

This fact sheet outlines some of the reasons that miscarriages may unfortunately occur and suggests what to do next in terms of accessing support and further treatment options whether you have suffered one or multiple miscarriages.

THE FACTS ABOUT:

Miscarriage

Miscarriage is almost always a devastating loss, especially if you have invested a lot of hope in fertility treatment or IVF. However much we tell ourselves that miscarriage is always a possibility, it still comes as a huge disappointment. It may help you to explore this fact sheet to get a better understanding of miscarriage and what it means for your future chances of successful pregnancy. We also recommend seeing our counsellor if you (and your partner) would like support in managing your feelings of loss.

What is a miscarriage?

Any spontaneous pregnancy loss during the first 20 weeks of pregnancy is considered a miscarriage. After this period, it is not formally called a miscarriage but of course the loss of a growing baby is equally, if not more, heartbreaking at a later stage.

Very early loss of an embryo before a heart beat is found, at around 5.5 to 6 weeks from the first day of the last period, is not always considered a miscarriage because most women do not know they are pregnant and think they have just had a late period.

At Life Fertility Clinic we do an early pregnancy test after every treatment cycle, which means you will be aware of the pregnancy at the first possible time but you will also be aware of an early loss should it occur.

In these early losses, a pregnancy test can be positive by hCG blood test but the gestational sac does not develop – this is sometimes called a 'chemical pregnancy'. In other cases, the gestational sac starts to develop and so it is called a 'clinical pregnancy' but it either stops growing at an early stage or no fetal heartbeat is seen in the sac.

How common is miscarriage?

In the general population around 15% (about 1 in 7) of all pregnancies end in a miscarriage. The rate increases with age and a woman of 42 has a 50% (1 in 2) risk of losing her pregnancy to miscarriage.

Women with fertility problems can seem to have a much higher rate of miscarriages, but this is often age-related as older

women are much more likely to have fertility challenges and to have chromosomal problems in their eggs and embryos.

What causes a miscarriage?

Research suggests that approximately 85% (8.5 out of 10) of all miscarriages are caused by chromosomal (genetic) abnormalities in the embryo. Other causes include problems with the uterus, general health problems or immune factors.

Uterine factors

Submucosal Fibroids (those encroaching on the cavity of the uterus) are known to be a risk factor for miscarriage and some other congenital uterine abnormalities can be responsible. These problems can be treated, usually with minor surgery.

Medical conditions

Medical conditions, such as diabetes mellitus, thrombophilias and thyroid disease, are associated with increased miscarriage rates. If you are diabetic, your risk can be returned to normal if your blood sugar levels are well controlled. The risk with thyroid disease is sometimes more difficult to manage.

Autoimmune diseases

This cause is relatively rare but if you have a known autoimmune condition or family history of autoimmune conditions, we will consider this as a possibility. Repeated miscarriages, sometimes called 'recurrent miscarriage' in medical circles, can also be a sign of an underlying autoimmune problem. You officially come into this category of recurrent miscarriages after three consecutive first-trimester losses, or two in the first trimester and one in the second trimester.

How do we find out what caused my miscarriage?

Your Life Fertility Clinic specialist will investigate the facts of your case and help you understand what may have gone wrong. Sometimes there isn't an easy answer but, generally, losses very early in the pregnancy are caused by chromosomal problems in the embryo and later losses are more likely to be the result of a medical condition in the mother.



On most occasions it is possible to test some of the tissue from the pregnancy to determine if there were chromosomal problems that may have caused a miscarriage. Your doctor will be able to tell you if this type of information is available for you.

The more miscarriages a woman has experienced, the more likely her losses are caused by medical or autoimmune conditions and the less likely they are to be because of genetic or chromosomal problems in the embryo (except for a rare genetic conditions called translocations, which can result in repeated miscarriages).

What can we do to minimise chromosomal problems?

If you have had a few miscarriages (especially if you are over 35) and we do not suspect an underlying medical or immune condition, you may want to consider pre-implantation genetic screening (PGS) as part of your next IVF cycle. This involves a biopsy of cells from your embryos to test for chromosomal problems before we choose the embryo to transfer to the uterus. The aim is to only transfer embryos that are not affected by problems in the numbers of chromosomes as embryos like this will usually miscarry if they implant. *See our Pre-implantation Genetic Testing fact sheet for more information.*

Can immunological pregnancy loss be treated?

There is not yet clear medical agreement on the best way to treat patients with an autoimmune condition that is affecting their pregnancies. Studies have however identified a variety of treatments that may help. These include aspirin, corticosteroids and other blood thinning agents. Your Life Fertility Clinic specialist will consult with you and specialists in your particular immune condition to develop the best approach for you.

How soon after a miscarriage can I have another cycle of IVF?

Miscarriages, their management and in particular their psychological impact vary widely and, as a result, so do the recommendations about when to try again.

Your specialist will advise you on when you can start treatment again or how soon you can try to get pregnant after a miscarriage.

Are my feelings normal?

It is definitely normal to feel grief at the loss of your pregnancy, however early in its development. It's also normal to feel discouraged, angry, depressed and a range of other feelings that can be magnified by the hormonal swings after a miscarriage. We encourage you to talk to our Life Fertility Clinic Counsellor and get support at this time. You are entitled to a complimentary counselling session with every round of IVF treatment and you can arrange further sessions if you would like them.

Contact Life Fertility Clinic

The friendly and professional team at Life Fertility Clinic are happy to answer any other questions you may have about miscarriage.