

# Counseling and Treating Patients following Recurrent Pregnancy Loss

ASRM Guidelines recommend an evaluation after two pregnancy losses prior to 20 weeks.

Experiencing a miscarriage can be a very traumatic time for patients, and even more difficult when a couple experiences multiple miscarriages. According to the American Society for Reproductive Endocrinology (ASRM), **recurrent pregnancy loss (RPL) is defined as two or more consecutive pregnancy losses before 20 weeks gestation.**

## PREVALENCE OF RPL

While a single miscarriage is very common, occurring in nearly 25% of all pregnancies, recurrent pregnancy loss is seen less frequently. According to the ASRM, **less than 5% of women will experience two consecutive miscarriages**, and only 1% will experience three or more.

## IDENTIFYING THE CAUSE OF RPL IS KEY TO HELPING YOUR PATIENTS MAINTAIN A PREGNANCY

Determining the cause of recurrent pregnancy loss begins

with a basic fertility work-up that includes a blood hormone test, an ultrasound, and a hysterosalpingogram (HSG). These tests will determine if there are hormonal imbalances or anatomic abnormalities. Genetic testing and autoimmune testing for the female may also be recommended in some situations.

## CAUSES OF RPL

The vast majority of miscarriages are caused by sporadic chromosomal abnormalities. There are also some inherited genetic abnormalities, such as structural translocations in the parent's chromosomes that can lead to unbalanced chromosome numbers in the fetus and cause a miscarriage. Other causes include anatomic problems of the uterus, potential medical conditions, and lifestyle factors that influence the ability to sustain a pregnancy.

	UNEXPLAINED	GENETIC ABNORMALITIES	ANATOMIC PROBLEMS	MEDICAL CONDITIONS	LIFESTYLE FACTORS
<b>Prevalence as a Cause of RPL</b>	40-50%	2-5%	10-15%	17-40%	-
<b>Types</b>	Random genetic abnormalities and other unexplained	Structural parental chromosome abnormalities such as translocations	Septate uterus, uterine fibroids, cervical incompetence, T-shaped uterus	<b>Autoimmune conditions:</b> Antiphospholipid syndrome, blood clotting disorders  <b>Endocrine conditions:</b> Thyroid, adrenal and other hormonal imbalances; PCOS, diabetes, elevated prolactin levels  <b>Infections (&lt;5%)</b>	Smoking, certain recreational drugs, excessive alcohol, excessive caffeine, and being overweight
<b>Recommended Tests</b>	Basic fertility work-up	Parental karyotype or karyotype of pregnancy loss tissue	Saline sonogram, hysterosalpingogram (HSG)	<b>Autoimmune conditions:</b> Anticardiolipin antibody, lupus coagulant, B2 glycoprotein  <b>Endocrine conditions:</b> TSH, prolactin, and screen for diabetes (HgbA1C)	Patient counseling
<b>Recommended Treatment</b>	Early intervention is best to determine the course of action, taking into account female age and medical history.	Genetic counseling is recommended. IVF with genetic screening (PGT-A) may be needed.	Surgical correction may decrease risk of subsequent loss or in some cases a gestational carrier may be needed.	Autoimmune conditions may be managed with low-dose aspirin or heparin treatment. Endocrine condition treatments vary but may be treated with medication.	Physicians should encourage lifestyle changes.



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MEDICAL UPDATE

## What To Tell Your Patients about Recurrent Pregnancy Loss (RPL)

**Early Consult with Specialist Helps.** Patients should seek an evaluation from a fertility specialist after two or more miscarriages (prior to 20 weeks gestation). The risk of a future miscarriage after two successive losses rises to over 25%.

**Age Matters.** For women under age 35, the chance of miscarriage due to genetic abnormalities is 10-15%. The rate of miscarriage due to genetic abnormalities rises to over 50% in women over the age of 40.

**There is Hope.** Even after three miscarriages, with appropriate treatment, **60-80% of patients experiencing recurrent pregnancy loss will go on to have a subsequent live birth.**

**There are Many Options to Treat RPL.** Treatment can range from simple lifestyle modifications to more advanced, highly effective treatments such as in vitro fertilization with genetic testing.

