

MISCARRIAGE
ASSOCIATION

The knowledge to help

Working together

ANNUAL REPORT 2011–2012

**Miscarriage can be a very unhappy,
frightening and lonely experience.**

**The Miscarriage Association acknowledges
the distress associated with pregnancy loss
and strives to make a positive difference
for those it affects.**

We have the knowledge to help.



**MISCARRIAGE
ASSOCIATION**

The knowledge to help

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The Miscarriage Association is a registered charity in England & Wales (1076829) and in Scotland (SC039790)
and a company limited by guarantee, registered in England & Wales, number 3779123



It is a great privilege to be invited to write the foreword for the Miscarriage Association's Annual Report, especially with the theme of **Working Together**.

As a clinician I have always appreciated working together with the M.A., knowing that their reliable website with accurate information; top quality leaflets; staffed helpline; support groups and telephone support from trained volunteers are easily accessible. These are essential at a time of great distress and confusion.

The M.A. has sought to meet the needs of women and partners, family, friends, and colleagues using various forms of information, from the time of a first loss to the difficult decision of when to give up trying. How relieved I was when speaking with a lady at the recurrent miscarriage clinic who said she thought she was going to give up, to open the M.A. website and show her the leaflet '*When the trying stops*'. In tears she told me that for the first time the bereavement of stopping had been acknowledged, and she left feeling much more in control. Such occasions make me so glad to work together with the M.A..

The M.A. also helps to educate and train health professionals, and their study sessions have enabled nurses, midwives, sonographers and doctors to keep skills and knowledge up to date.

Without fundraisers the M.A. would struggle greatly. Many heart-warming stories can be read of tea parties, 10ks and marathons in the Newsletter – reading such a story inspired me from the comfort of a deckchair to sign up for a 10k last year! I often wondered why I had done this, but the support from friends and colleagues, and the appreciation of the M.A. left me feeling glad that I could contribute in a small way.

The M.A. is also involved with discussions at local and governmental levels. In July this year Scottish Government introduced new legislation for the sensitive disposal of early pregnancy loss following a consultation which the M.A. had been involved with, working together with representatives from the medical profession, patients, chaplains, government officials and others.

For 22 years I have worked in the area of early pregnancy loss and these years have been shaped by working together with the M.A. – using quotes from Newsletters when teaching; reading about research in other units; promoting information leaflets and pointing women to support groups have all been invaluable. It has been a great help to phone the M.A. and hear the cheerful voice of Ruth, able to advise me and help provide the best care at the time of miscarriage.

As we celebrate the wonderful work of the M.A., I hope that you will continue to work together for years to come, 'sharing the knowledge to help', so that the distress and grief at the time of miscarriage can be eased very slightly.

A handwritten signature in cursive script that reads "MA MacLean".

Dr Marjory MacLean

Consultant Obstetrician, Lead clinician early pregnancy
Ayrshire Maternity Unit, Crosshouse Hospital

Working together to offer support

Miscarriage can be a very distressing experience. Whether it happens once or time after time, good care is crucial but so too are support and understanding. Along with our staffed helpline, support from volunteers who have been through something similar can sometimes be the key to getting through these tough times and moving forward.



'I can take comfort in knowing that I can turn my unfortunate experience into something positive for others.'

Jacquie da Costa

Between 1980 and 1988 I had seven miscarriages, all between 12 and 20 weeks of pregnancy.

The care I received back then was very poor, with no sign of compassion or empathy. The specialist I saw after my first three miscarriages didn't seem concerned. He thought I was underweight and suggested I should eat more before trying again. I followed his advice but still had a further four miscarriages. Everyone else I spoke to about my situation just told me to keep trying.

It wasn't till I went to my local hospital, Chase Farm, that I finally met a compassionate and understanding consultant. He advised that I have a cervical stitch in my next pregnancy – and as a result I went on to have two children, who are now 22 and 18.

In all the time I was having miscarriages, I was never once referred to the Miscarriage Association or any support groups or counsellors. My family were very supportive, but I got to a stage where I didn't want to burden them with my distress any more.

It was another charity that told me about the M.A. and with their encouragement and training, I became a telephone support volunteer.

