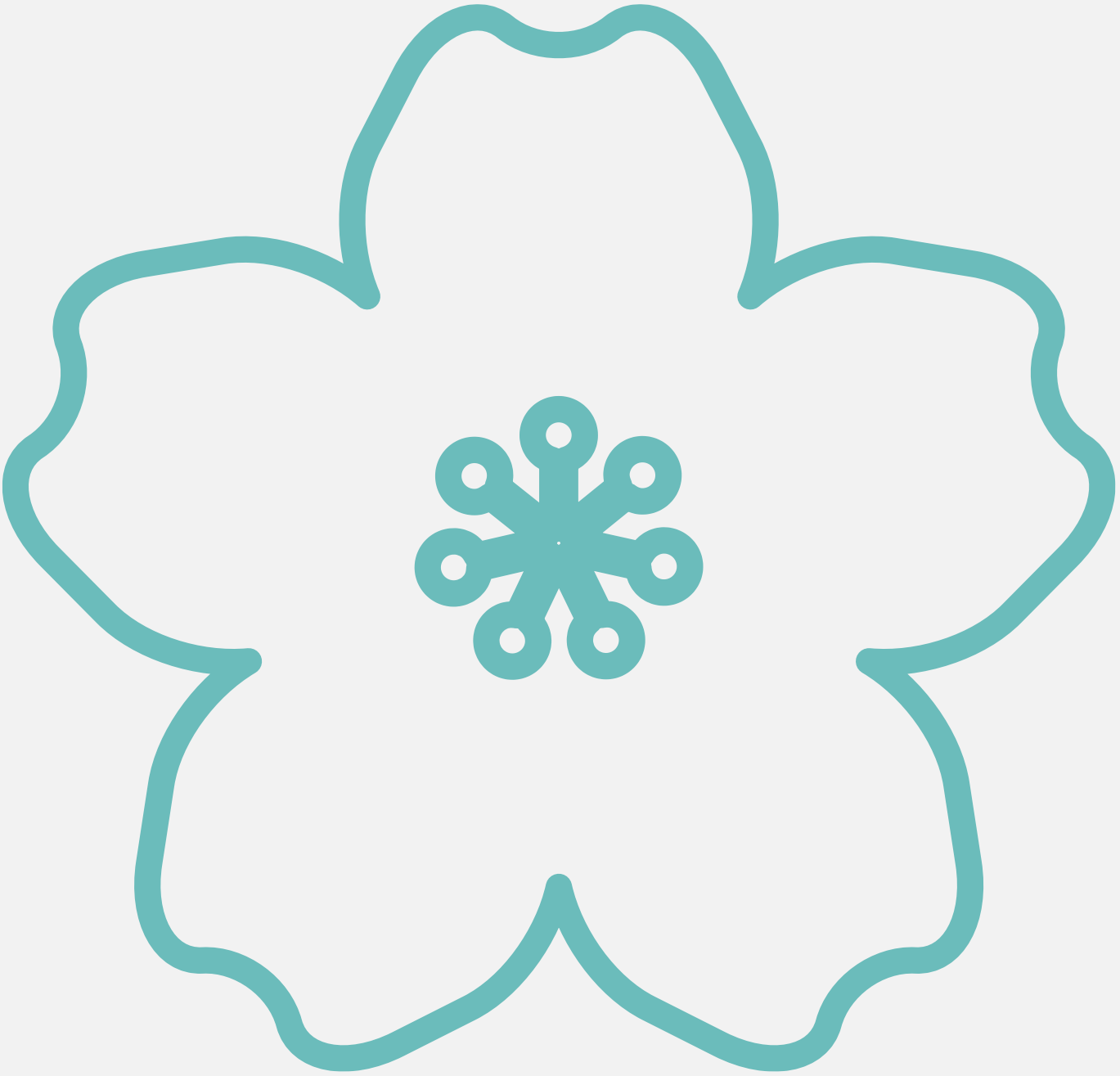

The Pink Elephants Care Standards

A comprehensive guide for healthcare professionals providing emotional support and validation to women and their partners experiencing miscarriage and early pregnancy loss.

About The Pink Elephants Support Network

The Pink Elephants Support Network was established to meet the needs of women and their partners who experience miscarriage and early pregnancy loss, by providing emotional support and validation.

Early pregnancy loss whilst being common, is severely under supported and as a result, its mental health impacts are often overlooked. In order to heal and be able to move forward more positively through their fertility journey, women need information, support and to know their loss mattered.

