DELIVERING DIFFICULT NEWS AND WRITING A CLINICALLY USEFUL REPORT

COMMUNICATION IN EARLY PREGNANCY

MENTAL HEALTH EFFECTS

The psychological impact of early pregnancy loss FREE

Jessica Farren, Nicola Mitchell-Jones, Jan Y Verbakel, Dirk Timmerman, Maria Jalmbrant, Tom Bourne ✉

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Psychiatry Research
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Miscarriage and mental health: Results of two population-based studies

Elena Toffol [a] ✉, Päivikki Koponen [b], Timo Partonen [a]

Prim Care Companion CNS Disord. 2015; 17(1): 10.4088/PCC.14r01721. PMCID: PMC4468887
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Depression and Anxiety Following Early Pregnancy Loss: Recommendations for Primary Care Providers

Johnna Nynas, MD,✉ Puneet Narang, MD, Murali K. Kolikonda, MD, and Steven Lippmann, MD

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Original Research
Obstetrics

Posttraumatic stress, anxiety and depression following miscarriage and ectopic pregnancy: a multicenter, prospective, cohort study

Jessica Farren PhD [a, b], Maria Jalmbrant DClinPsy [a], Nora Falconieri MSc [d], Nicola Mitchell-Jones MD [a, c], Shabnam Bobdiwala MBBS [a], Maya Al-Memar PhD [a], Sophie Tapp BSc [a], Ben Van Calster PhD [d, f], Laure Wynants PhD [d, g], Dirk Timmerman PhD [d, e], Tom Bourne PhD [a, d, e] ✉

SESSION AIMS

- Consider the emotional state of the EPU patient
- Key features of communicating difficult news in early pregnancy
- Information required by patients after diagnosis
- Features of a clinically useful scan report

PREGNANCY LOSS

Early pregnancy loss

Bereavement

Traumatic physical experience

Social isolation

EVIDENCE BASE

Avoid assumptions

Set up the scan

Clear, honest information

Kindness

Self-care

Original Research

ULTRASOUND

Ultrasound
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SAGE

UK consensus guidelines for the delivery of unexpected news in obstetric ultrasound: The ASCKS framework

Judith Johnson[1,2,3], Jane Arezina[4], Liz Tomlin[5], Siobhan Alt[6,*], Jon Arnold[7], Sarah Bailey[8], Hannah Beety[9], Ruth Bender-Atik[10], Louise Bryant[11], Jen Coates[12], Sam Collinge[13], Jo Fishburn[14], Jane Fisher[15], Jan Fowler[16], Tracey Glanville[17], Julian Hallett[18], Ailith Harley-Roberts[19], Gill Harrison[20], Karen Horwood[21], Catriona Hynes[22], Lindsay Kimm[23], Alison McGuinness[24], Lucy Potter[25,26], Liane Powell[6], Janelle Ramsay[27], Pieta Shakes[28], Roxanne Sicklen[29], Alexander Sims[30], Tomasina Stacey[31,32], Anushka Sumra[33], Samantha Thomas[34], Karen Todd[35], Jacquie Torrington[36], Rebecca Trueman[10], Lorraine Walsh[37], Katherine Watkins[38], Gill Yaz[39] and Natasha K Hardicre[2]

ASCKS FRAMEWORK – AVOID ASSUMPTIONS

Avoid assumptions	Remain aware that people may not react in the way you might expect them to. Use neutral terms (e.g. 'unexpected' rather than 'abnormal') and make no assumptions.

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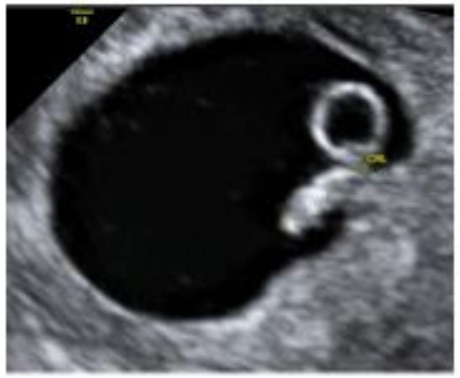


Our perspective

Patient's perspective

- Any previous pregnancy losses
- Whether the pregnancy is wanted
- The woman's health and circumstances

Pic credit: The Miscarriage Association

HISTORY TAKING

Menstrual history: LMP date, regularity of cycle, date of first positive pregnancy test?