I've been a telephone contact for more than six years now and I thoroughly enjoy it. I feel that I am able to help callers through a difficult time by giving them the support that I never once received. It gives me a sense of achievement and I can take comfort in knowing that I can turn my unfortunate experience into something positive for others.

I am also one of the M.A.'s volunteer coordinators, helping to select and support volunteers, and providing backup for the out-of-hours rota. I really enjoy being part of the M.A. team and I'm pleased that we work together to offer support and comfort for people who go through miscarriage.

Key support services in 2011/12

Staffed helpline

- a swift, sympathetic and informed response, five days a week, to over 6,300 calls, e-mails and letters
- management of our online support forums, moderated by both staff and volunteers

Support volunteers

- A UK-wide network of 98 telephone contacts and 21 local support groups
- matched support on 22 specific areas of pregnancy loss (e.g. recurrent miscarriage and ectopic pregnancy)
- an out-of-hours helpline, offering support at evenings and weekends
- 13 volunteers helping to moderate the support forum, especially at evenings and weekends
- launch of a patient-led project to improve miscarriage care and support across Nottinghamshire

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- a new website, clear and easy to use, with new sections for support, personal reflections and a place for remembrance
- a support forum: a safe and well-used space for sharing feelings and experiences
- an easy link to our Facebook pages and groups for instant support

Accessibility and equality

- all support materials available in large print and on our website
- all staff familiar with RNID's Typetalk service for deaf and speech-impaired callers



“It's really helped to go online and read other people's supportive comments. It's like having lots of friends who are all saying the right thing to me over and over again. And no one gets fed up with hearing about it all.”

Working together to provide information

Those who experience pregnancy loss are often desperate to know why it happened and whether there's anything they can do to reduce the risk next time. The Miscarriage Association consults with experts so that we can provide clear and accurate information, and we also support further research into the causes and treatment of miscarriage.



'I think we all recognise that providing up-to-date information helps couples'
Miss May Backos

I am a consultant obstetrician and gynaecologist working at West Middlesex University Hospital.

For many years, I have had a special interest in helping couples suffering recurrent pregnancy loss. This led me into undertaking research to identify the possible causes of miscarriage, and to assist with developing treatments as part of that research.

My work in the area of miscarriage led me to establish a relationship with the Miscarriage Association, so that we could work together in order to improve support and information for couples experiencing pregnancy loss.

The benefit of working with staff at the Miscarriage Association has, I think, been two-way. One example is when my colleagues and I were developing the RCOG's national professional guideline on the investigation and treatment of couples with recurrent pregnancy loss. The Miscarriage Association provided much-needed scrutiny and the patient's perspective. Not long afterwards, I worked with the M.A. to help them develop their new patient information leaflet on recurrent miscarriage, ensuring that it was consistent with the RCOG guideline.

I think we all recognise that providing up-to-date information helps couples to better understand their condition, investigations, causes and treatment options. In essence, affected couples have a need for accurate information. It helps them to become fully engaged in decision-making and can also sometimes help their recovery.

It's my normal practice to offer couples with miscarriage the M.A.'s information leaflets, as well as signposting them to the website. That way, they can access the charity's services at a time when they are ready and without the need for an appointment – and the same is true for family members and friends.

In my experience, couples really appreciate the extra help and support that the M.A. offers. Their work in raising awareness of miscarriage and its effects on couples and those close to them is also helpful for all concerned. It is a valued resource.

“It's great to have a charity that can answer these kinds of questions, as if you look online you get so much contradicting information!”

Key information services in 2011/12

Staffed helpline

- responding to a wide variety of questions on pregnancy loss, providing clear, accurate and up-to-date information

Leaflets

- 20 new leaflets on the facts and feelings of pregnancy loss, written and designed to make them clear and easy to read
- one leaflet produced in seven community languages; and two versions produced for people with learning or hearing disabilities
- all leaflets available free of charge on our website and available in large print
- 35,000 leaflets sent by request to hospitals, health centres and individuals

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- our new website, with new text, resources and quick links
- a regularly updated news section, featuring information and comment on current issues and research
- averaging 18,600 visits per month during the year

Research

- working with the Association of Early Pregnancy Units to research patients' and health professionals' views on miscarriage terminology
- served on the steering groups for three clinical research trials and the Early Pregnancy Clinical Study Group
- supported six other research projects

Why recurrent miscarriage happens

This section looks at things that increase your risk of recurrent miscarriage. It also looks at known and possible causes.

