Patient Information

Recurrent Miscarriage

What causes recurrent miscarriage?

There is no single cause for recurrent miscarriage. Pregnancies miscarry at different times and there are different ways in which miscarriage can occur. Causes are divided into several groups.

Many cases of miscarriage will remain unexplained even after investigations. Importantly, the result of future pregnancies for this with unexplained miscarriage history is better than for those where a recognised cause is identified. This leaflet describes the possible reasons for recurrent miscarriage (3 or more). No news of an abnormal result is usually good news.

What are my chances of a successful pregnancy?

The chance of a successful pregnancy remains goo even when no cause is found. However, there are some factors that influence the course of a future pregnancy. The older you are, the greater the risk of having a miscarriage. The more miscarriages you have had already, the more likely you will be to have another one. However, even at or above the age of 40, there is still a 50% chance of achieving a successful pregnancy.

Predicted probability of a successful pregnancy by age and previous miscarriage

Age years	Miscarriages 2	Miscarriages 3	Miscarriages 4	Miscarriages 5
20	92	90	88	85
30	84	80	76	71
40	69	64	58	52
45	60	54	48	42

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Hormones

It has been thought for some time that hormonal abnormalities cause recurrent miscarriage. However, although many theories have been suggested, none have led to treatments which have improved the outcome for future pregnancies.

Low levels of progesterone are often found in women who are miscarrying. This reflects that the pregnancy has not implanted properly. Therefore it is important to understand that this is the effect of miscarriage and not the cause. Giving progesterone injections early in pregnancy does not improve the outcome.

A pelvic scan may show that a woman has polycystic ovaries. It is a common condition found in 25% of women whereby multiple cysts are found in the ovaries. These are not dangerous and cannot be removed because they are within the ovary. Polycystic ovaries can be Associated with increased production of other hormones – leutinising hormone and testosterone. However, as yet there is no evidence to prove that polycystic ovary syndrome causes miscarriage.

Follicle stimulating hormone drives the ovary to produce the egg follicles. Rarely, a woman may have high follicle stimulating hormone which may indicate a premature menopause. In this case you may be invited to see one of our fertility specialists.

Blood clotting disorders

The significance of blood clotting disorders in causing recurrent miscarriage has been confirmed. When a woman is pregnant her blood is slightly thicker than normal. If blood clots occur in the blood vessels of the placenta, the blood flow to the fetus can be decreased.

Antiphospholipid antibodies, the two most important ones, lupus anticoagulant and anticardiolipin antibodies cause blood to clot more easily. Women who have persistently positive tests are said to have Primary Antiphospholipid Syndrome (PAPS). This is found in 2% of women. Treatment is with the use of low dose aspirin and/or heparin (blood thinning medications)

Can the cause be genetic?

The most common cause for a single miscarriage is a chromosomal abnormality of the fetus. The fetus inherits one half of its chromosomes from the mother and one half from the father. Once conception has taken place the fetus may be left with too few or too many chromosomes. In many cases this is incompatible with life and the pregnancy miscarries. In a small percentage of couples, between 3 and 5%, one partner has an abnormal chromosome which they pass onto the fetus. Most commonly this is when the chromosomes, although of the right number are arranged differently.

If a chromosome abnormality is found in either partner, referral will be made to a Clinical Geneticist or Genetics Specialist Nurse.

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Can infection be the cause?

Infection may play a role in causing late pregnancy loss (over 14 weeks) but it is unlikely to be important in early miscarriage.

Structural abnormalities of the cervix and womb

You will be invited to have a scan which will be attempting to pick up any abnormalities in the structure of the pelvic organs. If this proves to be the case you will be seen by a gynaecologist to discuss whether there would be any benefit in having surgery. Cervical incompetence (when the neck of the womb is lax) is often mentioned. This only effects pregnancies over 14 weeks and at present is difficult to diagnose.

Can I benefit from having extra 'pregnancy' hormones?

The hormones that are important in maintaining pregnancy are human gonadotrophin (HCG) and progesterone. There is no evidence that taking extra progesterone in early pregnancy helps improve the outcome. Likewise, most studies have shown no added benefit in having HCG injections in early pregnancy. Do not forget to take folic acid supplements up to 12 weeks of pregnancy. It is now recommended that vitamin D 10 micrograms per day be taken during pregnancy.

General

There is some evidence that women who smoke are at an increased risk of miscarriage and that the risk is related to the number of cigarettes smoked.

Similarly, women with an excessive alcohol intake are thought to have an increased risk of miscarriage.

It is also an opportunity to look seriously at losing weight if this is needed.

What now?

Following investigations you may wish to embark on another pregnancy. You will be invited to contact the Early Pregnancy Unit directly for an early scan. There are no hard and fast rules but common sense should guide you during the weeks when you feel most at risk. You may wish to think about:

- Reducing workload.
- Early to bed, late up.
- No heavy lifting, moving house etc.
- No gym, or strenuous exercise.
- No hot baths, spas etc.
- Reduce the amount of childcare – use friends and family!
- Avoid busy stressful environments.

None of this has evidence to prove it is effective but it is about taking care of yourself at a time which is difficult for you anyway, and you feel most vulnerable

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From 1st January 2019 smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds.

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

Document Control
Division: Women & Children's
Department: Gynaecology
Approved Date: 21 March 2019
Next Review Date: April 2022
Document Number: W&C - PIL0053