Questions discussed at the final workshop.

PSP unique identifier	JLA question ID	Total number of verified uncertainties identified by the PSP	Indicative uncertainty	Explanatory note (examples of the original survey submissions)	Date of the priority setting workshop	Rank of the uncertainty at the final workshop	Evidence identified
0053	0053/1	58	What are the effective interventions to prevent miscarriage, threatened miscarriage and recurrent miscarriage? (e.g. lifestyle, vitamins, aspirin, early scans, HCG, dopamine agonists, progestogen, polytherapy, steroids, oestrogen, metformin, anticoagulants, intravenous immunoglobulin, intralipid and anti-tnf alpha)	What are the effective interventions to prevent miscarriage?; Is progesterone effective in preventing a miscarriage?; Which treatments are effective in preventing recurrent miscarriage?	14-Oct-16	1	Balogun OO, da Silva L 10.1002/14651858.CDO Lim CED, Ho KKW, Che Wong LF, Porter TF, Sc Wariki WMV, Goto Y, O de Jong PG, Kaandorp CD004734. DOI: 10.100 Haas DM, Ramsey PS. Wahabi HA, Fayed AA, Morley LC, Simpson N, Devaseelan P, Fogarty Empson MB, Lassere M 10.1002/14651858.CDO Bamigboye AA, Morris J 10.1002/14651858.CDO
0053	0053/2	58	What are the emotional and mental health impacts of miscarriage in the short and long term for the mother and her partner?	What are the emotional and mental health impacts of miscarriage in the short and long term for the mother and the father?	14-Oct-16	2	
0053	0053/3	58	What investigations are of true clinical value? (e.g. ultrasound, gene sequencing, natural killer cells, thromboelastography (TEG), microarray testing of the fetus, paternal investigations, plasminogen activator inhibitor polymorphism)	Usefulness of plasminogen activator inhibitor 4G/5G polymorphism testing in	14-Oct-16	3	
0053	0053/4	58	To what extent do pre-existing medical conditions cause miscarriage? (e.g. vitamin deficiencies, diabetes, previous infertility, endometriosis, polycystic ovarian syndrome, menstrual irregularities, cervical factors, uterine anomalies, polyps, immunological factors or previous pregnancy complications e.g. caesarean section or preterm birth)	What health predispositions in women increase the risk of miscarriage?; To what extent does PCOS affect the risk of miscarriage? What factors reduce that risk?; Are there any associations between preterm birth and miscarriage?		4	Balogun OO, da Silva L 10.1002/14651858.CD0 Kyrgiou M, Mitra A, Arby Systematic Reviews 20
0053	0053/5	58	What types of emotional support are effective in preventing or treating women or their partners after a miscarriage?	What types of emotional support are effective in preventing or treating women and men after a miscarriage?; What can be done to improve the patient's experience of the medical response?	14-Oct-16	5	
0053	0053/6	58	Do lifestyle factors (diet, stress, exercise, weight, alcohol, sexual activity, smoking, night shifts or flying) cause miscarriage?	Does stress cause miscarriage?; Does flying cause miscarriage; Does diet cause miscarriage?; To what extent does high BMI cause miscarriage?	14-Oct-16	6	
0053	0053/7	58	To what extent do genetic and chromosomal abnormalities in the fetus cause miscarriage?	To what extent do hereditary factors cause miscarriage?; Do sperm abnormalities cause miscarriage?; To what extent do genetic abnormalities in the family cause miscarriage?; To what extent do male lifestyle factors contribute to miscarriage?	14-Oct-16	7	
0053	0053/8	58	What preconception tests or interventions prevent miscarriage? (e.g vitamin supplements, folic acid, Dehydroepiandrosterone (DHEA), co-enzyme Q-10 or bariatric surgery)	Can taking vitamins reduce miscarriage?; Is bariatric surgery effective in preventing miscarriage?; What preconception tests would help reduce miscarriage?; What preconception tests would help reduce miscarriage?	14-Oct-16	8	

a Lopes K, Ota E, Takemoto Y, Rumbold A, Takegata M, Mori R. Vitamin supplementation for preventing miscarriage. Cochrane Database of Systematic Reviews 2016, Issue 5. Art. No.: CD

Cheng NCL, Wong FWS. Combined oestrogen and progesterone for preventing miscarriage. Cochrane Database of Systematic Reviews 2013, Issue 9. Art. No.: CD009278. DOI: 10.1002/14 Scott JR. Immunotherapy for recurrent miscarriage. Cochrane Database of Systematic Reviews 2014, Issue 10. Art. No.: CD000112. DOI: 10.1002/14651858.CD000112.pub3.

7, Ota E, Mori R. Cyclo-oxygenase (COX) inhibitors for threatened miscarriage (Protocol). Cochrane Database of Systematic Reviews 2014, Issue 9. Art. No.: CD011310. DOI: 10.1002/14651 orp S, Di Nisio M, Goddijn M, Middeldorp S. Aspirin and/or heparin for women with unexplained recurrent miscarriage with or without inherited thrombophilia. Cochrane Database of Systemat 1002/14651858.CD004734.pub4.

PS. Progestogen for preventing miscarriage. Cochrane Database of Systematic Reviews 2013, Issue 10. Art. No.: CD003511. DOI: 10.1002/14651858.CD003511.pub3.

AA, Esmaeil SA, AI Zeidan RA. Progestogen for treating threatened miscarriage. Cochrane Database of Systematic Reviews 2011, Issue 12. Art. No.: CD005943. DOI: 10.1002/14651858.CE

N, Tang T. Human chorionic gonadotrophin (hCG) for preventing miscarriage. Cochrane Database of Systematic Reviews 2013, Issue 1. Art. No.: CD008611. DOI: 10.1002/14651858.CD00

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ris J. Oestrogen supplementation, mainly diethylstilbestrol, for preventing miscarriages and other adverse pregnancy outcomes. Cochrane Database of Systematic Reviews 2003, Issue 3. An CD004353.

#N/A

#N/A

a Lopes K, Ota E, Takemoto Y, Rumbold A, Takegata M, Mori R. Vitamin supplementation for preventing miscarriage. Cochrane Database of Systematic Reviews 2016, Issue 5. Art. No.: CL D004073.pub4.

