

MISCARRIAGE, HABITUAL

(Recurrent Abortion; Habitual Abortion)



BASIC INFORMATION

DESCRIPTION

Three or more consecutive spontaneous losses of a nonviable fetus.

FREQUENT SIGNS AND SYMPTOMS

A woman has miscarried 3 or more times, usually without a history of any normal birth.

CAUSES

- Genetic abnormalities which may be hereditary or spontaneous.
- Problems in the immune system.
- An "allergy" to mate's sperm.
- Uterine abnormalities (polyps, fibroids, congenital defects or duplications of the female genital tract).
- Incompetent cervix (inability of the cervix to hold the pregnancy) in cases of second trimester losses.
- Infections.
- Hormonal abnormalities, such as defective corpus luteum function (luteal phase defect).
- Connective tissue disease (systemic lupus erythematosus, antiphospholipid syndrome).
- Untreated chronic medical conditions (e.g., severe hypertension, diabetes mellitus, hyper- or hypothyroidism).

RISK INCREASES WITH

Medical history of endocrine diseases, such as diabetes mellitus, hyper- or hypothyroidism.

PREVENTIVE MEASURES

- Prevention of another miscarriage in a future pregnancy will depend in part on the diagnosis and treatment of any underlying problem.
- When pregnancy occurs, seek early prenatal care, schedule more frequent office visits and follow recommended medical advice carefully.

EXPECTED OUTCOME

- In about half of the couples, the cause is undetermined, but even without treatment, there is 60% chance of a future successful pregnancy. It is not a hopeless situation.
- The prognosis for a successful pregnancy can range from 30 to 90%, depending on the cause of the repetitive miscarriages. Multiple factors may be involved in some couples.

POSSIBLE COMPLICATIONS

Inability to carry a pregnancy to term.



TREATMENT

GENERAL MEASURES

- To aid in finding a cause for the miscarriages, a variety of medical tests will be recommended. These include blood and chromosomal studies of both parents and maternal hormone studies. Physical examinations of the mother will determine any anatomical problems: x-ray imaging of the uterus and fallopian tubes (hysterosalpingography), laparoscopy and hysteroscopy (examination of internal organs with a special instrument with a lighted tip).
- In some cases, medical studies of the aborted material are helpful.
- Surgical procedures on the uterus or cervix may be required to correct any abnormalities.
- If a serious genetic factor is found in either parent, other fertility options may be considered, such as artificial insemination (for paternal defect) or fertilization of a donor egg by the father's sperm (for maternal defect).
- Repeated miscarriages are very difficult psychologically for both parents. Seek psychotherapy if needed. Support groups are available in some communities.
- Additional information available from Alliance of Genetic Support Groups, 35 Wisconsin Circle, Suite 440, Chevy Chase, MD 20815, (800) 336-GENE; or National Center for Education in Maternal & Child Health, 2000 15th St. North, Suite 701, Arlington, VA 22201, (703) 524-7802.

MEDICATION

- Medicines will be prescribed for any hormonal deficiencies diagnosed (thyroid dysfunction, progesterone deficiency or diabetes mellitus).
- Antibiotics will be prescribed if infection is confirmed.
- Immunologic abnormalities may require special therapy.
- Medicines as required to treat any systemic disorder, such as hypertension or kidney disease.
- With a subsequent pregnancy, prenatal vitamins and folic acid will usually be prescribed.

ACTIVITY

Normally, there are no restrictions. If pregnancy occurs, some curtailment of activities may be recommended.

DIET

No special diet.



NOTIFY OUR OFFICE IF

Any of the following occurs:

- Following a surgical procedure, pain, swelling, redness, drainage or bleeding develops in the surgical area.
- New or unexplained symptoms develop. Drugs used in treatment may cause side effects.