



Testing and Treatment Recommendations for Women with Recurrent Pregnancy Loss

New guidelines recommend an evaluation after two pregnancy losses prior to 20 weeks.

Recurrent pregnancy loss (RPL), which affects less than 5 percent of couples, is defined by the American Society for Reproductive Medicine (ASRM) as two or more pregnancy losses prior to 20 weeks. While the majority of miscarriages are due to sporadic chromosomal abnormalities, in cases of RPL, other factors can increase the miscarriage risk. Identifying and treating the cause of a woman's recurrent pregnancy loss is key to helping her maintain a pregnancy.

Uterine Factors

Structural problems in the uterine cavity, like septum, fibroids, polyps, or scar tissue impact implantation and increase the risk of miscarriage. Simple in-office tests, such as saline sonography and/or hysterosalpingography can detect if an abnormality is present. When an abnormality is found, surgical correction of the uterine cavity may decrease the risk of subsequent loss. If the cavity is not repairable, a couple may need a gestational carrier.

Antiphospholipid Syndrome

Antiphospholipid syndrome is an autoimmune disorder where antibodies negatively impact the development and function of the placenta. If antiphospholipid syndrome is found, taking low dose aspirin and heparin can help ensure a successful pregnancy.

Medical Diseases

Uncontrolled diabetes, thyroid disease, and elevated levels of prolactin can result in miscarriage. Therefore, simple screening blood tests for these medical conditions and subsequent treatment is recommended.

Genetic Causes

The majority of miscarriages are caused by sporadic chromosomal abnormalities. The risk of trisomy pregnancies and miscarriages increases as a woman ages. There are also some inherited genetic abnormalities that can result in pregnancy loss. Structural abnormalities (such as balanced translocations) in the parent's chromosomes can lead to unbalanced chromosome numbers in the fetus and therefore miscarriage. A parental karyotype can detect these abnormalities. In addition, karyotypic analysis of the tissue from a pregnancy loss may be useful. If the results indicate an abnormality, genetic counseling is important and preimplantation genetic screening (PGS) is an option.

Lifestyle Factors

There are some lifestyle changes that may help to reduce the risk of pregnancy loss. Cigarette smoking and drinking alcohol increase the risk of miscarriage. Some other factors include excess caffeine intake, obesity, and the use of nonsteroidal anti-inflammatory agents (Advil, etc).

Other Factors

There are many controversial causes of RPL, including infection, sperm factors, thrombophilias, and autoimmune disorders. Without good evidence showing an association, or that the treatment decreases the risk of miscarriage, Shady Grove Fertility physicians generally do not recommend testing and treatment of these conditions for the purpose of decreasing pregnancy loss.

Treatment Options

Treatments will depend on the outcome of the assessment. For the couples who have unexplained RPL, reassurance is very important and in vitro fertilization with PGS is an option.

The Good News

Fortunately, the prognosis is good and most women with recurrent pregnancy loss will eventually have a successful pregnancy. Overall, when RPL is detected and treated, over 70 percent of couples will have a subsequent live birth. Couples diagnosed with unexplained RPL, in which the evaluation is completely normal, will experience a similarly high level of success.

3 Things That Can Reassure Patients about Recurrent Pregnancy Loss

The American Society for Reproductive Medicine (ASRM) recommends a complete RPL evaluation after two pregnancy losses prior to 20 weeks.

With appropriate treatment 70% of patients will go on to have a subsequent live birth.

Treatment for RPL falls on a spectrum ranging from basic lifestyle modifications to more advanced treatments including IVF with PGS.





FERTILITY UPDATE

SHADY GROVE FERTILITY

When Recurrent Pregnancy Loss is Detected and Treated 70% of Couples Will Have a Subsequent Live Birth

Recurrent pregnancy loss (RPL) is now defined by the American Society for Reproductive Medicine (ASRM) as **two or more** pregnancy losses. The risk of a subsequent miscarriage is similar after two or three losses, between 25 to 30 percent; therefore, an evaluation is indicated after two losses.

At the outset, it is important that couples with RPL be reassured—statistics indicate they are most likely going to have a successful next pregnancy. This reassurance is critical as some evidence suggests an approach of “tender loving care” improves overall outcomes for patients.

[LEARN MORE ABOUT RECURRENT PREGNANCY LOSS ▶](#)

Initial Tests to Evaluate Recurrent Pregnancy Loss

Causes	Testing Recommendations
Anatomic	Saline sonogram, hysterosalpingogram
Immunologic	Anticardiolipin antibody, lupus anticoagulant, B2 glycoprotein
Hormonal	TSH, prolactin, and screen for diabetes (HgbA1C)
Genetic	Parental karyotype, karyotype of abortus
Environmental History & Physical	Encourage lifestyle changes/counseling

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