



Recurrent pregnancy loss

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Experiencing a pregnancy loss (miscarriage) can be very distressing. If this occurs several times, the impact on you and your partner can be very difficult to come to terms with.

This booklet is for you and your partner or loved ones if you have experienced recurrent pregnancy loss (also sometimes referred to as recurrent miscarriage). It includes information about:

- possible causes
- tests that you may undergo
- treatments that may be recommended
- how to get involved in research if you wish
- sources of further information.

Some information is included about the possible outlook for the future. This information should not replace advice from your doctor about your own situation.

This information aims to enable you to know more about recurrent pregnancy loss to help you through this challenging time. There is a lot of information to take in and you may not feel ready right now but you can review this information if and when you feel able to do so.

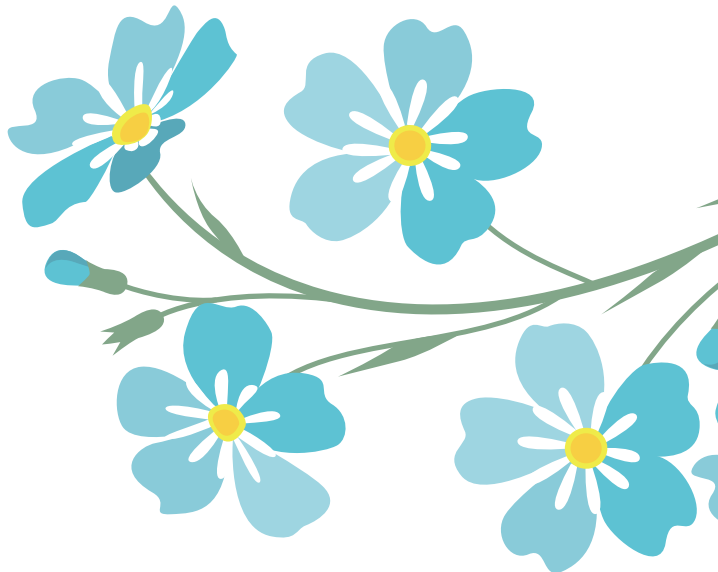


What is recurrent pregnancy loss?

A pregnancy loss (miscarriage) is the loss of a pregnancy before 24 weeks of pregnancy. This leaflet does not include information about a pregnancy loss that occurs at or after 24 weeks of pregnancy.

Your healthcare professional may consider a diagnosis of recurrent miscarriage or recurrent pregnancy loss after the loss of two or more pregnancies. However, normally you will be referred to a clinic following the loss of three pregnancies. There are several factors involved in this, including your age, how far along the pregnancy was and your past medical history.

The term recurrent miscarriage may also be used instead of recurrent pregnancy loss. The term recurrent pregnancy loss is used more widely to include other forms of loss, including ectopic pregnancy (where the foetus develops outside the womb).



How you are feeling

The emotional impact each woman and their partner (and wider family and friends) experiences with recurrent pregnancy loss will be unique to them and feelings of loss and grief are normal.

It is important that if you feel you are struggling to manage these feelings that you seek help through talking to your doctor.

There are many factors that can influence how someone is affected by several episodes of loss. Some women or their partners may experience symptoms of grief, anxiety, depression or trauma. Different types of support are available from your hospital, GP surgery or through community and voluntary services. Types of support may include online information and support, acts of remembrance, support groups, listening services and counselling.

It is understandable that not everyone wishes to talk about this subject immediately after a loss. The healthcare professionals looking after you should ask you about how you are coping as part of your follow-up and provide you with information about available support. It is important that this is tailored to you and your partner as the effect of this is unique to each person.

Anxiety in a subsequent pregnancy can be common after recurrent pregnancy loss and support is available for you if you need it.

What will happen now?

You may be seen initially following a pregnancy loss by your GP, a nurse or doctor in early pregnancy services or someone else in the hospital (for example in the Emergency Department or if you are admitted to a ward). If there is a possibility you may have recurrent pregnancy loss, you will be referred to a specialist at the hospital for an outpatient appointment. If you are referred from early pregnancy services, tests may be done at the time of referral; otherwise tests will be organised by the hospital before or at the time of your appointment. This process will be explained to you when you are referred.

At your hospital appointment, information will be collected about your medical history and other relevant details. Some of these details are discussed in the following sections.