Arbyn M, Paraskevaidi M, Athanasiou A, Martin-Hirsch PPL, Bennett P, Paraskevaidis E. Fertility and early pregnancy outcomes after conservative treatment for cervical intraepithelial neopla 2015, Issue 9. Art. No.: CD008478. DOI: 10.1002/14651858.CD008478.pub2.

#N/A

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	Health Research Classification
D004073. DOI:	Reproduction
14651858.CD009278.pub2.	
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atic Reviews 2014, Issue 7. Art. No.:	
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0053	0053/9	58	What are the appropriate investigations for women after one, two, or three or more miscarriages?	Feasibility of appropriate testing packages after 3 miscarriages? Why three?	14-Oct-16	9	#N/A	Reprod
0053	0053/10	58	What male factors contribute towards the cause of miscarriage?	To what extent does sperm quality affect the risk of miscarriage?;	14-Oct-16	10	#N/A	Reprod
0053	0053/11	58	Can miscarriage of a current pregnancy be predicted? (e.g. by ultrasound, blood test or vaginal tests).	examinations in miscarriage diagnosis?; Can testing in early pregnancy determine the viability of the pregnancy?; Can we support further research into pre-emptive risk prior to conception? Perhaps work on diagnostic tool basd on maternal medicial history?; Which miscarriages can be	14-Oct-16		#N/A	Reprod
0053	0053/12	58	Why does society not talk about miscarriage?	miscarriage; What is the reason for the lack	14-Oct-16	12	#N/A	Reprod
0053	0053/13	58	Does the method of management of miscarriage affect future fertility or miscarriage?	of research Does miscarriage and the various treatments adversely affect a woman's future fertility.; does miscarriage cause future pregnancies to miscarry earlier in gestation?; How does miscarriage management affect future fertility/pregnancy?	14-Oct-16	13	#N/A	Reprod
0053	0053/14	58	What type of care reduces anxiety during a subsequent pregnancy after miscarriage?		14-Oct-16	14	#N/A	Reprod
0053	0053/15	58	What causes recurrent (more than three to the same woman)	What causes recurrent miscarriages?; Why did I have 2 /3 in a row?	14-Oct-16	15	#N/A	Reprod
0053	0053/16	58	miscarriages? What causes miscarriage?	What causes miscarriages?; Why is the biggest question. Why me, why my baby and why was I just fobbed off with its nature and your eggs are old (I'm 40).	14-Oct-16	16	#N/A	Reprod
0053	0053/17	58	Could women be better prepared for the possibility of miscarriage?		14-Oct-16	17	0) Reproa
0053	0053/18	58	What is the probability of a further miscarriage after one, two or three or more previous miscarriage(s)?		14-Oct-16	18	#N/A	Reprod
0053	0053/19	58		Should women who have a miscariage have the same rights to leave from work as a woman who has had a still birth?; what is the affect miscarriage has on a woman, physically, psychologically, socially and financially; The law and miscarriage; what is the affect miscarriage has on a woman, physically, psychologically, socially and financially	14-Oct-16	19	#N/A	Reprod
0053	0053/20	58	What is the best time to conceive after a miscarriage?		14-Oct-16	20	#N/A	Reprod
0053	0053/21	58	To what extent do parental factors cause miscarriage? (e.g. genetic, chromosomal, blood group)	To what extent do hereditary factors cause miscarriage?; Do sperm abnormalities cause miscarriage?; To what extent do genetic abnormalities in the family cause miscarriage?; To what extent do male lifestyle factors contribute to miscarriage?	14-Oct-16	21	#N/A	Reproc
0053	0053/22	58	What types of care are effective in preventing mental health problems for mothers and their partners during and immediately after a miscarriage?	preventing mental health problems for	14-Oct-16	22	#N/A	Reproa
0053	0053/23	58	What are the risks after a miscarriage? (Such as change in menstrual pattern or mental health problems)		14-Oct-16	23	#N/A	Reproa
0053	0053/24	58	What causes missed miscarriage, where the baby dies before the	delayed/silent/missed miscarriage?; Why	14-Oct-16	24	#N/A	Reprod
0053	0053/25	58	<i>miscarriage occurs?</i> Does fetal gender cause miscarriage in some women?	are missed miscarriages 'silent'?; Do immunological abnormalities cause miscarriage?; Can your body treat a baby as a foreign body and reject it?; What effect NK cells & cytokines (immune system) in the uterine environment has	14-Oct-16	25	#N/A	Reprod

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Background information for all 58 uncertainties identified by the Miscarriage PSP