Pink Elephants is a national charity providing the latest resources, information and peer-support for anyone impacted by early pregnancy loss. Using evidence, empathy and connection, Pink Elephant's unique digital-first approach offers a single source of specialist support, whenever and wherever it's needed — for those who have directly experienced it, for family and friends, corporate partners or healthcare professionals seeking proven ways to help.

> The Pink Elephants Care Standards have been created with a view to standardising and improving the access to emotional support that women receive following a miscarriage, thus reducing the likelihood of mental health implications in the future.

Terminology and context Early pregnancy loss and miscarriage

For the purposes of this document, we have used the terms 'early pregnancy loss' and 'miscarriage' interchangeably though there are scientific differences. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists defines miscarriage as the loss of a baby prior to 20 weeks' gestation. This definition includes all types of pregnancy loss including ectopic pregnancy and Termination for Medical Reasons. We acknowledge that individuals who experience early pregnancy loss may not identify as a cis-gendered woman or mother, and that individual parents and families may use different words to those used within this report. This may include women, transgender men, intersex people, non-binary and gender diverse people.

Introduction

1 in 4

Women experience miscarriage

This equates to approximately 103,000 Australians each year

97%

Occur in first 12 weeks

Of these pregnancy losses occur during the first trimester

Many feel their loss isn't acknowledged in the same way that other forms of grief or trauma are recognised. [Cochrane][Stratton]

Pregnancy loss is a traumatic event that is proven to induce an intense period of emotional distress. Its silent nature can leave many women feeling that their loss and ensuing grief is not validated or acknowledged, either in the community or among healthcare professionals. Additionally, information about the common occurrence of miscarriage can actually serve to minimise the perceived significance of the loss, in turn causing further isolation and emotional upset to both women and their partners.

The need for this type of support is echoed by international research, including The Lancet's 'Miscarriage Matters' series, which calls for a complete overhaul of miscarriage care and a greater focus on mental health support. The Lancet's 'Miscarriage Matters' series

Mental Health Impact

A woman who has had a miscarriage is at risk for depression and anxiety symptoms in subsequent years. [Robertston-Blackmore]. A study published in the British Journal of Psychiatry, followed 13,000 women for three years post birth. Of the 2,823 who had miscarriages, **15% experienced clinically significant depression and/or anxiety during and after pregnancies for up to three years.**

> This silent nature can leave many women feeling that their loss and ensuing grief is not validated or acknowledged, a sentiment echoed by the World Health Organization which states that the global taboo around losing a baby is linked to widespread stigma and shame.

WHO: Why we need to talk about losing a baby

It is therefore imperative to aim to reduce the likelihood of long-term mental health issues in women following miscarriage. Giving women the understanding and validation they need at the time of miscarriage and encouraging them to access emotional support, will go a long way to lessening the overall mental health effects into the future.

Purpose and Scope of Pink Elephants Care Standards

They are a practical guide for healthcare professionals that covers the areas of patient and partner management across mental health and wellbeing following a miscarriage. We want to ensure that you have the information and tools needed to empathetically and successfully manage your patients so that women not only feel more supported, but that the risk of ongoing emotional and psychological distress is reduced.

They are intended for all healthcare professionals involved in the care of women and families during and after the diagnosis of a pregnancy loss. These include general practitioners, midwives, obstetricians, sonographers, fertility specialists and emergency department staff.

They are aligned with the Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death that are also a useful reference for healthcare professionals who want to understand the overarching principles behind perinatal loss care (CASaND Guidelines)

The Issue

More can be done for women experiencing miscarriage

1. Greater empathy, validation and acknowledgement of the loss is needed

> *"I needed acknowledgement of the loss of an unborn child and the dreams held. Not just a gynaecological outcome."*

Miscarriage has a physical and emotional impact that is unique to the woman and her partner. Unlike other forms of loss, there are no recognised associated rites or rituals and the necessary treatment can be undignified. It challenges the woman's sense of identity and feelings of guilt may arise. [Stratton]

75%

Felt unsupported

Through their experience of miscarriage

68%

Received no support

When told their pregnancy had ended

1/5

Received information

Only one-fifth received a brochure or handout

The lack of emotional care extended to women after miscarriage is frequently cited as a source of dissatisfaction, which can have a significant emotional impact on the experience with lasting effects into the future. [Stratton] In a survey of 1700 Australian women, 75% said they felt unsupported through their experience of miscarriage; 68% received no support when they were told their pregnancy had ended; and only one-fifth received a brochure or handout on what to expect. [PESN]

2. Women who miscarry are at greater risk of depression and anxiety

> *"An understanding of the ongoing mental health effects my miscarriages had and to be referred for much-needed support."*

Medical management of miscarriage is generally relatively straight-forward, however, because of this, the potential psychological impact of the loss may be overlooked. Perinatal grief is unlike other grieving experiences. There is no linear trajectory for the stages of grief and because distress following a miscarriage falls along a continuum of symptoms and follows a waxing and waning course, frequent screening is indicated.

