

# RECURRENT MISCARRIAGE

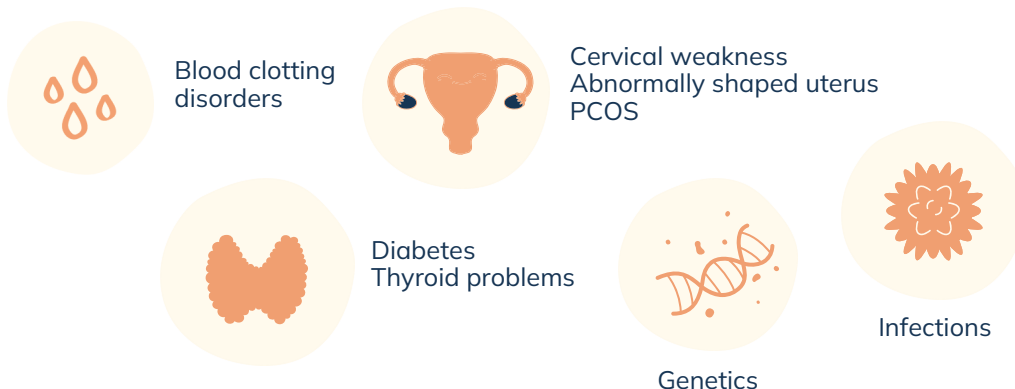
Currently, in Australia, recurrent miscarriage is defined as 3 or more miscarriages in a row. Around 1-2% of women experience recurrent miscarriage. Having one miscarriage after another is often highly distressing and traumatic. Testing to see if there is a possible reason why you are experiencing recurrent miscarriage is important.

## TESTING FOR RECURRENT MISCARRIAGE

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In Australia, testing for the cause of miscarriage isn't common unless you've experienced recurrent miscarriage. It may also be offered if you have a personal or family history of a condition that may impact your pregnancy. If you would like testing done, it's best to speak with your doctor or specialist as this will depend on your personal circumstances.

While testing tries to determine why you're experiencing miscarriages, it's not always possible to find out the cause. Some hospitals have specialist recurrent miscarriage clinics which can help women try and find the reasons and, if possible, start treatment. There are several conditions that your doctor or specialist will likely test for if you've experienced recurrent miscarriage.



## BLOOD CLOTTING DISORDERS

Antiphospholipid antibody syndrome (APS) is a blood clotting disorder sometimes referred to as Hughes syndrome or sticky blood syndrome. It develops when your immune system makes abnormal antibodies in the blood which then increases the risk of blood clots and pregnancy problems such as complications in placental formation and function. Research has found high levels of these antibodies in up to 15% of women who experience recurrent miscarriages.

Treatment (i.e. blood thinning medication/ anticoagulants) for antiphospholipid antibody syndrome is available. If you are diagnosed with a blood clotting disorder, your specialist will go through options that may work for you.

## RHESUS NEGATIVITY

If you are rhesus negative (meaning you have a minus sign following your blood type, for example, A-) and experience a miscarriage, you may be prescribed anti-D injections. This procedure prevents complications for future pregnancies if your next baby is Rhesus positive.

*“It’s not fair, for the second one [miscarriage], when some people have never had any. You know it was more that thing of the unfairness of having a second one”.*

## GENETICS

Around 50-80% of miscarriages are due to chromosomal abnormalities. The vast majority are due to spontaneous chromosomal abnormalities in the parents’ sperm or egg and only a very small number to hereditary abnormalities. The older you and your partner are, the higher the risk of abnormalities.

If you have experienced recurrent miscarriage your doctor may refer you and your partner to a genetic counsellor to discuss and test for any potential genetic risks or abnormal foetal developments (heart defects, chromosomal abnormalities, spina bifida). Finding out that you have experienced miscarriage due to genetic reasons can be very distressing. A genetic counsellor can help you assess your risk of genetic disorders in future pregnancies and how you might decide about future pregnancies.

## CERVICAL WEAKNESS

Cervical weakness, also known as ‘cervical insufficiency’, occurs in less than 1 in 100 women. If you have experienced late miscarriages or premature labour due to your cervix opening too early, it is possible you have a weakened cervix. A weakened cervix can result from previous pregnancies, anatomical abnormalities that you may have been born with, particular health conditions, a history of having surgical or medical procedures involving your cervix, or a short cervix.

