



Respectful care in women's health

Case study for workshop/discussion

Early Pregnancy Loss: Counselling after diagnosis of Miscarriage

Delegate copy

Introduction

This case study is set in Ghana. It explores the roles and responsibilities of health professionals in providing compassionate and respectful care to women after the diagnosis of a first trimester miscarriage.

Note on the case study

This case study has been written by Dr Dileep Wijeratne MRCOG and is based upon a role play scenario from the RCOG Essential Gynaecology Skills course.

Case Study

This is the story of Awini, a 28-year-old woman who has attended a rural district hospital in Northern Ghana.

Awini has travelled for 2 hours and has come alone to have her first ultrasound scan in what is her first pregnancy. She has had a scan performed by an ultrasound technician who has confirmed a missed miscarriage at around 9 weeks' gestation. The technician has not told Awini the results.

After waiting for almost 2 hours in a busy waiting room, surrounded by women, many of whom are heavily pregnant, the doctor comes to see Awini and takes her into his consultation room. The doctor is also on duty for labour ward and gynaecology as well as seeing all of the antenatal outpatients that are attending the hospital. The doctor asks Awini if she has had any pain or bleeding. She answers no. He then tells her that she has had a miscarriage and that her baby has died. When Awini starts to cry, he tells her that the pregnancy was very early and there is nothing to be upset about. He tells Awini that she can go home and if she has not had pain and bleeding within the next month, then she should come back and see him again. Before Awini can ask any further questions, he is called away to labour ward.

Discussion – questions to be asked by the facilitator

1. What are your first impressions of this case?
2. How should a health professional react to a woman's distress when given a diagnosis of miscarriage?

3. What could be the long term consequences in terms of Awini's interaction with health services that may occur as a result of her experience?
4. How could the doctor have behaved differently?
5. What changes could be made in light of how busy the doctor is, to help support women in such situations?
6. What are the key learning points from this case?

Review the Checklist for Respectful Care in Women's Health and discuss how to put the actions into practice together.

[End of case study].