Question ID			
	Indicative uncertainty	Examples of original uncertainties	Evidence (reference to the most recent rel PSP considers relevant.)
1	What causes miscarriage?	What causes miscarriages?; Why is the biggest question. Why me, why my baby and why was I just fobbed off with its nature and your eggs are old (I'm 40).	
2	What causes recurrent (more than three to the same woman) miscarriages?	What causes recurrent miscarriages?; Why did I have 2 /3 in a row?	
3	What causes late (after 14 weeks) miscarriage?	What causes late miscarriage?; Why do miscarriages happen after 15 weeks?	Neilson JP, Hickey M, Vazquez JC. Medical t 10.1002/14651858.CD002253.pub3.
4	What causes missed miscarriage, where the baby dies before the miscarriage occurs?	What are the causes of a delayed/silent/missed miscarriage?; Why are missed miscarriages 'silent'?;	10.1002/14001000.00002200.pdb0.
5	Defore the miscarriage occurs? Do lifestyle factors (diet, stress, exercise, weight, alcohol, sexual activity, smoking, night shifts or flying) cause miscarriage?	Does stress cause miscarriage?; Does flying cause miscarriage; Does diet cause miscarriage?; To what extent does high BMI cause miscarriage?	
6	Does fetal gender cause miscarriage in some women?	Does foetal gender cause miscarriage in some women?; Can some people not carry a certain sex and why?	
7	Do immunological abnormalities cause miscarriage?	Do immunological abnormalities cause miscarriage?; Can your body treat a baby as a foreign body and reject it?; What effect NK cells & cytokines (immune system) in the uterine environment has	
8	To what extent do genetic and chromosomal abnormalities in the fetus cause miscarriage?	How many recurrent early pregnancy losses are the result of anembryonic or chromosomally abnormal conceptuses, anatomic or structural abnormalities and how many are embryonic or fetal deaths; To what extent do genetic abnormalities in the foetus cause miscarriage?; When a woman miscarries at a particular week could this be in relation to the development stages and growth of a unborn baby at that time?	
9	What male factors contribute towards the cause of miscarriage?	To what extent does sperm quality affect the risk of miscarriage?;	
	Do medical tests cause miscarriage? (such as internal examination, ultrasound scanning, amniocentesis or chorionic villous biopsv)	Do vaginal examinations cause miscarriage?; Does CVS cause miscarriage?; How does repeated ultrasound scanning affect the fetus and later human development?	Alfirevic Z, Mujezinovic F, Sundberg K. Amnic 10.1002/14651858.CD003252.
11	To what extent do pre-existing medical conditions cause miscarriage? (e.g. vitamin deficiencies, diabetes, previous infertility, endometriosis, polycystic ovarian syndrome, menstrual irregularities, cervical factors, uterine anomalies, polyps, immunological factors or previous pregnancy complications e.g. caesarean section or preterm birth)	What health predispositions in women increase the risk of miscarriage?; To what extent does PCOS affect the risk of miscarriage? What factors reduce that risk?; Are there any associations between preterm birth and miscarriage?	Balogun OO, da Silva Lopes K, Ota E, Takemoto Y, 10.1002/14651858.CD004073.pub4. Kyrgiou M, Mitra A, Arbyn M, Paraskevaidi M, Atl Database of Systematic Reviews 2015, Issue 9. Ar
12	Does infection cause miscarriage?	Does infection cause miscarriage?; Can further research be done into pelvic	
13	Do medicines cause miscarriage? (e.g. contraceptive pill, progesterone, vaccines, antidepressants, antibiotics,	infection screening? Does current or recent use of the contraceptive pill cause miscarriage?; Do vitamin supplements cause miscarriage?; Does progesterone cause or prevent	Balogun OO, da Silva Lopes K, Ota E, Takemoto Y, 10.1002/14651858.CD004073.pub4.
14	antihistamines. or vitamin supplements) To what extent do parental factors cause miscarriage? (e.g. genetic, chromosomal, blood group)	<i>miscarriage?</i> To what extent do hereditary factors cause miscarriage?; Do sperm abnormalities cause miscarriage?; To what extent do genetic abnormalities in the family cause miscarriage?; To what extent do male lifestyle factors contribute to miscarriage?	
	Does super fertility (more frequent implantation and ease of pregnancy) cause miscarriage? What causes preterm spontaneous rupture of membranes as a type of late miscarriage?	Does super fertility cause miscarriage?; Does "super-fertility" exist; if so, how does this affect miscarriage rates, and can anything be done to influence it? What is the cause of miscarriages which begin with ruptured membranes?	
17	Does breastfeeding when pregnant cause miscarriage?	To what extent does breastfeeding while pregnant increase the risk of	
18	Does ethnicity affect miscarriage?	miscarriage? To what extent does ethnicity affect the risk of miscarriage?	
19	Can miscarriage of a current pregnancy be predicted? (e.g. by ultrasound, blood test or vaginal tests).	What is the role of cervical/vaginal examinations in miscarriage diagnosis?; Can testing in early pregnancy determine the viability of the pregnancy?; Can we support further research into pre-emptive risk prior to conception? Perhaps work on diagnostic tool basd on maternal medicial history?; Which miscarriages can be prevented?	Pillai RN, Konje JC, Tincello DG, Potdar N. R Reprod Update [Internet]. Oxford University F
		How common is miscarriage in the UK and why are the numbers so high?; Why	
	How common is miscarriage in the United Kingdom?	are early/biochemical pregnancies so common and what can be done to reduce their incidence?	
21	Are miscarriage rates affected by gestational age, geography, maternal age?	are early/biochemical pregnancies so common and what can be done to reduce their incidence? Are there trends for women miscarrying?; Does age increase risk of miscarriage; Assuming age is related to the risk of miscarriage, what is the reason?; What are the common factors in women who miscarriage?	
21 22	Are miscarriage rates affected by gestational age, geography, maternal age? What are the appropriate investigations for women after one, two, or three or more miscarriages?	are early/biochemical pregnancies so common and what can be done to reduce their incidence? Are there trends for women miscarrying?; Does age increase risk of miscarriage; Assuming age is related to the risk of miscarriage, what is the reason?; What are the common factors in women who miscarriage? Feasibility of appropriate testing packages after 3 miscarriages? Why three?	
21 22	Are miscarriage rates affected by gestational age, geography, maternal age? What are the appropriate investigations for women after one, two, or three or more miscarriages? What investigations are of true clinical value? (e.g. ultrasound, gene sequencing, natural killer cells, thromboelastography (TEG), microarray testing of the fetus, paternal investigations, plasminogen activator	are early/biochemical pregnancies so common and what can be done to reduce their incidence? Are there trends for women miscarrying?; Does age increase risk of miscarriage; Assuming age is related to the risk of miscarriage, what is the reason?; What are the common factors in women who miscarriage?	
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21 22 23	Are miscarriage rates affected by gestational age, geography, maternal age? What are the appropriate investigations for women after one, two, or three or more miscarriages? What investigations are of true clinical value? (e.g. ultrasound, gene sequencing, natural killer cells, thromboelastography (TEG), microarray testing of the fetus, paternal investigations, plasminogen activator inhibitor polymorphism) What is the optimal process for conservative, medical and surgical management of miscarriage? (efficacy,	are early/biochemical pregnancies so common and what can be done to reduce their incidence? Are there trends for women miscarrying?; Does age increase risk of miscarriage; Assuming age is related to the risk of miscarriage, what is the reason?; What are the common factors in women who miscarriage? Feasibility of appropriate testing packages after 3 miscarriages? Why three? Could the risk of miscarriage be identified earlier using biological markers, either in early pregnancy or pre-conception?; Usefulness of plasminogen activator inhibitor 4G/5G polymorphism testing in recurrent miscarriage ; Further research on testing of expelled tissue?; Why the fathers are not investigated to see if there is a cause for repeated miscarriage How do different methods of treatment for miscarriage compare?; What is the best method of treatment for late miscarriage?; What are the risks associated with different methods of managing miscarriage - immediately & later?; What is the	Nanda K, Lopez LM, Grimes DA, Peloggia A, Nand Neilson JP, Gyte GML, Hickey M, Vazquez JC, Dou