Obstetric history: Any previous pregnancies? Caesarean deliveries? STOP or SMM? Previous miscarriages or ectopic pregnancies?

Signs and Symptoms: Have they had heavy bleeding or passed any clots? Presence and site of any pain? Unusual symptoms?

Feelings towards the pregnancy: Was it planned? Where they using contraception? Is it a wanted pregnancy?

ASCKS FRAMEWORK – SET UP THE SCAN

Explain that you will scan first and then discuss the results

Explain reasons for delays, e.g., newly qualified, training in ultrasound etc

Need time to complete the scan and be sure of what you will say

Do not to drip feed patients' information throughout the scan

DURING THE SCAN

If it's good news, tell the patient / show the screen (if appropriate) before completing the scan

If it's bad news, complete the scan as quickly and safely as possible. Try to fill difficult silences

Click to add text

'Probe in' or 'probe out' before breaking the news?

Sometimes patients want to see the screen – **it's good practice to offer but not to assume**

ASCKS FRAMEWORK – CLEAR AND HONEST INFORMATION

- Consider both what you say and how you say it
- Give eye contact and speak with compassion
- Use sensitive non-technical language
- May like to give a warning shot before delivering the news

BREAKING BAD NEWS

Warning shot

"I'm sorry but it's not good news today...

Non-technical language

...I can see a pregnancy sac containing a baby but the baby's heart is not beating...

Clear and concise

Expression of empathy

...sadly this means that your baby has died."

Clarification

ASCKS FRAMEWORK - KINDNESS

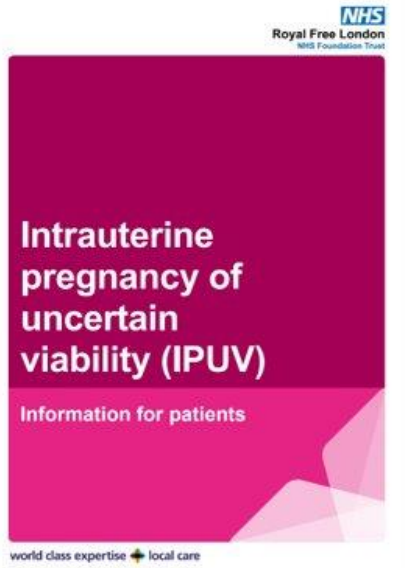
Terms to avoid
Blighted ovum / anembryonic pregnancy
Products / products of conception
Incompetent cervix
Abortion

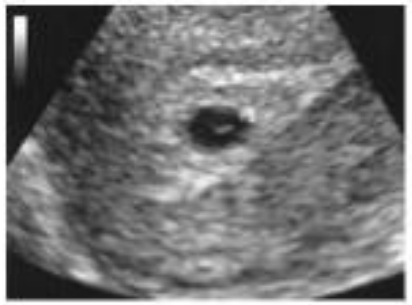
- Use sensitive language
- Understand the difficulty of receiving confirmed and uncertain diagnoses
- Provide honest information to patients after diagnosis

IUP UNCERTAIN VIABILITY

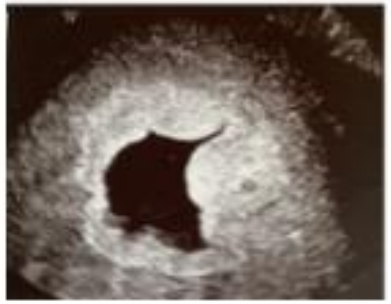
SCAN ME

- Thorough history taking will help you
- Be honest with the patient
- Prepare the patient for what could happen before they return





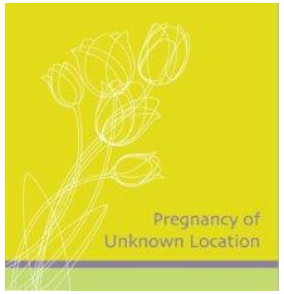
Patient A
LMP 5 weeks ago
First + UPT yesterday
H/O brown PV spotting

