

Fifteen to twenty percent of clinically recognized pregnancies are miscarried.

Learn more about our programs by visiting the following sites:

pregnancyrisknetwork.org

PrideandJoyFamilies.org

infertilityeducation.org

pregnancyandadoption.org

ferre.org

Miscarriage: Medical Preparation for Subsequent Pregnancy was adapted from materials prepared by Jody Earle, Luba Djurdjinovic and the Educational Materials Advisory Committee of the *Ferre Institute*. The *Ferre Institute* is a non-profit organization dedicated to education about infertility.

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**Medical Preparation
for Subsequent
Pregnancy**

Fifteen to twenty percent of clinically recognized pregnancies are lost. The cause of pregnancy loss are numerous. Risk for subsequent losses (up to four) ranges from 24

percent to 32 percent. In order to increase your chances of success following pregnancy loss, some of the following procedures may be one (one or all in any category):

Causes of Pregnancy Loss

Procedures Following Loss

Anatomical

- ◆ Malformation of uterus—e.g., T-shaped uterus or septum (wall) in uterus
- ◆ Incompetent cervix
- ◆ Uterine fibroids
- ◆ Adhesions (scar tissue) inside uterus

- ◆ Hysterosalpingogram
- ◆ Hysteroscopy
- ◆ Sonogram
- ◆ Laparoscopy

Hormonal

- ◆ Inadequate amount of progesterone—luteal phase defect
- ◆ Abnormal function of the hormone secreting organs, e.g., thyroid, adrenal, pituitary

- ◆ Blood hormone tests
- ◆ Basal body temperature graph
- ◆ Endometrial biopsy

Teratogens

Teratogens are agents that can interfere with normal embryonic/fetal development

- ◆ Significant x-ray exposure
- ◆ Chemical exposure at work or at home
- ◆ Drug exposure—prescription and non-prescription
- ◆ Alcohol and substance abuse
- ◆ Infectious agents—rubella, toxoplasmosis, cytomegalovirus, herpes, hepatitis, T-mycoplasma

- ◆ Report known exposure history to physician
- ◆ Blood test for exposure to infectious agents

Maternal Factor

- ◆ Mothers with medical conditions such as diabetes mellitus, lupus, seizure disorders may be more prone to pregnancy loss.
- ◆ Maternal infection with T-mycoplasma, Chlamydia
- ◆ Maternal age 35 years and older can increase risk of pregnancy loss.

- ◆ Accurate diagnosis of medical condition
- ◆ Careful monitoring of medications in future pregnancy

Paternal Factor

- ◆ Paternal infection with T-mycoplasma, Chlamydia
- ◆ Workplace exposures

- ◆ Accurate diagnosis of any medical condition or infection
- ◆ Careful monitoring of medications in future pregnancy

Immunological

- ◆ Maternal immune system unable to protect fetus from (tissue) rejection

- ◆ HLA or ANA blood testing

Genetic/ Chromosome Abnormality

- ◆ The majority (50% - 60%) of early pregnancy loss (less than 12 weeks) is due to an abnormal chromosome composition. Every cell requires 46 intact chromosomes to allow for normal development. Change in chromosome number or individual chromosome constitution can increase risk for miscarriage. Most errors in chromosome number or constitution can increase risk for miscarriage. Most errors in chromosome number or constitution are random.
- ◆ Occasionally inherited (from either parent) chromosome rearrangements predispose on to a miscarriage.

- ◆ Blood chromosome testing (in cases of suspected inherited abnormalities)

Placenta & Cord

- ◆ Placenta abruptio—premature separation of placenta
- ◆ Placenta previa—placenta is overlapping the cervix
- ◆ Placental infection
- ◆ Knot in cord
- ◆ Cord wrapped around fetus

- ◆ Careful exam of placenta and cord
- ◆ Review sonograms

Pre-term Labor

- ◆ Premature onset of labor (6– 10% of all births are pre-term)

- ◆ Examination for general medical conditions
- ◆ Careful assessment of uterus, especially of cervix