# **Optimising Precious Resources:** The Establishment of a Miscarriage Genetics MDT at NMH

## Introduction

Cytogenetics on products of conception following pregnancy loss is a vital investigation, particularly in cases of recurrent pregnancy loss (RPL) and second trimester miscarriages. Results of this testing are not straightforward and should not be interpreted in isolation. A multidisciplinary (MDT) approach ensures that results are interpreted correctly and that any further investigations are individualised.



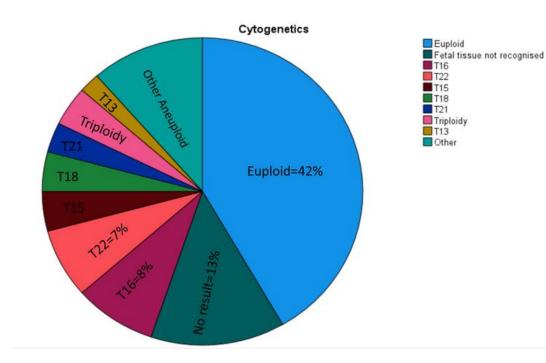
## Methods

This innovation involved setting up a MDT group including consultant obstetricians, a consultant geneticist and specialist midwifery staff and was formed in January 2022. The group meets fortnightly to discuss the results of cytogenetic testing following pregnancy loss. Follow up investigations are arranged if needed, using an individualised approach and an appointment in the most appropriate clinic is arranged.

#### Results

96 cases of cytogenetics following pregnancy loss were discussed at the MDT meeting during the study period.

There were 62 (64.6%) cases of RPL and 19 (19.8%) cases of second trimester miscarriage. Each case was discussed and the most appropriate investigations were agreed on. The majority of cases (n=68, 70.8%) had some further investigations arranged. Parental karyotypes were performed in 39 cases (40%) and screening for anti-phospholipid syndrome (APLS) was performed in 41 cases (42.7%). Prior to this individualised approach all women with recurrent pregnancy loss had routine testing for parental karyotypes and APLS.





# **Impact of the MDT** On hospital

Patient experience • Individualised approach • Access to MDT expertise • Results given sooner



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## Conclusion

This MDT approach had led to a reduction in the need for screening for APLS and parental karyotypes and is a novel educational opportunity for healthcare providers. It has led to significant cost savings to the hospital, but most importantly a more individualised & efficient service for couples experiencing pregnancy loss.

 Cost savings (less investigations) • Education for staff • Best practice promoted

• Can TTC sooner