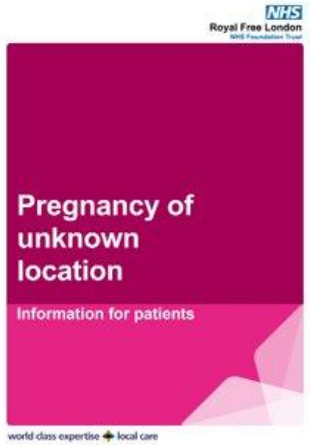


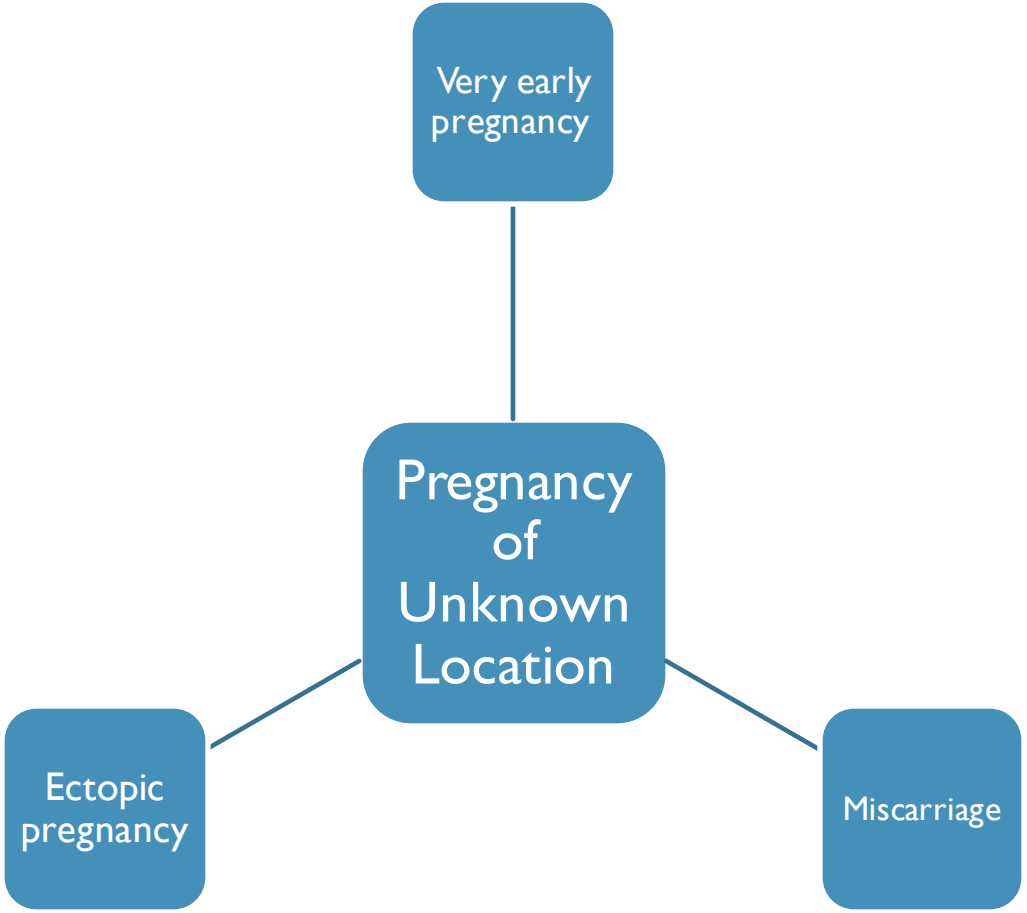
Patient B
LMP 10 weeks ago
First + UPT 5 weeks ago
H/O increasingly heavy PVB with pain

