

# Counting miscarriages in the UK

April 2026

## Key messages

The number of miscarriages that occur each year in the UK are not systematically measured or reported. While some miscarriage-related data are collected across the four nations, coverage remains limited and does not provide a comprehensive picture of miscarriage prevalence.

There are opportunities to improve data collection and enable some reporting of miscarriage. However, these efforts are mainly focused on mid-trimester losses, captured only after women and birthing people are booked into maternity services. While baby loss certificates, for losses before 24 weeks' gestation, are a welcome development across the four nations, they are not mandatory and therefore not suitable for data collection and reporting.

Further opportunities, such as linking to primary care data and conducting population surveys, could support the development of robust, population-wide estimates of miscarriage prevalence.

We have identified the following priorities for action to enable UK-wide reporting of miscarriages:

1. Agree universal coded values for miscarriage across the UK and integrate these values into each nation's hospital electronic health records.
2. Identify opportunities to collect miscarriage data in primary care and outside of hospital settings.
3. Utilise nationwide surveys to collect miscarriage data outside of hospital settings.
4. Commit to routinely publish miscarriage data in a clear, consistent and accessible way.

## Introduction

The number of miscarriages that occur each year in the UK is not systematically measured or reported. A [2021 systematic review](#) published in the Lancet remains the most recent estimate, showing pooled miscarriage risk to be 15.3% (95% confidence interval: 12.5% - 18.7%)<sup>1</sup>. Applying this pooled miscarriage risk to MBRRACE-UK total birth data (including stillbirths<sup>2</sup> and live births), we estimate there may have been approximately 119,403 miscarriages across the UK in 2023<sup>3</sup> (95% confidence interval: 97,551 - 145,937). This figure is an imperfect estimate as it applies a static estimate to changing birth data so that changes are driven by variability in births rather than miscarriages. It is also likely that true miscarriage risk is higher than the pooled estimate as some of the underlying studies are based on 'miscarriages resulting in a hospital stay' data, which excludes a large proportion of miscarriages which are managed at home or through primary care, as well as those who did not know they were pregnant.

<sup>1</sup> This estimate is based on pooled risk from international studies. Recent data are also limited – studies include data from 1970s to early 2010s.

<sup>2</sup> According to MBRRACE-UK, a [stillbirth is the death of a baby occurring before or during birth once a pregnancy has reached 24 weeks](#).

<sup>3</sup> The miscarriage estimate has been calculated by applying the pooled miscarriage risk of 15.3% (95% CI: 12.5%–18.7%) from the Lancet Review (2021) to total pregnancies estimated by scaling yearly MBRRACE-UK total birth data (assumed to represent 84.7% of all pregnancies) to 100%.

Estimates of the number of miscarriages occurring vary, underlining the need for more comprehensive, routine data collection to better understand the scale at which miscarriages occur, to monitor trends over time, identify inequalities, and evaluate the impact of policy and service changes. There are also concerns about the inconsistent recording of these data between different organisations.

This briefing assesses what miscarriage data are currently available across the UK, and the opportunities for improvement.

## England

### Current Data

NHS England publishes [NHS Maternity Statistics](#) which report the number of hospital admissions for miscarriage management, as well as the rate per 100 deliveries annually, using Hospital Episode Statistics and the Maternity Service Data Set (MSDS). In 2024-25, there were 35,074 cases where miscarriage resulted in an NHS hospital stay, a rate of 6.5 per 100 deliveries<sup>4</sup>.

[The CPRD Pregnancy Register](#) contains records of potential pregnancy episodes, with each unique episode identified by an algorithm and including details of estimated pregnancy start/end dates and outcome. The register is derived from primary care data, and work is currently underway to use it to estimate gestation-specific and overall prevalences of second trimester loss.

The [MSDS](#) captures patient-level information about activity carried out by maternity services relating to mothers and babies, from their first antenatal 'booking' appointment (expected to take place during the first 10 weeks of pregnancy) until discharge. The MSDS records the primary reason that a mother is discharged from a maternity service, including miscarriage, though this field is currently not mandatory. Not all booking appointments occur in the first 10 weeks, for various reasons, meaning some groups experiencing miscarriages are less likely to be recorded in hospital records.

