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Official Journal of the Irish Medical Organisation

Ir Med J; September 2026; Vol 119; No. 8; P154
28th September, 2026
Original Paper

Staff Experiences in an Early Pregnancy Unit: Factors Impacting their Work and Quality of Care

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Abstract

Aims

Early pregnancy units (EPU) function to manage complications of early pregnancy and are staffed by midwives, sonographers and doctors. Research has shown working in an EPU may result in stress and burnout because of caring for women and their partners experiencing pregnancy loss. This study examined work-related demands and job satisfaction of staff in two different EPU models.

Methods

All EPU staff in a tertiary maternity hospital were invited to complete an online mixed-methods survey. Data were collected in August-September 2023 while the EPU was onsite at the maternity hospital and in January-May 2024 once the EPU moved offsite. The survey was modelled on previous EPU staff experience research and used validated scales (job satisfaction, organisational and social isolation, and emotional demands).

Results

Fifteen surveys were completed from the onsite EPU and 25 from the offsite EPU representing approximately 90% of all EPU staff. Participants considered the offsite EPU better in design, atmosphere, resources for service users and staff, parking and other facilities. Staff reported a higher job satisfaction score (M=7.72; range 4-14), lower levels of organisational isolation score (M=18.86: range 3-25) and lower level of emotional demand score (M=8.40; range 3-12) for the offsite EPU group. For both the onsite and offsite EPU,

IMJ
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28th September, 2026
Original Paper

staff reported that the main factors contributing to workplace stress were individual workload (13, 46%), organisation of the EPU (12, 42.9%) and lack of accessibility to counselling/support staff (7, 25%).

Discussion
Feedback at the offsite EPU was positive, reflecting improved working conditions and provision of care. While job satisfaction was strong, interventions for staff to manage stress and emotional demands of their work are needed to ensure wellbeing and health.

Introduction

Early pregnancy complications such as miscarriage, with an incidence of 20%, or ectopic pregnancy with a rate of 11 per 1000 pregnancies are common[1-3]. Symptoms such as pelvic pain and/or vaginal bleeding occur in up to 40% of individuals in early pregnancy and are responsible for a large proportion of medical reviews and hospital admissions[4]. National and international guidelines on the management of early pregnancy loss recommend that all maternity units have a dedicated unit for the assessment of women with early pregnancy complications that is appropriately staffed, medically equipped, and furnished to ensure patient privacy[1,5,6].

Early pregnancy units (EPU) employ professionals from different clinical backgrounds (midwives and midwife sonographers, non-consultant hospital doctors, administrative and support staff) and while staff have specialised training in early pregnancy loss, training on self-care is rare and often does not encompass all professionals[7].

Previously published research has shown that working in an early pregnancy unit can be challenging[8], as EPU staff must regularly manage pregnancy loss in early pregnancy. Previous studies identified stressors that healthcare staff associated with pregnancy loss care: including dealing with grief, lack of a happy outcome, patient's anger, and limited resources[9,10]. Delivery of quality care can be demanding due to the complexity of the care required; staff must continue routine duties while supporting others experiencing pregnancy loss and undertake sensitive discussions involving management of pregnancy tissue[11]. A 2013 study on distress experienced by staff caring for those with unintentional pregnancy loss found that staff disclosed significant distress with almost 80% of respondents reporting symptoms of moderate or high clinical concern, along with symptoms of avoidance and intrusion[9]. Other studies have reported that maternity staff experience significant levels of stress and are at risk of burnout because of caring for those experiencing pregnancy loss[8,11]. This impact on healthcare staff may, in the short and long term, have a knock-on effect to the care provided and wellbeing of services users[13-15]. A 2016 systematic

review that included EPU staff, demonstrated poor wellbeing and moderate to high levels of burnout of healthcare staff are associated with poor patient safety outcomes[16].

