



Recurrent Miscarriage

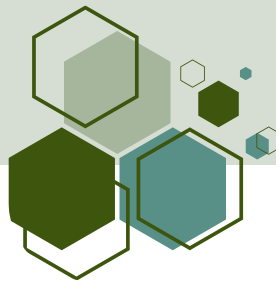
Information & Support



Pregnancy Loss
Research Group



National
Women & Infants
Health Programme



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“

I think people don't understand you see... I think lots of people just go, oh well at least you've one child and you're fine, and at least you can get pregnant. And it's kind of dismissive. I don't really talk about it really to be honest because, you know, I think people just feel they have to give a positive remark back, and then that's it. People don't really want to engage with it. It's not really a topic that people want to talk about.

”

Introduction

Experiencing a miscarriage can be extremely upsetting. And, if it happens more than once, it can be a very difficult thing to go through, including for partners. Remember that everyone's experience is unique, and it is okay to feel differently from other people who have gone through similar experiences.

Recurrent miscarriage is the loss of 2 or more pregnancies in a row before 12 weeks of pregnancy. These include pregnancies confirmed by a pregnancy test or ultrasound scan, as well as molar pregnancies (a particular type of pregnancy loss caused by over-development of the placenta). Recurrent miscarriage happens in approximately 1-3 out of every 100 pregnancies.

This booklet has been created with and for people with recurrent miscarriage, and it aims to provide clear and concise information. Please keep in mind that, while this booklet offers valuable information, it is not a substitute for personalised medical advice. We encourage you to consult with a healthcare professional for any specific concerns or questions you may have.

For information on miscarriage more broadly, see the 'Miscarriage' booklet on the Pregnancy and Infant Loss Ireland website: pregnancyandinfantloss.ie.

This booklet was developed through research conducted by the Pregnancy Loss Research Group, with the input of knowledge users, including people with lived experience of recurrent miscarriage, and healthcare professionals (learn more about the research group at the end of this booklet). Throughout the booklet you will find direct quotes from people who took part in this research.

“
I never thought it would be complete plain sailing, but I didn't expect, you know, the number of losses.
”

“
It's been sad. It's been frustrating. It's just, confusing. It's a lot of emotions. You're angry. You're mad. You're upset. It's kind of up and down. It's just like, God, when will we have a lucky break.
”

Recurrent miscarriage

What is recurrent miscarriage?

Recurrent miscarriage refers to the loss of 2 or more pregnancies in a row before 12 weeks of pregnancy. This can include confirmed pregnancies through tests or ultrasound, and a specific type called molar pregnancies, which are caused by over-development of the placenta.

“

I think you get stuck in that cycle anyway of miscarriage and pregnancy, so you're almost expecting it.

”

How will my recurrent miscarriage care be organised?

You should be referred to a recurrent miscarriage clinic where you can access specialist tests, support, and treatment. The clinic is equipped with experienced doctors, midwives, and necessary facilities. Before your appointments, you will be provided with written information to help you prepare.

How do I access a recurrent miscarriage clinic?

A referral to a recurrent miscarriage clinic can be arranged by your General Practitioner (GP), or through the hospital. The aims of the clinic are to investigate the medical causes of recurrent pregnancy loss and to provide you with information and support.

This clinic is run by consultants and specialist midwives. At the clinic, a medical history is taken, and the nature of your pregnancy loss is explored. Several investigations, such as blood tests, may be suggested. Plans for further pregnancy are discussed, with follow up visits and referrals to other services sometimes required.

Currently in Ireland, not everyone will have access to a recurrent miscarriage clinic in their area. In this case, your GP or hospital may refer you to an individual doctor or specialist midwife for investigations and support.

“

I think consistency of the people involved is huge and that has worked well when I've had it.

”

Investigations

When should tests be done?

Tests may begin after 2 consecutive miscarriages (see 'what tests will be offered?' below). Some tests are only carried out after the third miscarriage, based on individual history and risk factors. The decision-making process should involve you and your healthcare provider (doctor or midwife) working together.



Can causes and risks be identified?

In many cases (about half), no specific cause or risk factors are found.

However, certain factors may increase the risk, such as increasing age, previous miscarriages, alcohol and caffeine consumption, body mass index (BMI), underlying medical conditions, anatomical anomalies (where the shape of the uterus, or womb, is different), genetics, and male factors (e.g. sperm health).

“
There's been no known reason as to why I've had all these miscarriages; that's at times difficult I suppose.
”

“
You'd love there to be a simple solution, but kind of good to hear there's nothing really bad going on.
”

What tests will be offered?

Tests may vary based on your individual circumstances.

Some common tests include:

- Medical history evaluation
- Assessment of risk factors
- Pelvic ultrasound / hysterosalpingogram / contrast sonography (HyCoSy)
- Blood tests for thyroid function
- Blood tests for clotting conditions, e.g. antiphospholipid syndrome
- Hormonal testing
- Checking previous pregnancy tissue
- Genetic testing may be done after 3 consecutive miscarriages, or on the second miscarriage if the woman is under 35 years of age.

