Learning from a Patient Safety Event

NHS Somerset

Event summary

A 29-year-old female nulliparous patient had a **routine contraceptive Mirena coil** fitted at the practice. It was later confirmed that she was roughly **16 weeks pregnant** at the time of insertion, despite following FSRH insertion guidelines. This coil insertion led to **spontaneous miscarriage** shortly after discovery of the pregnancy.

Key points, learning & improvement

Good practice from the Practice Nurse is what led to the **identification and escalation** of this event.
The Practice Nurse opportunistically asked the patient how she was getting on **during an unrelated appointment** two weeks post-insertion, the patient disclosed symptoms of pain and bleeding. **Follow up and continuity of care** therefore played an important part.

The **Faculty of Sexual & Reproductive Healthcare (FSRH) guidelines** and protocols were followed (i.e. the patient was asked **contraceptive and sexual activity questions** prior to insertion). A potential **gap within the guidance** has been identified which will be highlighted to the FSRH.

The patient had been **advised to seek contraception** in July 2024 after disclosing her current sexual history, and is likely to have conceived in October 2024. The patient has not confirmed when she commenced contraception.

The practice had **not been supplying** the patient with the contraception she was taking, however it is acknowledged that the **Progestogen Only Pill (POP) is available elsewhere** including from pharmacies, sexual health services, and online.

Both the patient and the Practice Nurse have **received support** following the event.

The GP practice has since enacted a **new policy whereby all patients due for a coil fitting will take a urinary pregnancy test** prior, discussed with patients ahead of their appointments.

The **Ardens coil insertion template** was followed. This included **bimanual examination** of the uterus and was **recorded as normal**.

The practice has assigned a **qualified clinician** who is a coil fitter to be available for questions and support during all subsequent fitting sessions.

The practice has agreed that if there is **any doubt** about subjective variation in what patients report about their current **pregnancy status** and **compliance with contraception**, the **procedure should be delayed** to ensure more certainty about the circumstances.

This event is shared with consent from the practice with the hope that more services may consider including additional barriers into their own policies, to help avoid something similar occurring.

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