Risk factors

Your risk of recurrent miscarriage is higher if:

- you and your partner are older; the risk is highest if you are over 35 and your partner over 40;
- you are very overweight. Being very underweight may also increase your risk.

Each new pregnancy loss increases the risk of a further miscarriage. But even after three miscarriages, most couples will have a live baby next time.

Known causes

Antiphospholipid syndrome (APS)
This blood clotting problem is the most important treatable cause of recurrent miscarriage.

It happens when your immune system makes abnormal antibodies that attack fats called phospholipids in your blood. This makes the blood more 'sticky' and likely to clot, which is why APS is sometimes called 'sticky blood syndrome'.

It is also known as 'Hughes syndrome' after the expert who named it.

It is not clear why these antibodies cause miscarriage. They may stop the pregnancy embedding properly in the uterus (womb); or they may interfere with blood flow to the placenta, which supports the baby.

APS can also lead to problems in later pregnancy, including the baby not growing enough, pre-eclampsia or stillbirth.

For more detail see our leaflet **Antiphospholipid syndrome and pregnancy loss**.

Other blood clotting problems
Some inherited blood clotting disorders can cause recurrent miscarriage, particularly after 14 weeks. These include factor V Leiden, factor II (prothrombin), gene mutation and protein S deficiency.

“They didn't find anything wrong, but if there's nothing wrong with me, why do I keep losing babies?”

Working together to promote good practice

The quality of care given to women in hospital and general practice can have a major impact on their experience and their memories of pregnancy loss. Our Department of Health-funded project has helped to create positive partnerships between healthcare professionals and local volunteers, working together to provide good care.



'Involving my colleagues has really helped make this project successful'
Meryem Suhail

I work in the obstetric and gynaecology theatres at Ipswich Hospital NHS Trust and I regularly help care for women who are going through miscarriage. I can see what a distressing time this can be, especially when there is little time to understand and process what has happened before being discharged from hospital.

As part of my degree, I researched the support available here for women who miscarried. I found there was no support service at our hospital, nor were patients given information about other sources of help. Just weeks later, I received some information about the M.A.'s 'Supporting Local Care' project. I contacted the project leader, Iain, who invited me to become a volunteer and help develop this project.

Volunteering for the M.A. is a great way to help people through miscarriage and to increase my skills. I'm now a local link volunteer for the project as well as a support volunteer and have been able to talk to key people about the project: the consultant lead for women's health, the matron of the gynaecology ward and the Early Pregnancy Unit (EPU).

The gynaecology ward now has a local version of the M.A. poster and business card, and a card is given to every miscarriage patient. There is a poster display about miscarriage in the EPU and the hospital has provided a venue for monthly support meetings, which are proving successful.

The Trust's communications and press office team have been very helpful, placing information about our local branch onto the intranet, on the main hospital website and in the staff e-bulletin. We plan to ask local press to feature the project and I hope to work with other volunteers to expand sign-posting in local community settings.

Involving my colleagues in the developments of the Ipswich & East Suffolk branch of the M.A. has really helped make this project successful. I am incredibly grateful for the support I've had from staff at the Trust.

As a health professional, I know how important continuing care and support can be. Being a volunteer is a very rewarding experience, and setting up the local branch support service has been enjoyable as well as very fulfilling.

“The M.A. resources provided seem very comprehensive. I have forwarded them to all Team Leaders to share with the midwives. They were very grateful for these.”

Key collaborative work in 2011/12

Joint working

- a DH-funded project to improve miscarriage care
- an active executive member of the Association of Early Pregnancy Units (AEPU)
- active links with the Royal College of Obstetricians and Gynaecologists, the Department of Health and other pregnancy/maternity charities

Consultancy

- providing patient representation for the Scottish government working group on disposal of fetal remains, the National Perinatal Epidemiology Unit and the DWP's Health and Bereavement group
- invited to contribute a chapter for a new publication *Recurrent Pregnancy Loss*
- advice on patient care and information to a consultant midwife, a lecturer in General Practice and a national cancer charity
- represented on the development group for forthcoming NICE guidelines on pain and bleeding in early pregnancy

