sites.sheffield.ac.uk/home

The Miscarriage Association offers monthly support groups for people affected by molar pregnancy, details are available by emailing: juanita@miscarriageassociation.org.uk

Ectopic pregnancy

Ectopic pregnancy is when a pregnancy implants completely or partially outside of the uterine cavity. Around one in 80 pregnancies are ectopic. Ectopic pregnancies can be life-threatening and are the leading cause of maternal death in early pregnancy (MMBRACE, 2024). Ectopic pregnancies mainly occur in the fallopian tube, but other locations include the ovary, caesarean scar, cervix, myometrium, or abdomen.

Ectopic pregnancy should always be a consideration when women of childbearing age present with abdominal pain as they may not know they are pregnant (MBRRACE UK, 2024). Ectopic pregnancies are usually identified by ultrasound scan. If a woman is physically unwell, and an ectopic is suspected, she may be admitted immediately to theatre, and a diagnosis made at laparoscopy.

Usually, ectopic pregnancies cannot survive and may cause significant psychological distress (Farren, 2020). Due to the potential life-threatening nature of an ectopic pregnancy, physical care may take precedence over emotional support. Women can experience not only the loss of a pregnancy but will often lose a Fallopian tube as a result of surgery, with implications for future fertility. Sometimes women present following rupture of the fallopian tube, containing the pregnancy, requiring resuscitation and emergency surgery: such an experience may be especially traumatic for the woman, partner and family.

Management options can include surgical management, medical management and expectant management. The woman's suitability for each option will depend on the size of the pregnancy, hormone levels, symptoms and willingness/availability for follow-up. Strict local guidelines should be in place outlining eligibility for each option. The patient's preference should be sought, even when an emergency presents.

Surgical management is required if the pregnancy is within the fallopian tube. The pregnancy and fallopian tube are usually removed via laparoscopy, though rarely, a laparotomy (open surgery) may be performed. Other types of ectopic pregnancy often require more specialist surgical interventions or individualised treatment routes.

Expectant management involves close monitoring with bHCG (beta human chorionic gonadotropin) blood tests and repeat scans to ensure the pregnancy resolves.

Medical management medication (methotrexate) is administered, usually via intramuscular injection, followed by close monitoring, with blood tests to ensure the ectopic pregnancy resolves and there are no cytotoxic side effects.

Medical and expectant management approaches will be considered dependent on clinical diagnosis, including the woman's condition, scan findings, ability to attend for regular follow-up, support at home, and choice. Women should have 24-hour access to gynaecology emergency services.

After an ectopic pregnancy, the risk of another one slightly increases, and women should be offered an early scan in future pregnancies. Following medical management, women should be advised to wait until the bHCG level is at non-pregnant levels, then take a folic acid supplement for 12 weeks if they wish to try to conceive again (NICE, NG 126).

Further information is available at: ectopic.org.uk/treating-an-ectopic-pregnancy

Pregnancy of unknown location (PUL)

A PUL is when a woman has a positive pregnancy test, but no pregnancy is seen on transvaginal ultrasound scan.

This can be when:

- the pregnancy is too early (small) to see on ultrasound
- the woman has experienced pain/vaginal bleeding, she may have miscarried
- the pregnancy may be ectopic
- the pregnancy is never found, as most will have been a miscarriage.

If the woman is clinically stable, serial bHCGs, monitoring and further scans may be performed until a diagnosis is made. The appropriate care pathway will then be followed. She will be advised to attend as an emergency if she experiences any of the symptoms of ectopic pregnancy. The wait is often a very difficult time for women, and they should have access to speak to a clinician if required.

Further information is available at: ectopic.org.uk/static/50b522dba2d77382297 9a31fc1f5f040/Ectopic-Pregnancy-Trust-PUL-Leaflet-6pp-A5.pdf and nice.org.uk/ guidance/ng126

Multiple pregnancy

In multiple pregnancies one (or more if triplets or quads) may die as a result of pregnancy specific complications leaving an ongoing viable pregnancy. Women/ couples/families may experience very mixed emotions and may need support to manage their sense of loss and grief as well as reconciling their identity as a twin or triplet parent. Specialist parent support is provided by Twins Trust and is available at: twinstrust.org

Multiple pregnancies should be managed by a specialist multidisciplinary team as outlined in the NICE guidelines on *Twin and Triplet Pregnancy [NG137] (NICE, 2024)*.