What increases the risk of recurrent pregnancy loss?

It is important to note that in many cases of recurrent pregnancy loss no risk factors or cause may be found. However, there are some factors that may increase the risk of recurrent pregnancy loss:

- **Age**

Increasing age is the most significant risk factor for pregnancy loss.

- **Lifestyle factors**

These include being overweight, excessive alcohol or caffeine consumption, and smoking. Your healthcare professional can discuss these with you if you would like further information.

- **Underlying medical conditions**

Pre-existing medical conditions, for example thyroid disorders, diabetes or some conditions that affect your blood such as antiphospholipid syndrome (APS). Further research is needed to explore the effect of other conditions including infection and the immune system in relation to recurrent pregnancy loss.

- **Anatomical abnormalities**

This refers to the physical structure of the organs involved in the reproductive process. Sometimes there may be a physical abnormality such as the shape of the womb (also known as the uterus) or a problem with the cervix that can increase the risk of pregnancy loss in the second trimester (the middle three months of pregnancy).

- **Genetics**

In a small number of couples, one partner may have an inherited abnormality that can increase the risk of recurrent pregnancy loss.

Unexplained recurrent pregnancy loss

Unfortunately, in over half of those who experience recurrent pregnancy loss no cause is identified. This can be challenging and difficult to process.

However, research has found that for most couples where no cause was found, a successful birth was more likely with supportive care in their next pregnancy. This usually involves increased support and contact with your clinical team.

Why are tests done?

Tests are recommended after three consecutive pregnancy losses (three miscarriages one after the other without a pregnancy resulting in a successful birth between these); this is because, unfortunately, miscarriage is common in the early stages of pregnancy and can be the result of chance.

Some factors that may influence the decision to carry out tests after two pregnancy losses can include your age, how far along your pregnancy reached before your loss and other clinical factors, such as any health problems you have or that run in your family. Your decision to undergo tests should be made through discussions with your healthcare professional.

It is important to note that if a cause or risk factor is identified, this does not necessarily mean there is an available treatment to reduce your risk of further pregnancy loss.



What tests will be undertaken?

The tests below have been separated into two sections; 'expected tests', which all women with recurrent pregnancy loss can expect to have, and 'additional tests', which may be recommended by your specialist based on your individual circumstances.

Expected tests

These are investigations that all women with recurrent pregnancy loss can expect to undergo.

Antiphospholipid screen

This is a combination of blood tests that checks for a condition (antiphospholipid syndrome) where the immune cells (cells that fight infections) in your body don't function properly and as a result they can target your own cells instead of infections. This can make your blood more likely to clot and can increase the risk of pregnancy loss. Antiphospholipid syndrome is an identified but unusual cause of recurrent pregnancy loss.

This may involve two separate blood tests three months apart; the second is only carried out if the first one is positive. The first test should be taken at least six weeks after a pregnancy loss.

If your specialist advises you to have this test, and the first sample is positive, it is important that you try to avoid pregnancy until the second set of blood samples has been taken, as this can affect interpretation of the results.



Thyroid function tests

Your thyroid gland is located in your neck and it produces hormones important for many of the body's daily tasks. Thyroid hormones are also essential for the healthy development of a baby. Some studies have suggested that having an underactive thyroid (where not enough of the thyroid hormones are produced, also called hypothyroidism) has been linked with recurrent pregnancy loss. Given that there is a known treatment for hypothyroidism, routine thyroid function tests are recommended for those with recurrent pregnancy loss.

It is also known that having an overactive thyroid (where too many hormones are produced, also called hyperthyroidism) can cause problems in pregnancy. If this is identified, appropriate treatment can be started early, hopefully reducing the risk of possible problems later in pregnancy if you become pregnant.

Anatomy assessment

It is important that a physical examination is undertaken to try and identify if there is any physical reason that may be preventing a pregnancy from continuing. This often involves an ultrasound scan to look internally, for example at the shape of the womb. Your specialist may suggest other tests, including tests involving X-rays, specialist ultrasound techniques or Magnetic Resonance Imaging (MRI).

Additional tests

Your specialist may arrange for additional tests to those listed above depending on your individual circumstances but please note that these are not recommended routinely for everyone.

Genetic tests

Testing the genetics of the pregnancy tissue following a pregnancy loss is not routinely recommended but in some cases this may be advised by your clinical team.