PREGNANCY OF UNKNOWN LOCATION

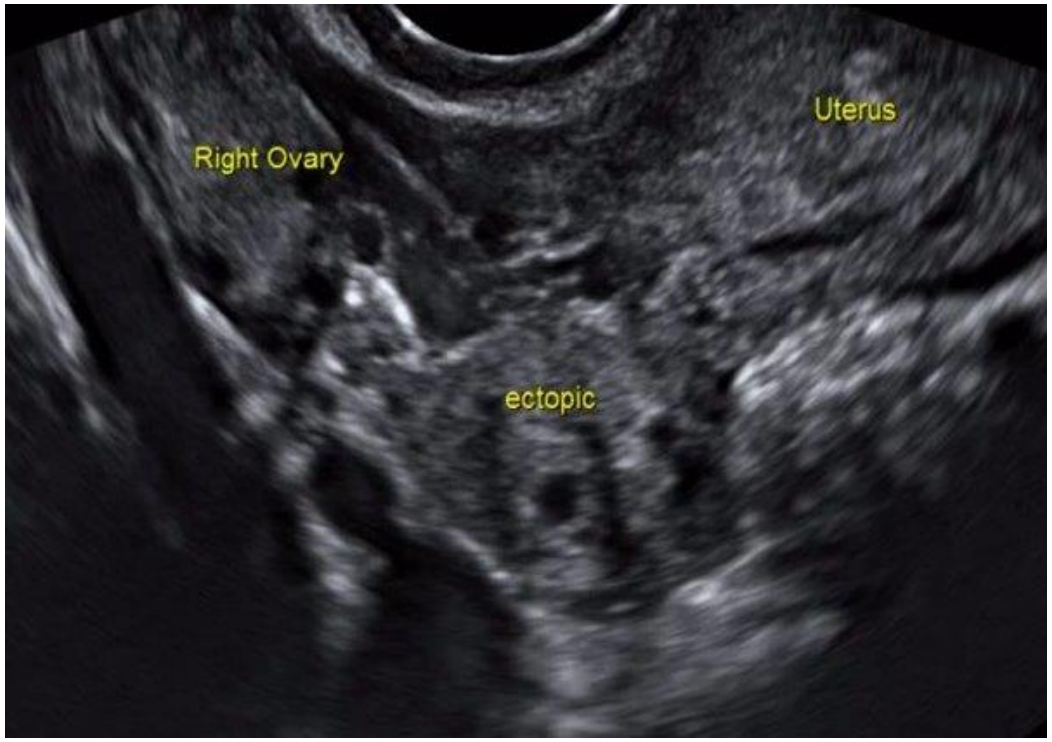
- Difficult to explain to patients
- Use your history to help