Previous work in an Irish maternity hospital found that midwives must overcome personal and professional challenges in providing care to people experiencing pregnancy loss, and recommended the development of strategies to cope with repeated exposure[14]. This study solely focused on the experiences of midwives, and, to our knowledge there is no available research in an Irish setting encompassing the experiences in an EPU of staff, including, administrative staff, non-consultant hospital doctors, healthcare assistants and midwifery/sonography staff.

This early pregnancy unit (EPU) in our maternity hospital reviews over 5,500 individuals per year. When established in 2010 the EPU was located onsite at the end of a maternity ward. This was often a cause of stress for service users and has been shown to be problematic due to issues around privacy and practical sensitivities[17]. Following feedback from service users and EPU staff, the EPU was relocated to an offsite location in 2023. The aim of this study was to examine the experiences and level of staff satisfaction with EPU services and facilities, both in an onsite and offsite EPU, and to examine whether the EPU was addressing the needs of its service users and staff.

Methods

This prospective study used a survey of (N=37) staff working in the EPU based at a single tertiary maternity hospital. The survey was developed using previously published research on EPU staff experiences[5,9,15]. The additional subscales 'Emotional Demands', 'Demands for Hiding Feelings' and 'Job Satisfaction' were applied, adapted from the work-related Copenhagen Psychosocial Questionnaire (COPSOQ III)[18]. The workplace isolation scales from Marshall, et al[19] were also applied. Staff demographic details were also collected, including age, role in the EPU and length of time working in EPU. Staff were surveyed in two specific time periods, the first in August 2023 in the onsite EPU; the second from January-May 2024 after commencement of clinical services in the offsite EPU.

All staff working in the EPU, administrative and clinical, were invited to participate. Participation was voluntary and anonymous. The survey was available in paper and online via link or QR code and was hosted in Qualtrics®. The participant leaflet also contained relevant resources for support if required. Data collected were extracted from Qualtrics® and analysed in Excel and SPSS. The frequency and type of responses on satisfaction and quality of the EPU were compared between the onsite (2023) and offsite (2024) EPU. Additionally, general levels of satisfaction with the EPU and levels of workplace psychosocial

factors were compared, before and after the unit moved. The scores for the COPSOQ scales were calculated as the sum of the items of each subscale as per guidelines on this tool[18]. Answers were obtained for each question, hence there were no missing values within the subscales.

Ethical approval was granted by Clinical Research Ethics Committee of the Cork Teaching Hospitals (CREC) (Ref.: ECM 4 (c) 01/08/2023 & ECM 3 (s) 30/07/2024).

Results

In total, 27 responses were obtained from the onsite EPU (in 2023) and 34 responses from the offsite EPU (in 2024) which represents approximately 90% of eligible EPU staff. Of the 27 responses from staff in onsite EPU, 15 completed the first section of the survey and a further 12 completed the full survey. Of the 34 responses from staff in offsite EPU (in 2024), 25 completed the first section of the study and a further nine participants completed the survey. Surveys which had at least the first section fully completed were included, those who completed less that the first section of the survey were excluded.

Table 1 shows participants' job, regarding work in the EPU and early pregnancy care.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; September 2026; Vol 119; No. 8; P154
28th September, 2026
Original Paper

	Onsite EPU (N=15) **n (%)**	**Offsite EPU (N= 25)** **n (%)**
Length of time working in EPU		
Less than 1 year	3 (20%)	13 (52%)
Between 1 and 2 years	2 (13.3%)	2 (8%)
More than 2 years	3 (20%)	6 (24%)
More than 5 years	7 (46.7%)	4 (16%)
Length of time working in early pregnancy related care		
Less than 12 months	2 (13.3%)	6 (24%)
1-3 years	2 (13.3%)	6 (24%)
3-5 years	2 (13.3%)	5 (20%)
5-7 years	1 (6.7%)	4 (16%)
More than 7 years	8 (53.3%)	4 (16%)
Current position in EPU		
Midwife/midwife sonographer	12 (80%)	8 (32%)
Doctor	2 (13.3%)	13 (52%)
	1 (6.7%)	4 (16%)