Emotional and mental wellbeing

Pregnancy loss can cause significant distress and mental health issues for some women. It is also important to recognise that the woman might have been ambivalent about pregnancy. For a variety of reasons, responses to pregnancy loss are diverse, and they will react in different ways. Both the woman and her partner (where appropriate) may respond differently to the pregnancy loss.

Information and support should be provided in a sensitive and respectful manner, considering individual circumstances and emotional responses. It is vital for health care professionals to understand there is no right or wrong way to feel. No two women will have the same experience, and a woman who has experienced more than one loss, or a multiple pregnancy loss, may respond to them differently.

Take time to listen and acknowledge any grief or emotions being experienced, ensuring they feel truly heard and supported, including using language they feel comfortable, for example using baby rather than pregnancy, if appropriate. There is also a need to be mindful that partners may often feel overlooked, so actively involve them in conversations and create open and honest dialogue opportunities. This helps ensure that everyone feels included and cared for.

Delivering difficult news

This can be challenging for healthcare professionals. Different professions may have different approaches and whilst education is critically important, it should not be seen as a one-off event.

Formal education followed by regular training, observation/peer review, feedback by senior colleagues or coaching at around no less than two-yearly intervals, can be particularly helpful in strengthening practice. This ensures that people providing and communicating care are capable, culturally sensitive, and aware of their limitations.

There is a wide variation in the education provided, and this is particularly so when caring for those with an early pregnancy loss (McMahon et al., 2022, Rowan et al., 2022, Coletti et al., 2001, Johnson et al., 2023). The National Bereavement Care Pathway provides guidance on providing empathic support including phrasing and the types of words that might be helpful when working with women and families.

It is important to recognise that even with the best communication, health care professionals will not be able to reduce the pain or distress experienced but should be able to provide direction and support as required.

Timing of communication is important. People often sense from reactions and behaviours that something might not be right, and the woman (and her partner) should be told as soon as it is suspected that something is wrong, even if this is not confirmed. This is important in ensuring ongoing trust. Professionalism and trust are professional standards of practice for nurses, midwives, and nursing associates (NMC, 2018). These qualities foster dignity with women and their families to enable them to understand and make decisions at what is a very difficult time.

Partner and family support

Nurses and midwives play a vital role in supporting individuals experiencing pregnancy loss and also their partners and families, recognising the shared grief and impact on relationships. Compassionate communication is essential, ensuring families feel heard and their emotions validated. Health care professionals can guide families through the medical aspects of the loss, explain what to expect, and provide access to counselling or bereavement services (NHS Inform, 2022).

It is important to provide information in a way that is easy to understand during such an emotional time, offering clear and simple guidance by explaining medical terms and what families can expect both during and after the process. Connecting families with supportive resources, including bereavement support and community forums, can also help them navigate their journey (Tommy's, 2022).

Always being mindful of cultural and religious differences, as practices and beliefs can vary, even within the same tradition or community, is critically important to respect and honour individual needs. Share information about local and national resources, including support groups and charities that provide culturally sensitive care to ensure families feel understood and supported.

Every nurse and midwife should be familiar with local resources, as support for families does vary across the UK and locally. Many families find support in online forums and social media groups, where they can gain guidance and connect with others who have similar experiences. Directing them to credible sources and trusted organisations, such as Tommy's, the Ectopic Pregnancy Trust or Miscarriage Association which offers blogs, and other valuable resources, can be helpful.

By fostering a supportive environment, nurses can help women and families navigate the emotional, social, and practical challenges of pregnancy loss.

Understand the local care pathway and know local support systems

What is available to provide support to families does vary across the four countries and locally. Maintenance of a comprehensive list of local support groups may sit within the remit of a role such as a specialist bereavement midwife or early pregnancy loss lead nurse. Increasingly, families use online forums and support groups to connect with one another for comfort, support, guidance, and signposting.

There are nationally recognised groups with members who have experienced pregnancy loss and of professionals working in this area of practice. Some families may want to seek support from people who have an awareness and understanding of cultural differences. It is important for staff to recognise that there can be differences in practices and traditions of the same religion or cultural group.

Memory making

The loss of a pregnancy cannot be undone but efforts can be made to support women/couples/families to have memories, if they wish to.

See NBCP for suggestions: nbcpathway.org.uk

Not all women will wish to make or keep physical memories, but there is some evidence to suggest it may help the grieving process for some women. Oxlad, M et al., in 2023 demonstrated clear value for photographic memories following a stillbirth, but evidence around early pregnancy loss is less well defined. The NBCP (number 3) suggests that 'all bereaved women/couples and families are offered opportunities to make memories.' Examples include:

a. appropriate support given to women/couples/families to facilitate memory making
b. sufficient time and space provided to allow women/couples/families and families to make memories with their babies
c. protocols and resources for taking babies outside of the hospital are in place, and staff are confident and knowledgeable about supporting women/couples and families to do so.