Nearly 20% of women who experience a miscarriage become symptomatic for depression and/or anxiety, which can last up to 3 years

In a study, anxiety was more frequent and intense than depression 12 weeks after a miscarriage, and may be more likely than depression at 1, 3 and 6 months after miscarriage. [Nynas]

Patient dissatisfaction often focuses on psychological issues and those who were not offered the opportunity to discuss their feelings during a follow-up visit reported more anxiety. Health care professionals should address the psychological needs of patients who miscarry and assure them that mental health care is available. [Nynas]

3. More information and follow up is needed

> *"Easier access and awareness of support available. Information or leaflets to be given. Strategies on how to cope and follow up care. A referral to support options."*

Studies of patient satisfaction indicate the need for improvement in follow-up. After a miscarriage, many women want information about why their miscarriage occurred, implications for future pregnancies, and support from health care professionals. [Nynas]

30%

of women who miscarried report that they would have liked to discuss causes of miscarriage and risk for future pregnancies

90%

Do not get a follow-up with their provider to allow for this discussion

While 30% of women who miscarried report that they would have liked to discuss causes of miscarriage and risk for future pregnancies, 90% do not get a follow-up with their provider to allow for this discussion. In a study, 90% of women desired a follow up assessment, but only a third received it. [Nynas] In fact, women who did not receive a follow-up appointment after their miscarriage to discuss their concerns had higher anxiety symptoms. [BHAT][BYATT]

There are widespread misconceptions about causes of miscarriage. Women commonly blame themselves for the miscarriage. Around 6 in 10 (61%) women believed that lifting something heavy could cause early pregnancy loss, and 3 in 10 (27%) believed that past use of birth control could cause an early pregnancy loss. Almost 1 in 10 believed that having sex during pregnancy (8%) or eating spicy food (7%) could cause an early pregnancy loss. [Jean Hailes 2025 National Women's Health Survey]

4. Recognition of anxiety during subsequent pregnancies is vital

> *"I suffered six miscarriages in total. Better understanding of the anxiety this causes in subsequent pregnancies is needed, as is allowing for more regular tests and scans to help ease it."*

80%

Of women who experience miscarriage will become pregnant again

64%

Reported that it affected decisions about subsequent pregnancies

Up to 80% of women who experience miscarriage will become pregnant again, but many are conflicted by intense emotional feelings of hope versus anxiety around the risk of another loss. In a study, 64% reported that it affected decisions about subsequent pregnancies. **Contrary to popular belief, becoming pregnant again is not a protective factor against depression or anxiety.** Mood symptoms following a prenatal loss do not always resolve with the birth of a subsequent healthy child. [Nynas]

These women should be counselled about the probability of increased fear, anxiety and distress in subsequent pregnancies and patients should also be given access to more frequent scans and appointments to help ease their anxiety.

Care Standards in Practice

Communicate with Empathy

Deliver diagnoses and information in a sensitive manner

Early pregnancy complications and miscarriage can cause significant distress for women and their partners. It's important to be aware that women will react to these complications or loss in different ways, and that patience and sensitivity is vital when delivering bad news. The experience of diagnosis of a miscarriage can have lasting emotional effects on a woman, which are intensified by seemingly uncaring or insensitive delivery of the news.

In many cases a woman will present with bleeding which is a very upsetting and often frightening symptom. She will be seeking reassurance that her pregnancy is still viable, even though it is not always possible to make such a diagnosis at the first presentation. Where possible, referral to an Early Pregnancy Assessment Clinic for further monitoring and support is prudent, but where this is not an option, a follow up appointment within five days is beneficial, as is clear and kind communication of when and how to seek help if needed.

Provide culturally appropriate support

Assessing the influence of culturally specific requirements is necessary to ensure that all women receive the most appropriate and sensitive care for their particular situation. Language barriers can compound the level of disempowerment and distress, particularly when a woman may have concerns or prior experience but is unable to express them to a healthcare practitioner.

