

About Multiple Miscarriages (#15)

If you have had several early pregnancy losses, ask your doctor about the tests listed below.

1. **Hormonal Factors Evaluation.** Ask to have a prolactin, thyroid and progesterone level checked. If they are abnormal and treatment is given, make sure that you are re-tested to check your levels.
2. **Structural Factors Evaluation.** A hysterosalpingogram or sonohistogram (an ultrasound using saline) is done to evaluate the shape and size of your uterus and to rule out possible scarring in the uterus, polyps, fibroids or a septal wall, which could affect implantation. If there is concern about the uterine cavity, a hysteroscopy (examination done in combination with laparoscopy or as an office procedure) can be done. In some women the cervical muscle is too loose causing pregnancy loss after the first trimester. A special exam is done when a woman is not pregnant to check for an incompetent cervix.
3. **Uterine Factor Evaluation.** An endometrial biopsy is done on cycle day 21 or later and will document if your lining is getting thick enough for the fertilized egg to implant. If you have a lag of two or more days in the development of the lining, you will be treated with various hormones (Clomiphene, hCG, Progesterone). It is important to have the biopsy repeated after several cycles to make sure the treatment is helping. A Vaginal ultrasound can be used to measure the uterine lining. According to most reports, it is best if the lining measures 10 millimeters or more at mid-cycle. Some centers also are using special Doppler techniques to measure the blood flow to the uterus. If you are being treated with medications to improve your lining and are on Progesterone, discuss the various advantages of the oral, vaginal suppositories, tablets or injection routes with your doctor.
4. **Chromosomal Evaluation.** Chromosomal tests can be done on tissue from a miscarriage but it is often difficult to preserve the tissue for adequate studies. If chromosome testing is needed, you and your partner will have blood tests to make sure there is no translocation of genes (a condition in which the number of genes is the normal 46, but they are joined together abnormally). This condition can result in pregnancy loss.
5. **Immunologic Evaluation.** Blood tests to check for immunologic responses that can cause pregnancy loss include antithyroid antibodies (antibodies to thyroglobulin and thyroid peroxidase). Often the lupus anticoagulant factor and anticardiolipin antibodies tests are done as well. These appear to influence blood clotting mechanisms within the placenta as it develops. There are also blood tests that check for protective blocking factors. These are essential to protect the pregnancy from being rejected by the mother's body.
6. **Infection Evaluation.** Cultures can be taken to check for the micro-organisms microplasma hominis and ureaplasma urealyticum which may cause pregnancy loss.

Other Factors To Consider:

- ❑ If you recently have had a miscarriage and a D & C, ask your doctor how many cycles you should wait before trying again. Some doctors feel that it can take the uterine lining up to three cycles to

get back to normal.

- ❑ If you have RH negative blood type and your partner is RH positive, it is extremely important that you receive a drug called Rhogam after every miscarriage to prevent the potentially harmful antibody from jeopardizing a future pregnancy.
- ❑ Thinking positively about the possibility of having a normal delivery after three or more miscarriages is difficult. But, in reality, statistics show that 15-20% of all pregnancies end in miscarriage and that even after three consecutive losses you have only 40% risk of having another miscarriage; there is still a 60% chance for you to be successful.
- ❑ The loss of a pregnancy and of a baby that has been planned for and dreamed about is devastating. It is hard to trust again; it is hard to hope again. While there are not always answers as to why you have experienced pregnancy loss, there have been some new studies and developments in recent years. In the future there will be more solutions to the causes of multiple miscarriages and new ways to treat them. In the meantime, ask your doctor about the tests that are presently available and visit www.resolve.org or call your RESOLVE regional HelpLine for support or answers to your medical questions.

Further information on this topic is available through RESOLVE fact sheets. For a publications order form, go online to www.resolve.org. You can also contact RESOLVE Headquarters at 1760 Old Meadow Rd, Ste 500, McLean, VA 22102 or 703.556.7172.

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