Research Summary

Inequities in Care During Pregnancy Loss: The Compassionate Disclosure of Loss (CDL) Index

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A Canadian survey of 172 people who experienced a pregnancy loss found that Indigenous, Black, and People of Color (IBPOC) participants reported less autonomy and respect, and were more likely to say providers did not listen to them before the loss. The study also introduces the Compassionate Disclosure of Loss (CDL) Index, a validated six-item measure of how sensitively a loss is disclosed, and finds that people experiencing miscarriage (early loss) were told about their loss less compassionately than those experiencing stillbirth or neonatal death (late loss).

What the study asks

Do experiences of respectful care during pregnancy loss differ by race and Indigenous identity, and by the type of loss (early miscarriage versus late second-trimester loss, stillbirth, or neonatal death)? And can the compassion of how a loss is disclosed be measured in a reliable, reproducible way?

Data and methods

Data come from the RESPCCT cross-sectional survey fielded across Canada from July 2020 to February 2022. Of 172 respondents included (54 reporting a planned abortion were excluded), 100 experienced an early loss/miscarriage (58.1%) and 72 a late loss — second-trimester loss, stillbirth, or neonatal death (41.9%). IBPOC participants made up 30.2% of the sample. Autonomy was measured with the seven-item Mothers' Autonomy in Decision Making scale (MADM, α=0.947) and respect with the seven-item Mothers on Respect Index (MORi, α=0.918). The team then built and validated a new six-item instrument, the Compassionate Disclosure of (perinatal) Loss Index (CDL Index, α=0.80), asked about the moment the loss was first disclosed.

The six CDL Index items

1. I received the news about my baby/babies in a room where my privacy was protected.
2. My support person (spouse, partner, family member, or friend) was present.
3. My support person and I were given time to be on our own to come to terms with the news.
4. The healthcare provider was kind and caring to me.
5. I felt the health care provider had the skills and training to care for people in my situation.
6. I was given full information about options for examinations for my baby/babies, such as post-mortem.

Key findings

- **Racial and Indigenous inequities:** IBPOC participants had lower odds of top-quartile autonomy (MADM: adjusted OR 0.31, 95% CI 0.13–0.75) and respect (MORi: adjusted OR 0.34, 95% CI 0.13–0.86), and higher odds of reporting providers did not listen to them (adjusted OR 2.61, 95% CI 1.24–5.48).

- **Type of loss:** just 15.4% of the early-loss group scored in the top quartile of the CDL Index, versus 38.7% of the late-loss group (p=.002; adjusted OR 3.08, 95% CI 1.22–7.77) — miscarriage was, on average, disclosed less compassionately than stillbirth or neonatal death.
- **Education and respect:** participants with a graduate degree had lower odds of top-quartile respect than those with a high-school education or less (adjusted OR 0.30, 95% CI 0.10–0.90).
- **New measurement tool:** psychometric analysis (single-factor solution, 51.2% variance explained) supported the CDL Index as a reliable, valid measure, now freely available for research and clinical use.

In their own words

"I felt totally dismissed. She was very unempathetic and matter-of-fact, as if we were talking about a broken dish rather than a miscarriage at 3 months." — study participant

Why it matters

Pregnancy-loss care is not experienced equally in Canada. Communication at the moment a loss is disclosed shapes whether a patient feels supported, blamed, or excluded from decisions — making compassionate disclosure a measurable dimension of healthcare quality. The CDL Index gives health systems a validated way to monitor and improve this care, with particular attention to IBPOC patients and those experiencing early pregnancy loss.

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