

Recurrent Miscarriage Clinic

***Information for
patients and carers***

**Fertility Clinic
Aberdeen Maternity Hospital**

This booklet is about the Recurrent Miscarriage Clinic here in Aberdeen. It will tell you briefly about miscarriage, about what the Clinic does and how we can help you.

Recurrent miscarriage

Miscarriage is the most common complication of pregnancy. Approximately 15% of all pregnancies (15 in every 100) will end in a miscarriage. 25% of women (1 in 4) who become pregnant will have at least one miscarriage.

Women who have had a miscarriage may be divided, broadly speaking, into two groups:

1. those who suffer miscarriages from causes which are unlikely to reoccur
2. those who repeatedly miscarry

This second group is usually defined as the loss of three or more pregnancies in a row. Only 1% of women (1 in 100) fall into this group. For some of these women, there is an underlying cause for recurring miscarriage. If this cause can be identified, treatment may be possible.

However, even after three miscarriages in a row there is still a good chance of a successful pregnancy. The success rate is between 55 and 75%. This compares with the 85% success rate expected for any woman conceiving.

What causes recurrent miscarriage?

Recurrent miscarriage can happen for different reasons. Some of the more common causes are described below. In about half of cases no cause at all will be found.

Pregnancies miscarry at different times and there are different ways in which a miscarriage may occur.

Genetic causes

The most common cause of a single miscarriage is a chromosomal abnormality of the foetus.

The chromosomes carry the genetic information. The foetus inherits one half of its chromosomes from the mother and one half from the father.

- *Random errors*

Errors can occur and lead to the foetus having either too many or too few chromosomes. In many of these cases, the chromosome content is incompatible with life and the pregnancy miscarries. **These errors occur randomly and are not a recurring cause of miscarriage.**

- *Translocation*

In a small number of couples (between 3 and 5%) one partner may themselves have abnormal chromosomes. This does not affect them but can affect their children.

An example of this is when the chromosomes, although being of the correct number, are arranged differently. These re-arrangements are known as “translocations”. This is one of the recognised causes of recurrent miscarriage.

If a chromosomal problem is found to be the cause, we can refer you to a geneticist (a person with expertise in this field). The chances of a successful pregnancy in the future will depend on the type of chromosomal abnormality. This would be explained and discussed with you further as necessary.

Blood clotting disorder

Blood clotting disorders can also be an important cause of recurrent miscarriage.

It has been known for some time that a woman's blood becomes thicker in pregnancy. However, in some women it has recently been found that this is more marked.

When blood becomes thicker, it clots more easily. If blood clots occur in the blood vessels of the placenta, the blood flow to the baby is decreased. This can lead to either miscarriage or, if the pregnancy proceeds, to the birth of a baby that is smaller than he or she ought to be.

Some substances in the body cause blood to clot more easily. Antiphospholipid antibodies have this effect. Antibodies are substances which fight infection and act against "foreign" materials in the body. Two important antiphospholipid antibodies are **lupus anticoagulant antibody** and the **anticardiolipin antibody**.

Women with a history of recurrent miscarriage who have persistently positive tests for the lupus anticoagulant and / or anticardiolipin antibodies are said to have Primary Antiphospholipid Syndrome.

It has been reported that 15% of women with a history of recurrent miscarriage have 2 or more persistently positive tests for antiphospholid antibodies. In pregnancies in which drug treatment (with anti-clotting drugs) is prescribed, success rates for these women of 40 to 70% are reported.

General information

It has been estimated that up to 10% of women who miscarry repeatedly have an abnormally shaped uterus. However, the proportion of such women in the population is unknown and it is likely that the majority of women with a uterine abnormality can have a normal pregnancy.

There is some evidence that women who smoke have an increased risk of miscarriage and that this risk is related to the number of cigarettes smoked. If you smoke, we **strongly advise** you to stop or to cut down at the very least. Please ask if you would like help to stop smoking.

Also, women with an excessive alcohol intake are thought to have a higher rate of miscarriage.

Recent guidelines from the Department of Health suggest that all women planning a pregnancy should take 400 micrograms of **folic acid** before pregnancy until approximately 12 weeks' gestation. This is to prevent defects such as spina bifida rather than miscarriage itself.

