

Ferre Institute, Inc. 124 Front Street Binghamton, NY 13905 Phone: 607-724-4308 Fax: 607-724-8290 www.ferre.org

MISCARRIAGE

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 done (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 	HysterosalpingogramHysteroscopySonogramLaparoscopy
Hormonal	 Inadequate amount of progesterone – luteal phase defect Abnormal function of hormone secreting organs, e.g., thyroid, adrenal, pituitary 	Blood hormone testsBasal body temperature graphEndometrial 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-mycoplasm 	 Report known exposure history to physician Blood test for exposure to infectious agents
Maternal	 Mothers with medical conditions such as diabetes mellitus, lupus, seizure disorders may be more prone to pregnancy loss. Maternal infection with T-mycoplasm 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-mycoplasm 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. 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 to a miscarriage. 	 Blood chromosome testing (in cases of suspected inherited abnormalities) Fetal chromosome testing can sometimes be performed after a miscarriage Genetic counseling referral if appropriate
Placenta and 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 cordReview sonograms
Pre-term Labor	Premature onset of labor (6-10% of all births are pre-term)	Examination for general medical conditions and careful assessment of uterus, especially of cervix



Learn more about our programs by visiting the following sites:

InfertilityEducation.org
Ferre.org
FerreGenetics.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 promoting the health of individuals and families by providing information and education on genetics, infertility, environmental exposures, and family health history.