Symptom burden, **S**upport, and car**E** for wom**EN** and partners during and after an early pregnancy loss – **the SEEN research program**

**Thea Guldmann,** nurse, cand.cur., Department of Gynecology, JMC, Rigshospitalet, thea.guldmann.01@regionh.dk
**Mette Linnet Olesen**, nurse specialist and post.doc, Department of Gynecology, JMC, Rigshospitalet.
**Anja Pinborg**, professor, medical director, Fertility Department, JMC, Rigshospitalet and Institute of Clinical Medicine, University of Copenhagen
**Hanne Kristine Hegaard**, professor, midwife, Department of Obstetrics, JMC, Rigshospitalet and Institute of Clinical Medicine, University of Copenhagen

**Background**
Early pregnancy loss (EPL) likely occurs in 20% of all recognized pregnancies, resulting in 23 million women globally and 9,000 in Denmark experiencing EPL every year. EPL is defined as a confirmed intrauterine empty gestational sac or a sac with a fetus without heart activity within 12 weeks of gestation.
The emotional impact of EPL involves grief, anxiety, depression, post-traumatic stress, and even suicidal tendency. This likely negatively impact working life, close relationships, sex life, and general satisfaction with life and level of function. Male partners have reported the same symptoms and reactions as women, albeit less intense and enduring.
In Danish and international media, there is increased focus on EPL as a taboo and the disparity between the EPL experience, the need for health care and the support offered. It has been argued that because symptoms and bereavement may have little or no manifestation, they go unrecognized by healthcare professionals or relatives, particularly in societies that views EPL as inconsequential or even shameful. It is important to identify symptoms, reactions and needs after EPL and develop targeted health care interventions that reduce negative short- and long-term consequences of EPL. Nurses are in a key position to support women and partners, but very few studies have assessed interventions targeting women and partners who experience EPL.

**Hypothesis and study objective**
A complex intervention, developed together with patients, partners, HCPs, and patient organizations, will meaningfully target reactions, symptoms and needs of women and partners experiencing EPL. Thus, the intervention will be appropriate and acceptable, shorten the mental recovery time and improve women's and partners' mental health after EPL.

**Research plan**
The design of the SEEN program is informed by the latest version of the Medical Research Council's Framework for developing and evaluating complex interventions. The overall SEEN program spans the development, feasibility/pilot testing and evaluation. This specific PhD project covers development and feasibility/pilot testing.

**Setting**
The SEEN research program will be conducted at the Dept. of Gynecology and at the Dept. of Fertility at Rigshospitalet (RH), where approximately 350 women are treated annually for EPL.

**Status**: Applying for funding.