

General Commissioning Guideline

Gynaecology

	GY18 Recurrent Miscarriage
For the treatment of	Recurrent miscarriage
Commissioning position	<p>Definition Miscarriage is defined as loss of a pregnancy before viability – usually 24 weeks.</p> <p>Requires confirmation of pregnancy with either urinary pregnancy test or USS; not simply delayed menses</p> <p>The recurrent miscarriage clinic will review couples with >3 first trimester miscarriages or one second trimester miscarriage</p>
Management	<ul style="list-style-type: none"> • A baseline USS (outside pregnancy) to exclude uterine pathology • Day 1-5 FSH, LH (PCOS increases risk of miscarriage) • Product of conception should be sent to Histology (usually instigated by secondary care) – please offer histology pot if patient has had home miscarriages • Pre-conceptual advice – smoking cessation advice and folic acid
Information to include in referral letter	<ul style="list-style-type: none"> • Details of full obstetric history (include miscarriages/TOPs/ectopics) • Whether any previous treatment to cervix (if so please include date of last smear & result) • Relevant past medical / surgical history • Current regular medication <p>NB – secondary care will organise chromosomal analysis for the couple and thrombophilia screen for the woman</p>
Patient Information	<p>RCOG Recurrent miscarriage patient information leaflet: https://www.rcog.org.uk/en/patients/patient-leaflets/recurrent-and-late-miscarriage/</p>
Date reviewed	January 2017
Next Review Date	Sept 2024
Contact for this policy	<p>Scarborough & Ryedale CCG: scrccg.rssifr@nhs.net</p> <p>Vale of York CCG: VOYCCG.RSS@nhs.net</p>

Responsible GP – Dr Omnia Hefni, SRCCG	Approved: February 2017
Responsible Consultant – Ms Louise Hayes, YTHFT	Review date: Sept 2024
Responsible Pharmacist – Ms Rachel Ainger, SRCCG Medicines Mngt	NHS Scarborough & Ryedale Clinical Commissioning Group

Background	<p>NHS Scarborough and Ryedale CCG (SRCCG) & NHS Vale of York CCG (VOYCCG) commissions' healthcare on behalf of its local population across primary, secondary and tertiary care sectors. Commissioning policy including clinical referral pathways and thresholds have been developed and defined using appropriate NICE guidance and other peer reviewed evidence and are summarised here in order to guide and inform referrers.</p> <p>This commissioning policy is needed in order to clarify the criteria for recurrent miscarriage.</p>
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References:

1. The investigation and treatment of couples with recurrent first trimester and second trimester miscarriages. RCOG Greentop guideline No 17. April 2011

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