Certification of pregnancy loss

The UK government has introduced an optional certificate of baby loss in recognition of lives lost before 24 weeks. The certificate provides formal recognition of the pregnancy loss. Women/couples whose babies are stillborn after 24 weeks of pregnancy are required to register the pregnancy loss and are issued a certificate of registration of stillbirth.

The new certificate of baby loss is intended to acknowledge the difficult situation of women who experience a pregnancy loss before 24 weeks. Further detail is available at: gov.uk/government/news/baby-loss-certificate-launchedto-recognise-parents-grief

Parents can apply for this certificate themselves. It is not a legal document, but an acknowledgement of the pregnancy loss. No evidence is required to be submitted, and parents have a choice to include details such as the name, the date of the loss, and the father. Certificates are also available from charities including the Miscarriage Association and Sands.

- For England, further information can be found at: gov.uk/request-baby-loss-certificate
- In Scotland, The Memorial Book of Pregnancy and Baby Loss Prior to 24 Weeks ("the Memorial Book") is a commemorative record held by National Records of Scotland details available at: gov.scot/news/baby-loss-memorial-book
- In Wales, it is not possible yet to apply for a certificate, but this is currently being considered by the Welsh government. Further details are available at: business.senedd.wales/documents/s154746/Research%20brief.pdf

- In Northern Ireland, it is currently not possible to apply for a certificate, even though in April 2024, the NI Assembly unanimously passed a motion to progress the Baby Loss Certificate scheme. Further information is available at: miscarriageassociation.org.uk/blog/northern-ireland-step-closer-baby-loss-certification-scheme. Progress is being made on this.

Sensitive disposal of pregnancy remains

One of the more challenging discussions to be held by the nurse or midwife looking after a woman who has had a pregnancy loss, may be options for pregnancy remains disposal, especially in early pregnancy. Some pregnancy remains may need to be sent for histology/postmortem and that will need to be taken account of as well. Sometimes women are offered the option of having the pregnancy remains sent for genetic screening and so they should be retained in a specific way to make this testing possible.

The *Managing the Disposal of Pregnancy Remains* guidance expands on this in greater detail and is available at: rcn.org.uk/Professional-Development/publications/rcn-managing-the-disposal-of-pregnancy-remains-uk-pub-011-891

The decision rests with the woman, as pregnancy tissue is legally considered tissue of the woman. Generally, there are three options: burial, cremation, or incineration, except in Scotland (burial or cremation are the options there) (RCN, 2024).

The role for health care professionals is to enable the woman, whose pregnancy it was, to choose the method she feels is most appropriate, regardless of the circumstances of the pregnancy loss.

It is imperative that health care professionals and units, where women are likely to be cared for, should have robust processes in place in accordance with national guidelines. Some women may choose to make their own arrangements for burial or cremation. As many women miscarry at home, health care professionals need to have a clear understanding of how they can best advise the woman about this.

Having time off work

There is growing acknowledgment that time off work is critically important to recovery following any pregnancy loss, regardless of gestion. A report by the Women and Equalities Committee (2025), affirmed employment laws must include bereavement leave following a pregnancy loss for both mother and partner.

The RCN supports this, stating in 2024 that everyone has a right to access support at work on women's reproductive health concerns such as fertility care, menstrual health, miscarriage, maternity care and menopause care to enable them to continue in employment and ensure they maintain their health and wellbeing. The RCN's position statement on women's reproductive health at work is available at: rcn.org.uk/About-us/Our-Influencing-work/Position-statements/rcn-position-womens-reproductive-health

There are specific NHS-focused policies across the UK, which can be found at:

- england.nhs.uk/publication/national-pregnancy-and-baby-loss-people-policy-framework
- workforce.nhs.scot/policies/special-leave-policy-overview/special-leave-policy
- cavuhb.nhs.wales/files/policies-procedures-and-guidelines/workforce-and-od-policies/s-workforce-and-od/special-leave-policy-all-wales-2020
- hseni.gov.uk/articles/protecting-pregnant-workers-and-new-mothers-new-and-expectant-mothers-updated-22-july-2022

For those not in NHS employment, the Miscarriage Association's workplace resource has information on rights around time off: miscarriageassociation.org.uk/miscarriage-and-the-workplace

The National Bereavement Care pathway has a proforma to support best practice which is available at: training.sands.org.uk/bereavement-in-the-workplace

After care and support

Care after pregnancy loss will depend on the woman, the circumstances of the loss and, most importantly, how she wants her needs to be met (and that of her partner/family).

