

Recurrent miscarriage in early pregnancy

Information and advice for patients

Obstetrics and Gynaecology

A single miscarriage can be very distressing; and it can be devastating if the next pregnancy fails too... and then the next. This leaflet looks at the causes of recurrent miscarriage in early pregnancy and the tests and treatments that might help you.

What is a miscarriage?

If you lose a baby before 24 weeks of pregnancy, it is called a miscarriage.

What is recurrent miscarriage?

When a miscarriage happens three or more times in a row, it is called recurrent miscarriage. Recurrent miscarriage affects 1 in 100 couples trying to have a baby. This leaflet deals with miscarriages occurring in the first 12 weeks' gestation.

Why does recurrent miscarriage happen?

There are a number of factors that may play a part in causing recurrent miscarriage. Sometimes a treatable cause can be found, and sometimes not. But in either case, most couples are more likely to have a successful pregnancy in the future, particularly if test results are normal.

1. Age:

The older you are, the greater your risk of having a miscarriage. If the woman is aged over 40, more than 1 in 2 pregnancies end in a miscarriage. Miscarriages may also be more common if the father is older. The risk is highest if you are over 35 and the father is over 40.

2. Antiphospholipid syndrome (APS):

This condition is sometimes called 'sticky blood syndrome' as it makes the blood more sticky and likely to clot. This is the most important treatable cause of recurrent miscarriage.

3. Genetic factors:

About half of all miscarriages happen because the baby's chromosomes are abnormal. This is not usually an inherited problem. The older you are the more likely this is to happen. Much less commonly, one partner will have an abnormality on one of their chromosomes (the genetic structures within our cells that contain our DNA and the features we inherit from our parents). Although this may not affect the parent, it can sometimes cause a miscarriage. The risk of this happening ranges from 2 to 5 in every 100 couples.

4. Diabetes and thyroid problems:

Uncontrolled diabetes and untreated thyroid problems can cause miscarriage. But well-controlled diabetes and treated thyroid problems do not cause recurrent miscarriage.

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5. Polycystic ovary syndrome (PCOS):

Women with this condition have many small cysts in their ovaries. They also tend to have hormonal problems, including high levels of insulin and male hormone in the blood. It is these problems that are thought to play a part in recurrent miscarriage, but it is not clear how.

6. Abnormally-shaped uterus:

Some miscarriages, particularly late ones, are thought to happen because the uterus (womb) has an abnormal shape.

7. Other factors:

Smoking, being overweight, too much caffeine and excessive alcohol intake increase the risk of miscarriage. The chance of a further miscarriage increases slightly with each miscarriage.

What investigations might be offered?

1. Blood tests:

- a) Check thyroid function.
- b) Anti-phospholipid syndrome (APS): To get a clear diagnosis you have to test positive for one of the antiphospholipid antibodies on two separate occasions 12 weeks apart, before you become pregnant again. These are known as 'lupus anticoagulant' and 'anticardiolipin' antibodies.

2. Genetic problems:

- a) The pregnancy tissue from the miscarriage (third or subsequent miscarriages) is tested for abnormalities in the baby's chromosomes.
- b) If tests on the pregnancy tissue show chromosomal abnormalities, blood tests are offered to check you and your partner's chromosomes for abnormalities.

3. Transvaginal ultrasound scan (TVS):

You should be offered a TVS to check for any abnormalities in the shape of your womb.

If an abnormality is suspected, further investigations may include a hysteroscopy (a procedure to examine the womb through a small telescope which is passed through the vagina and cervix) or a laparoscopy (a procedure in which a fine telescope is used to look inside the abdomen and pelvis).

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What are my treatment options?

1. Treatment for anti-phospholipid syndrome (APS):

Treatment with low-dose aspirin tablets and heparin injections in pregnancy increases your chance of having a baby. Aspirin and heparin make your blood less likely to clot and are safe to take in pregnancy.

2. Thyroid problems:

If your blood tests show that your thyroid hormone levels are abnormal, then you are referred to see the specialists for further management. You might need tablets for thyroid hormone supplementation.

3. Referral for genetic counselling:

If a genetic abnormality is identified in the pregnancy tissue following a miscarriage or if either you / your partner have a chromosome abnormality, you should be offered the chance to see a specialist called a clinical geneticist. They will discuss with you about your chances for future pregnancies and will explain your choices.

4. Surgery to the womb:

If an abnormality is found in your womb, you may be offered an operation to correct this depending on the type and severity of the abnormality.

5. Hormone treatment:

Taking progesterone or human chorionic gonadotrophin hormones early in pregnancy has been tried to prevent recurrent miscarriage. However, there is insufficient evidence to recommend this treatment.

What does this mean for us in the future?

- You and your partner are seen together by a specialist in a dedicated clinic for recurrent miscarriage. Your doctor will talk to you both about your particular situation and your likelihood of having a further miscarriage / a successful pregnancy.
- If a cause has been found, possible treatment options will be offered to you to improve your chance of a successful pregnancy.
- It is worth remembering that the majority of couples will have a successful pregnancy the next time even after three miscarriages in a row.

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What if no cause is found (Unexplained miscarriage)?

- The majority of the couples who have investigations for recurrent miscarriage don't come out with an answer as to why they have miscarried. This might happen to you which may be disappointing. On the other hand, you may feel relieved that you don't have any major problems. You can also be reassured that this is actually good news.
- For couples where no cause for recurrent miscarriage has been found, 75 in 100 go on to have a successful pregnancy with supportive care from an early pregnancy assessment unit from the beginning of the next pregnancy.

Contact details

Early Pregnancy Assessment Unit (located in ward D21)

2nd floor, Main building, City Hospital

Dudley Rd, Birmingham

B18 7QH

Telephone: 0121 507 5329

Mon-Fri: 08:30am – 04:30pm

Miscarriage Clinic:

Time: Alternate Thursday afternoons.

Venue: Birmingham Treatment Centre

Referrals accepted from GP only

Further information

Support groups:

- Miscarriage association (no date) Available at: <https://www.miscarriageassociation.org.uk/> (Accessed: 28 February 2020).
- Stillbirth and neonatal death charity (SANDS) (2019) Available at: <https://www.sands.org.uk> (Accessed: 28 February 2020).

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Sources used for the information in this leaflet

1. Royal College Obstetrics & Gynaecology (RCOG) (2017) *Recurrent Miscarriage, Investigation and Treatment of Couples (Green-top Guideline No. 17)*. [Online]. London: RCOG. Available from: <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg17/> [Accessed: 28 February 2020].
2. European Society of Human Reproduction and Embryology (ESHRE) (2017) *Recurrent Pregnancy Loss*. [Online]. Belgium: ESHRE. Available from: https://www.eshre.eu/-/media/sitecore-files/Guidelines/Recurrent-pregnancy-loss/ESHRE-RPL-Guideline_27112017_FINAL_v2.pdf?la=en&hash=34DB7D51CF98BFC3DA48FAAA7E7DAED670BA6A83 [Accessed: 28 February 2020].
3. Royal College Obstetrics & Gynaecology (RCOG) (2012) *Recurrent and late miscarriage*. [Patient Information Leaflet] [Online] Available from: <https://www.rcog.org.uk/en/patients/patient-leaflets/recurrent-and-late-miscarriage/> [Accessed: 28 February 2020].
4. The Miscarriage association (2011) *Recurrent miscarriage*. [Patient Information Leaflet] [Online] Available from: <https://www.miscarriageassociation.org.uk/wp-content/uploads/2016/10/Recurrent-Miscarriage.pdf> [Accessed: 28 February 2020].

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