21 22 23	Are miscarriage rates affected by gestational age, geography, maternal age? What are the appropriate investigations for women after one, two, or three or more miscarriages? What investigations are of true clinical value? (e.g. ultrasound, gene sequencing, natural killer cells, thromboelastography (TEG), microarray testing of the fetus, paternal investigations, plasminogen activator inhibitor polymorphism) What is the optimal process for conservative, medical and surgical management of miscarriage? (efficacy,	are early/biochemical pregnancies so common and what can be done to reduce their incidence? Are there trends for women miscarrying?; Does age increase risk of miscarriage; Assuming age is related to the risk of miscarriage, what is the reason?; What are the common factors in women who miscarriage? Feasibility of appropriate testing packages after 3 miscarriages? Why three? Could the risk of miscarriage be identified earlier using biological markers, either in early pregnancy or pre-conception?; Usefulness of plasminogen activator inhibitor 4G/5G polymorphism testing in recurrent miscarriage ; Further research on testing of expelled tissue?; Why the fathers are not investigated to see if there is a cause for repeated miscarriage How do different methods of treatment for miscarriage compare?; What is the best method of treatment for late miscarriage?; What are the risks associated with different methods of managing miscarriage - immediately & later?; What is the role of ultrasound in management of miscarriage?	Nanda K, Lopez LM, Grimes DA, Peloggia A, Nand Neilson JP, Gyte GML, Hickey M, Vazquez JC, Dou Calvache JA, Delgado-Noguera MF, Lesaffre E, Sto 10.1002/14651858.CD008681.pub2.
21 22 23	Are miscarriage rates affected by gestational age, geography, maternal age? What are the appropriate investigations for women after one, two, or three or more miscarriages? What investigations are of true clinical value? (e.g. ultrasound, gene sequencing, natural killer cells, thromboelastography (TEG), microarray testing of the fetus, paternal investigations, plasminogen activator inhibitor polymorphism) What is the optimal process for conservative, medical and surgical management of miscarriage? (efficacy,	are early/biochemical pregnancies so common and what can be done to reduce their incidence? Are there trends for women miscarrying?; Does age increase risk of miscarriage; Assuming age is related to the risk of miscarriage, what is the reason?; What are the common factors in women who miscarriage? Feasibility of appropriate testing packages after 3 miscarriages? Why three? Could the risk of miscarriage be identified earlier using biological markers, either in early pregnancy or pre-conception?; Usefulness of plasminogen activator inhibitor 4G/5G polymorphism testing in recurrent miscarriage ; Further research on testing of expelled tissue?; Why the fathers are not investigated to see if there is a cause for reneated miscarriage How do different methods of treatment for miscarriage compare?; What is the best method of treatment for late miscarriage?; What are the risks associated with different methods of managing miscarriage - immediately & later?; What is the role of ultrasound in management of miscarriage?	Nanda K, Lopez LM, Grimes DA, Peloggia A, Nand Neilson JP, Gyte GML, Hickey M, Vazquez JC, Dou Calvache JA, Delgado-Noguera MF, Lesaffre E, Sto 10.1002/14651858.CD008681.pub2. Tunçalp Ö, Gülmezoglu AM, Souza JP. Surgical pro
21 22 23	Are miscarriage rates affected by gestational age, geography, maternal age? What are the appropriate investigations for women after one, two, or three or more miscarriages? What investigations are of true clinical value? (e.g. ultrasound, gene sequencing, natural killer cells, thromboelastography (TEG), microarray testing of the fetus, paternal investigations, plasminogen activator inhibitor polymorphism) What is the optimal process for conservative, medical and surgical management of miscarriage? (efficacy,	are early/biochemical pregnancies so common and what can be done to reduce their incidence? Are there trends for women miscarrying?; Does age increase risk of miscarriage; Assuming age is related to the risk of miscarriage, what is the reason?; What are the common factors in women who miscarriage? Feasibility of appropriate testing packages after 3 miscarriages? Why three? Could the risk of miscarriage be identified earlier using biological markers, either in early pregnancy or pre-conception?; Usefulness of plasminogen activator inhibitor 4G/5G polymorphism testing in recurrent miscarriage ; Further research on testing of expelled tissue?; Why the fathers are not investigated to see if there is a cause for reneated miscarriage How do different methods of treatment for miscarriage compare?; What is the best method of treatment for late miscarriage?; What are the risks associated with different methods of managing miscarriage - immediately & later?; What is the role of ultrasound in management of miscarriage?	Nanda K, Lopez LM, Grimes DA, Peloggia A, Nand Neilson JP, Gyte GML, Hickey M, Vazquez JC, Dou Calvache JA, Delgado-Noguera MF, Lesaffre E, Sto 10.1002/14651858.CD008681.pub2. Tunçalp Ö, Gülmezoglu AM, Souza JP. Surgical pro
21 22 23 24	Are miscarriage rates affected by gestational age, geography, maternal age? What are the appropriate investigations for women after one, two, or three or more miscarriages? What investigations are of true clinical value? (e.g. ultrasound, gene sequencing, natural killer cells, thromboelastography (TEG), microarray testing of the fetus, paternal investigations, plasminogen activator inhibitor polymorphism) What is the optimal process for conservative, medical and surgical management of miscarriage? (efficacy, location, safety, pain relief, symptoms, information) Does the method of management of miscarriage affect future fertility or miscarriage?	are early/biochemical pregnancies so common and what can be done to reduce their incidence? Are there trends for women miscarrying?; Does age increase risk of miscarriage; Assuming age is related to the risk of miscarriage, what is the reason?; What are the common factors in women who miscarriage? Feasibility of appropriate testing packages after 3 miscarriages? Why three? Could the risk of miscarriage be identified earlier using biological markers, either in early pregnancy or pre-conception?; Usefulness of plasminogen activator inhibitor 4G/5G polymorphism testing in recurrent miscarriage ; Further research on testing of expelled tissue?; Why the fathers are not investigated to see if there is a cause for reneated miscarriage How do different methods of treatment for miscarriage compare?; What is the best method of treatment for late miscarriage?; What are the risks associated with different methods of managing miscarriage - immediately & later?; What is the role of ultrasound in management of miscarriage?	Nanda K, Lopez LM, Grimes DA, Peloggia A, Nanda Neilson JP, Gyte GML, Hickey M, Vazquez JC, Dou Calvache JA, Delgado-Noguera MF, Lesaffre E, Sto 10.1002/14651858.CD008681.pub2. Tunçalp Ö, Gülmezoglu AM, Souza JP. Surgical pro
21 22 23 24 24	Are miscarriage rates affected by gestational age, geography, maternal age? What are the appropriate investigations for women after one, two, or three or more miscarriages? What investigations are of true clinical value? (e.g. ultrasound, gene sequencing, natural killer cells, thromboelastography (TEG), microarray testing of the fetus, paternal investigations, plasminogen activator inhibitor polymorphism) What is the optimal process for conservative, medical and surgical management of miscarriage? (efficacy, location, safety, pain relief, symptoms, information) Does the method of management of miscarriage affect future fertility or miscarriage?	are early/biochemical pregnancies so common and what can be done to reduce their incidence? Are there trends for women miscarrying?; Does age increase risk of miscarriage; Assuming age is related to the risk of miscarriage, what is the reason?; What are the common factors in women who miscarriage? Feasibility of appropriate testing packages after 3 miscarriages? Why three? Could the risk of miscarriage be identified earlier using biological markers, either in early pregnancy or pre-conception?; Usefulness of plasminogen activator inhibitor 4G/5G polymorphism testing in recurrent miscarriage ; Further research on testing of expelled tissue?; Why the fathers are not investigated to see if there is a cause for reneated miscarriage. How do different methods of treatment for miscarriage compare?; What is the best method of treatment for late miscarriage? What are the risks associated with different methods of managing miscarriage - immediately & later?; What is the role of ultrasound in management of miscarriage?	Nanda K, Lopez LM, Grimes DA, Peloggia A, Nanda Neilson JP, Gyte GML, Hickey M, Vazquez JC, Dou Calvache JA, Delgado-Noguera MF, Lesaffre E, Sto

