

ARTICLE

Table 1 Case records and patients reporting the listed term

Inappropriate term	Case note review (n = 1259)	Patient survey (n = 648)
Abortion	125 (9.9%, 8.4–11.7)	27 (4.2%, 2.9–6.0)
Blighted ovum	65 (5.2%, 4.1–6.5)	38 (5.9%, 4.3–7.9)
Incompetent cervix	2 (0.2%, 0–0.6)	6 (0.9%, 0.4–2.0)
Pregnancy failure	72 (5.7%, 4.6–7.1)	95 (14.7%, 12.1–17.6)

The results are given as number (percentage; 95% CI).

Results

Overall, 942 case notes for miscarriages and 337 for ectopic pregnancies were sought; 934 records for miscarriages and 325 for ectopic pregnancies were obtainable for review representing a combined retrieval rate of 98%. A total of 649 questionnaires were returned from a mailing of 1750, representing a 37% response rate. One questionnaire was excluded from analysis because the woman had presented with hyperemesis and did not fulfil the inclusion criteria. The remaining 648 replies comprised 323 women with pregnancy loss, 307 women with threatened miscarriage (i.e. viable pregnancy at discharge), 15 women who were unsure of their diagnosis at discharge and three women who left the diagnosis question blank.

The results are summarised in Table 1. Generally, women reported low levels of inappropriate terminology usage by health professionals. An exception was the term 'pregnancy failure', heard by approximately 1 in 7 women. Relatively high levels of usage of 'abortion' were found in case records, with 1 in 10 hospital records containing this term.

Discussion

We acknowledge there are limitations to our study. Due to considerations for confidentiality and consent to participate, we were unable to mail questionnaires to women whose case records we reviewed retrospectively, having instead to perform a prospective questionnaire, and consequently cannot make a direct correlation between the two audit tools. In addition, the low response rate to the patient survey introduces potential selection bias, limiting how generalisable these results are to other clinical settings. However, the principal findings from this study

are derived from the case note review where there was a very high retrieval rate.

The use in scientific journals of inappropriate terminology for miscarriage has previously been highlighted.^{6,7} These papers suggest that, over the past two decades, there has been a change in terminology used in the European literature. However, we can find no previous study measuring use of inappropriate terminology during routine clinical practice. Use of appropriate terminology may, or may not, reduce women's distress at pregnancy loss;⁸ however, we believe that a commonsense approach of avoiding ambiguous terms such as 'abortion' could not increase this distress. The term 'miscarriage' is generally understood and accepted by members of the public. Patients now have access to their case records. In order to meet national recommendations on terminology for early pregnancy loss, clinicians should not only say 'miscarriage' but also write it.

Statements on funding and competing interests

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Competing interests. None identified.

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