

FAQs

Repeated Miscarriages

Frequently Asked Questions

Overview

What is recurrent pregnancy loss?

Recurrent pregnancy loss is defined as having two or more **miscarriages**. After two miscarriages, a thorough physical exam and testing are recommended.

What is the likelihood of having repeated miscarriages?

A small number of women have repeated miscarriages. It's estimated that fewer than 5 in 100 have two miscarriages in a row.

Possible Causes

What is the most common cause of miscarriage?

About half of miscarriages occur randomly when an **embryo** receives an abnormal number of **chromosomes** during **fertilization**. This type of genetic problem happens by chance. There is no medical condition that causes it. But the chance of this problem increases with age.

Can other genetic problems cause repeated miscarriages?

In a small number of couples who have repeated miscarriages, one partner has a chromosome in which a piece is transferred to another chromosome. This is called a [translocation](#) .

People who have a translocation usually do not have any physical signs or symptoms, but some of their [eggs](#) or [sperm](#) will have abnormal chromosomes. If an embryo gets too much or too little genetic material, it often leads to a miscarriage.

Can medical conditions increase the risk of repeated miscarriages?

Some medical conditions may increase the risk of repeated miscarriages:

- **Certain [congenital](#) problems of the [uterus](#)** —Although there are many such disorders, one of the most common that has been linked to miscarriage is a septate uterus. In this condition, the uterus is partially divided into two sections by a wall of tissue.
- **Asherman syndrome**—This condition causes [adhesions](#) and scarring in the uterus.
- **Fibroids and polyps**—These are benign (noncancer) growths of the uterus.
- **Antiphospholipid syndrome (APS)** —This [autoimmune disorder](#) that affects blood clotting can cause a variety of medical problems. APS can occur alone or with other autoimmune diseases, such as [lupus](#) .
- **Diabetes mellitus** —Diabetes, especially if the disease is poorly controlled, can increase the risk of pregnancy loss. Keeping blood sugar levels in the normal range before pregnancy and throughout pregnancy can decrease the risk.
- **Thyroid disease**—Problems with the [thyroid gland](#) that are not treated can increase the risk of miscarriage. Treating thyroid problems can decrease the risk.
- **Polycystic ovary syndrome (PCOS)**

How common are unexplained repeated miscarriages?

In more than half of women with repeated miscarriages, no cause can be found for the pregnancy loss. There may be clues about what the problem is, but there is no sure answer.

Tests and Treatment

What tests and exams are available to help find the cause of repeated miscarriages?

To help find the cause of repeated miscarriages, your health care professional should ask about your medical history and past pregnancies. A complete physical exam, including a [pelvic exam](#), may be done.

You may have blood tests to detect problems with the immune system. Testing may be done to help detect genetic causes of repeated miscarriages. Imaging tests may be considered to find out if a uterine problem is causing repeated miscarriages.

What are my chances of having a successful pregnancy if I have repeated miscarriages and no cause is found?

Even if no cause is found, the chances of having a successful pregnancy without special treatment are good. About 65 in 100 women with unexplained recurrent pregnancy loss have a successful next pregnancy.

Is treatment available if the cause of my repeated miscarriages can be found?

If a specific cause of your repeated miscarriages can be identified, your health care professional may suggest a treatment that addresses the cause.

What can be done if I have a chromosome translocation?

If you have a chromosome translocation, genetic counseling may be recommended. Results of genetic testing can help clarify your options. [In vitro fertilization \(IVF\)](#) with special genetic testing called [preimplantation genetic testing](#) may be done to select unaffected embryos. IVF can also be done with donor eggs, or [intrauterine insemination \(IUI\)](#) can be done with donor sperm.

How can problems with reproductive organs be treated?

Corrective surgery may be able to increase the chances for a successful pregnancy. For example, a septum in the uterus can be removed.

What treatment is available if I have antiphospholipid syndrome?

Use of a medication that prevents blood clots, such as heparin, sometimes combined with low-dose aspirin, may be prescribed throughout pregnancy and for a few weeks afterward. This treatment can increase the rates of successful pregnancy.

Finding Support and Trying Again

What should I know about coping with repeated miscarriages?