Table 1: Staff Demographic Information

Overall, staff feedback for the offsite EPU was more positive than the feedback received while in the onsite EPU. Staff reported more positive perceptions (at the offsite EPU (table 2), except for aspects relating to public transport access, where scores were better in the onsite EPU. From the scores reported, staff favoured the offsite EPU in terms of design and atmosphere, provision of resources for both service users and staff, car parking facilities and facilities for staff (e.g. break room, access to food).

Prior to the relocation of the EPU, 60% of staff reported dissatisfaction with signposting and ease of access to onsite EPU for service users, while only 12% reported this after initiation of

Ir Med J; September 2026; Vol 119; No. 8; P154
28th September, 2026
Original Paper

the offsite clinic. At the onsite EPU, 43.3% staff agreed or strongly agreed that the EPU had a quiet and peaceful atmosphere compared to 96% at the offsite EPU (table 2). Staff also reported the interior of the EPU to be better designed and parking facilities to be better at the offsite EPU.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; September 2026; Vol 119; No. 8; P154
28th September, 2026
Original Paper

	Strongly disagree	Disagree	Agree	Strongly agree
The EPU is well signposted and overall easy for service users to locate.				
Onsite EPU	0	9 (60%)	6 (40%)	0
Offsite EPU	1 (4%)	3 (12%)	13 (52%)	8 (32%)
The hygiene in the EPU is of a high standard.				
Onsite EPU	0	1 (6.7%)	11 (73.3%)	3 (20%)
Offsite EPU	1 (4%)	1 (4%)	7 (28%)	16 (64%)
The interior of the EPU is well designed.				
Onsite EPU	3 (20%)	8 (53.3%)	4 (26.7%)	0
Offsite EPU	1 (4%)	0	5 (20%)	19 (76%)
The atmosphere of the EPU is quiet and is a pleasant environment.				
Onsite EPU	2 (13.3%)	5 (33.3%)	6 (40%)	2 (13.3%)
Offsite EPU	1 (4%)	0	6 (24%)	18 (72%)
There is adequate provision of resources for service users/patients (including information leaflets, guidelines, protocols etc.) in the EPU.				
Onsite EPU	0	4 (26.7%)	8 (53.3%)	3 (20%)
Offsite EPU	1 (4%)	1 (4%)	8 (32%)	15 (60%)

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; September 2026; Vol 119; No. 8; P154
28th September, 2026
Original Paper

There is adequate provision of resources for staff (including information leaflets, etc.) in the EPU.				
Onsite EPU	1 (6.7%)	5 (33.3%)	7 (46.7%)	2 (13.3%)
Offsite EPU	1 (4%)	3 (12%)	10 (40%)	11 (44%)
There are adequate car parking facilities at the EPU.				
Onsite EPU*	4 (28.6%)	6 (42.9%)	4 (28.6%)	0
Offsite EPU	1 (4%)	0	2 (8%)	22 (88%)
The EPU is adequately served by public transport.				
Onsite EPU	1 (6.7%)	2 (13.3%)	10 (66.7%)	2 (13.3%)
Offsite EPU	7 (28%)	8 (32%)	8 (32%)	2 (8%)
The location of the EPU is convenient for me.				
Onsite EPU	2 (13.3%)	3 (20%)	10 (66.7%)	0
Offsite EPU	2 (8%)	0	11 (44%)	12 (48%)
There are adequate facilities for staff breaks (break room, access to food, etc.).				
Onsite EPU	5 (33.3%)	6 (40%)	4 (26.7%)	0
Offsite EPU	1 (4%)	0	4 (16%)	20 (80%)

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; September 2026; Vol 119; No. 8; P154
28th September, 2026
Original Paper

Table 2: Staff perceptions of the onsite and offsite EPU.

