

Reproductive Facts

Patient fact sheet developed by the American Society for Reproductive Medicine



Treatment of Recurrent Pregnancy Loss

Many people trying to conceive may experience a miscarriage in their lifetime. Miscarriages, an early pregnancy loss, can happen for many reasons. When a miscarriage occurs two or three times, this is called recurrent pregnancy loss (RPL). Families often grieve these losses deeply. Some people will also worry that they are sick or did something to cause the losses. Less than half of recurrent miscarriages have an obvious or treatable cause. Almost two-thirds of people with RPL will eventually have a healthy pregnancy — often without any extra treatment.

If you have suffered two or more miscarriages, you should talk with your healthcare provider. In many cases, it's appropriate to continue trying to get pregnant without medical intervention. However, in certain situations, your doctor might suggest treatments to help reduce the risk for miscarriage.

Surgery

Surgery can fix some problems in the uterus (womb), like extra tissue that divides the uterus (septum), fibroids (benign tumors), or scar tissue. Correcting the shape of the inside of the uterus can often lower the chance for miscarriage. The surgeon uses a tool with a camera (hysteroscope) passed through the vagina to repair the inside of the uterus. This is usually a same day procedure, and recovery time is typically less than a few days.

Blood-thinning medicines

Women with autoimmune or blood clotting (thrombophilia) problems such as antiphospholipid antibody syndrome may be treated with low-dose aspirin and heparin. These medicines can be taken during pregnancy to lower the

risk of miscarriage. You should talk to a healthcare provider before using these medicines because they increase the chances of serious bleeding problems.

Correcting other medical problems

Recurrent pregnancy loss may be related to chronic medical problems. Treating medical conditions such as diabetes, thyroid dysfunction, or high prolactin levels can improve the chances of having a healthy, full-term pregnancy.

Genetic screening

In about 5% of couples with RPL, one of the parents has an abnormal rearrangement (translocation) of their chromosomes. If one parent has a translocation, this causes fetuses to have chromosome imbalances that increase the likelihood of miscarriage. The parents' blood can be studied (karyotyped) to see if they have a translocation. If a chromosomal problem is found, the doctor might recommend genetic counseling. While many couples with translocations eventually conceive a healthy pregnancy naturally, your doctor might suggest fertility treatments, such as in vitro fertilization (IVF) with preimplantation genetic testing for a structural rearrangement (PGT-SR). During IVF, eggs are fertilized with sperm in a laboratory. Before the embryos are returned to the uterus, the embryos can undergo genetic testing. This allows embryos without translocations to be selectively chosen for implantation in the uterus to increase the chance of a healthy pregnancy.

Lifestyle Choices

In general, improving a person's health will improve the chance of a healthy pregnancy. Stopping cigarette smoking, marijuana use, and heavy alcohol use may increase the chances of a healthy pregnancy. Limiting

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caffeine intake may also help lower the risk for miscarriage. Being overweight has been linked with an increased risk of miscarriage, so healthy weight loss might also help pregnancy outcomes.

There is no proof that stress, anxiety, or mild depression causes RPL. However, these are important problems that go along with RPL. Psychological support and counseling can help individuals and couples cope with the emotional pain of pregnancy loss.

Controversial treatments

There is no proof that intravenous (IV) infusions of blood products (such as intravenous immunoglobulin [IVIG]) or medicines (such as soybean oil infusion) decrease the risk of miscarriage.

Revised 2023