Saint Mary's Managed Clinical Service
Division of Gynaecology

PATIENT INFORMATION LEAFLET

RECURRENT MISCARRIAGE CLINIC

The Recurrent Miscarriage Clinic is based at Saint Mary's Hospital and provides specialist care and management to patients who have experienced recurrent pregnancy loss, before 16 weeks of pregnancy. Women and birthing people who experience a miscarriage after 16 weeks are supported by another clinic.

We accept referrals from GPs, Early Pregnancy Units and from other hospitals for patients who meet the following criteria:

- Are under 35 years old and have had 3 miscarriages
- Are over 35 and have had 2 miscarriages
- Become pregnant following assisted conception treatment (IVF) and have had 2 miscarriages
- Where there has been one or more miscarriage over 12 weeks

WHAT IS RECURRENT MISCARRIAGE?

A miscarriage is the loss of a pregnancy before 24 weeks. When this happens three times or more, it is called recurrent miscarriage. For individuals and their partners this is understandably very distressing.

Recurrent miscarriage affects 1 in 100 (1%) of women and birthing people. This is about three times more than we would expect by chance, so it seems that for some individuals there may be a specific reason for their losses.

In some cases, a treatable cause can be identified. However, in around half of patients, no underlying problem is identified after thorough investigations. This is known as unexplained recurrent miscarriage.

It's important to know that many couples who experience unexplained miscarriages go on to have a successful pregnancy with the right support and care.

WHY DOES RECURRENT MISCARRIAGE HAPPEN?

There are several factors that make miscarriage more likely:

Risk Factors:

- Age – The older you are, the more likely you are to have a miscarriage. This is because as you get older, the quality of your eggs declines. Miscarriages may also be more common if the father is more than 40 years old.
- Number of previous miscarriages – people with a higher number of previous losses are more likely to have a further loss.
- Ethnicity – If you are of Black African or Black Caribbean background, you are more likely to have an early miscarriage. We do not fully understand at present why this is.

- Weight – Being overweight (body mass index – BMI of more than 25) or underweight (BMI of less than 19) increases your chance of miscarriage.
- Lifestyle – smoking, excessive caffeine and alcohol intake increase the risk of miscarriage.

Known Causes:

Genetic Causes

The most common cause of miscarriage is a genetic problem with the pregnancy such as a pregnancy that has developed with abnormal chromosomes. Chromosomes are the structures in cells that carry the instructions for how the pregnancy grows and develops. If there is an issue with the chromosomes, the pregnancy may not develop properly. The chance of this happening increases as parents get older.

If you have had three or more miscarriages, we may recommend testing the baby or placenta after a miscarriage to check for any abnormalities. This is the most useful way to identify possible genetic causes. While around half of these tests do not provide clear answers, they can sometimes help identify a possible cause for the miscarriage. In rare cases, chromosome testing for the parents may be offered, if there is concern about an inherited chromosome issue affecting the pregnancy.

Uterine Factors

Womb Structure - Around 13 in 100 patients have a womb that is an unusual shape. It is not clear how changes in the shape of the womb affect the risk of recurrent miscarriage, but certain womb shapes may increase your chance of miscarriage, e.g. septate uterus and bicornuate uterus.

Fibroids – Fibroids are benign growths in the muscle of the womb. Sometimes these can grow into the lining of the womb (submucosal fibroids).

Scar tissue – Scarring (adhesions) can occur in the lining of the womb.

If any findings are noted on your initial pelvic ultrasound scan, further tests may be offered such as an out-patient hysteroscopy, 3D scan or an MRI scan to help determine the most appropriate treatment.

Antiphospholipid syndrome (APS)

This is a condition where your immune system mistakenly attacks certain proteins in your blood. This can make your blood ‘sticky’ and more likely to form clots. People with APS may not have any symptoms at all, but it can increase the risk of recurrent miscarriages. If you have APS and have had recurrent miscarriages, treatment with low dose aspirin and low dose blood thinning injections (Heparin) can increase your chance of having a successful pregnancy. The aspirin and heparin make your blood less likely to clot.

