



A miscarriage can be broadly defined as pregnancy loss prior to 24 weeks. About 1 in 4 pregnancies miscarry, making this a common occurrence. Some women will experience more than one consecutive miscarriage. The term recurrent miscarriage is used when women experience three or more consecutive early pregnancy losses (1 in 200 women).

The good news is that the outlook is positive. The vast majority of patients who have experienced a miscarriage will go on to achieve a healthy family.

What are the causes of miscarriage?

Random chromosome/genetic abnormalities

To achieve a successful pregnancy a chromosomally normal egg needs to join with normal sperm. Then the genes on the chromosomes need to mix in a fashion that allows the embryo to successfully implant into the uterus and grow. It is not surprising that such complex processes sometimes fail to occur perfectly.

About 60-70% of embryos lost in the first 12 weeks show major chromosome abnormalities. These are usually random events that are unlikely to reoccur. If repeated pregnancy loss reoccurs it may be possible to test some pregnancy tissue for chromosome abnormalities.

Parental chromosome

In a small percentage of couples one of the partners carries a chromosome abnormality that if passed on will cause the fetus to be abnormal. In the carrier this may not cause any obvious problem, as the chromosome defect is 'balanced' by other normal chromosome material. Testing of the couple's chromosomes can be performed with a blood test.

Uterine abnormalities

For the embryo to implant normally the uterine shape is of importance. Abnormalities in the shape of the uterus such as a septum can be associated with miscarriages. Fibroids

may also be a cause of pregnancy loss especially if they extend into the uterine cavity or if they are large. These abnormalities can be easily detected and treated by our specialists.

Immune causes

The human immune system can form antibodies that can interfere with normal establishment of the placenta. A blood test can be performed to detect such antibodies and specific treatments can be instituted, if warranted.

Blood clotting disorders

Certain individuals have an increased risk of clot formation (thrombosis) and this may result in the blockage of forming placental blood vessels. These women are also at a higher risk of venous thrombosis of other blood vessels. The most common of these is deep venous thrombosis, or DVT.

Other medical conditions

Endocrine (hormonal) diseases such as thyroid disorders and uncontrolled Diabetes Mellitus have been associated with increased occurrence of miscarriages. Obviously many other severe medical conditions can interfere with the wellbeing of the early pregnancy.

Hormone imbalances

Hormone imbalances in the early phase after conception remain a controversial cause of pregnancy loss and infertility.

Age

With advancing age, random chromosome abnormalities become more common and therefore the risk of miscarriage increases. This is particularly important with women over 35 years of age and of major importance in those over 40. Obesity, cigarette smoking and excessive caffeine intake may also be linked to an increased risk of pregnancy failure.