Likewise, you and your partner may be advised to have some genetic tests if your specialist thinks this might be an important factor.

Vitamin D blood test

Your body needs vitamin D for many processes, including keeping your bones healthy. There is no known evidence that vitamin D is linked with pregnancy loss. However, it is known that many people do not have enough vitamin D in their bodies, and a lack of vitamin D has been linked to problems later in pregnancy. As a result, testing for vitamin D may be recommended.

Hormone blood levels (days 2–5 of your cycle)

Hormones vary with each woman according to your monthly menstrual cycle. Hormones have an important part to play in helping a pregnancy to occur and continue, although this is an area of ongoing research. For example, looking at your hormone levels can suggest if there may be some irregularities in the monthly cycle of ovulation (where an egg is released from the ovary). This test looks at your hormone levels at a particular stage in your cycle to help identify if any further hormone tests should be considered.

Rubella immunity

This test seeks to identify whether you are immune or susceptible to rubella infection. Rubella infection can cause problems if it occurs during pregnancy. Whilst this test will not show the cause of recurrent pregnancy loss, it may identify if you are not immune to rubella and therefore might benefit from vaccination before pregnancy.

Additional blood tests

Following your assessment, your specialist may recommend additional blood tests based on your individual circumstances.

Tests for male partners

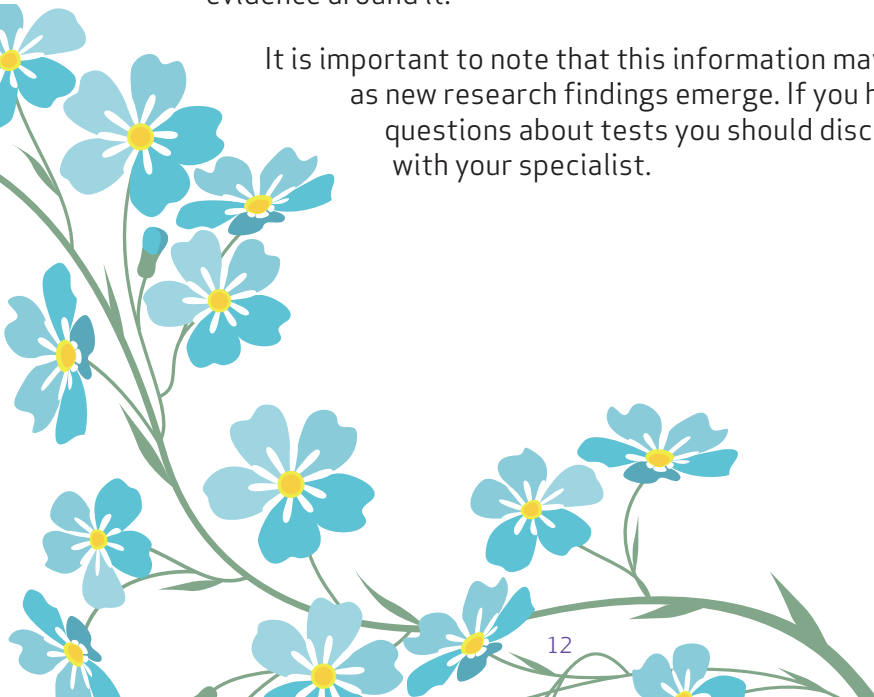
Your specialist may suggest some tests for your partner following your assessment.

Why am I not being offered a test that I have heard about?

Many women are keen to undergo any test that might help shed some light on their reason for experiencing recurrent pregnancy loss, but there are few tests that are routinely recommended. This is because there is still a lot of research ongoing in this area to try and find out the causes and treatments for recurrent pregnancy loss. As noted earlier, some tests might be suggested for you based on your particular circumstances and history.

There are, however, several tests that are not usually recommended and you may have heard about these online or from another source. This may be because there is no or very limited evidence that what is being tested for is a cause of recurrent pregnancy loss, or no evidence that the proposed treatments reduce the risk of future pregnancy loss. In some cases, these tests or associated treatments may even possibly be harmful, particularly if this is a new area of treatment with limited evidence around it.

It is important to note that this information may change as new research findings emerge. If you have any questions about tests you should discuss these with your specialist.



Are there any treatments for recurrent pregnancy loss?

