



## Early Pregnancy Assessment Clinic (EPAC)

# Information about Recurrent Miscarriage

Having a miscarriage can be very distressing and having several can be devastating.

This information is for you and your partner if you have had 3 or more consecutive miscarriages.

It tells you:

- What we know about the reasons for recurrent miscarriage
- Recommendations for tests and treatment for women who experience recurrent miscarriage

Although this leaflet aims to help you and our team make the best decisions about your care, it is not meant to replace advice from a doctor or midwife about your own situation.

### Key Points:

- A miscarriage is the loss of a pregnancy, before 24 weeks gestation
- Recurrent miscarriage is when this happens 3 or more times consecutively
- Around 1 in every hundred women has recurrent miscarriages
- Most couples that have experienced recurrent miscarriage still have a good chance of a successful birth in the future
- If you have had recurrent miscarriages, you will be offered blood tests to try and identify the reason for them
- In spite of these investigations, it is often not possible to find a reason for the miscarriages
- We may discuss referral to a tertiary clinic, in London
- We will offer you support in subsequent pregnancies

### What is a miscarriage?

If you lose a baby before 24 weeks of pregnancy, it is called a miscarriage. If this happens in the first 3 months of pregnancy, it is known as an *early miscarriage*. Unfortunately, early miscarriages are common, with 10-20% of pregnancies ending this way.

### What is recurrent miscarriage?

When a miscarriage happens 3 or more times in a row, it is called *recurrent miscarriage*. Recurrent miscarriage affects 1 in 100 (1%) couples trying to have a baby. This is about 3 times more than you would expect to happen just by chance, so it seems that for some couples there must be a specific reason for their losses. For others, however, no

underlying problems can be identified and their repeated miscarriages may be due to chance alone.

## **Why does recurrent Miscarriage happen?**

There are a number of things which may play a part in recurrent miscarriage. It is a complex problem and more research is still needed. You will have the opportunity to have any queries answered and discuss what this means for you.

### **Your age and past pregnancies**

It is known that maternal age and previous miscarriages can be a significant predictor of future successful pregnancies. The statistics demonstrate that the chance of a further miscarriage increases slightly with each miscarriage and as the woman's age increases. Miscarriages may also be more common as the father's age increases.

### **Genetic Factors**

In about 2-5% of couples with recurrent miscarriage, one partner will have an abnormality on one of their chromosomes. Further investigations may be able to assist in identifying the exact cause.

### **Antiphospholipid syndrome (APS)**

APS makes your blood more likely to clot abnormally. This is the most common, and treatable, cause of recurrent miscarriage.

### **Thrombophilia**

Thrombophilia is an inherited condition that means your blood may be more likely to clot abnormally. It may cause recurrent miscarriage.

### **Weak Cervix**

Weakness of the cervix (neck of the womb) is known to be a cause of miscarriage in pregnancies from 14 to 23 weeks gestation. It can be difficult to diagnose when you are not pregnant. It may be suspected if in a previous pregnancy your waters broke early, or if the cervix opened without any pain.

### **Abnormalities in the embryo (fertilised egg)**

Some random abnormalities of the embryo may lead to miscarriage. This is the most common cause for single miscarriages. However, the more miscarriages you have, the less likely this is to be the cause of them.

### **Infection**

Any infection that makes you feel unwell could cause a miscarriage. Milder infections can sometimes affect the baby and cause a miscarriage. The role of infections in recurrent

miscarriage is unclear and you will not be routinely tested for them as part of your investigations.

### **Shape of the uterus**

It is not clear how much an abnormally shaped uterus could be a factor for recurrent miscarriage or late miscarriage. Minor variations in the structure of the womb do not appear to cause miscarriage.

### **Diabetes and thyroid problems**

These can be factors in miscarriage. They do not cause recurrent miscarriage as long as they are treated and kept under control. It is always best to speak with your specialist team or GP before trying for a pregnancy, so that they can keep a close eye on your condition.