Training and awareness

- training input for student midwives, a specialist trainee doctor, and staff and volunteers at Sure Start
- sourced “expert patients” for undergraduate teaching on early pregnancy
- presentation at the AEPU annual conference
- exhibited at the UK's largest Primary Care conference, raising awareness of miscarriage and the M.A. amongst GPs and community healthcare staff and students



Working together to raise awareness

People often underestimate the emotional impact of miscarriage, especially if it happens early in pregnancy. The Miscarriage Association works with print, broadcast and online media to raise public awareness of the feelings as well as the facts of pregnancy loss, to help people make sense of news stories and to ensure that bereaved parents know where to turn to for help.



'I want to help people talk about miscarriage more openly and stop it being such a taboo subject.'

Dana Adams

My first three pregnancies ended in miscarriage. It was a very difficult time but even when I felt at rock-bottom I didn't consider contacting the Miscarriage Association. I knew about it, but I couldn't imagine that anyone could help. I wish now that I had. I confided in family and friends,

but no-one else had had more than one miscarriage, so although they were sympathetic, they couldn't really know how I felt.

I had a series of investigations, both on the NHS and privately, and then finally had my son. It was only when he was about two years old that I got in touch with the M.A., offering to be a volunteer. I felt that enough time had elapsed for me to be able to help others deal with the pain of miscarriage. It was an opportunity to turn my negative experience into something positive.

I became a telephone support volunteer first – I was very nervous taking my first call, but it's easier now and I'm glad I can help.

I also signed up as a media volunteer. I want other women who have miscarried to know about the M.A., so that they can get the help and information that they need. I also want to help people talk about miscarriage more openly and stop it being such a taboo subject. It was only when I told people about my losses that I began to find out that some of them had been through miscarriage too – I had no idea.

When I did my first media interview, for a women's magazine, I felt a little bit vulnerable and exposed, talking about my experiences. But when the journalist read it back to me and after it was published, I felt better. It was cathartic in a way – and most important was the thought that it might prove helpful for someone else reading it, knowing that there are other people who have had similar experiences and feelings.

I think the word "together" is a good description of the M.A. staff and volunteers. The charity brings together women and men from all different backgrounds for one common purpose, to help provide support and information for others going through miscarriage and to let them know they're not alone.

“Thank you so much for coming on the programme today – it was a super discussion on a subject of great importance to our listeners, so we were very glad to be able to discuss it.”

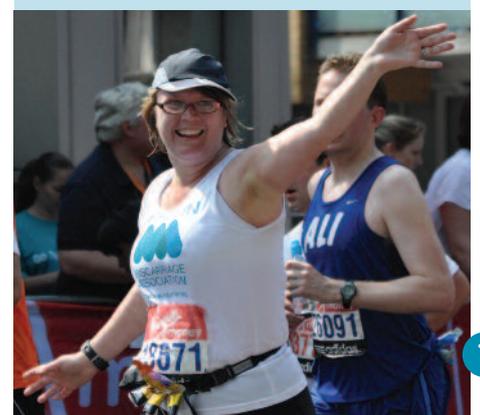
Key awareness initiatives in 2011/12

Working with the media

- seen as an expert resource for advice, information, comment and case studies
- responded to 87 requests from the broadcast, print and online media for expert comment, background information and case studies
- helped by 70 media interviewees who contribute personal reflections and experiences
- advised on storylines for three television series and informing research for a film

Profile

- completion of a major project to review and refresh the M.A.'s image and communications; launching the brand and materials at Primary Care 2011 and the AEPU annual conference
- launch of our new website; and using it to provide swift and accurate information about research and other breaking news; ranked highly on all major search engines
- further development of our online presence through Facebook and Twitter
- supporting the launch of *Saying Goodbye*, an annual series of remembrance events across the UK
- continued collaborative work with other baby-loss charities to raise awareness of pregnancy and baby loss
- over 160 supporters taking part in a range of fundraising events and raising awareness of the charity as well as funds