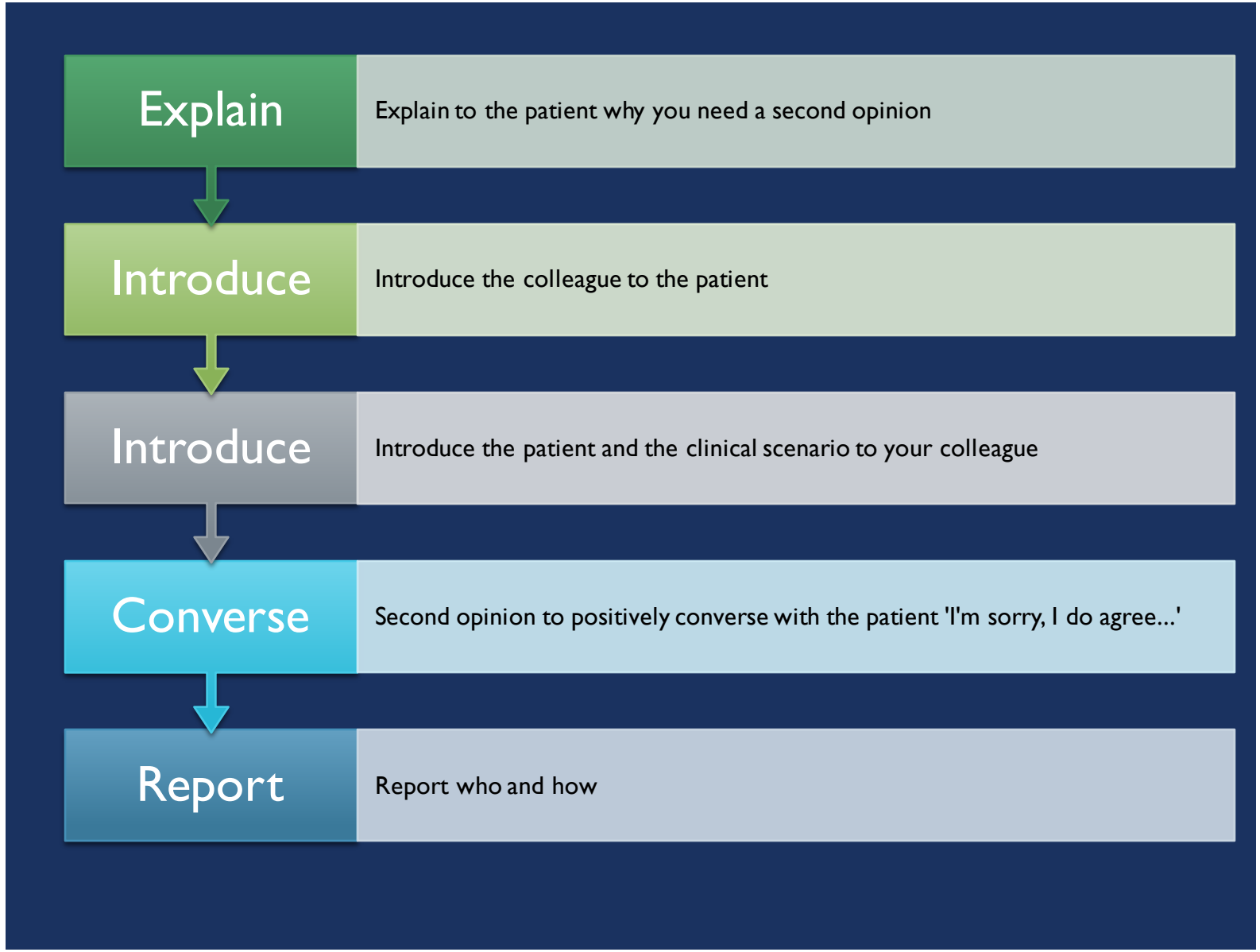


ECTOPIC PREGNANCY



- Conflict between loss of pregnancy and saving mothers life
- **Very important to acknowledge the pregnancy loss**
- Reassure patients that they are safe. If they have heard of ectopic pregnancy, it will likely be worst case scenario

SECOND OPINIONS



AFTER THE SCAN

- All patients should be given a copy of the scan report to take home
- Offer patients a scan photo following diagnosis of miscarriage
- Ask patients that have received good news not to display their scan photos whilst on the unit

WELL-MEANT EXPRESSIONS

"At least you know you can get pregnant..."

"It's better that this happened now than later in the pregnancy..."

Avoid well-meant expressions, they are rarely well received

"At least you already have children..."

"You can always try again...

ASCKS FRAMEWORK - SELF CARE

Self-care	Remember that delivering unexpected news via ultrasound is uniquely demanding. Have compassion for yourself, as well as those you are scanning. Explore coping strategies which are useful to you and make time to care for yourself.

- If these conversations don't go well, it's ok to apologise and rephrase
- Talk and off-load to colleagues
- Take time to reflect

REPORTING - KEY INGREDIENTS

- First or follow up scan?
- Indication and current symptoms
- Relevant history
- Findings, measurements and reasoning
- Diagnosis / impression: one line

BUILDING THE SCAN REPORT – INDICATION AND HISTORY

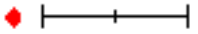
Indication:
Follow up appointment for IPUV.
Scan one week ago showed 5mm embryo with absent cardiac activity. Rescan to assess interval change.
Has experienced painless PV spotting for past 2 days.

History:
Maternal age: 39 years. Menstrual cycle regular - LMP sure, cycle length 28 days. Conception: spontaneous.
Pregnancy test: positive.
Gynaecological History: last period 02.03.2022, day of cycle 49. Cycle length 28 days.
Past gynaecological disorders: Nil.
Past gynaecological operations: Lower Segment Caesarean Section.
Past surgical history: Nil.
Medication: Folic Acid.
Obstetric History: **Gravida: 2**. **Para: 1**. Living children >=37W: 1.

Last period: 02.03.2022.
EDD by LMP: 07.12.2022.
Gestational age: 6 weeks + 6 days.