Note: Onsite EPU N=15; Offsite EPU N=25; *No answer from one participant

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; September 2026; Vol 119; No. 8; P154
28th September, 2026
Original Paper

Findings from the COPSOQ scales (Table 3) show that staff reported high job satisfaction in both the onsite and offsite EPU with a slightly higher score recorded for the onsite EPU group. Overall scores for 'Organisational' and 'Social Isolation' showed that there was good support for staff from colleagues and good engagement with the organisation and management in both the onsite and the offsite EPU. Scores were similar for both groups with a slightly higher value recorded for organisational isolation in the offsite EPU staff. Staff reported somewhat high levels of emotional demands at work and demands for hiding their emotions (relative to the scale reference score, where higher value indicate lower emotional demands and less of a need for hiding emotions), particularly in the offsite EPU, with job satisfaction recording lower values on this location as well.

Table 3: Workplace Demands and Support Scale Scores (derived from COPSOQ III)

	Onsite EPU Mean (SD)	Offsite EPU Mean (SD)	Scale Reference Score*	Min-Max
Job Satisfaction[a]	10.46 (± 2.47)	7.72 (± 2.47)	7.5	4 – 14
Social Isolation[b]	13.62 (± 1.61)	12.62 (± 2.65)	7.5	3 – 15
Organisational Isolation[b]	17.42 (± 3.45)	18.86 (± 4.46)	12.5	3 – 25
Emotional Demands[c]	7.15 (± 1.34)	8.40 (± 2.16)	7.5	3 – 12
Demands for hiding emotions[c]	6.17 (± 1.03)	7.40 (± 2.21)	7.5	3 – 12

*The cut-off value from which a score is considered positive or negative; a) Lower scores indicate higher levels of job satisfaction. b) Higher scores indicate lower levels of isolation c) higher scores indicate lower emotional demands and less of a need for hiding emotions.

For both the onsite and offsite EPU, staff reported that the main factors contributing to workplace stress were individual workload (46%), organisation of the EPU (42.9%) and lack of accessibility to counselling/support staff (25%) (Table 4).

Table 4: Factors Contributing to Staff Stress

	Onsite EPU (n=13)	Offsite EPU (n=15)	Total (n=28)
Individual Workload	7 (53.8%)	6 (40%)	13 (46.4%)
Conflict between co-workers	2 (15.4%)	1 (6.7%)	3 (10.7%)
Conflict between staff and management	2 (15.4%)	0	2 (7.1%)
Organisation of the EPU (attendance rates, staffing levels)	7 (53.8%)	5 (33.3%)	12 (42.9%)
Lack of involvement in decision making	4 (30.8%)	2 (13.3%)	6 (21.4%)
Lack of accessibility to counselling/support	5 (38.5%)	2 (13.3%)	7 (25%)
Concern regarding the level of training	1 (7.7%)	0	1 (3.6%)
None of the above	1 (7.7%)	3 (20%)	4 (14%)

Discussion

This study aimed to assess staff satisfaction with both the onsite EPU and new offsite EPU and understand what factors affect their work and the quality of care provided. Participants considered the new offsite EPU better in design, atmosphere, resources for service users and staff, and facilities. Staff reported high job satisfaction, strong support from colleagues, and high levels of emotional demands at both EPU locations. Emotional demands or demands for hiding emotions were higher in offsite EPU with marginally lower job satisfaction reported as well. Participants also reported a need for counselling/support services for staff given the emotionally demanding nature of their work.

In both onsite and offsite EPU, staff members reported high levels of job satisfaction. This is an important finding as high levels of job satisfaction have previously been shown to correlate with high patient satisfaction scores[20,21]. Staff with high job satisfaction usually experience feelings of empowerment at work[21]. These high levels of job satisfaction, along with feelings of empowerment at work have been associated with an improvement patient satisfaction[20]. This is of particular importance to the EPU staff, considering the specific challenges and emotional load of their role.