The Recurrent Miscarriage Clinic

The Recurrent Miscarriage Clinic offers support, information, investigations and treatment for couples who have had recurrent early pregnancy loss.

The clinic has been set up to:

1. Provide support during and after a miscarriage.
2. Answer any questions that you may have.
3. Help you to have a successful pregnancy.
4. Establish as yet unidentified causes of miscarriage.

Identification and treatment of the recognised causes of miscarriage are important to increase your chances of a successful pregnancy in the future. **We would stress that a cause cannot always be found for recurrent miscarriage.** From time to time you will be asked if you want to take part in research to try and find out more about the causes of recurrent miscarriage.

The Recurrent Miscarriage Clinic is held within the Fertility Centre in Aberdeen Maternity Hospital. The nursing staff are available 7 days a week and are there to support you through your investigations and any future pregnancies.

Referrals

We can only accept referrals made by hospital doctors and GPs. Unfortunately, you cannot refer yourself, but we are always pleased to answer any of your questions over the telephone.

Your first appointment

Before seeing a doctor at the Recurrent Miscarriage Clinic, you may be given an appointment to meet one of the nursing sisters.

At this visit, you will be asked about your miscarriages and your medical history. We will also offer you various blood tests. These tests are explained further over the page. You may have had blood tests carried out in Rubislaw Ward or by your GP in which case there will be no need for this initial appointment.

Please feel free to ask any questions you may have at this visit.

Your next appointment

We strongly advise that you avoid pregnancy until after the doctor has reviewed your results with you both.

We will arrange an appointment for you to see the doctor in several weeks. By the time of this appointment the results of your blood tests should be available. The results of some blood tests can take up to 4 weeks to come through.

If, as a result of these tests, further tests have to be performed, these will be arranged by the Clinic.

The way forward

We will discuss your possible options fully with you.

We know that pregnancy care is very important to women who have miscarried in the past, for whatever reason.

There is good clinical evidence to show that close supervision, support and reassurance in the early weeks of pregnancy improves the likelihood of a successful outcome.

We ask that all patients contact us as soon as they become pregnant. We are happy to hear from you when your period is only a few days late.

We will discuss with you a plan for close supervision during these first weeks. We offer to scan all patients regularly during the first 12 weeks of their pregnancy.

Referral on to your GP / midwife will only be made once you have successfully reached 10 weeks gestation.

Blood tests

Blood tests you may be offered include:

Chromosome test (Both partners)

In 3 to 4% of couples, an abnormality in one of the parents' chromosomes may be the cause of recurrent miscarriage. Testing of your blood and your partner's blood for this is called karyotyping.

Lupus anticoagulant and anticardiolipin antibodies (Female partner only)

In 15% of women who have recurrent miscarriage, either lupus anticoagulant or anticardiolipin antibodies (or sometimes both) will be present. If untreated, 90% of these women will miscarry in their next pregnancy.

Rubella (Female partner only)

Rubella (German measles) is not a cause of recurrent miscarriage. It can however cause severe damage to a developing baby if the mother develops the infection in early pregnancy. All women of child-bearing age should therefore be immune to this infection before conception. If you are found not to be immune, we will offer you a vaccination.

Blood group (Female partner only)

Everybody's blood is either rhesus positive or rhesus negative. Severe rhesus disease can occur when a rhesus negative mother and a rhesus positive father have a rhesus positive baby. This happens because antibodies in

the mother's blood regard the baby's blood as foreign. To prevent this happening, rhesus negative women may require to be given anti D at the time of miscarriage, or if they have any bleeding during pregnancy (depending on how far the pregnancy had progressed). Anti D can prevent the build up of these antibodies. It is also given after delivery of a baby that is known to be rhesus positive.



If you are found to be rhesus negative then this is recorded in your notes and anti D is given if necessary.

Further information

You may have other questions that are not answered in this leaflet. You may find it helpful to write your questions down before coming to the Clinic where we will be pleased to discuss them with you.

Further information can also be obtained from:

**Nursing staff
Fertility Clinic**

 **(01224) 552719** 

This leaflet is also available in large print and on computer disk.

Other formats and languages can be supplied on request. Please call Quality Development on (01224) 554149 for a copy. Ask for leaflet 0693.

Feedback from patients and carers helped us to develop this leaflet. If you have any comments or suggestions about how we can improve this leaflet, please let us know.