ne most recent relevant systematic review identified by the PSP, plus a maximum of 2 other systematic reviews, including protocols for future systematic reviews, that the	Source of Uncertainty
	14 professionals, 177 warran, 2 charities, 14 family, friends ar calles must and 2 professional hadias
	41 professionals, 477 women, 2 charities, 11 family, friends or colleagues and 2 professional bodies.
	1 professionals, 25 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
	0 professionals, 5 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
253.pub3.	1 professionals, 18 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
	3 professionals, 60 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
	0 professionals, 27 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
	2 professionals, 14 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
	4 professionals, 33 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
	0 professionals, 1 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
Sundberg K. Amniocentesis and chorionic villus sampling for prenatal diagnosis. Cochrane Database of Systematic Reviews 2003, Issue 3. Art. No.: CD003252. DOI:	1 professionals, 2 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
252.	
7, Ota E, Takemoto Y, Rumbold A, Takegata M, Mori R. Vitamin supplementation for preventing miscarriage. Cochrane Database of Systematic Reviews 2016, Issue 5. Art. No.: CD004073. DOI: 73.pub4.	7 professionals, 43 women, 0 charities, 1 family, friends or colleagues and 0 professional bodies.
I, Paraskevaidi M, Athanasiou A, Martin-Hirsch PPL, Bennett P, Paraskevaidis E. Fertility and early pregnancy outcomes after conservative treatment for cervical intraepithelial neoplasia. Cochrane ews 2015, Issue 9. Art. No.: CD008478. DOI: 10.1002/14651858.CD008478.pub2.	
	1 professionals, 4 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
	2 professionals, 15 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
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	9 professionals, 23 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
	1 professionals, 4 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
	0 professionals, 3 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
	0 professionals, 1 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
	1 professionals, 0 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
llo DG, Potdar N. Role of serum biomarkers in the prediction of outcome in women with threatened miscarriage: a systematic review and diagnostic accuracy meta-analysis. Hum Oxford University Press; 2016 [cited 2016 Nov 20];22(2):228–39. Available from: http://www.ncbi.nlm.nih.gov/pubmed/26663220	7 professionals, 48 women, 0 charities, 2 family, friends or colleagues and 0 professional bodies.
	3 professionals, 23 women, 1 charities, 2 family, friends or colleagues and 0 professional bodies.
	4 professionals, 12 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
	8 professionals, 114 women, 1 charities, 1 family, friends or colleagues and 0 professional bodies.
	10 professionals, 44 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
al ripening before first trimester surgical evacuation for non-viable pregnancy. Cochrane Database of Systematic Reviews 2015, Issue 11. Art. No.: CD009954. DOI: 10.1002/14651858.CD009954.pub2.	15 professionals, 29 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
	To protosticitato, 20 women, o chamilos, o tamily, mentas er concagado ana o protossicitar Socied.
DA, Peloggia A, Nanda G. Expectant care versus surgical treatment for miscarriage. Cochrane Database of Systematic Reviews 2012, Issue 3. Art. No.: CD003518. DOI: 10.1002/14651858.CD003518.pub3.	
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Souza JP. Surgical procedures for evacuating incomplete miscarriage. Cochrane Database of Systematic Reviews 2010, Issue 9. Art. No.: CD001993. DOI: 10.1002/14651858.CD001993.pub2.	
TIC Medical tractment for early fetal death (less than 24 weeks). Cashrana Datahasa of Surtamatic Davisure 2006, Janua 2, Art. No. (D002252, D01, 10, 1002/14651858, CD002252, pub2	
z JC. Medical treatment for early fetal death (less than 24 weeks). Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD002253. DOI: 10.1002/14651858.CD002253.pub3.	
	1 professionals, 11 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
	r processionals, i r women, o channes, o ranniny, menus or coneagues and o professional Doules.
s DL. Follow-up for improving psychological well being for women after a miscarriage. Cochrane Database of Systematic Reviews 2012, Issue 3. Art. No.: CD008679. DOI: 679.pub2.	1 professionals, 23 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
es DA, Peloggia A, Nanda G. Expectant care versus surgical treatment for miscarriage. Cochrane Database of Systematic Reviews 2012, Issue 3. Art. No.: CD003518. DOI: 1518 pub3	0 professionals, 0 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.