Participants reported strong support from colleagues across both the onsite and offsite EPU. This is a topic previously reported in literature relating to perinatal death or pregnancy loss[15,22,23]. Research has shown that midwives working in early pregnancy care relied on

colleagues for support and to talk about difficult events relating to pregnancy loss[15,24]. In this study respondents commented on how helpful informal supports, such as assistance, skill advice and reassurance from colleagues was to their experience of helping those with pregnancy loss[24]. Support from colleagues should be valued, encourage and promoted by management to encourage better wellbeing which may in turn lead to better quality patient care[25,26].

Previous studies consistently demonstrate emotional distress among healthcare professionals working with pregnancy loss[7,15,16]. Walbank and colleagues showed that almost 80% of maternity and gynaecology staff reported high or moderate levels of trauma related distress[9]. Repeated exposure to early pregnancy loss can negatively impact those providing care, highlighting the need for emotional support and resilience[15]. Specifically, midwives identify colleagues as necessary support and emphasise the need for training to improve care and build emotional resilience[15]. Similarly, a 2023 study found that education is crucial for staff to confidently care for those experiencing pregnancy loss[27], which is in keeping with other work demonstrating that training on grieving and counselling enhances healthcare professionals' adaptation to loss[28]. Our study demonstrated similar findings, with staff reporting high emotional demands, the need to hide emotions, the relevance of support from colleagues and the importance of appropriate support systems.

Lack of debriefing and support for staff in the EPU despite the complex nature of their work was highlighted throughout this study. This issue was mirrored in previous research with midwives describing supported practice as crucial to the role of working with those experiencing pregnancy loss[2,29]. Hence, strategies and services to support staff working in EPU, are essential. The Health Service Executive National Standards for Bereavement Care Following Pregnancy Loss and Perinatal death recommend formal policies on staff support for those working in maternity settings along with formal and informal debriefing of staff exposed to trauma or sudden death including pregnancy loss[30]. Providing supports for EPU staff, and therefore responding to the gaps reported in our findings, can be important to promote wellbeing and prevent or reduce workplace stress and burnout[31,32].

Findings from our study show the offsite clinic was rated better than the onsite clinic in terms of design, atmosphere and resources for staff and service users. Given this is the first offsite EPU in Ireland and only a handful exist in the UK, there is limited data to compare against. However, these findings are in keeping with previous research demonstrating improved service user and staff experiences in a community model of early pregnancy care[5]. Specifically, the offsite clinic showed increases in ratings of care quality, emotional support, overall experience and a slight improvement in average wait times[5]. Moving early pregnancy care to an offsite, community-based clinic can enhance service user experience, improve perceived quality of care and create a more supportive environment for service users and staff.

Official Journal of the Irish Medical Organisation

Ir Med J; September 2026; Vol 119; No. 8; P154
28th September, 2026
Original Paper

To the authors knowledge, this is the first study assessing staff satisfaction within an EPU, in Ireland. This study provides insight into important work-related factors for EPU staff which contribute to their wellbeing and, consequently, improved quality of care provided.

This study examined work-related demands and job satisfaction of staff in both an onsite and offsite EPU, linked to a large maternity unit in Ireland. Participants considered the offsite EPU better in design, atmosphere, resources for service users and staff, parking and other staff facilities. Staff reported high job satisfaction and strong support from colleagues with higher management support required, at both the onsite and offsite EPU. High levels of emotional demands in this work were reported with individual workload contributing to staff stress. Feedback on the offsite EPU was positive, reflecting better working conditions and provision of care. While job satisfaction was strong, interventions for staff to manage stress and emotional demands of their work are needed to ensure wellbeing and health. Moving early pregnancy care to an offsite, community-based clinic may enhance service user experience, improve perceived quality of care and create a more supportive environment for service users and staff.

Declarations of Conflicts of Interest:
None declared.

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