	General funds £	Designated funds £	Restricted funds £	Total
Income:				
Donations & similar income:				
Membership fees & donations	16,994	-	862	17,856
Government grant	-	-	19,940	19,940
Other donations & grants	75,202	-	10,000	85,202
Branch income	-	-	2,469	2,469
Activities to further the Charity's objects:				
Sales	29,969	-	-	29,969
Training & consultancy fees	650	-	-	650
Activities to generate funds:				
Fundraising activities	59,802	-	-	59,802
Sales	2,134	-	-	2,134
Interest received	1,420	-	-	1,420
Total income	186,171	-	33,271	219,442
Expenditure:				
Cost of generating funds:				
Fundraising	32,885	-	65	32,950
Charitable expenditure:				
Service provision	99,437	8,553	40,813	148,803
Governance	36,201	-	1,956	38,157
Total expenditure	168,523	8,553	42,834	219,910
Net surplus/(deficit)	17,648	(8,553)	(9,563)	(468)

BALANCE SHEET

Fixed assets	1,569
Current assets	204,484
Total liabilities	(8,585)

Net assets	197,468
Represented by:	
Brought forward from 2010/11	197,936
Net surplus/(deficit) 2011/12	(468)
Transfer between funds	-
Balance carried forward	197,468

This financial statement has been agreed by Mazars LLP as being consistent with the full financial statements for the year ending 31 March 2012. These were prepared in accordance with the Statement of Recommended Practice Accounting by Charities (revised 2005) and receive an unqualified audit opinion.

These summarised accounts may not contain sufficient information to allow for a full understanding of the financial affairs of the charity. For further information, the full annual accounts, the auditor's report on those accounts and the Trustees' annual report should be consulted. Copies of these can be obtained from the Miscarriage Association, 17 Wentworth Terrace, Wakefield WF1 3QW.

The full accounts were approved on 23 September 2012 and have been submitted to the Charity Commission and the Office of the Scottish Charity Regulator.



Signed: Penny Kerry (Chair)

Auditors & accountants

Mazars LLP
Mazars House
Gelder Road
Leeds LS27 7JN

Bankers

Cooperative Bank	CAF Bank	Yorkshire Bank
Providence Street	Kings Hill	Northgate
Wakefield WF1 3BG	West Malling	Wakefield
	ME19 4TA	WFI ITA

Reviewing our finances...

We continued to manage the M.A.'s resources carefully in the year to 31 March 2012. As always, we aimed to maintain and develop high-quality services despite continuing financial challenges.

There was positive news. The M.A.'s new look, especially our new website, began to attract more users and supporters. We noted that some of our Facebook members used this space as a way of raising funds for the M.A., while other "new" supporters used Facebook and Twitter to make their fundraising go further.

Overall income increased by 9% during the year. We saw an increase in members' donations, though this was largely due to one significant gift. Donations from other individuals and groups increased by 20%; these included group events organised by supporters with few or no costs to the M.A.. We welcomed a significant increase in income from companies and trusts, including two donations of £10,000. We also had more income from the London Marathon and we are working to make this a continuing trend.

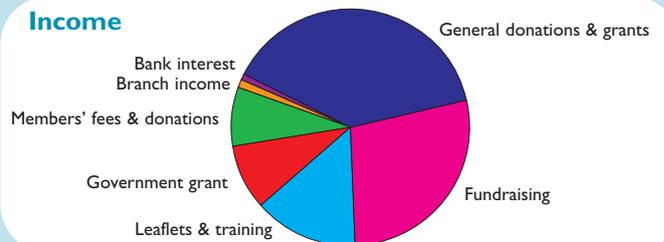
On the downside, income from sales dropped, reflecting both NHS and personal spending cuts. Income from membership fees dropped too, perhaps inevitable when so many of our services are freely available. Income from bank interest also continued to drop.

Overall expenditure increased by just 5%, partly due to tight budgeting but also because of costs saved by gifts in kind, from meeting rooms to web-hosting. A generous IT volunteer donated the design and build of a new database; and of course the generously donated services of our volunteers also save funds. We greatly appreciate all this support, along with the financial and moral support provided by donors, members and friends.