The NBCP provides specific guidance on the care families should receive following a miscarriage, ectopic pregnancy, stillbirth, or termination of pregnancy following fetal anomaly: nbcpathway.org.uk/nbcp-pathways

Women should always be signposted to relevant charities and organisations for further support and information and to any available local resources, such as counselling and support groups. They should be aware of their expected physical recovery period, what to expect, anything that might be considered abnormal or a red flag and what to do, in such situations.

Advice regarding resuming normal activities and, if relevant, considering another pregnancy, preconception care, and contraception should be given. Any follow-up or referrals should be arranged and communicated clearly to the woman.

3. The National Bereavement Care Pathway

The National Bereavement Care Pathway (NBCP) is a nationally endorsed framework comprising nine evidence-based standards designed to ensure that bereaved families receive compassionate, consistent and high-quality care following pregnancy or baby loss.

The NBCP standards have been developed through consultation with bereaved parents, health care professionals, Royal Colleges and sector organisations, reflecting best practice, lived experience and clinical evidence. They support and guide health care professionals providing care to families experiencing miscarriage, ectopic pregnancy, molar/GTD pregnancy, termination for fetal anomaly, stillbirth, neonatal death or the sudden and unexpected death of an infant up to 12 months (24 months in Scotland).

Credit: National Bereavement Care Pathway

Resources and information including comprehensive guidance, quick reference guides, toolkits and templates are available to support all health care professionals and NHS services to deliver compassionate bereavement care to families. For NBCP England visit: nbcpathway.org.uk For NBCP Scotland visit: nbcpscotland.org.uk and for information on the development of bereavement care pathways in Wales and Northern Ireland contact: bereavementcare@sands.org.uk

4. Conclusion

Pregnancy loss can be a really difficult time in anyone's life, whether as the person suffering the loss or healthcare professional, and this is regardless of gestation.

All those involved in the care of women who have had a pregnancy loss should understand the sensitivity and skills required, to provide the best care possible. This is particularly important for nurses, midwives, nursing associates (in England), and health care support workers who should also have access to education to enable them to provide the appropriate care.

The *Pregnancy Loss Review* (2023) identified a wide range of recommendations that require attention to improve services, and many of these are being considered/ implemented. It is imperative that nurses, midwives and health care professionals understand the impact on women and their families in instances where care is not provided to a high standard. Consequently, individuals and service providers need to ensure robust systems and support are available across both the acute and primary care sector.

Access to information is often variable, and dependent on local services or information available at places of work and the voluntary/charity sector. When a woman suffers a pregnancy loss, especially early in the pregnancy, they may not be aware of where to turn for help. Therefore, all health care professionals, regardless of where they work, need to consider where and how they will get the right support for that woman at that time.

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6. Useful resources

Abigail's Angels
Training for health care professionals abigailsfootsteps.co.uk/professionals/training

Antenatal Results and Choices (ARC) arc-uk.org

Association of Early Pregnancy units aepu.org.uk

Baby Loss Awareness Week (9-15 Oct) babyloss-awareness.org

The Ectopic Pregnancy Trust ectopic.org.uk

Elizabeth Bryan Multiple Births Centre bcu.ac.uk/research/health-professions/centre-for-social-care-health-and-related-research/research-clusters/ebmbc

Miscarriage Association miscarriageassociation.org.uk

Free eLearning 2 at: miscarriageassociation.org.uk/information/for-health-professionals/e-learning

The Pregnancy Loss Research Network University of Bedfordshire, with the aim to bring together researchers, women/couples/families with lived experience of pregnancy loss, charities, organisations, and stakeholders to raise awareness and improve care and support for those impacted by pregnancy loss. beds.ac.uk/ihr/the-pregnancy-loss-research-network

4Louis National Bereavement Midwives' Forum and Neonatal Palliative and Bereavement Care Nurses' Network 4louis.co.uk

Sands sands.org.uk

Tommy's tommys.org

Transparent change transparentchange.co.uk

Twins Trust twinstrust.org

RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

Nurses and midwives should be aware and comfortable supporting the potential distress associated with pregnancy loss regardless of gestation. The unexpected loss of a pregnancy at any gestation can be frightening, devastating and traumatic, leading to depression and anxiety. This guidance is intended to provide an overview of the needs of those who have suffered a pregnancy loss, and to support best practice by nurses working in a wide range of settings.

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