All couples affected by recurrent pregnancy loss should be advised of the importance of a healthy diet and exercise which contribute to a healthy weight, and other factors such as avoiding smoking and limiting alcohol. These factors are important in recurrent pregnancy loss but also for your general wellbeing as you deal with this difficult time.

Recurrent pregnancy loss is a growing clinical and research area and there is currently very limited evidence to support specific treatments that may reduce the risk of future pregnancy loss.

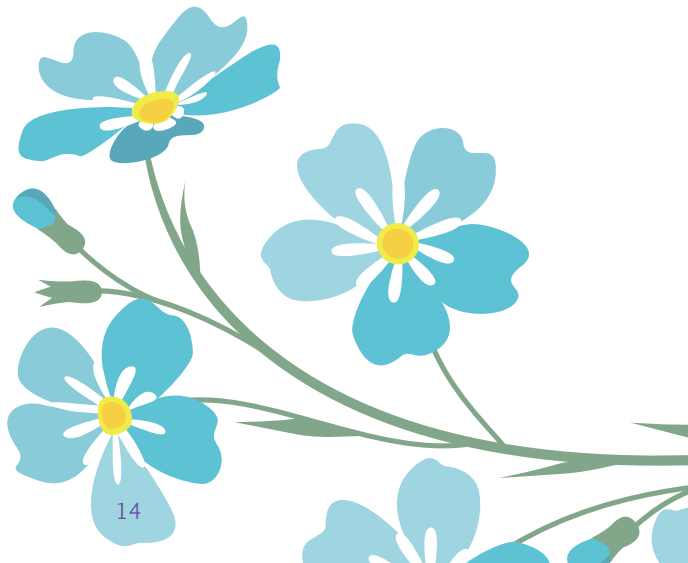
In some cases there may be an available treatment for you to reduce the risk of a further pregnancy loss. These treatments will depend on your individual circumstances and your specialist will be able to discuss this with you further. Possible treatments that may be offered include:

- heparin and aspirin if you are diagnosed with antiphospholipid syndrome; however, there is no clear evidence that heparin and aspirin have any effect on future pregnancies for those with unexplained recurrent pregnancy loss;
- medication to correct your thyroid hormone levels if you are diagnosed with a problem with your thyroid gland;
- if you have been told there is a problem with weakness in the cervix (the opening of the womb), it may be recommended to have additional monitoring or treatment in future pregnancies;
- if you are diagnosed with another cause, for example a problem with one of the hormones in the body, specific treatment may be recommended;
- progesterone (a hormone produced during pregnancy; recent evidence suggests that giving progesterone in early pregnancy may be beneficial);
- referral to another centre in the UK for additional advice may be recommended for a small number of women and couples.

Treatments that are NOT recommended

The following treatments are not currently routinely recommended as there is not enough evidence to show that they have any effect:

- HCG treatment (hormones associated with pregnancy)
- growth factors (hormones to encourage growth of tissues)
- metformin treatment (a medication that can affect your blood sugar)
- surgical treatment to the womb (uterus)
- endometrial scratching (a treatment to the lining of the womb)
- other treatments for the immune system
- intralipid therapy (a form of nutritional treatment)
- sperm selection.



Is there any way I can get involved in a research study?

Your specialist can discuss any possible research that might be suitable for you if this is something you would be interested in.

Currently the majority of research studies involve travelling to a research centre elsewhere in the UK. There are clear processes to facilitate this.

Further information about research studies can be found at www.tommys.org

What is the outlook for the future?

At your clinic appointment your specialist can discuss the future outlook for you based on your individual circumstances. Two important factors for the future include the number of pregnancy losses you have experienced and your age.

Your specialist will also be able to give you information about what you should do if you become pregnant in the future. This might include contacting your local early pregnancy service after you have a positive pregnancy test to arrange to be seen.

Remember, many couples with recurrent pregnancy loss, including women with unexplained recurrent pregnancy loss, will go on to have a healthy pregnancy in the future.



Where can I get more information?

Support is available from your local Health and Social Care Trust:

Belfast HSCT

pha.site/BHSCServices
pha.site/Belfastchildbirthloss

Northern HSCT

pha.site/NHSCServices

South Eastern HSCT

pha.site/SEHSCServices

Southern HSCT

pha.site/SHSCServices

Western HSCT

pha.site/WHSCServices



Public Health Agency

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Tel: 0300 555 0114 (local rate).
www.publichealth.hscni.net

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