	What are the effective interventions to prevent miscarriage, threatened miscarriage and recurrent miscarriage? (e.g. lifestyle, vitamins, aspirin, early	What are the effective interventions to prevent miscarriage?; Is progesterone effective in preventing a miscarriage?; Which treatments are effective in preventing recurrent miscarriage?	Balogun OO, da Silva Lopes K, Ota E, Takemo 10.1002/14651858.CD004073.pub4.
	scans, HCG, dopamine agonists, progestogen, polytherapy, steroids, oestrogen, metformin, anticoagulants, intravonous immunoglobulin, intralinid		Lim CED, Ho KKW, Cheng NCL, Wong FWS. C
	anticoagulants, intravenous immunoglobulin, intralipid and anti-tnf alpha)		Wong LF, Porter TF, Scott JR. Immunotherap
			Wariki WMV, Goto Y, Ota E, Mori R. Cyclo-ox
			de Jong PG, Kaandorp S, Di Nisio M, Goddijn Issue 7. Art. No.: CD004734. DOI: 10.1002/1
			Haas DM, Ramsey PS. Progestogen for preve
			Wahabi HA, Fayed AA, Esmaeil SA, Al Zeidan
			Morley LC, Simpson N, Tang T. Human chorid
			Devaseelan P, Fogarty PP, Regan L. Human c
			Empson MB, Lassere M, Craig JC, Scott JR. Pr 10.1002/14651858.CD002859.pub2. Bamigboye AA, Morris J. Oestrogen supplem
			10.1002/14651858.CD004353.
29	What preconception tests or interventions prevent miscarriage? (e.g vitamin supplements, folic acid, Dehydroepiandrosterone (DHEA), co-enzyme Q-10 or	Can taking vitamins reduce miscarriage?; Is bariatric surgery effective in preventing miscarriage?; What preconception tests would help reduce miscarriage?; What preconception tests would help reduce miscarriage?	Balogun OO, da Silva Lopes K, Ota E, Takemo 10.1002/14651858.CD004073.pub4.
	bariatric surgery)		Jefferys AE, Siassakos D, Draycott T, Akande 10.1002/14651858.CD010048.pub2.
20	Does alternative or complimentary modicing provent	What is the effectiveness of acununcture in miscorriage management?: What is	Opray N, Grivell RM, Deussen AR, Dodd JM. Issue 7. Art. No.: CD010932. DOI: 10.1002/1 Li L, Dou L, Leung PC, Chung TKH, Wang CC. 0
	Does alternative or complimentary medicine prevent miscarriage? (e.g. traditional Chinese medicine, acupuncture)	What is the effectiveness of acupuncture in miscarriage management?; What is the effectiveness of chinese herbal medicine in preventing miscarriges in women with early pregnancy bleeding?: What is the safety of chinese medicine?	
	acupuncture) Does a dedicated recurrent miscarriage clinic with reassurance scans reduce the rates of miscarriage?	with early pregnancy bleeding?; What is the safety of chinese medicine? Does a dedicated miscarriage clinic offering reassurance scans reduce the rate of miscarriage?; Why can't women with history of multiple miscarriages be	Li L, Dou L, Leung PC, Wang CC. Chinese herb
	What is the probability of a further miscarriage after one,	monitored early in their next pregnancy? What is the probability of having another miscarriage after having one, two or	
	two or three or more previous miscarriage(s)?	three?; what is the probability of having a successful pregnancy following a miscarriage?; Whether it's possible to identify if the foetus will miscarry early in a subsequent pregnancy.	Kongotherer O. Latan. O. St. M.
33	What is the best time to conceive after a miscarriage?	Following miscarriage what is the optimal time to wait before trying to conceive?; After a miscarriage what are the risks and advice to prepare for a future pregnancy?; When is the optimal time to conceive after a miscarriage for a successful pregnancy?	Kangatharan C, Labram S, Bhattacharya University Press; 2016 Nov 17 [cited 201
34	Why does society not talk about miscarriage?	Why does society not talk about miscarriage; What is the reason for the lack of research	
35	What is the best societal support for women with miscarriage (leave from work e.g. same as stillbirth)?	Should women who have a miscariage have the same rights to leave from work as a woman who has had a still birth?; what is the affect miscarriage has on a woman, physically, psychologically, socially and financially; The law and miscarriage; what is the affect miscarriage has on a woman, physically,	
	What types of emotional support are effective in preventing or treating women or their partners after a	nsvchologically_socially and financially What types of emotional support are effective in preventing or treating women and men after a miscarriage?; What can be done to improve the patient's experience	Murphy FA, Lipp A, Powles DL. Follow-u 10.1002/14651858.CD008679.pub2.
	miscarriage? How can health care professionals be prepared to offer	of the medical response? What health professional training is required to assist the emotional needs of patient's?: What is appropriate terminology for women when referring to	
	patient's guidance or referral? What types of care are effective in preventing mental	patient's?; What is appropriate terminology for women when referring to miscarriage?; Where do patients & doctors find information about management of miscarriage? What types of care are effective in preventing mental health problems for mothers	Murphy FA, Lipp A, Powles DL. Follow-u
	health problems for mothers and their partners during and immediately after a miscarriage?; what can be done for women while they are experiencing a miscarriage?	and fathers during and immediately after a miscarriage?; Would like to have been given a better expectation of what would happen physically and to have received follow up care once I was told I was miscarrying; what can be done for women	10.1002/14651858.CD008679.pub2. Nanda K, Lopez LM, Grimes DA, Pelogg
39	What are the emotional and mental health impacts of	while they are experiencing a miscarriage? What are the emotional and mental health impacts of miscarriage in the short and	10.1002/14651858.CD003518.pub3. Murphy FA, Lipp A, Powles DL. Follow-u
	miscarriage in the short and long term for the mother and her partner?	long term for the mother and the father?	10.1002/14651858.CD008679.pub2. Nanda K, Lopez LM, Grimes DA, Pelogg
40	What type of care reduces anxiety during a subsequent	what information should be available to women having a miscarriage. What are	10.1002/14651858.CD003518.pub3.
	What type of care reduces anxiety during a subsequent pregnancy after miscarriage?	what information should be available to women having a miscarriage; What are the successful pathways of care during and after miscarriage that promote patient wellbeing during and after; What type of care is effective in reducing anxiety during a subsequent pregnancy after a miscarriage?	10.1002/14651858.CD003518.pub3.
41	pregnancy after miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of	the successful pathways of care during and after miscarriage that promote patient wellbeing during and after; What type of care is effective in reducing anxiety	10.1002/14651858.CD003518.pub3.
41 42 43	pregnancy after miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage? Does health professional follow up improve the	the successful pathways of care during and after miscarriage that promote patient wellbeing during and after; What type of care is effective in reducing anxiety during a subsequent pregnancy after a miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage? Following a miscarriage what additional support is effective during subsequent	Murphy FA, Lipp A, Powles DL. Follow-u
41 42 43	pregnancy after miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage?	the successful pathways of care during and after miscarriage that promote patient wellbeing during and after; What type of care is effective in reducing anxiety during a subsequent pregnancy after a miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage?	
41 42 43	pregnancy after miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage? Does health professional follow up improve the likelihood of a subsequent successful pregnancy? Does counselling improve the likelihood of a subsequent	the successful pathways of care during and after miscarriage that promote patient wellbeing during and after; What type of care is effective in reducing anxiety during a subsequent pregnancy after a miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage? Following a miscarriage what additional support is effective during subsequent pregnancies to improve pregnancy outcomes?; Does health professional follow up after a miscarriage improve the likelihood of a subsequent successful pregnancy?; Why are my hospital notes not marked with indicator of miscarriage	Murphy FA, Lipp A, Powles DL. Follow-u
41 42 43 44 45	pregnancy after miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage? Does health professional follow up improve the likelihood of a subsequent successful pregnancy? Does counselling improve the likelihood of a subsequent successful pregnancy? Do dedicated early pregnancy units offer benefit to women having a miscarriage?	the successful pathways of care during and after miscarriage that promote patient wellbeing during and after; What type of care is effective in reducing anxiety during a subsequent pregnancy after a miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage? Following a miscarriage what additional support is effective during subsequent pregnancies to improve pregnancy outcomes?; Does health professional follow up after a miscarriage improve the likelihood of a subsequent successful pregnancy?; Why are my hospital notes not marked with indicator of miscarriage like SANDS do for those who have experienced Stillbirth/Neo-Natal death? How effective is counselling in assisting patient's achieve a live birth? Do dedicated Early PregnancyUnits offer the optinum standard of care for women having a miscarriage?; What is the evidence that EPUs actuallly support women and families in early pregnancy?	Murphy FA, Lipp A, Powles DL. Follow-u
