

Patient Information: A Guide to the Investigation and Management of Recurrent Miscarriage.

The purpose of this site is to tell you something about the Recurrent Miscarriage Clinic here at the Royal Women's Hospital and how we normally care for couples referred to us with this problem.

Don't despair! The vast majority of the couples who attend this clinic DO succeed in having a baby.

Miscarriage is the commonest complication of pregnancy – the chance of having a miscarriage in each pregnancy is approximately 1 in 4. There are many different causes of miscarriage but we know that the most common cause of miscarriage is a sporadic genetic or chromosomal abnormality in the pregnancy itself, which prevents it from continuing. Such a cause is not usually an indication that there is any underlying medical problem in a couple that will prevent them from having the children they desire. A miscarriage can occur at any time from when the period is missed to 20 weeks of pregnancy. In the vast majority of cases, the pregnancy is lost during the first 12 weeks, but some miscarriages do occur later. Some late pregnancy losses and premature deliveries are also related to recurrent miscarriage.

After three consecutive miscarriages, it is recognised that there may be an increased chance that there could be a specific or recurring underlying cause. There are a number of recognized specific causes of recurrent miscarriage – some of these are better understood than others. Some of the established causes for recurrent miscarriage include:

- **Chromosomal Problems** in either partner, causing little or no problem to the individual, but making it more difficult to achieve a successful pregnancy.
- **Immunological Causes** – we now recognise that pregnancy can aggravate (often previously unnoticed) autoimmune disorders (meaning that the body fights itself). Indeed, this type of disorder may first reveal itself in a woman through pregnancy problems such as repeated miscarriages.

It is sometimes called the Antiphospholipid Syndrome. In this syndrome, antibodies are formed that attach to the placenta, causing small blood clots which prevent the placenta from supplying the pregnancy with sufficient oxygen or nutrients.

We are able to identify some of these antibodies by performing a special blood test (called an autoantibody screen). Treatment is usually low dose aspirin and/or heparin injections and/or occasionally corticosteroids, depending on the individual's specific problem.

- **Coagulation problems** – the blood contains several factors which help the blood to clot. Abnormalities in these factors can increase the blood's tendency to clot. Should this tendency lead to clots in the placenta, various pregnancy problems including miscarriage may occur. Treatment is usually low dose aspirin and/or heparin injections.
- **Cervical Incompetence** – where the cervix (neck of the womb) is not strong enough to keep the pregnancy within the uterus. As the cervix opens (often with little in the way of warning) the pregnancy is lost. This usually happens after the first 3 or 4 months. Treatment is usually a "cervical stitch" to keep the neck of the womb closed.
- **Uterine Abnormalities** – sometimes an abnormal shape of the uterus can be associated with an increased risk of miscarriage, and surgical correction of the abnormal shape may be required.

It is also well recognised that in many couples no reason may be identified for their recurrent miscarriages. Yet even in these couples there is a good chance eventually of a successful pregnancy.

We try to identify the cause of your repeated pregnancy losses and then treat you appropriately. As there is no single cause, there is no single treatment that will prevent all miscarriages. We hope to offer you the most effective treatment for your particular problem(s).

At your first visit we will need you and your partner to answer some questions and undergo some tests. To make this easier, we will send you a questionnaire, which you should bring with you for your first visit.

The following blood tests may be performed: chromosome analysis, blood coagulation and autoantibody screens and possibly some hormone tests.

An appointment may also be made for a pelvic ultrasound to check the shape of your uterus is normal.

Your care will occur by a team including an obstetrician, midwives and a clinical psychologist.

When you are pregnant you should contact the clinic for an appointment early in the pregnancy. We will see you frequently in the early stages to monitor you and the pregnancy closely.

We are only too happy to answer your questions – it is a good idea to write them down as you think of them and bring them along to your next clinic visit.

The Recurrent Miscarriage Clinic is part of the Royal Women's Hospital's Department of Perinatal Medicine. The role of the Department is clinical care, teaching and research related to human pregnancy and its complications. Research into this problem is on-going and you may be asked to participate in studies. These would be fully explained to you, and involvement is voluntary.

Support

Recurrent pregnancy loss can be very stressful and a time of great anxiety for the couple concerned. Many women say they feel isolated and don't have anyone to talk to who understands their situation. A Clinical Psychologist is available in the clinic to discuss your feelings and to suggest ways of coping in subsequent pregnancies. Our midwives and doctors are also available for ongoing support. We can also put you in touch with other women who have suffered recurrent miscarriages if you would find it useful to talk with someone who has shared a similar experience.

