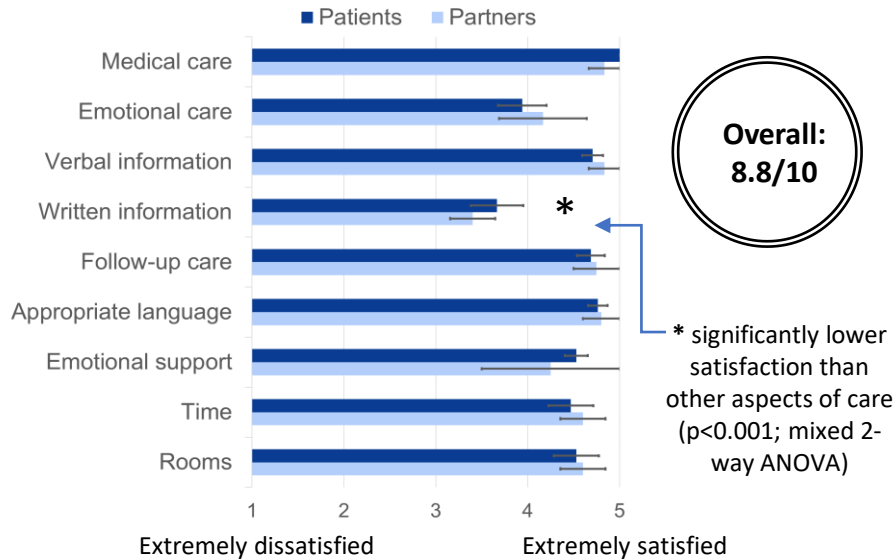


### Background

- In world pregnancy loss care literature, patients and partners frequently report dissatisfaction with emotional care received<sup>1,2,3</sup>
- Without examples of highly-rated care, we do not know what quality care for early pregnancy loss looks like
- Most scientific literature has studied the public emergency department<sup>4</sup>
- Little is known about emotional care for pregnancy loss in private hospitals<sup>5</sup>
- How satisfied are patients and partners with care provided at private hospital setting (The Frances Perry House – a Ramsay Health private maternity hospital in Melbourne)?
- We interviewed 18 patients and 6 partners and asked about their experiences

### How did patients and partners rate their experience?



### Results – satisfaction with care ratings

- Patients and partners reported **high to very high** satisfaction with most aspects of their care, as well as with their overall experience
- Due to the limited availability of written information, both patients and partners reported “neutral” but **identified this an unmet need during their interview**

### Results – themes from interviews

### Components of quality early pregnancy loss care

Interviews revealed **10** themes that contributed to satisfaction with care

#### INTERACTION

##### Acknowledgment of the loss

To be seen: acknowledgment validates the significance of patients’ and partners’ experience

##### Sensitivity and kindness

To feel safe: gentleness gives patients and partners room to be vulnerable and grieve

##### Dignity and respect

To be valued: respectful treatment reaffirms patients’ autonomy and helps combat a sense of helplessness

#### INCLUSION

##### Presence of the partner

To share: having the partner present allows the couple to share the experience

##### Involvement of the partner

To validate: including the partner in care validates the partner’s individual experience of loss

#### INFORMATION

##### Support in decision making

To empower: patients and partners need the information necessary to make informed choices

##### Written information

To support: oral information alone can be too much to take in, so written information provides a backup

##### Consistent internal communication

To unburden: patients report feeling depersonalised when they need to repeatedly explain why they are there

#### INVOLVEMENT

##### Follow-up

To reconnect: providing follow-up care helps patients integrate the loss into their lives

##### External support

To sustain: providing directions to sources of external support extends care to after discharge

### Conclusions

- Contrary to most literature, patients and partners at the Frances Perry House were **highly satisfied** with their care
- **Written information** emerged as a point that could further improve satisfaction with care
- Now that we know what constitutes quality care for early pregnancy loss, we can **drive real improvements in care delivery** - also in other settings and other hospitals

### Next steps

To further improve care, we’ve developed:

- an **Early Pregnancy Loss Support Booklet** to address the unmet support needs of patients and partners, and
- a **new training module** to meet the training needs of healthcare providers who provide this important care
- These two support tools are currently being implemented and evaluated at 7 Ramsay hospitals across Australia