41 42 43 44 45 46	pregnancy after miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage? Does health professional follow up improve the likelihood of a subsequent successful pregnancy? Does counselling improve the likelihood of a subsequent successful pregnancy? Do dedicated early pregnancy units offer benefit to women having a miscarriage? What can be done to improve the coordination between different miscarriage services?	the successful pathways of care during and after miscarriage that promote patient wellbeing during and after; What type of care is effective in reducing anxiety during a subsequent preparency after a miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage? Following a miscarriage what additional support is effective during subsequent pregnancies to improve pregnancy outcomes?; Does health professional follow up after a miscarriage improve the likelihood of a subsequent successful pregnancy?; Why are my hospital notes not marked with indicator of miscarriage like SANDS do for those who have experienced Stillbirth/Neo-Natal death? How effective is counselling in assisting patient's achieve a live birth? Do dedicated Early PregnancyUnits offer the optinum standard of care for women having a miscarriage?; What is the evidence that EPUs actually support women and families in early pregnancy? What can be done to improve the co-ordination between the NHS services accessed by the patient to provide co-ordinated care?	Murphy FA, Lipp A, Powles DL. Follow-u
41 42 43 44 45 46 47	pregnancy after miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage? Does health professional follow up improve the likelihood of a subsequent successful pregnancy? Does counselling improve the likelihood of a subsequent successful pregnancy? Do dedicated early pregnancy units offer benefit to women having a miscarriage? What can be done to improve the coordination between	the successful pathways of care during and after miscarriage that promote patient wellbeing during and after; What type of care is effective in reducing anxiety during a subsequent pregnancy after a miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage? Following a miscarriage what additional support is effective during subsequent pregnancies to improve pregnancy outcomes?; Does health professional follow up after a miscarriage improve the likelihood of a subsequent successful pregnancy?; Why are my hospital notes not marked with indicator of miscarriage like SANDS do for those who have experienced Stillbirth/Neo-Natal death? How effective is counselling in assisting patient's achieve a live birth? Do dedicated Early PregnancyUnits offer the optinum standard of care for women having a miscarriage?; What is the evidence that EPUs actuallly support women and families in early pregnancy? What can be done to improve the co-ordination between the NHS services	Murphy FA, Lipp A, Powles DL. Follow-u
41 42 43 43 44 45 46 47 48	pregnancy after miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage? Does health professional follow up improve the likelihood of a subsequent successful pregnancy? Does counselling improve the likelihood of a subsequent successful pregnancy? Do dedicated early pregnancy units offer benefit to women having a miscarriage? What can be done to improve the coordination between different miscarriage services? When should women book with their midwife in pregnancy?	the successful pathways of care during and after miscarriage that promote patient wellbeing during and after; What type of care is effective in reducing anxiety during a subsequent pregnancy after a miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage? Following a miscarriage what additional support is effective during subsequent pregnancies to improve pregnancy outcomes?; Does health professional follow up after a miscarriage improve the likelihood of a subsequent successful pregnancy?; Why are my hospital notes not marked with indicator of miscarriage like SANDS do for those who have experienced Stillbirth/Neo-Natal death? How effective is counselling in assisting patient's achieve a live birth? Do dedicated Early PregnancyUnits offer the optinum standard of care for women having a miscarriage?; What is the evidence that EPUs actuallly support women and families in early pregnancy? What can be done to improve the co-ordination between the NHS services accessed by the patient to provide co-ordinated care? what is the optinum time for booking a woman in pregnancy?	Murphy FA, Lipp A, Powles DL. Follow-u 10.1002/14651858.CD008679.pub2.
41 42 43 43 44 45 46 47 48 49	pregnancy after miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage? Does health professional follow up improve the likelihood of a subsequent successful pregnancy? Does counselling improve the likelihood of a subsequent successful pregnancy? Do dedicated early pregnancy units offer benefit to women having a miscarriage? What can be done to improve the coordination between different miscarriage services? When should women book with their midwife in pregnancy? Which treatments are effective for a weak cervix? (e.g.	the successful pathways of care during and after miscarriage that promote patient wellbeing during and after; What type of care is effective in reducing anxiety during a subsequent pregnancy after a miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage? Following a miscarriage what additional support is effective during subsequent pregnancies to improve pregnancy outcomes?; Does health professional follow up after a miscarriage improve the likelihood of a subsequent successful pregnancy?; Why are my hospital notes not marked with indicator of miscarriage like SANDS do for those who have experienced Stillbirth/Neo-Natal death? How effective is counselling in assisting patient's achieve a live birth? Do dedicated Early PregnancyUnits offer the optinum standard of care for women having a miscarriage?; What is the evidence that EPUs actuallly support women and families in early pregnancy? What can be done to improve the co-ordinated care? what is the optinum time for booking a woman in pregnancy?; Is cervical cerclarge	Murphy FA, Lipp A, Powles DL. Follow-u 10.1002/14651858.CD008679.pub2.
41 42 43 43 44 45 46 47 48 49 49 50	pregnancy after miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage? Does health professional follow up improve the likelihood of a subsequent successful pregnancy? Does counselling improve the likelihood of a subsequent successful pregnancy? Do dedicated early pregnancy units offer benefit to women having a miscarriage? What can be done to improve the coordination between different miscarriage services? When should women book with their midwife in pregnancy? Which treatments are effective for a weak cervix? (e.g. progesterone, cervical cerclage or arabin pessary) Is surgery safe and effective for women with uterine	the successful pathways of care during and after miscarriage that promote patient wellbeing during and after; What type of care is effective in reducing anxiety during a subsequent pregnancy after a miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage? Following a miscarriage what additional support is effective during subsequent pregnancies to improve pregnancy outcomes?; Does health professional follow up after a miscarriage improve the likelihood of a subsequent successful pregnancy?; Why are my hospital notes not marked with indicator of miscarriage like SANDS do for those who have experienced Stillbirth/Neo-Natal death? How effective is counselling in assisting patient's achieve a live birth? Do dedicated Early PregnancyUnits offer the optinum standard of care for women having a miscarriage?; What is the evidence that EPUs actuallly support women and families in early pregnancy? What can be done to improve the co-ordinated care? what is the optinum time for booking a woman in pregnancy? What are the effective treatments for incompetent cervix?; Is cervical cerclarge effective in women with incompetent cervix?	Murphy FA, Lipp A, Powles DL. Follow-u 10.1002/14651858.CD008679.pub2. Lede RL, Duley L. Uterine muscle relaxa Alfirevic Z, Stampalija T, Roberts D, Jorg DOI: 10.1002/14651858.CD008991.pub2 Kowalik CR, Goddijn M, Emanuel MH, E
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41 42 43 43 44 45 46 47 48 49 49 50 51 52	pregnancy after miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage? Does health professional follow up improve the likelihood of a subsequent successful pregnancy? Does counselling improve the likelihood of a subsequent successful pregnancy? Do dedicated early pregnancy units offer benefit to women having a miscarriage? What can be done to improve the coordination between different miscarriage services? When should women book with their midwife in pregnancy? Which treatments are effective for a weak cervix? (e.g. progesterone, cervical cerclage or arabin pessary) Is surgery safe and effective for women with uterine anomalies? (septal resection) Does levothyroxine reduce the risk of miscarriage in women with thyroid antibodies? Does taking folic acid reduce the risk of miscarriage?	the successful pathways of care during and after miscarriage that promote patient wellbeing during and after; What type of care is effective in reducing anxiety during a subsequent pregnancy after a miscarriage? What is the best way to support the extended family? Could women be better prepared for the possibility of miscarriage? Following a miscarriage what additional support is effective during subsequent pregnancies to improve pregnancy outcomes?; Does health professional follow up after a miscarriage improve the likelihood of a subsequent successful pregnancy?; Why are my hospital notes not marked with indicator of miscarriage like SANDS do for those who have experienced Stillbirth/Neo-Natal death? How effective is counselling in assisting patient's achieve a live birth? Do dedicated Early PregnancyUnits offer the optinum standard of care for women having a miscarriage?; What is the evidence that EPUs actually support women and families in early pregnancy2. What can be done to improve the co-ordination between the NHS services accessed by the patient to provide co-ordinated care? what is the optinum time for booking a woman in pregnancy? What are the effective treatments for incompetent cervix?; Is cervical cerclarge effective in women with incompetent cervix? Does surgery reduce miscarriage in women with a uterine septum?; Does surgery reduce miscarriage in women with a uterine anomalies? Does levothyroxine reduce the risk of miscarriage in women who have thyroid antibodies? Does taking folic acid reduce miscarriage?	Murphy FA, Lipp A, Powles DL. Follow-u 10.1002/14651858.CD008679.pub2. Lede RL, Duley L. Uterine muscle relaxa Alfirevic Z, Stampalija T, Roberts D, Jorg DOI: 10.1002/14651858.CD008991.pub2 Kowalik CR, Goddijn M, Emanuel MH, E