Hormonal problems*:*

Diabetes and Thyroid problems

Diabetes or thyroid disorders that are not well controlled can be factors in single miscarriages. There is some research suggesting that subclinical hypothyroidism (an underactive thyroid that shows up in blood tests, - but doesn’t cause noticeable symptoms) may be associated with repeated miscarriages.

Immune problems

Coeliac disease

Coeliac disease is a condition where the immune system attacks your body when you eat gluten. This damages your gut (small intestine). It affects 1 in 100 people and the common symptoms are bloating, diarrhoea and weight loss. There is some evidence to suggest a link with Coeliac disease and recurrent miscarriage, so you will be offered a screening blood test for this. If the test is positive, you will be referred to a gastroenterologist who may undertake further tests such as a biopsy for confirmation and a gluten-free diet will be recommended if necessary.

Infections

Any serious infection that gets into the bloodstream can sometimes lead to a miscarriage.

Bacterial vaginosis: Some patients can have a change in the natural balance of bacteria in the vagina. This is called ‘bacterial vaginosis’. If you develop bacterial vaginosis in pregnancy, there is a small chance of miscarriage or giving birth early.

Chronic endometritis: This is where the lining of the womb becomes inflamed/irritated for a long time and it has been shown to be twice as common in patients with recurrent miscarriage.

Urine infections: If you get a urine infection in pregnancy, it is important to get treatment. Urine infections are associated with miscarriage or giving birth early, if they are not treated.

Cervical weakness

This is when the entrance to the womb (the cervix) opens too early during pregnancy, leading to a miscarriage or early delivery between 16 and 34 weeks of pregnancy. This is known as having a weak (or incompetent) cervix. Unfortunately, there is no reliable test for this outside of pregnancy.

If you have had three or more miscarriages in the second trimester, or preterm births, you will be referred to our Preterm Labour Clinic. There, we will measure the length of your cervix using a transvaginal scan. If these scans show that your cervix is shorter than what is typically expected between 16 and 24 weeks of pregnancy, (below the 3rd centile), we may recommend additional treatment.

You will be offered hormonal treatment with progesterone pessaries and close monitoring.

You may be offered an operation to put a stitch in your cervix (cervical cerclage) or a silicone ring around the cervix (Arabin pessary). The pros and cons of both options will be discussed, but current evidence suggests they are equally effective in terms of treatment.

Cervical cerclage is usually done through the vagina (transvaginal cerclage) and would normally be carried out at around 14 weeks in your next pregnancy.

You may be offered an abdominal cerclage in cases where it is thought that this is likely to be more successful than cervical cerclage, for example:

- Failure of previous transvaginal cerclage.
- Very short cervix.
- Scarred cervix.

This is done through keyhole surgery or occasionally a ‘bikini line’ abdominal cut. All operations involve some risk so we will only recommend this procedure to you if we believe that you and your baby are likely to benefit.

WHAT WILL HAPPEN WHEN I’M REFERRED?

At your first visit, you will be seen by one of our Specialist Miscarriage Nurses who will complete a detailed assessment of your pregnancy and medical history. The following investigations will then be arranged:

- Blood tests to screen for thyroid function, Coeliac disease, vitamin D deficiency, antiphospholipid antibodies and ovarian reserve testing (Anti-Mullerian hormone: AMH)
- Pelvic ultrasound scan to assess the womb and ovaries

Once your investigations are complete, a follow up appointment will be arranged with one of our doctors to review your results and discuss a plan for your future care.

SUPPORT AND CARE IN PREGNANCY

We offer supportive care and management during the first trimester of pregnancy to patients following investigations and review.

Our specialist nurses can be contacted following a positive pregnancy test where regular telephone support calls can be arranged weekly or fortnightly, a reassurance scan can be offered during the first trimester and prescriptions will be provided as per your care plan.

We will support you alongside your routine antenatal care until around 12 weeks.

USEFUL RESOURCES

Tommy’s: https://www.tommys.org/

The Miscarriage Association: https://www.miscarriageassociation.org.uk

The Royal College of Obstetricians and Gynaecologists: https://www.rcog.org.uk/for-the-public/browse-our-patient-information/early-miscarriage/

If you require any further information or clarification, including clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.

CONTACT DETAILS

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https://mft.nhs.uk/saint-marys/services/gynaecology/recurrent-miscarriage-service/