You may be referred for a scan to check the length of your cervix and if diagnosed, you may be advised to have a cervical stitch before or during your pregnancy (a cervical stitch is when a stitch is sewn into place on your cervix to help it remain closed).

## ABNORMALLY SHAPED UTERUS

Some women have an abnormally shaped uterus (womb). For some women, this isn't a problem but for others, it can lead to problems during pregnancy or other reproductive difficulties (such as trouble conceiving and irregular bleeding). Having an abnormally shaped uterus can also increase the risk of miscarriage and premature birth depending on the abnormality. An ultrasound scan can be done to check whether you have an abnormally shaped uterus and if so, whether treatment such as surgery is an option.

Fibroids (non-cancerous growths within the uterus) are common and do not usually cause any issues. However, large fibroids that impact the uterine cavity may increase your risk of miscarriage.

## UNCONTROLLED DIABETES AND THYROID PROBLEMS

Uncontrolled diabetes and untreated thyroid problems - including high levels of thyroid antibodies - are associated with an increased risk of miscarriage. The thyroid is a gland in the neck that makes the thyroid hormone. The thyroid hormone plays a critical role in supporting pregnancy and it is important to have healthy thyroid levels both before and during pregnancy. If your thyroid levels are too high (hyperthyroidism) or too low (hypothyroidism) it can cause pregnancy problems. Thyroid function can be checked through a blood test which measures your thyroid hormone levels and thyroid stimulating hormone in your body. In most cases, thyroid problems are relatively straightforward to treat.

Endometriosis and hyperprolactinemia can also impact your hormonal balances and your pregnancy. Endometriosis does not cause miscarriage.

## WHAT ARE OTHER POSSIBLE CAUSES?



## POLYCYSTIC OVARY SYNDROME

There is evidence to suggest PCOS may be associated with an increased risk of miscarriage. Polycystic ovary syndrome, commonly referred to as PCOS, is a common hormonal condition affecting around 15% of women of reproductive age. One of the leading causes of infertility, women with PCOS often have enlarged ovaries and many small cysts or follicles which fail to mature or produce eggs that can be fertilized when released from the ovaries. Women with PCOS also tend to have hormonal problems including high levels of insulin and male hormones in the blood which can cause a range of symptoms including:

- irregular or no menstrual cycles
- excessive body or facial hair
- thinning hair on the head
- acne
- overweight or difficulty losing weight

If you are concerned about PCOS it's best to see your doctor who will discuss your symptoms and medical history with you, examine you, and may order some blood tests and an ultrasound to determine whether you may have PCOS.

## INFECTIONS AND FOOD POISONING

While some infections and food poisoning can cause or increase the risk of miscarriage it is unclear what role they play in recurrent miscarriage. Infections include genital infections and sexually transmitted infections, rubella, cytomegalovirus, toxoplasmosis, listeria and parvovirus.

## EMERGING RESEARCH AND POTENTIAL TREATMENTS

### PROGESTERONE TREATMENT AND MISCARRIAGE

There is emerging evidence from researchers at Tommy's National Centre for Miscarriage Research that giving progesterone to women who have early pregnancy bleeding and a history of recurrent miscarriage may be beneficial and increase the chances of them having a baby. Progesterone is a hormone that is essential for maintaining a healthy pregnancy. Their recent research showed that women who had 3 or more previous miscarriages experienced the greatest benefit from the progesterone treatment. Importantly, the study showed that there were no safety concerns for women in taking the treatment.

### LOW LEVELS OF VITAMIN D

There is also emerging evidence from a review undertaken by researchers at Tommy's National Centre for Miscarriage Research that women with low levels of Vitamin D are at a significantly higher risk of miscarriage. Although a link was found, the studies were limited and further research is needed to work out whether giving vitamin D treatment before conception reduces the risk of miscarriage.

*"...once you've had that first miscarriage you certainly always hold that fear of something going wrong... After the first time, each subsequent pregnancy, you are on a tightrope because you know what you're looking for. And I know for me, I was very focused on checking for the signs, you know looking to see if it's all going wrong"*

### WHERE CAN I FIND MORE INFORMATION?

Visit our website by scanning the QR code below or visit [miscarriageaustralia.com.au](https://miscarriageaustralia.com.au)

You can also find more information from your GP or the website of the hospital or clinic you will be attending



### WHERE CAN I FIND SUPPORT?

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