

Recurrent Pregnancy Loss

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One of the most heartbreaking experiences that someone can experience is recurrent pregnancy loss, or miscarriage. Unfortunately, recurrent pregnancy loss is common. As many as twenty five percent of all pregnancies will end in miscarriage, usually during the first trimester. Recurrent miscarriage is defined as having two or more pregnancy losses. While the cause(s) of the miscarriages will not be discovered 50% of the time¹, it is important to remember that most people who undergo this ordeal will ultimately go on to have a healthy baby.



If you find yourself in this situation, it is recommended that you be evaluated by a specialist who can help determine underlying causes resulting in the miscarriages. There are a number of

potential causes of recurrent pregnancy loss. These include:

- Genetic or chromosomal variants in one or both genetic contributors



- Advanced maternal age
- Hormonal abnormalities
- Medical conditions such as diabetes, obesity, polycystic ovarian syndrome or thyroid disorders
- Uterine cavity distortion caused by fibroids, polyps, scar tissue, or a uterine septum
- Asherman's syndrome (adhesions within the uterus)
- Celiac disease
- Lupus
- Thrombophilia (tendency towards the formation of blood clots)
- Male factor anomalies (integrity of sperm DNA)

For those who have experienced pregnancy loss, the overriding concern

is how to prevent another one. As with so many medical conditions, knowledge here is key. If the reason for the pregnancy loss can be identified, subsequent miscarriages can often be avoided.

There are a number of tests that can help to determine the underlying cause(s). These include:

- Hysterosalpingogram (HSG) to detect uterine and fallopian health issues including structural anomalies, uterine fibroids, uterine polyps, adhesions or scar tissue, or uterine septum.
- Blood tests of both genetic contributors to examine their chromosomes.
- Hormonal blood tests including evaluation of the thyroid and pituitary glands.

- Blood tests to look for clotting disorders, and also for immunological agents such as the lupus anticoagulant, and for natural killer cells². Natural killer cells result from an abnormal response of the gestational parent's immune system to the growing embryo. If through testing it is determined that this is the cause of the miscarriage, immune-modulation treatment can prove to be highly effective³.

Preimplantation Genetic Screening (PGS) is an advanced diagnostic technique associated with In Vitro Fertilization used to diagnose an underlying genetic condition of an embryo prior to achievement of pregnancy. Under some circumstances, PGS for chromosomal problems can decrease the chance of miscarriage and decrease the likelihood of having a pregnancy with a chromosome problem.

Individuals who have experienced more than one pregnancy loss can benefit psychologically and emotionally from creating an action plan. Being proactive about your physical health and treatment options can help you establish much needed equilibrium during a difficult time of your life.

First and foremost, communicate with your health care provider. Make sure you are tested for every potentially known cause of recurrent miscarriage. Be verbal about your concerns and your family history. Make proactive changes, if

needed, in your lifestyle to support your overall health and the potential health of your pregnancy. Changes to consider include:

- Quitting smoking.
- Limit alcohol and caffeine consumption.
- Partaking in moderate exercise such as brisk daily walking, gentle yoga, or swimming
- Avoiding contact sports such as touch football or any sport or physical activity that might prove to be risky.
- Managing your stress as best you can. Consider psychological counseling or a support group, either in person or online.
- Take a multivitamin containing folic acid every day.
- Avoid exposure to known toxins in household products or in the workplace.

One change that you do not have to make is avoidance of sexual intimacy.

Sex, penetrative or otherwise, does not cause miscarriage. In fact, if you are part of a couple, intimacy between yourself and your partner can support not only the relationship between you but your own emotional health, as well.

Sex can sometimes become a complicated minefield, particularly for couples who are grappling with recurrent miscarriage. If you find that this part of your life has become difficult,

consider counseling either together or individually. Remember that trauma and loss can either draw couples together or pull them apart.

There are many different grieving styles⁴. Some people are more apt to be expressive about their loss, displaying their emotions and seeking out support from others. Others on the other hand can appear to be less emotional, grieving in solitude and shying away from any type of outside support system. Individuals may appear to avoid grief by focusing more on tasks and problem solving during this time.

If the grieving styles of two partners of any sex are divergent from each other, either partner may believe mistakenly that the grief is not shared. This is rarely the case. Understanding that grieving

styles may be different can go a long way towards giving each other the breathing room to experience the loss in his or her own way. Most importantly, it may give a sense of balance that will enable both of you to come together and find the courage to try again.

It is understandable that this may be a very difficult time for you. While no one has a crystal ball or can look into the future, it is a fact that most people who experience recurrent miscarriage will ultimately conceive and give birth to a healthy baby. You may be afraid to consider that window of hope for fear that it will be destroyed, yet another time. Try to remember that hope is a very powerful tool and, in the case of recurrent pregnancy loss, not an ill-founded one.

Endnotes

- ¹ Glatstein, Isaac Z. In person interview. 15 September 2010.
- ² Aneuploidy Frequently Asked Questions. 1 October 2010. http://www.reproductivegenetics.com/docs/aneuploidy_pamphlet.pdf.
- ³ Dosiou, Chrysoula and Giudice, Linda C. Natural Killer Cells in Pregnancy and Recurrent Pregnancy Loss: Endocrine and Immunologic Perspectives. 10 October 2010. <http://edrv.endojournals.org/cgi/content/short/26/1/44>
- ⁴ Men and Women Grieve Differently. 1 October 2010. http://www.marchofdimes.com/pnhec/572_4045.asp

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