There can be many complex layers of taboo, shame or otherwise to consider when treating women from CALD backgrounds, so it is important to develop culturally appropriate approaches, or refer the woman to a healthcare professional from their own ethnic background. [eCALD]

As per the CASaND Stillbirth CRE Guidelines Respectful and Supportive Perinatal Bereavement Care is imperative - [CASaND Guideline Section 3]

The Pink Elephants Care Standards Best Practice recommends that healthcare professionals:

- Provide information and support in a sensitive manner, being mindful of individual circumstances and emotional response.
- Ensure women have the opportunity to ask questions. Answer with patience and empathy.
- Train non-clinical staff on how to communicate sensitively with a woman who is presenting with early pregnancy complications.
- Offer women and their partners a private space in which to process the information they have received until they are ready to leave.
- Recognise culturally specific requirements in patients and treat or refer accordingly.

Validate the Importance of the Loss

Acknowledge and validate the emotional aspect of the loss

Pregnancy loss is often sudden and unexpected. A common misunderstanding about miscarriage is that a woman will experience less grief if she loses the baby early in her pregnancy. Yet a woman who has lost her child at 11 weeks may be as distraught as a woman who has lost her child at 20 weeks.

> For women who miscarry early, their grief is less socially acceptable than the anguish of someone who miscarries later in their pregnancy. With later losses, people can have a funeral or memorial service. When it's an early miscarriage or even a failed IVF cycle, it is often unacknowledged by others, [yet] these are invisible losses that feel disenfranchised and not validated. [JAFFE]

During and after a health professional explains the occurrence of a miscarriage to a woman/couple, acknowledgement of their loss and validation of their grief is imperative. Recognition that to them, they have lost a baby, not just 'tissue' or 'products of conception' is essential. Reassurance that the miscarriage was caused due to no fault of their own, nothing they did or didn't do, is crucial to assist in eliminating associated feelings of guilt and/or blame in the woman.

Recognise the additional impact that prior and ongoing infertility presents

One in six couples face infertility challenges and this part of a couple's journey to pregnancy will significantly impact their level of emotional distress following a miscarriage.

Following first-trimester miscarriage, women who conceived after assisted reproduction had higher stress and anxiety-depression levels, and experienced more traumatic impact from the event when compared with those who miscarried after natural conception. A timely support and psychological intervention would be beneficial in the management of this group of women. [CHEUNG]

Even when assisted reproductive technology (ART) treatment results in a successful pregnancy and normal childbirth, women are more vulnerable to psychological distress. Despite successful treatment, a history of infertility is associated with higher levels of pregnancy-related anxiety, lower postnatal self-confidence and early parenting difficulties in the first 90 days postpartum. [BHAT]

The Pink Elephants Care Standards Best Practice recommends that healthcare professionals:

Acknowledge grief

Acknowledge the grief the woman is feeling at the loss of her baby and associated hopes and dreams.

Reassure no blame

Reassure her she is not to blame for what has happened.

Recognise infertility impact

Recognise the added significance that prior infertility and/or assisted conception treatment will place on a miscarriage and ensuing grief.

Provide Information

Provide comprehensive information

Many women report feelings of uncertainty and anxiety about what to expect following the diagnosis of a miscarriage. This may be best delivered as a physical document given that a woman's shock and distress at the time of diagnosis of the loss may interfere with her ability to retain verbal information. This information should include:

- When and how to seek help if existing symptoms worsen or new symptoms develop
- What to expect during the course of care such as the potential length and extent of bleeding and/or pain and possible side effects
- Treatment options – ie expectant, medical or surgical management
- Possible outcomes

Alongside the medical aspects about the miscarriage, it is essential to provide information and details for support options and programs within the community. Again, this may be best delivered in a physical format and should include web addresses and helpline numbers.

Women will naturally want to know why the miscarriage occurred and the likelihood of it happening again.

Investigate Cause for Recurrent Miscarriage

There is a tremendous psychological impact of recurrent miscarriage. A cause for recurrent miscarriage can be identified approximately 50–60% of the time. Psychological support in the form of frequent discussions and sympathetic counselling are crucial to the successful evaluation and treatment of an anxious woman/couple. Therefore, couples with unexplained recurrent miscarriage should be offered appropriate emotional support and reassurance. [JEVE] [DAVIES]

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) has recently redefined **recurrent pregnancy loss as two or more intrauterine pregnancies of up to 20 weeks' gestation**, a change from the previous definition of three or more. This updated guideline aims to provide earlier access to investigation and support.