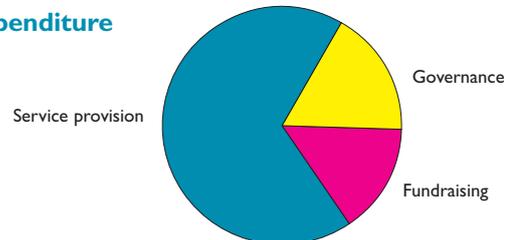
The Trustees work to a three-year budget plan which is carefully monitored and, where appropriate, adjusted during the year. We track financial trends and try to anticipate their effect on the M.A.'s finances. Despite some significant increases in income during the year, the Trustees noted that the positive balance at year-end was largely due to two significant donations which could not be relied on for the future. They therefore felt it was crucial to look at ways to reduce expenditure, particularly staffing costs, which account for a large part of our outgoings. This led to the difficult decision to make one post redundant in the coming year.

M.A. staff and Trustees will continue to manage our limited resources with great care, while working hard to generate more income for the charity. The M.A. has the knowledge to help and we look forward to your continuing support to enable us to provide it.

Income



Expenditure



...and thanking our supporters

The Miscarriage Association would like to express our thanks to all those who have contributed to our funds this year. Grants, sponsorship, individual donations or the proceeds of fundraising events – every contribution, large and small, is greatly appreciated. While we are unable to list all our donors here, we would like to express special thanks to the following supporters who helped us maintain and develop our services in 2011-12:

Individuals...

Richard Cheney
Cheryl Clayton
Family and friends of M. Chilley
David Horspool
Catherine MacLennan
MK, in memory of Sadie
Paul and Sarah Sweet
Caroline Williams

...and groups

Julia Collar & the Crispie Crusaders
Our Marathon runners
The Midnight Walkers

Government

Department of Health

Charitable trusts & companies

Avon Cosmetics Ltd
GSK, via Richard Watts
Hospital Saturday Fund
Indigo Trust
Invesco Perpetual
RTE, via Kym Marsh
Stella Symons Charitable Trust
Swithenbank Foods

Gifts in kind

Activ Computer Services
EMAP, via Stuart Thomas
Landau Morley LLP
Joanne Laurie, Graphic Designer
LIDA
Pumpkin
Rap Spiderweb
Sterling Events

Making a difference 2011-2012

The Miscarriage Association would like to thank all those who have been involved in providing our services during the year.

We are very grateful to our volunteer telephone contacts and support group organisers and helpers. Women and men with personal experience of pregnancy loss, they help to provide a national network of comfort and support to others in a similar situation.

Our thanks also go to the people who help to select and support volunteers; our media volunteers; those who help us raise funds; and all those who have informed and contributed to our new leaflets.

Our advisors and other volunteers who provide specialist advice and help are also indispensable. They have helped us answer medical queries, update our leaflets, further develop our new brand and plan for the future. Their contribution is strengthened by the support and commitment of the Trustees and our staff team.

Special thanks go to Andy Clark, whom we discovered through the wonderful iT4Communities group, and who has donated his time and expertise to building a new and secure database for the M.A..

We would like to make special mention of the following people for generously sharing their time and skills:

- Sarah Owen, Partner/Owner of PR, media and marketing company Pumpkin
- Lisa Thomas, CEO of M&C Saatchi Group
- the members of our Professional Advisory Board
- our patrons
- Peta Harrison, editor of our members' newsletter
- Nigel Wood, our webmaster



A Trustee meeting

Patrons:

Nigel Martyn
Anna Raeburn

Professional advisors:

Mr Roy Farquharson
Ms Diana Hamilton-Fairley
Dr Sheila Kitzinger
Dr Marjory MacLean
Prof Lesley Regan
Prof Gordon Stirrat
Prof James Walker

Trustees:

at 31 March 2012

Penny Kerry
Kerry Addison
Nicola Caplan
Karen Dalton
Alison de Verteuil
Sarah Dunnett
Barbara Hepworth-Jones
Sheila McPherson

Chair & Hon Treasurer
Vice-chair
Vice-chair

Staff:

at 31 March 2012

Ruth Bender Atik National Director
Lisa Bruce Senior Support Worker
Elizabeth Stelmach Support Worker
Ann Collier Support Worker
Andrea Allen Volunteers Manager
Iain Solanki-Willats Development Worker

