

Fact Sheet

Recurrent Miscarriage

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Losing a much wanted pregnancy due to miscarriage is always upsetting. The feelings of loss and frustration are magnified (worse) if you experience two, three, or more miscarriages.

A single miscarriage is quite common, with 1 in every 5 pregnancies ending in this way. However, recurrent miscarriage does not occur that often:

- Two consecutive (straight after each other) miscarriages happen in less than 5% of women
- Three consecutive miscarriages happen in about 0.5 - 1% of women

Generally we say a woman has suffered 'recurrent miscarriages' when she has lost three consecutive pregnancies. Frustratingly, even though we run tests to try and find a reason for these miscarriages, we will find a cause in less than 20% of couples.

What causes miscarriage?

Most, up to 60%, of early miscarriages are caused by what are known as random genetic mutations. This means that the chromosomes, or DNA, of the pregnancy were not normal. It may be that there were too many, or too few, chromosomes. The miscarriage is nature's way of starting again, as random mutations are not likely to happen again, and the next pregnancy should be healthy.

However, chromosome problems do occur more commonly when the mother is older; this is the reason why miscarriages are more frequent in women over the age of 40.



What about recurrent miscarriage?

If you have had consecutive miscarriages we look for the following possible causes:

- Genetic or chromosome problems in either partner
- Uterine abnormalities
- General health problems
 - Thyroid disease
 - Hyperprolactinemia
 - Polycystic ovarian syndrome (PCOS)
 - Diabetes with poor sugar control
 - Coeliac disease
- Antiphospholipid syndrome (APS)
- Poor ovarian function (reserve)
- Obesity

Chromosome/genetic causes for recurrent miscarriage

In a little less than 5% of couples blood tests will show that either of the parents carry (have) a chromosome translocation. This means they have part of an extra chromosome 'stuck' on to their DNA. The parent who carries this extra chromosome is completely normal but if they pass on this extra genetic material the embryo will have too much DNA and the pregnancy will miscarry. Very rarely pregnancies with this extra genetic material do not miscarry and can cause disability in the child.

Uterine abnormalities

Occasionally the uterine cavity (centre of the womb where the baby grows) has not formed properly or is distorted (misshapen). These uterine problems cause about 10-15% of recurrent miscarriage cases.

- the uterus may form with a septum (divide) in the middle
- two uteri can form next to each other
- the uterus has only formed on one side.

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Sometimes a fibroid (benign smooth muscle tumour of the uterus) may change the shape of the uterine cavity and be responsible for miscarriages.

Adhesions (fine fibres of scar tissue) can form inside the uterine cavity after a curette for miscarriage or termination of pregnancy. These adhesions may cause miscarriage.

General Health Problems

- Poorly controlled diabetes or thyroid disease may be a reason for miscarriage. However, if you suffer from these conditions and they are well controlled your risk of miscarriage is no higher than the general population.
- Hyperprolactinemia, a condition that may cause you to produce breast milk even when not pregnant, is also associated with miscarriages.
- Polycystic Ovarian syndrome (PCOS) is a relatively common hormone condition that is associated with irregular periods, being overweight, and sometimes recurrent miscarriage. [see our fact sheet on PCOS]
- We know that women older than 40 have more miscarriages. This is because they have more genetic (DNA/chromosome) problems with their eggs. Sometimes women younger than 35 have the same problem. Their ovaries are 'older' than we would expect for their age. This is called poor ovarian reserve.

Auto Immune Disease related to blood clotting (Antiphospholipid syndrome - APS)

Sometimes our immune systems make antibodies which, instead of fighting infections, start to attack our own organs and tissues. One of these conditions which can cause recurrent miscarriage is Antiphospholipid syndrome. This syndrome is responsible for 3-15% of recurrent

miscarriage cases. APS is more likely to cause late (second trimester) than miscarriage before 12 weeks pregnancy. Some, but certainly not all, women with APS have other autoimmune conditions such as Systemic Lupus (SLE).

Very rarely, a genetic problem with blood clotting (called inherited thrombophilia) may cause recurrent second trimester miscarriages.

You may have read about other conditions that possibly cause recurrent miscarriage. So far there is no proven treatment for these and further research is needed about them including:

- Hormonal abnormalities - low progesterone in the second half of the menstrual cycle.
- Problems with the mother's immune response to pregnancy
- Sperm defects

If a reason for recurrent miscarriage is found there are treatments which may help.

- For genetic problems, such as chromosome translocations, there are IVF techniques which may be helpful. These include using donor sperm, or donor eggs, or checking each embryo after in vitro fertilisation and only placing unaffected embryos into the uterus. This technique, called PGD or PGS, is still controversial for treating miscarriage.
- For uterine abnormalities, minor surgery like removing a fibroid, septum, or adhesions can help.
- For Antiphospholipid syndrome (APS) taking aspirin and clexane (anti-clotting medication) can be beneficial.
- In overweight women, and those with PCOS, weight loss is very helpful in reducing miscarriage. Sometimes, for PCOS a medicine called clomiphene may also be used.

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It is important to remember that, even for the 80% of couples where no reason for the recurrent miscarriages is found, they still have a 70% chance of a successful pregnancy.

Unfortunately, for women over the age of 38 the chances of a successful pregnancy are lower.

What can you do to help?

Things you can do which we know are helpful in preventing recurrent miscarriage include:

- ✓ Healthy lifestyle and diet
- ✓ Regular moderate exercise
- ✓ Stopping smoking
- ✓ Reduced alcohol
- ✓ Weight loss – particular for overweight women or women with PCOS

Note: bedrest does not decrease the risk of miscarriage.

Going through recurrent miscarriage can be an isolating and frustrating experience. Please don't hesitate to discuss any issues with our staff who can help you with medical questions and refer you for counselling if you wish.

We also know that seeing you early in your next pregnancy, helping you feel supported, as well as monitoring your pregnancy with ultrasound and blood tests improves your chances of a successful pregnancy. For this reason Westmead Hospital has a recurrent miscarriage clinic to assess and help women with repeated pregnancy loss.

To make an appointment for
The Westmead Hospital
Recurrent Miscarriage Clinic (REMIC),
please phone:

(02) 8890-6508

Monday to Friday

between 8:00am & 4:30pm

Please note that you will need a referral from your GP to attend the clinic.

We welcome further feedback on this brochure as a way of continually improving our service.

Send your feedback to:

WSLHD-Get_Involved@health.nsw.gov.au