RANZCOG Miscarriage, Recurrent Miscarriage and Ectopic Pregnancy Clinical Guideline: RACGP - Definition of recurrent miscarriage updated

Bereavement Leave Certificate

All women and their partner should be routinely offered a **Certificate of Bereavement Leave** for work, even if they choose not to use it. A miscarriage at any stage represents a significant loss and will evoke a grief response in the patient. Women should feel reassured and safe in the knowledge that they will have time and space to process what has happened in the days immediately following the diagnosis.

The Pink Elephants Care Standards Best Practice recommends that healthcare professionals:

Provide information

About what to expect and how the miscarriage will progress.

Provide information

About where the woman can access emotional support and counselling services.

Proactively inform

The patient and their partner that they are entitled to a minimum of two days of paid bereavement leave under the Fair Work Act.

Provide a Certificate

Of Bereavement Leave from work for a minimum of 2 days.

Evaluate and Refer to Support Organisations

Assess the personal significance of the miscarriage

Miscarriage is extremely personal. Each woman's perception of her experience must be ascertained and responded to appropriately. Perinatal loss is often associated with guilt or self-blame, and women may feel that their bodies have failed. [Bhat] Through listening, healthcare providers can identify the appropriate response and approach. [STRATTON]

> Possible questions to ask would be: *How are you feeling*? *What support do you have*? *How long had you been trying*? Once a healthcare provider has heard and assessed the answers to these questions they can decide the appropriate contacts for social workers and counsellors etc.

Determine the extent of the woman's support network

A woman with a supportive partner and strong family/social support network is less likely to suffer as severely psychologically when compared to a woman without those structures in place. Therefore it is important to ascertain how well supported the woman will be and whether additional follow up or counselling connections is indicated.

Evaluate potential psychological history/risk

Accurately identifying women experiencing symptoms of depression and anxiety enables referral for more formal mental health assessment and suitable follow-up, with a view to improving outcomes for women. It is important to be aware of risk factors for persistent distress following perinatal loss, and to monitor women with risk factors more closely. It is also critical that health providers be proactive in asking pregnant women about their prior pregnancy loss/es, their current emotional state and plans for future pregnancies. [BHAT][BYATT]

Factors that may increase risk include:

- Prior miscarriages
- No warning signs of the loss
- History of infertility Loss at a later gestational age
- No living children Long period of trying to conceive
- Prior history of poor coping skills
- Social isolation
- Relationship strain between partners
- Prior history of psychological disorders

Assure women that emotional support and mental health care is available and refer them to an appropriate organisation. **See appendix – 'Resources' and 'Kessler Psychological Distress Scale'**

The Pink Elephants Care Standards Best Practice recommends that healthcare professionals:

Recognise significance

Recognise the personal significance of the miscarriage to the woman/couple.

Identify risk factors

Be aware of risk factors for psychological distress and refer to support organisations where appropriate.

Follow Up

Offer a follow up appointment to assess physical and mental wellbeing

We recommend offering a follow-up consultation at 6 weeks after a miscarriage and screening for depression and anxiety at that time. Women need the opportunity to discuss what has happened and receive reassurance and/or information about future pregnancies.

Women with a history of pregnancy loss should also be screened during subsequent pregnancies and monitored in the postpartum period after a successful pregnancy and birth. Untreated depression and anxiety are associated with negative pregnancy, birth, and infant outcomes.

The Pink Elephants Care Standards Best Practice recommends that healthcare professionals:

Follow-up appointment

Offer women the option of a follow-up appointment with a healthcare professional of her choice.

Monitor subsequent pregnancies

Monitor subsequent pregnancies closely for signs of anxiety and/or depression.

What our Community Tell us...

> A gentle hand on my shoulder would have made such a difference. Just kindness and for someone to say, I'm sorry you're going through this.

> More sensitive acknowledgement of the loss from the OB and to be offered counselling.

> Every miscarriage has its story. Every loss matters to the person experiencing it.

> More compassion from the doctor. Strategies on how to cope, support groups to access, follow up care.

> I needed acknowledgement of my loss – that it was more than just a clinical issue.

> Easier access and awareness of support available. Information or leaflets to be given. A referral to a counsellor.

> *I know they may see it every day, But it doesn't happen to me every day.*

> The best support would have been an understanding of the anxiety of pregnancy after loss, and allowing for more regular tests and ultrasounds to help ease it.

> Information about why I might have miscarried, support through the grief process, reassurance about future pregnancies and support during my next pregnancy.

> I needed acknowledgement of the loss of an unborn child and the dreams held. Not just a gynaecological outcome.

