

**Patient
Information**

Recurrent Pregnancy Loss

Introduction

Miscarriage can have a major emotional effect on individuals, couples and their families. Feelings of loss, grief or a sense of failure can sadly be common.

When miscarriage happens 3 or more times, it is called recurrent miscarriage or recurrent pregnancy loss. This affects around 1 in every 100 couples.

We are sorry that you have experienced recurrent pregnancy loss and hope that this leaflet will give you some information and signpost you to further support to help during difficult times.

Recurrent Pregnancy Loss Clinic

Following a referral to the recurrent pregnancy loss team, you will receive a letter in the post with an appointment to be seen in clinic.

During your appointment a healthcare professional will discuss your history and arrange any investigations needed. These may include blood tests and an ultrasound scan.

The healthcare professional will also discuss any previous test results that are available, possible causes of recurrent pregnancy loss and potential treatment options.

Why does recurrent miscarriage happen?

For the majority of couples, who are seen with a history of recurrent pregnancy loss, no cause is found. We do know that some factors increase the likelihood of miscarriage and a few can cause recurrent miscarriage. We have listed the possible factors within this leaflet.

Lifestyle

Couples should aim to be non-smokers, drink minimal amounts of alcohol and caffeine and have a healthy BMI (Body Mass Index). Evidence has shown that being overweight, smoking, having excessive alcohol consumption and too much caffeine can all increase the risk of miscarriage.

Reference No.

GHPI1639_08_24

Department

Gynaecology

Review due

August 2027

Patient Information

If you need help to stop smoking, lose weight or reduce alcohol intake you can self-refer to 'Healthy Lifestyles, Gloucestershire' who provide free support. Please visit www.hlsghos.org for more information.

Excessive alcohol consumption is known to be harmful to a developing baby and having more than 5 drinks (10 units) a week may increase the risk of miscarriage.

We would also advise couples to aim for a BMI between 19 and 25.

It is recommended that caffeine should be limited to less than 200mg a day, this is about 2 cups of instant coffee. Please visit Tommy's and use the Caffeine calculator – the website details are at the end of this leaflet.

Age

The risk of miscarriage can increase with age. More than 1 in 2 pregnancies sadly result in miscarriage for women aged over 40. The father's age, if above 40, is also associated with an increased risk of miscarriage.

Chromosome problems

The most common reason for miscarriage is a chromosome abnormality (the building blocks of the cells within our bodies). This is most often a random event rather than a due to a specific abnormality from the mother or father. Due to this, analysis for chromosomal abnormalities at the time of miscarriage is only offered, for those who have experienced recurrent pregnancy loss or when a pregnancy loss happens after 13 weeks gestation.

These tests sometimes reveal a chromosomal abnormality that may have been passed on from either of the parents. In these circumstances parental chromosomal testing will be offered when advised to do so by the genetic team. Chromosomal abnormalities in parents can affect about 5 couples in every 100 women with recurrent miscarriage.

If a chromosome abnormality is identified, a referral will be made to a genetic counsellor who will discuss the risks for future pregnancies and talk about the options available.

**Patient
Information****Weak cervix**

A weak cervix can cause a miscarriage in later pregnancy (14 to 23 weeks). If you have a history of this then you will be offered an ultrasound scan during your pregnancy to monitor the length of the cervix.

Progesterone supplements or a stitch to the cervix may be advised if the cervix is found to be short.

Shape of the uterus

If required, your womb will be checked for abnormalities in shape. This done using an ultrasound scan. If any significant problems are found, you will be advised about any further investigations needed. Surgery is rarely needed but may be considered depending on the severity of the abnormality.

Diabetes and thyroid problems

Poorly controlled diabetes and thyroid problems can be associated with miscarriages. These conditions do not cause recurrent miscarriage as long as they are treated and kept under control.

Infection

If an infection makes you very unwell, it can cause a miscarriage but it is not clear if it causes recurrent miscarriage.

Blood clotting problems

A condition called Antiphospholipid Syndrome (APS) is a rare cause of recurrent miscarriage and late miscarriage. -Blood tests when you are not pregnant can be done to check for this.

Two positive tests, 3 months apart, are required to confirm a positive diagnosis of APS. If you are found to have this condition it can be treated with aspirin and blood thinning injections during pregnancy.

**Patient
Information**

Unexplained recurrent miscarriage

In more than half of couples with a history of recurrent pregnancy loss, there is no underlying cause. While this can be frustrating, it is reassuring to know that most couples do go on to have a successful pregnancy.

Women who have had 3 or more miscarriages have a 4 in 10 chance of having another miscarriage. This means there is a 6 in 10 chance of having a healthy pregnancy.

Supplements you can take

Research shows that there is some benefit from taking the following:

Vitamin D

Taking vitamin D is important for the development of bones and teeth and may reduce your chance of miscarriage. The current recommendation is 10 mcg of vitamin D once a day.

Folic acid

Folic acid helps in the development of the baby's spinal cord and nerves. It is important to take folic acid before you get pregnant (ideally 3 months prior) to help reduce any problems later on. The current recommendation is 400mcg of folic acid once a day.

Progesterone

As per NICE guidance, it is recommended that women who have sustained a miscarriage in the past and who have vaginal bleeding in a current pregnancy are given Progesterone pessaries vaginally (400mg twice a day until 16 weeks) once an intrauterine pregnancy is confirmed on an ultrasound scan.

Looking forward

There is ongoing research into recurrent miscarriage being carried out in other hospitals. If you would like to take part in this, you can be referred to one of the participating centres.

We acknowledge that pregnancy after miscarriage can be a very anxious time. In future pregnancies, please contact the Early Pregnancy Assessment (0300 422 5549) to arrange an early scan for when you are between 7 and 8 weeks gestation.

Patient Information

Contact information

Recurrent Pregnancy Loss Team

Email: ghn-tr.rpl@nhs.net

Tel: 0300 422 5534 (with an answer machine)

Further information

Caffeine calculator

Calculate your daily caffeine intake and tips for a healthy balanced diet.

Website: www.tommys.org/pregnancy-information/im-pregnant/nutrition-pregnancy/check-your-caffeine-intake-pregnancy

Miscarriage Association

The association provides support and information for people affected by pregnancy loss.

Website: www.miscarriageassociation.org.uk

Tommy's

This is a charity that gives information and support. Tommy's also funds research into miscarriage, stillbirth and premature birth.

Website: www.tommys.org/pregnancy-information/pregnancy-complications/baby-loss/miscarriage-information-and-support

Healthy lifestyles Gloucestershire

Offers support and advice to help people to stop smoking, lose weight, increase their exercise and eat healthily.

Website: www.hlsglos.org

Content reviewed: August 2024

Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>