BUILDING THE SCAN REPORT - MISCARRIAGE

Early Pregnancy Assessment:
Transvaginal US: Patient verbal informed consent was obtained prior to the scan: scanned. Ultrasound view: Adequate.
Singleton pregnancy.
Gestational Sac: present.
Yolk Sac: present.
Amniotic Sac: present.
Embryo present. Fetal heart activity absent.

CRL	5.5	mm	<5th%	

Maternal Structures:
Uterus: retroverted.
Right ovary: normal morphology.
Size: 31 mm x 19 mm x 19 mm. Volume: 5.9 ml.
Left ovary: normal physiological changes. Contains a corpus luteum.
Size: 35 mm x 31 mm x 15 mm. Volume: 8.5 ml.
Pouch of Douglas: free fluid: none seen.

Latex-free probe cover used and removed in-tact. Transducer has been cleaned and disinfected in line with departmental protocols. Audit Trail Record Book: 123.

Impression:
Early Embryonic Demise.

BUILDING THE SCAN REPORT - MISCARRIAGE

'The uterus is retroverted and contains a single gestational sac which is correctly sited within the fundal cavity, implanted well away from the previous caesarean section scar. The gestational sac contains a yolk sac and single embryo with absent cardiac activity. As there has been no significant interval change, these appearances are sadly consistent with early embryonic demise. This was confirmed in live scan by An. Other (sonographer). Both ovaries are morphologically normal with the corpus luteum noted on the left. There is no free pelvic fluid.'

- **Describe the features and refer to previous scan if appropriate**
- **State the name and role of who confirmed the findings**
- **Ok to use 'empathetic' language**

BUILDING THE SCAN REPORT - IPUV

' The uterus is anteverted and contains a single gestational sac with a visible yolk sac only. The gestational sac is correctly sited within the fundal cavity, implanted well away from the previous caesarean section scar. Both ovaries are morphologically normal with the corpus luteum noted on the left. There is no free pelvic fluid.'
There is a notable discrepancy between the menstrual dates and the scan findings. As this is [patients] first scan, today's appearances are consistent with a normally sited pregnancy of uncertain viability.

- **Important to describe the location and contents of the sac to aid the next sonographer**
- **Do the scan findings and menstrual dates match?**
- **If appropriate, summarise why you cannot give a diagnosis from one scan**

  'As the mean sac diameter measures <20mm / embryo measures <7mm, today's appearances are consistent with...'

BUILDING THE SCAN REPORT - PUL

'The uterus is anteverted; the endometrial cavity contains blood and clot but no intrauterine gestational sac or definite retained products of conception were identified. Both ovaries are morphologically normal with the corpus luteum noted on the left. There was no adnexal masses or free pelvic fluid seen.
The scan findings are consistent with a pregnancy of unknown location and this has been explained to [patient]. She understands that the fact we have not seen the pregnancy today could mean that it is too early to see the pregnancy or that it is a failing pregnancy with no identifiable structures in the uterus; it can also mean that the pregnancy is outside the uterus (ectopic pregnancy) but we were not able to visualise it on scan today'

- **State that no intrauterine pregnancy has been seen (is there a 'possible' sac?)**

  'A cystic sac with features *suggestive but not conclusive* of a gestational sac is seen'

- **Must ensure you've assessed and imaged the cervix, interstitials and LSCS scar**
- **Can use the report to explain differential diagnoses**

BUILDING THE SCAN REPORT – ECTOPIC PREGNANCY

' The uterus is retroverted; the endometrial cavity contains blood and clot but no intrauterine gestational sac or retained products of conception were identified. Both ovaries are morphologically normal with the corpus luteum noted on the left. Within the left adnexa, a rounded echogenic mass with features suspicious of an ectopic pregnancy is noted as measured and described. There is no free pelvic fluid.'

- **Clarify that no intrauterine pregnancy has been seen**
- **'Suspicious of an ectopic pregnancy' unless a yolk sac or embryo is seen**
- **Describe the presence, amount and nature of any free fluid (Is it blood??)**

FINAL THOUGHTS

- Remember to listen and use history to guide you
- Sensitively delivered facts are paramount
- Always use up-to-date and appropriate language
- Provide contact details, information leaflets and a scan report to take away