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	0 professionals, 2 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
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axant drugs for threatened miscarriage. Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD002857. DOI: 10.1002/14651858.CD002857.pub2.	0 professionals, 0 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
Cyclo-oxygenase (COX) inhibitors for threatened miscarriage (Protocol). Cochrane Database of Systematic Reviews 2014, Issue 9. Art. No.: CD011310. DOI:	

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54 Does preimplantation genetic screening improve	Does preimplantation genetic diagnosis reduce the risk of miscarriage; Does	0 professionals, 2 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
outcome versus natural conception in women with	preimplantation genetic screening improve pregnancy outcome versus natural	
unexplained recurrent miscarriage?	conception in couples with a known structural chromosomal anomaly?	
55 Is bed rest or any lifestyle or personal interventions	Are there any lifestyle or personal interventions that can prevent miscarriage?; Is Aleman A, Althabe F, Belizán JM, Bergel E. Bed rest during pregnancy for preventing miscarriage. Cochrane Database of Systematic Reviews 2005, Issue 2. Art. No.: CD003576. DOI:	0 professionals, 1 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
effective in preventing miscarriage?	bed rest effective in preventing miscarriage? 10.1002/14651858.CD003576.pub2.	
56 What factors increase the chance of embryo	What factors increase the chance of embryo implantation?	0 professionals, 2 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
implantation?		
57 Do embryos feel pain?	Do embryos feel pain?; To what extent does the embryo/fetus/baby feel pain	0 professionals, 1 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
	before/during miscarriage?	
58 What is the best way to manage the loss of one twin?	Can research into one twin loss be improved/ increased?; Can training around	3 professionals, 14 women, 0 charities, 0 family, friends or colleagues and 0 professional bodies.
(including both medical and emotional support)	emotional support when one twin is lost be improved?	