Researchers
Cumming GP, Alexander DA, Klein S, Bell J

Aim
The primary aim was to design and validate a brief screening instrument to identify those women and partners at risk of developing psychological morbidity following miscarriage.

Project Outline/Methodology
A 30-month prospective study of women and partners attending the Early Pregnancy Assessment Unit at Aberdeen Maternity Hospital, Hairmyres Hospital (East Kilbride) and Dr Gray's Hospital (Elgin). Baseline assessments comprising a questionnaire booklet and a semi-structured interview (conducted by a research midwife) were used to identify potential predictors for the development of the screening instrument. Outcome was assessed at 6-months and 13-months post-miscarriage by means of the Hospital Anxiety and Depression Scale (HADS); a widely used measure to evaluate psychological distress in non-psychiatric patients. 1443 (803 females; 640 males) eligible individuals were approached from consecutive admissions to the three recruitment sites.

Key Results
Of the 586 participants who completed the two baseline assessments, 473 (81%) and 410 (70%) returned their HADS at 6-months and 13-months respectively. Following miscarriage, levels of anxiety and depression for females and males were higher than that of the normal population. Females were at greater risk than males of suffering from anxiety and, in particular, depression. The screening instrument was based on a validated model comprising three sets of items to identify females at risk of developing anxiety and depression and males at risk of anxiety 6-months following miscarriage. A scoring system was produced to ensure the practical utility of the instrument in a clinical setting and a cut-off point was identified for each set of items to demonstrate their predictive power.

Conclusions
The screening instrument can identify individuals at risk of developing anxiety (females and males) and depression (females) 6-months post-miscarriage. However, by virtue of the lower than anticipated recruitment rates and the relatively small number of males who experienced depression, further work is required on the instrument before it is suitable for use in clinical practice.

What does this study add to the field?
The majority of previous studies have failed to address the impact of miscarriage on partners. At present, no standardised instrument to identify women and partners at risk of psychological distress following miscarriage exists.

Implications for Practice or Policy
These unique data emphasise the need for health professionals to recognise the psychological consequences of miscarriage for both women and partners. This study represents an important step towards making available a screening instrument that would be of considerable use to researchers and clinicians. Moreover, such an instrument would be a prerequisite for any study on the value of interventions to combat psychological distress. The provision of universal interventions such as counselling in the absence of demonstrable need is a waste of limited resources and may even cause harm.

Where to next?
Data derived from this study have been instrumental in shaping a study to test the feasibility of developing and evaluating a miscarriage-related website for women and their partners following miscarriage. Funding for the pilot study has been provided by the CSO. Items from the screening instrument will be included in the baseline assessments.

Further details from:
Dr Grant P Cumming, Ward 3
Dr Gray’s Hospital, Elgin, Moray
E-mail: grant.cumming@nhs.net