It's normal to feel grief after the loss of a pregnancy. In most cases, physical recovery from miscarriage takes only a few hours to a couple of days, but the grieving process can take longer. When you have had repeated miscarriages, you may feel like you did something to make the miscarriages happen. It's important to remember that miscarriages are almost never caused by anything you did or did not do.

Your feelings of grief may differ from those of your partner. You are the one who has felt the physical changes of pregnancy. Your partner may also grieve but may not express feelings in the same way you do. If either of you is having trouble handling the feelings that go along with a pregnancy loss, talk with a health care professional, such as your [obstetrician–gynecologist \(ob-gyn\)](#) or a therapist.

You may want to reach out to those closest to you and ask for their comfort and support. When you visit your ob-gyn for follow-up care, talk about how you are feeling and any other issues related to your pregnancy losses. Sometimes, further counseling or referral to a support group in your area can help you and your partner cope.

What should I know if I'm thinking about trying again?

You may want to take time to recover emotionally before trying again. But you can ovulate and get pregnant as soon as 2 weeks after an early miscarriage. Talk with your ob-gyn about the best timing for trying again.

If you decide to get pregnant again, it's a good idea to be as healthy as possible beforehand. The following is standard advice given to everyone planning a pregnancy:

- See your ob-gyn for a prepregnancy care checkup.
- Take 400 micrograms of [folic acid](#) as a daily dietary supplement.
- Follow a healthy diet and get 30 minutes of exercise on most days of the week.

- Reach a normal weight for your height. Lose weight if you are overweight or gain weight if you are underweight.
- Do not drink alcohol.
- Do not smoke.
- If you have a medical condition, work with your health care team to get your condition under control before trying to get pregnant.

You may also decide not to try to get pregnant again. No choice is right or wrong. You should decide what is best for you.

Resources and Glossary

Resources

RISE Pregnancy Loss

Researchers are working to understand how genetics can affect or cause recurrent pregnancy loss. These experts are at Yale School of Medicine and other medical schools across the United States. If you want to help with this research, you can learn more and join the study at risepregnancyloss.org.

Glossary

Adhesions: Scars that can make tissue surfaces stick together.

Antiphospholipid Syndrome (APS): A disorder that can lead to abnormal blood clotting and pregnancy problems.

Autoimmune Disorder: A condition in which the body attacks its own tissues.

Chromosomes: Structures that are located inside each cell in the body. They contain the genes that determine a person's physical makeup.

Congenital: A condition that a person has from birth.

Diabetes Mellitus: A condition in which the levels of sugar in the blood are too high.

Eggs: The female reproductive cells made in and released from the ovaries. Also called the ova.

Embryo: The stage of development that starts at fertilization (joining of an egg and sperm) and lasts up to 8 weeks.

Fertilization: A multistep process that joins the egg and the sperm.

Folic Acid: A vitamin that reduces the risk of certain birth defects when taken before and during pregnancy.

Intrauterine Insemination (IUI): A procedure in which a man's sperm is placed in a woman's uterus.

In Vitro Fertilization (IVF): A procedure in which an egg is removed from a woman's ovary, fertilized in a laboratory with the man's sperm, and then transferred to the woman's uterus to achieve a pregnancy.

Lupus: An autoimmune disorder that affects the connective tissues in the body. The disorder can cause arthritis, kidney disease, heart disease, blood disorders, and complications during pregnancy. Also called systemic lupus erythematosus or SLE.

Miscarriage: Loss of a pregnancy that is in the uterus.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Pelvic Exam: A physical examination of a woman's pelvic organs.

Polycystic Ovary Syndrome (PCOS): A condition that leads to a hormone imbalance that affects a woman's monthly menstrual periods, ovulation, ability to get pregnant, and metabolism.

Preimplantation Genetic Testing: A type of genetic testing that can be done during in vitro fertilization. Tests are done on the fertilized egg before it is transferred to the uterus.

Recurrent Pregnancy Loss: Two or more pregnancy losses.

Sperm: A cell made in the male testicles that can fertilize a female egg.

Thyroid Gland: A butterfly-shaped gland located at the base of the neck in front of the windpipe. This gland makes, stores, and releases thyroid hormone, which controls the body's metabolism and regulates how parts of the body work.

Translocation: When one part of a chromosome is moved to another chromosome.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Learn how to find a doctor near you.](#)

FAQ100

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