



Management of Recurrent Miscarriages

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Recurrent miscarriages

- Recurrent miscarriages are post implantation failure in natural conception.
- Disheartening to couple and treating physician as well.
- Ideal management is unanswered.


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- There is little evidence based practice to support treatment interventions for the treatment of recurrent miscarriage as idiopathic group represents the largest group.

Table 5. Predicted probability of a successful pregnancy by age and previous miscarriage history (%)

Age (years)	Number of previous miscarriages			
	2	3	4	5
20	92	90	88	85
25	89	86	82	79
30	84	80	76	71
35	77	73	68	62
40	69	64	58	52
45	60	54	48	42

Two main predictive factors for idiopathic group is the maternal age and number of previous losses.

Antiphospholipid antibody syndrome

- **Aspirin**

Success rate

Dose 75 vs 150mg

Role of preconceptional aspirin.

- **Aspirin + Heparin**

Success rate

Continue post partum.

- **Role of Steroids**

Genetic

- Cytogenetic analysis of the conceptus may be performed to avoid unnecessary evaluation and treatment.
- Aneuploid conceptus indicates greater likelihood of success in subsequent pregnancies.
- IVF and prenatal genetic testing are suggested in couple with chromosomal abnormalities and recurrent miscarriages.
- This evidence is however questioned.

Anatomical Defects

- 3D US in experienced hands is almost equivalent to MRI.
- Hysterolaparoscopy is considered gold standard by some authors.
- 65-85% with anatomical defect have successful pregnancy after meteroplasty.
- 50% will have successful pregnancy without surgery. Hence further evidence is needed to recommend surgery.

Cervical Cerclage

- Diagnosis of cervical weakness is difficult and mostly based on history.
- Prophylactic cerclage
- Emergency cerclage
- Role of abdominal cerclage

Infection

- Treatment of asymptomatic abnormal vaginal flora and bacterial vaginosis with oral clindamycin in second trimester has been proved to prevent late miscarriages and preterm birth in general population.

Endocrine

- Treatment of diabetes, thyroid disorders, hyperprolactinemia has been well documented to prevent recurrent miscarriages.
- Thyroid hormone requirement is higher in early pregnancy. Aim is to maintain TSH less than 2.5.
- Progesterone supplementation- There is no evidence of harm and some evidence of benefit. Decision is based on clinician's discretion.
- Metformin- Patients with insulin resistance are advised lifestyle changes before medical management.

Immunomodulation

- Historically it is believed that recurrent miscarriage were thought to have allo immune abnormality.
- Increasing evidence doubt its role.
- Immunotherapy remains as a research method and not as a main stream.

Take Home Message

Etiology	Diagnostic evaluation	Therapy	Frequency (%)
Genetic	Karyotype partners Karyotype POC	Genetic counseling Donor gametes, PGD	2-4
Anatomic	Hysterosalpingogram Hysteroscopy Sonohysterography Transvaginal 3D US	Septum resection Myomectomy Lysis of adhesions	15-20
Endocrinologic	Midluteal progesterone TSH Prolactin HgbA1c	Progesterone Levothyroxine Bromocriptine, Dostinex Metformin	8-12
Immunologic	Lupus anticoagulant Antiphospholipid antibodies Anti- β 2 glycoprotein	Aspirin Heparin + Aspirin	15-20
Psychologic	Interview	Support groups	Varies
Iatrogenic	Tobacco, alcohol use, obesity Exposure to toxins, chemicals	Eliminate consumption Eliminate exposure	Varies