In [December 2025](#), the Minister of State for the Department of Health and Social Care (DHSC), Karin Smyth, said that NHS England is in the early stages of a new project to review the MSDS and inclusion of miscarriage information will be carefully considered as part of this work.

### Opportunities for improving data collection

There are three opportunities to improve miscarriage data collection: using birth outcome data to record mid-trimester losses, integrating primary care data and utilising population wide surveys.

#### Using birth outcome data to record mid-trimester losses

There is opportunity to record episodes of miscarriage by standardising the birth outcome data field and making it mandatory. The [Digital Maternity Record Standard \(DMRS\) V2.1.2](#), published in March 2025, standardises the collection of maternity care records and contains a mandatory field for birth outcome, although in this version coded values and free text can both be entered. SNOMED coded values<sup>5</sup> will be introduced in 2027, providing an opportunity for universal coded values for miscarriage to be used for the birth outcome field. Universal, coded miscarriage values would enable more consistent extraction of miscarriage information into MSDS, improving completeness, comparability and equity of reporting mid-trimester losses.

The [Pregnancy Loss Review](#), published in July 2023, recommended that the DHSC should commission NHS England to collate and publish monthly data on all mid-trimester loss (12 to 23+6 weeks gestation). There has been no update from DHSC on the implementation of this recommendation.

---

<sup>4</sup> NHS England note that this rate should be treated as a ratio of total delivery episodes, as the numerator is not included in the denominator.

<sup>5</sup> SNOMED provides a consistent vocabulary for recording patient clinical information across the NHS, which helps to ensure that data are recorded consistently and accurately and enables easier exchange of information between systems.

#### **Priorities for action:**

- **Update the DMRS to limit the birth outcome field to coded values.**
- **Commission NHS England to collate and publish monthly data on all mid-trimester losses.**

#### **Integrating primary care data**

The Pregnancy Loss Review also recommended that the National Institute for Health Research (NIHR) should undertake research into the feasibility of miscarriages which occur before 12 weeks' gestation, but it is not clear whether this is being actioned.

Single Patient Records (SPRs) present an opportunity for more comprehensive miscarriage data collection and reporting by integrating patient data from all areas of the health system. Announced in the [10 Year Plan](#), SPRs will bring together a patient's entire medical record in one place, allowing healthcare professionals across services to have access, as well as enabling individuals to record their own data. This comprehensive approach to recording instances of miscarriage could improve patient experience, personalised care and awareness of individuals' miscarriage history.

The 10 Year Plan states that, after legislative approval, the SPR roll out will begin with maternity care. Plans for SPRs were [announced in July 2025](#), but no deadlines for implementation have been given.

#### **Priorities for action:**

- **Commission NIHR to research the feasibility of data collection for miscarriages before 12 weeks' gestation.**
- **Agree how miscarriage information will be recorded in SPRs.**
- **Identify how SPR data will be cleaned and verified, particularly if patients are able to record their own data and to reduce the risk of double counting miscarriages reporting across different services.**

#### **Population wide surveys**

National surveys can capture miscarriages that are not reported to health services, offering the chance to fill an important gap in current datasets. Asking a nationally representative sample if they have a) been pregnant and b) experienced miscarriage(s) over the past 12 months could create a miscarriage rate, the changes to which could be monitored over time. Subject to sufficient sample size, differences in miscarriage prevalence across the population could also be explored.

ONS is currently [reviewing the NHS Health Survey for England](#), a national survey that tracks the health and wellbeing of the public in England. Similarly, ONS has also conducted a [Census 2031 Topic Consultation](#) regarding new topic suggestions for the next Census. At present, DHSC has not discussed the inclusion of miscarriage questions as part of the review process. Our full consultation responses to the NHS Health Survey for England and the Census 2031 Topic Consultation are available on our [website](#).

#### **Priorities for action:**

- **Incorporate a question regarding miscarriage experiences into national surveys.**

## **Northern Ireland**

#### **Current Data**

Miscarriage data are still not reported on a national level by the Northern Ireland Statistics and Research Agency (NISRA) or Health and Social Care Northern Ireland (HSCNI).

Freedom of Information (FOI) responses from Northern Ireland trusts indicate that miscarriage data are captured within obstetrics records. The Southeastern Health and Social Care Trust noted that miscarriage statistics can be requested, but a dedicated report to extract miscarriage only data is still being developed and is being tested with EpicCare Link (the electronic patient record) workflow analysts.

