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DISCUSSION PAPER

Miscarriage in Australia: The geographical inequity of healthcare services

Susan Edwards, MNSc(NP), PhD Candidate [a,*]
Melanie Birks, PhD [b]
Ysanne Chapman, PhD [a]
Karen Yates, PhD, MN, RN, RM [b]

[a] *College of Healthcare Sciences, James Cook University, Australia*
[b] *Centre for Nursing and Midwifery Research, College of Healthcare Sciences, James Cook University, Australia*

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Summary Complications in early pregnancy can lead to pregnancy loss (miscarriage) and ultimately the presentation of a woman to their local emergency department (ED). Miscarriage is a common occurrence, with one in six pregnancies resulting in pregnancy loss.[1] Unfortunately medical and nursing care does not change the likelihood of a threatened miscarriage progressing to pregnancy loss; this is a highly emotional and stressful time for the woman and her family. Research has shown that women have often felt dissatisfied with the care provided in the emergency department and have reported lower levels of satisfaction (Geller et al., 2010[2], Indig et al., 2011[3]). This paper explores the challenges in the provision of emergency department healthcare for women presenting to metropolitan EDs and compares these to those faced by women who present to non-metropolitan EDs with early pregnancy complications.

Introduction

Pregnancy for most women is a time of excitement and joy. There is great anticipation about what the future may hold and for the new life that is growing inside them. Many women who experience early pregnancy complications often experience such symptoms as pain and bleeding and attend their local emergency department. It is reasonable to assume that this cohort would include women

* Corresponding author at: Central Queensland University, Boundary Road, Mackay 4740, Australia. Tel.: +61 49 407 829.
E-mail addresses: sue.edwards@my.jcu.edu.au, s.l.edwards@cqu.edu.au (S. Edwards), melanie.birks@jcu.edu.au (M. Birks), ysannechapman@hotmail.com (Y. Chapman), karen.yates@jcu.edu.au (K. Yates).

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who live in rural, regional and remote areas of Australia. Women who seek emergency care often consider or anticipate the possible loss of their pregnancy when presenting for urgent medical care. Vaginal bleeding occurs in about 25% of all pregnancies with roughly one in six (15—20%) ending in miscarriage.[1] It is anticipated that 147,000 Australian women will lose a pregnancy each year and many of these women will present to their local emergency department for medical and nursing care.[1,4,5] Unfortunately, research has shown that women have often felt dissatisfied with the care provided in the emergency department and have reported lower levels of satisfaction.[4,6—10] Drawing on contemporary literature, this paper presents a discussion of the specific challenges that relate to the provision of healthcare services for women who present to non-metropolitan EDs with possible early miscarriage.

Presentation of bleeding in early pregnancy

Women who are pregnant and experiencing early pregnancy complications often present for care to the emergency department in order to receive prompt assessment, treatment and support. The possibility of miscarrying is an overwhelming event for a woman and her family; even though miscarriage can be a common early pregnancy complication, it is often described as a normal occurrence for women who are of reproductive age.[11] Despite this frequency of miscarriage, it is an experience that is often minimised not only by health professionals but also the community itself.[12] Women often experience both physical and psychological effects such as depression, anxiety, grief, self-blame and anger.[6,12] Also, between 25% and 50% of women whose presentation ends in a miscarriage often experienced posttraumatic stress symptoms.[6] Medical and nursing care is known not to change the likelihood of the outcome of miscarriage; however the experience for the woman is nonetheless highly emotive and stressful.[3,11] Despite the frequency of miscarriage, there is no universal response to pregnancy loss; the emotional response may be brief for some and prolonged for others.[6] Research by Warner, Saxton, Indig[13] found that women who presented to the emergency department with concerns regarding their pregnancy often become distressed when the care they sought was not provided. The possibility of pregnancy loss is not a trivial experience for women.[7] Sejourne, Callahan and Chabrol[7] found that being treated sensitively and compassionately when being seen made a difference to women's perception of the care they received.

A woman's loss or possible loss of a pregnancy is particularly difficult to endure especially when the woman has envisioned an entire lifetime of their baby from the time of confirmation of the pregnancy. Van Aerde[14] explains that the loss experienced by women is usually multifactorial and represents multiples losses for each of the women it touches which includes the loss of a significant person, the loss of some aspect of self, the loss of an external object, the loss of a stage of life, the loss of a dream and the loss of creation. Unfortunately, in many emergency departments, nurses often view the care and needs of women experiencing a miscarriage as less of a priority in comparison to the many other patients in the emergency department who may be acutely ill.[6,8—10] Gergett and Gillen[6] found there is an increasing recognition of the distress that is experienced by women which is associated and exacerbated by the unsatisfactory aspects of professional care. Adolfsson and Larrson[15] reported that women often described a sense of abandonment and loneliness when speaking of the care they were provided by staff in the ED. The Australian media has reported on a number of events that highlight the inadequate emergency department care of women who presented with bleeding in early pregnancy and the limited support they were given.[5,6,16] One highly reported incident occurred at a metropolitan tertiary referral emergency department in 2009 when a woman miscarried in the waiting room toilet.[5] The incident opened the door to further complaints being made across Australia for example in Queensland in 2007[16] and again in New South Wales in 2009.[5] The incident led to an inquiry that was a key case in highlighting a number of deficiencies in the provision of care of women who present with bleeding in early pregnancy.

The deficiencies that were highlighted in 2007 are unfortunately still considered challenges that affect contemporary ED practice in both metropolitan and non-metropolitan areas of Australia; including medical and nursing staff shortages, bed block related to bed shortages and limitations in professional practice regarding communication skills.[6,13,17—19] It is important to note that non-metropolitan EDs face further disparities related to being located in regional, rural and remote areas of Australia. It is these disparities that that can further lower the levels of satisfaction for women who present with possible miscarriage.

Research has found that women in general still report lower levels of satisfaction in regards to perceived negative attitudes from healthcare workers, insufficient information and education, limited follow up care and minimal or no focus on their emotional well-being.[2,20] Leon (1998 as cited in Ref. 14) suggests that women never forget the understanding, respect, and genuine warmth they received from caregivers when experiencing a miscarriage. Higher levels of patient satisfaction were reported among women who were provided support, education and were included in the decision making process regarding treatment options.[2,13,21] Women require not only clinical treatment but also information and education on the possible loss of their pregnancy in a manner that is sensitive and provided in an environment that is private and supportive.[22] In order to be able to provide care that increases the satisfaction of each woman that presents to the ED with signs and symptoms of possible miscarriage, there needs to be an appropriately experienced and skilled workforce that is able to provide professional care that is safe and have policies that are community specific.[23] The delivery of quality ED healthcare has become increasingly complex and challenging throughout Australia especially in non-metropolitan areas of Australia in which complexities are magnified by the additional unique characteristics of being regional, rural and remote. One of the main challenges in providing equity in Australian healthcare is access to services in these locations.

The inequity of geography

Australia has a land mass of 7,686,850 km and has approximately 23 million people who mostly live in concentrated