Title: Recurrent Miscarriage: its causes and treatments

Author: Katherine Coffey-Vega

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Abstract: Therapy with progesterone during the first trimester of pregnancy reduces miscarriage rates in women with a history of recurrent (3+) miscarriages. Using progesterone therapy under these circumstances would result in approximately 1 prevented miscarriage per 5 women treated.

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Recurrent Miscarriage: Its causes and treatments

What is Recurrent Miscarriage?
Recurrent Miscarriage is defined as the loss of three or more pregnancies in a row.

How common is miscarriage?
It is estimated that 15% of all pregnancies end in miscarriage.

When a woman has multiple miscarriages in a row, the chances of miscarrying a future pregnancy increases to between 20-30%.

What causes Recurrent Miscarriage?
There are a number of different causes:

- **Unknown**: In the largest percentage of cases, the cause of Recurrent Miscarriage is unknown. In these cases, studies have demonstrated that progesterone therapy may help. This therapy is described on the opposite side of this pamphlet.

- **Endocrine or Immune**: 20%
- **Other**: 30%
- **Unknown**: 45%
- **Genetic**: 5%

Endocrine problems include Diabetes Mellitus or low thyroid hormone. Immune system problems include autoimmune diseases such as Lupus. Anatomical problems include abnormalities of the uterus or cervix.

What now?
If you have lost three or more pregnancies in a row, you should discuss the need for testing with your doctor.

Testing will usually include:

- Genetic testing: a blood test that may include testing the father as well.
- Hysterosalpingogram: this is a test that examines the anatomy of the uterus, cervix and fallopian tubes by using dye and a series of x-rays.
- Screening tests: these are blood tests to look for diabetes, thyroid problems, Lupus and other immune system diseases, and a number of proteins that can cause blood to clot too easily.
- Pelvic exam: this exam involves examining and swabbing the vagina and cervix to make sure there is not an infection. This exam is similar to your annual pap smear.

If any of these tests are positive, there are treatment options to help to reduce the chance of future miscarriage.
The role of progesterone in pregnancy

During the first 10 weeks of pregnancy, an area of the ovary called the corpus luteum makes progesterone. This progesterone is necessary to make the lining of the uterus accommodating for the growing embryo.

Progesterone to prevent miscarriage

If there is not enough progesterone made by the ovary (corpus luteum) during early pregnancy, the pregnancy may be lost. This is why taking progesterone early in pregnancy can reduce the chance of miscarriage in certain circumstances.

Studies have shown that progesterone reduces the chance of having a miscarriage in women who have had 3 or more miscarriages and in whom no reason for miscarriage has been identified. A recent study showed that under these circumstances, taking progesterone in early pregnancy reduced the likelihood of miscarrying by 20%.

Are there risks to taking progesterone?

Historically, physicians have discouraged pregnant women from taking progesterone during pregnancy because of theoretical risks to the fetus. Many studies have been done over more than 50 years looking at the effects of progesterone on the mother and fetus. When results from all of these studies were combined in a recent analysis, there was no evidence of harm to either the mother or the fetus when progesterone was given.

Should I take progesterone?

Progesterone is not for everyone, but it may benefit women with recurrent pregnancy loss. It is important to first be certain that you don’t have one of the conditions described on the opposite side of the pamphlet that can cause Recurrent Miscarriage. Talk to your doctor to decide whether progesterone in early pregnancy is right for you.

References