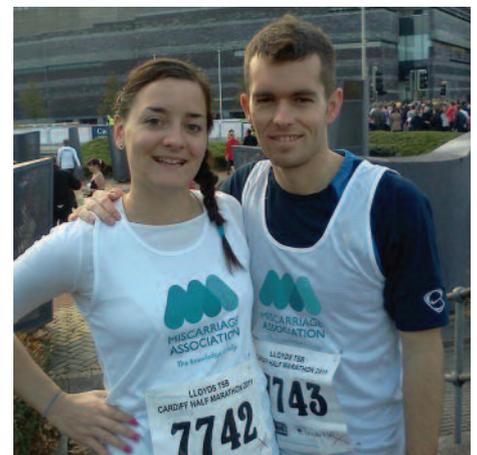
Raising funds and awareness



Catherine (R) & Lucy,
Birmingham Midnight Walk



Caroline Williams,
birthday fundraiser



Bethan & Ryan Greaney,
Cardiff half marathon

Planning for the future: 2012-2013

The Miscarriage Association is a small organisation with a very big mission: to ensure that everyone who experiences the loss of a baby in pregnancy receives the support, information and care which she or he needs.

We are committed to offering accessible services that are sensitive, well-informed, user-friendly and relevant to the range of people who are affected by miscarriage, ectopic or molar pregnancy. Working to meet their needs will always be our priority.

We will continue to work with health professionals, supporting them so that they can provide good and sensitive care for those who experience pregnancy loss. Along with this, we will pursue our active involvement with high-quality clinical research into the causes and treatment of miscarriage.

We will maintain our links with government and with professional organisations to ensure that they consider the patient perspective when developing policies and guidelines. And we will strive to increase public awareness of the facts and feelings of pregnancy loss, ensuring that it is recognised as a significant health issue rather than a hidden personal grief.

Despite some advances in medical research and treatment, miscarriage is still likely to affect hundreds of thousands of women and their partners in the foreseeable future. We must ensure that the Miscarriage Association continues to respond to their changing needs and expectations, maintaining and developing high-quality services that make a positive difference. We hope you will want to support us in this.

Our plans...

- maintain our staffed helpline five days a week, backed by a UK network of trained volunteers
- further develop our online support forum in response to users' wishes and needs
- create a new leaflet on management of pregnancy loss, in line with new NICE guidance
- develop new print and online information for teenagers and young adults
- continue our active involvement in high-quality research
- continue to improve our website so we reach and serve a wider audience
- further improve our online presence social networking sites, especially Facebook and Twitter
- develop and pilot tailored local packages of support, information and training, working with hospitals, GP practices and volunteers
- complete a project to improve care and support for miscarriage patients across Nottinghamshire
- promote in-house training and consultancy for health professionals
- partner with events company CCEM in the *Saying Goodbye* initiative, promoting and publicising the events and providing a supportive presence at each
- continue active involvement with the Association of Early Pregnancy Units and maintain positive links with all the relevant professional organisations, government departments, charities, hospitals and health centres to improve care for couples who experience pregnancy loss
- maintain and promote our reputation as an expert source of information on the facts and feelings of pregnancy loss.

...and how you can help

- become a member of the Miscarriage Association
- join our online forums and help to support others
- talk to family, friends and colleagues about our work
- take part in one of our fundraising events – or organise your own
- become a Friend of the M.A. with a regular monthly or annual donation
- sign a Gift Aid declaration and make your gift go 25% further at no cost to you
- encourage your employer to implement payroll giving and join in to enjoy tax relief on your donation
- persuade your employer to become a corporate supporter, through corporate donations or gifts in kind.

“

Last December I had my first missed miscarriage.

I was 8 weeks pregnant but the baby had stopped growing at 6 weeks. I opted for a natural miscarriage but I ended up having the operation.

I fell pregnant again and I went for a scan at 8 weeks because I was worried something was wrong. Sure enough, there was no heartbeat. I opted for a re-scan and another op if nothing had changed. That was scheduled for yesterday.

I didn't need to be in the hospital until 9 but I woke up at 5 a.m. and couldn't get back to sleep. I was feeling really panicky, upset and hopeless, so I came to the forum and just read a few posts. Although your support wasn't directed towards me, I found so much support anyway and a lot of hope in a really dark time. It calmed me right down, helped me to ask for what I needed and really helped me cope in a far more assertive way than I did last time I miscarried.

So in short, I really wanted to say thank you to the forum and the people here for unknowingly helping me through something I was convinced I couldn't cope with. ”