### **Immune factors**

It has been suggested that some women miscarry because their immune system does not respond to the pregnancy in the usual way. This is known as an *alloimmune reaction*. There is no clear evidence to support this theory at present and further research is required.

### **Are there any other risk factors?**

Being overweight increases the risk of miscarriage. Smoking and too much caffeine may also be a factor. Excessive alcohol is known to be harmful to a developing baby and is under research at present. Until confirmed otherwise, it is best to completely avoid alcohol. Often, in spite of careful investigations, the reasons for recurrent miscarriage cannot be found. If you and your partner feel able to keep trying, there is still a good chance of a successful birth in the future.

## **Investigations and treatments that may be offered to women who have had recurrent miscarriage**

### **Blood tests**

We will offer a series of blood tests:

- **Lupus anticoagulant**

This is to look at the way your blood clots. Sometimes it will be noticed that your blood appears to clot more quickly, often referred to as “sticky blood”. If this appears to be the case, a repeat test will be done in approximately 6 weeks. If this still shows an abnormality, for example APS or thrombophilia (please see page 2), you will be seen by our haematology team who may recommend drug treatment for any subsequent pregnancy.

- **Thyroid function and glucose**

Some women may have irregular thyroxine or glucose levels in their blood. If this is discovered you will be seen and monitored by a specialist medical team. Medications may be required to regulate any abnormal results.

- **Hormones**

There may be a link to recurrent miscarriage and irregular hormone levels. These tests need to be done at a certain time in your menstrual cycle. At present there is no clear evidence to support this theory and more research is required.

## **Fetal testing**

If possible we can offer tests to check for any abnormalities in your baby's chromosomes. This will be done at Salisbury Genetics Laboratory and may take several weeks for the result. Sometimes, however, it is not possible to obtain conclusive results.

If you have had a late miscarriage you may also be offered a post mortem examination of the baby. This will not happen without your consent.

You will have an appointment with our lead consultant to discuss the findings.

## **Abnormalities in the shape of your uterus**

You are likely to have already had pelvic scans and any obvious abnormality would have been detected and explained to you.

Women who have more complex anatomical abnormalities may require more detailed scans or investigations. Rarely surgery may be required to rectify some abnormalities.

## **Weak cervix**

This is not a problem for 1<sup>st</sup> trimester miscarriages (up to 12 - 13 weeks gestation). However, it can be a cause for some miscarriages between 14 and 24 weeks gestation. If this condition is suspected, you will be seen by one of our obstetric consultants, early in your next pregnancy. You may be offered an operation to put a stitch in your cervix. This is usually done at 13-14 weeks of pregnancy. The procedure is done through the vagina under a general or spinal anaesthetic.

## **What does this mean for us in the future?**

Once the initial investigations have been done, you will have an outpatient appointment to see the lead consultant for recurrent miscarriage.

The consultant will discuss the findings of the tests with you and there will be an opportunity to ask any questions.

If any causes are found, the consultant will discuss with you the implications of this and any further tests or treatments.

Sometimes couples are referred to larger recurrent miscarriage centres in London.

We will advise that you inform us of any subsequent positive pregnancy test. We will arrange a reassurance scan at 8 weeks gestation and discuss with you any other recommended treatment or support. It is widely recognised that women who have supportive care from an early pregnancy clinic from the beginning of a pregnancy have a better chance of a successful birth. For couples where no cause for recurrent miscarriage is found, up to 75% will have a successful pregnancy with this care. The majority of couples will have a successful pregnancy the next time, even after 3 consecutive miscarriages.

### **Further Information and Support:**

Dorset County Hospital Early Pregnancy Clinic (24 hour contact):  
01305 255760

Baby Loss Support:  
07795 318 318

Miscarriage Association:  
01924 200799  
<https://www.miscarriageassociation.org.uk/>

### **About this leaflet:**

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### **References:**

If you have feedback regarding the accuracy of the information contained in this leaflet, please email [pals@dchft.nhs.uk](mailto:pals@dchft.nhs.uk).



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