It remains unclear whether Northern Ireland has plans to improve or expand miscarriage data collection; in June 2025, the [Minister of Health confirmed](#) that there is no legal provision for registering miscarriage and that responsibility for any such registration sits with the Department of Finance. The [Minister of Finance noted](#) that they are consulting on the implementation of baby loss certificates and will consider the issue once the consultation concludes. The certificate scheme is due to be opened for applications of baby loss certificates in [June 2026](#). Baby loss certificates, unless issued for all notified miscarriages, would not provide an estimate of miscarriage prevalence in Northern Ireland, as they only reflect the experiences of those who choose to opt in.

### **Opportunities for improving data collection**

There is an opportunity for coded miscarriage values to be integrated into electronic patient records in Northern Ireland. From July 2025, all Northern Ireland Trusts moved the same electronic patient record provider, EpicCare Link. EpicCare Link is also used by other Trusts and Health Boards across the UK, creating an opportunity for collaboration across the four nations if universal coding for miscarriage is introduced.

#### **Priorities for action:**

- **Introduce coded values for miscarriage within EpicCare Link.**

## **Scotland**

### **Current Data**

Miscarriage data related to in-patient treatment has been recorded in Scotland since the 1970s<sup>6</sup>; however, from 2017 it was decided not to publish these data as it was deemed of low clinical value as an accurate assessment of the number of miscarriages that occur is not possible from hospital-based data only.

### **Opportunities for improving data collection**

As part of the [Scottish Government's Miscarriage Framework and Progesterone Pathway](#), Public Health Scotland (PHS) has been commissioned to collect miscarriage data. Initial work is focused on establishing data collection for miscarriages among women and birthing people presenting to Early Pregnancy Unit and Early Pregnancy Assessment Service settings.

As of February 2025, a miscarriage dataset has been agreed. This dataset contains 28 data points which should be collected, including patient and demographic information, as well as previous and current pregnancy information. PHS is testing the dataset using data extracted from clinical information systems. Ultimately, PHS aims to use this dataset to collect data from across all 14 NHS Boards from hospital settings; primary care is not within the current scope of this data collection.

#### **Priorities for action:**

- **Consider how to align the miscarriage dataset with the coded values from the rest of the UK.**
- **Commission PHS to publish results from dataset annually.**

---

<sup>6</sup> Through two main datasets: SMR01 Scottish Morbidity Records and SMR02 Maternity Inpatient and Day Records

- **Find a solution to incorporate primary care data sources into the commissioned miscarriage dataset.**

## **Wales**

### **Current Data**

Miscarriage data where the miscarriage has occurred within a hospital setting are recorded, and are held by Digital Health and Care Wales, but these data are not reported publicly.

### **Opportunities for improving data collection**

There is an opportunity to incorporate miscarriage data recording and reporting through a newly introduced maternity app and electronic health record, due to be [rolled out by March 2026](#). New data standards are being developed, which will include the reason for closure of the maternity record where a miscarriage would be recorded. It is not clear whether this field is mandatory, is limited to coded values or whether the coded values are aligned with those used elsewhere in the UK.

Once data are coming through this new system, the Welsh government will assess its quality and work towards regular reporting on this as part of maternity and births statistics in Wales.

If the coded values could be aligned with those used elsewhere in the UK, this could facilitate UK-wide reporting.

### **Priorities for action:**

- **Consider how to align the field for recording miscarriage with coded values from the rest of the UK.**

## **Conclusion**

There remains a clear need to improve the availability and consistency of miscarriage data across the UK. Robust recording of miscarriage outcomes is essential to monitor trends over time and to inform initiatives aimed at reducing miscarriage prevalence. While some nations, such as Scotland, are taking steps to strengthen data collection, meaningful progress requires a coordinated four nation approach. This includes ensuring that all miscarriages recorded through electronic patient record systems are captured using consistent, universal coding so that data are comparable across services and regions. A consistent approach would enable a complete and more accurate picture of miscarriage prevalence and support evidence-based policy and service design across the UK.

*For any questions or feedback related to this briefing note – please contact [chelsie.dolling@sands.org.uk](mailto:chelsie.dolling@sands.org.uk)*