

Recurrent pregnancy loss

When you first get a positive pregnancy test, start taking any medication that has been recommended. If you need a prescription, please contact the Early Pregnancy and Acute Gynaecology Unit (EPAG) or your GP. If you have been advised to have heparin injections you will need to call our nurse specialist or the nurse at your GP practice who will be able to show you how to give this to yourself at home.

If you have been under our care before you can call us to inform us you are pregnant again. For administrative purposes we do need a GP referral so please contact them by phone to ask them to fax this to the unit. If you have not been to our unit before you will need to see your GP for a consultation and referral.

Your first scan and consultation will be in the EPAG at around 6 week's gestation (6 weeks from your last period). All being well, you will then have a scan at 8 and 10 weeks. If you experience bleeding between scans, please contact us.

When you attend your first appointment please bring any letters or results you have with you.

Contact information

The Elizabeth Suite
Early Pregnancy and Acute Gynaecology Unit
4th Floor
Chelsea and Westminster Hospital
369 Fulham Road
London SW10 9NH

T: 020 3315 5073 (appointments)
020 3315 5070 (specialist nurse)

Useful information

Miscarriage Association
W: www.miscarriageassociation.org.uk
T: 01924 200799
E: info@miscarriageassociation.org.uk

Patient Advice & Liaison Service (PALS)

If you have concerns or wish to give feedback about services, your care or treatment, you can contact the PALS office on the Ground Floor of the hospital just behind the main reception.

Alternatively, you can send us your comments or suggestions on one of our comment cards, available at the PALS office, or on a feedback form on our website www.chelwest.nhs.uk/pals.

We value your opinion and invite you to provide us with feedback.

T: 020 3315 6727
E: cwpals@chelwest.nhs.uk

Chelsea and Westminster Hospital
369 Fulham Road
London
SW10 9NH

T: 020 3315 8000
W: www.chelwest.nhs.uk

March 2017

العربية • বাংলা • Español • فارسی
Lietuviškai • Polska • Português
Русский • Soomaali • 𐌹𐌿𐌿𐌹

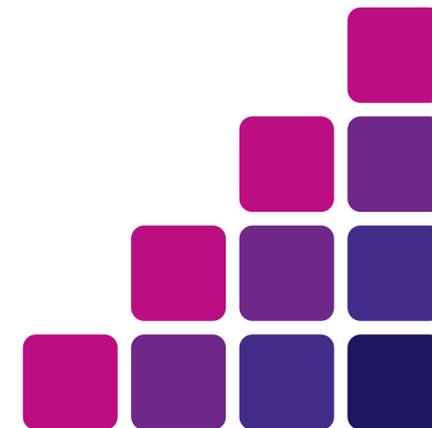
Speak to your clinician



Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust

Recurrent pregnancy loss

Information for patients



Recurrent pregnancy loss (recurrent miscarriage)

This term is usually used where a couple have suffered 3 or more miscarriages. In some cases, we do offer investigations when a couple have experienced two losses, depending on the individual circumstances.

The overall risk of experiencing 3 consecutive miscarriages is 1 in a 100. This risk will be significantly higher where the woman is over 35 years old.

Causes of recurrent miscarriage

In most cases no cause for recurrent pregnancy loss can be identified. The majority of couples who experience recurrent miscarriages will go on to have a successful pregnancy in the future.

The most important cause of recurrent pregnancy loss is a condition called anti-phospholipid syndrome (APS). There are safe treatments for this that reduce the risk of pregnancy loss.

APS is a blood clotting condition where your immune system develops antibodies which attack fats called phospholipids.

Phospholipids are involved in the blood clotting process—they make your blood more 'sticky' and as a result can affect the way the pregnancy implants into the uterus (womb) and the development of the placenta which supports the baby in later pregnancy.

There are other rare types of blood clotting disorder associated with recurrent miscarriage—these are called inherited thrombophilias, which also affect your blood clotting system.

Therefore it is important for you to tell us if you or family members have had blood clots (deep vein thrombosis or pulmonary embolism).

Inherited thrombophilias are a less established cause of early recurrent early pregnancy loss and there is more evidence to link them to later (mid-trimester) pregnancy loss. They have also been associated with blood clots (thrombosis) in pregnancy.

Women who have these conditions may inherit one or two affected genes.

We know that around 70% of miscarriages are caused by genetic abnormalities occurring at the early stages of pregnancy development. This type of miscarriage becomes much more common as women get older.

The vast majority of these genetic abnormalities occur 'sporadically', meaning by chance. However, there are a small number of couples who carry a genetic condition called a translocation which may be passed on causing a genetic abnormality in the developing baby.

Structural problems with the uterus have also been linked to recurrent pregnancy loss. There are a group of conditions called uterine anomalies where the shape of the uterus is unusual.

The most common types of uterine anomaly are a bicornuate (heart shape) uterus or uterine septum.

These conditions have a stronger link with later pregnancy loss and fertility problems but have been associated with early recurrent miscarriage. If this is suspected you may require surgery.

Investigations

Following a diagnosis of a third pregnancy loss you will be referred to the recurrent miscarriage clinic.

You will be offered genetic testing of the pregnancy tissue which will help us determine if this pregnancy loss occurred due to a genetic abnormality.

The doctor you see in clinic will ask about your history and you will be offered some blood tests to assess for the clotting problems described above. These tests are specialised and take several weeks to be reported.

Once we have the results we will write to you directly. If you do not hear from us within 6 weeks, please contact the unit directly.

You may also be asked to have a scan, X-ray test or camera test (hysteroscopy) to assess your uterus.

Treatment

Once we have the results of your investigations, we will advise on any treatment recommended in your next pregnancy.

The treatments we commonly use are aspirin (low dose) and progesterone supplements given as pessaries (cyclogest).

The evidence for the use of these medications in women with recurrent pregnancy loss is limited—however, we do know that they are not harmful to the woman or a developing pregnancy.

If you are diagnosed with a thrombophilia we will recommend you have both aspirin and injections of heparin (which thins the blood) during your next pregnancy.

You will need to give yourself these injections daily.

There is some research into immunological causes of miscarriage—when a woman's body has a higher number of immune cells which make the uterus less receptive to a pregnancy.

Some private clinics offer immunotherapy to suppress the immune system.

At present the NHS is not offering these treatments as there is insufficient evidence to prove they are effective.

Emotional support

Experiencing recurrent pregnancy losses is devastating for couples and each new pregnancy brings both hope and anxiety. We offer supportive care and additional scans to all couples in this situation.

Unfortunately some women will go on to have a further loss. Some couples may benefit from a referral to see a counsellor to discuss what has happened. This can be done via your GP. The Miscarriage Association also offer some services.