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🌐 Exploring Australian women's experiences with psychological care following miscarriage: A scoping review and thematic synthesis

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We use this protocol and it's working

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Abstract

This protocol describes a scoping review and thematic synthesis to explore the reported psychological support needs of women receiving care after miscarriage in Australia. The review will follow the Joanna Briggs Institute (JBI) methodology and be reported in line with the PRISMA-ScR framework.

The expected results include a mapped overview of existing evidence, identification of key themes in women's psychological support needs (e.g., information, emotionally sensitive care, follow-up), and recognition of gaps in service provision. These findings are anticipated to inform future research, clinical training, and policy development in miscarriage care.

Title

- 1 Exploring Australian women's experiences with psychological care following miscarriage: A scoping review and thematic synthesis

Background

- 2 Miscarriage is a common reproductive health event that often results in profound emotional distress. Women frequently report experiences of isolation, guilt, self-blame, and grief, yet Australian healthcare systems remain largely focused on the physical management of miscarriage. Although international and national guidelines increasingly recommend attention to psychological care, there remains limited synthesis of evidence describing the specific psychological support needs of Australian women post-miscarriage.

This gap in knowledge highlights the importance of systematically reviewing the existing literature. The planned scoping review will map the available evidence and identify how women's psychological support needs have been described in research, with a particular focus on their reported experiences of healthcare provision. This will allow for an understanding of the breadth and diversity of evidence, the gaps in current practice, and the extent to which women's needs are addressed within existing models of care.

Given the fragmented and heterogeneous nature of the evidence base, a scoping review is the most appropriate approach. In line with the Joanna Briggs Institute (JBI) methodology, the review will provide a structured overview of the literature, describe the nature and range of available studies, and generate a thematic synthesis of reported psychological support needs. These findings will inform future research directions and contribute to the development of integrated, women-centred models of miscarriage care.

Objectives

- 2.1 Map the existing literature reporting on psychological support needs of Australian women following miscarriage.
- 2.2 Summarise how women's experiences of healthcare provision after miscarriage are described in relation to psychological support.
- 2.3 Identify gaps in the evidence base relating to the provision and delivery of psychological follow-up care in Australia.

- 2.4 Synthesize key themes from the literature to highlight elements of care that women report as helpful, unhelpful, or absent.
- 2.5 Inform future research and practice by identifying priorities for improving integrated, women-centred psychological care following miscarriage.

Methods

3 Study Design

This study utilised a scoping review to map the existing literature on Australian women's reported experiences and psychological support needs following miscarriage. The review followed Joanna Briggs Institute (JBI) scoping review methodology and was reported in line with PRISMA-ScR.

4 Eligibility criteria

- Inclusion: women who experienced miscarriage (<20 weeks), psychological follow-up care, conducted in Australia, reported experiences/outcomes, peer-reviewed since 2000.
- Exclusion: perinatal loss ≥ 20 weeks, no psychological support, review/secondary articles, conference abstracts, non-English.

5 Search Strategy

- Databases: PubMed, MEDLINE, CINAHL, Scopus, Web of Science.
- Search string (PubMed example): ("miscarriage" OR "early pregnancy loss" OR "spontaneous abortion") AND ("psychological support" OR "mental health" OR "counselling" OR "psychological care") AND ("Australia" OR "Australian").
- Full strategies for each database will be included as a supplemental file

6 Selection of Sources

- Screening via Covidence.
- Two reviewers independently screened titles/abstracts and full texts. Disagreements resolved by discussion or third reviewer.

7 Data Charting

- Customised Covidence templates used.
- Extracted data: study characteristics, participants, intervention, healthcare provision, outcomes, key findings.

8 Synthesis

- Data summarised descriptively in tabular form.
- Thematic synthesis (Thomas & Harden, 2008): coding, descriptive themes, analytic themes.
- Quantitative results summarised narratively.

Limitations

- 9 This review will be limited to studies published in English, which may exclude relevant findings reported in other languages and reduce cross-cultural applicability. Only peer-reviewed studies will be included, meaning insights from grey literature may not be captured. In addition, as this is a scoping review, a formal critical appraisal of study quality will not be undertaken. These limitations may constrain the comprehensiveness of the evidence base but are consistent with the objectives of a scoping review, which seeks to map the available evidence and identify gaps rather than to determine effectiveness or causality.

Anticipated outcomes

- 10 The review is anticipated to:
1. **Map the evidence base** by charting study characteristics, populations, methodologies, and psychological support interventions or approaches following miscarriage.
 2. **Synthesize key themes** through thematic analysis of women's reported experiences, highlighting consistent needs (e.g., clear information, emotionally sensitive care, follow-up support).
 3. **Identify evidence gaps** across populations, settings, and service delivery, which will inform priorities for future research.
 4. **Develop practical outputs** including a summary table of included studies, a thematic framework of support needs, and a narrative of evidence gaps, suitable for use by clinicians, policymakers, and researchers.
 5. **Lay the groundwork for stakeholder engagement** by providing an accessible summary that can inform dialogue with healthcare providers, training programs, and policy discussions.