> An understanding of the ongoing mental health effects my miscarriages had and to be referred for much-needed support.

Support Summary

Communicate with empathy

Deliver diagnoses and information in a sensitive manner Provide culturally appropriate support

Validate the importance of the loss

Acknowledge and validate the emotional aspect of the loss Recognise the additional impact that prior infertility presents

Provide information

Provide comprehensive information Investigate cause for recurrent miscarriage Provide certificate of leave for work

Evaluate and refer to support organisation/s

Assess personal significance of the miscarriage Determine extent of support network Evaluate potential psychological history/risk Provide appropriate referrals so support networks based on need.

Offer a follow up appointment

Offer a follow up appointment to assess physical and mental well-being

Section 6 – Resources

We are able to supply you with our 'It's OK not to be OK' brochures to give a couple at the time of diagnosis of a miscarriage. The Pink Elephants Support Network website also has a comprehensive selection of free downloadable resources for women, their partners, families and friends.

REFERRAL PATHWAYS

MISCARRIAGE / PREGNANCY LOSS SUPPORT

This referral pathways factsheet is to assist you in identifying the correct referral organisations amongst the numerous options that exist.

Pink Elephants Support Network
www.pinkelephantssupport.com
Ph: 1300 308 307
A not for profit charity, here to support women through miscarriage, pregnancy loss and beyond. We will help you through your grief, nurture you as you heal and empower you as you move into the future. Support online, via email and on social media.

Red Nose (formerly Sids And Kids)
www.rednose.com.au
Saving the lives of babies and children and supporting people impacted by the death of a child.

PANDA

www.panda.org.au

Ph: 1300 726 306

PANDA is dedicated to supporting the mental health and wellbeing of expecting, new and growing families. Through a range of information, services and programs we support parents and families during pregnancy and the first 12 months of a new baby.

Bears of Hope
www.bearsofhope.org.au
Ph: 1300 11 4673
Bears Of Hope Pregnancy & Infant Loss Support provides leading support and exceptional care for families who experience the loss of their baby.

General Support Services

- **Pregnancy, Birth and Baby** 24 support line - Ph: 1800 882 436 www.pregnancybirthbaby.org.au
  Supporting parents on the journey from pregnancy to preschool. Get the guidance and reassurance you need about developmental and behavioural concerns from our maternal child health nurses or talk to our counsellors for emotional support.
- **LIFELINE** Ph: 131114 www.lifeline.org.au
  Lifeline is a national charity providing all Australians experiencing a personal crisis with access to 24 hour crisis support and suicide prevention services.

Section 7 – References

- Pregnancy Loss Stillbirth and miscarriage 2021, Royal Australian and New Zealand College of Obstetricians and Gynaecologists. https://ranzcog.edu.au/wp-content/uploads/Pregnancy-Loss.pdf
- Depression and Anxiety Following Early Pregnancy Loss: Recommendations for Primary Care Providers https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4468887/
- The Lancet's 'Miscarriage Matters' series
- WHO: Why we need to talk about losing a baby
- Infertility and Pregnancy Loss: When the Bough Breaks https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4896304/
- A National Survey on Public Perceptions of Miscarriage https://www.ncbi.nlm.nih.gov/pubmed/26000502
- Evidence Based Management of Recurrent Miscarriages https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4229790/
- Support Following Miscarriage: What Women Want https://www.tandfonline.com/doi/abs/10.1080/02646830903487375?src=recsys&journalCode=cjri20
- The Experience and Psychological Impact of Early Miscarriage https://www.tandfonline.com/doi/abs/10.1080/03033910.1991.10557831
- Miscarriage and Loss https://www.apa.org/monitor/2012/06/miscarriage
- Ectopic Pregnancy and Miscarriage: diagnosis and initial management https://nice.org.au/guidance/cg154
- Early Pregnancy Bleeding https://www.racgp.org.au/afp/2016/may/early-pregnancy-bleeding/
- Recurrent Pregnancy Loss https://www1.racgp.org.au/ajgp/2018/july/recurrent-pregnancy-loss/
- Maternal Health Care for CALD Women www.ecald.com
- Understanding and Managing emotional reactions to a Miscarriage [Brier] https://www.ncbi.nlm.nih.gov/pubmed/9916974/
- Stress and Anxiety following first-trimester miscarriage: a comparison between women who conceived naturally and women who conceived with assisted reproduction. https://www.ncbi.nlm.nih.gov/pubmed/23631687 [Cheung CS]
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