“It was just a big relief to be meeting someone after the second one and to not to be told ‘ah its normal, you’re fine’, but to be told ‘yeah, that was a tough thing you’ve gone through, we’ll do these tests and see if there’s anything major so that you don’t have to hopefully go through it again.

”

What tests are not recommended?

Not all tests are recommended for people experiencing recurrent miscarriage. The tests below, for example, are not advised because there is not enough evidence that they will benefit people with recurrent miscarriage. If any of these are recommended, it will be only in a research setting. Your healthcare provider should guide you on suitable tests.

Tests not currently recommended, as mentioned above:

Routine immunological screening	Such as blood tests for human leucocyte antigen, cytokine, and natural killer cell testing
Screening for hereditary thrombophilia (clotting condition)	Such as blood tests for inherited blood clotting conditions, including assays for Protein C, Free Protein S, Anti-Thrombin III and Activated Protein C Resistance - unless there is a family or personal history of clotting
Infections in asymptomatic people	Screening for infections where there are no symptoms
Routine genetic testing of parents	For chromosomal rearrangements. Note: this testing may be advised after an individual assessment, or if there is no pregnancy tissue available for genetic testing
Sperm DNA fragmentation testing	Testing irregular sperm genetics

Treatment

What treatments will be offered?

Treatment options will depend on your specific diagnosis. For conditions like antiphospholipid syndrome and thyroid disease, your healthcare provider will prescribe medications tailored to your needs.

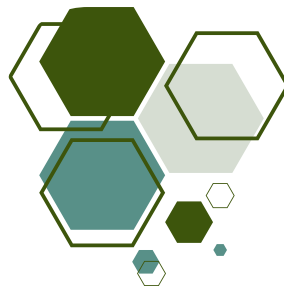
If you and your partner have chromosomal rearrangements, you may explore options such as natural conception, IVF with preimplantation genetic testing, or egg and/or sperm donation. Surgeries for a uterine anomaly (differently-shaped or septate uterus) should only be done after assessment by teams experienced in these surgeries.

In unexplained cases, medications like high-dose folic acid, aspirin, progesterone, or blood thinners may be considered in some situations. With supportive care in a specialised Early Pregnancy Unit (EPU), evidence shows that future pregnancies may be successful without medication.

Why would I not be offered a treatment I have heard about?

It is important to understand that just because a cause or risk factor is found, it doesn't always mean there's a treatment to lower the chances of experiencing more pregnancy losses.

You may not be offered other treatments that you might have heard of. The reason for this is that there may be limited evidence that the proposed treatments can reduce the risk of future pregnancy loss. In some cases, these treatments might even be harmful.



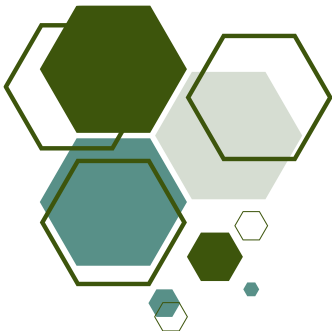
What treatments should not be offered?

Certain treatments are not recommended. For example:

- If you have an inherited blood clotting condition (thrombophilia), you should only take blood thinners if you've had blood clots before, or if your specialist doctor specifically recommends them.
- Fertility treatments, such as antioxidants/vitamins for sperm health, or surgical fertility treatments, have not been shown to reduce miscarriage.

In unexplained recurrent miscarriage (where no cause has been found following tests), the following treatments are not currently recommended:

- Immunotherapies (treatments for the immune system)
- Metformin (medication that can affect blood sugar)
- Antibiotics
- Endometrial scratching (treatments to the lining of the uterus)
- Pre-implantation genetic testing (IVF with testing of the embryo before insertion in the uterus).



Future pregnancies

What happens in another pregnancy?

Pregnancy after a miscarriage can be a challenging experience. You will usually be booked into, or offered, a consultant-led antenatal clinic for ongoing visits and checks. You should receive appropriate supportive care, timely pregnancy plans, and regular ultrasound examinations.

“ So you have a miscarriage and then it’s waiting for the next period. And it’s waiting until ovulation and then it’s waiting to see if you’re pregnant. And then it’s waiting for the six week scan or the twelve week scan. ”



What are my chances of having another miscarriage?

Unfortunately there is a lack of evidence-based treatments for recurrent miscarriage. However, the likelihood of having another miscarriage is significantly reduced with supportive care in the setting of a dedicated Early Pregnancy Unit.

Number of previous miscarriages	Likelihood of having another miscarriage
2 or 3	28 in 100 people
4	40 in 100 people
5	47 in 100 people
≥6	64 in 100 people

Partners

Is there support for partners?

Miscarriage can be a very difficult experience for couples. Partners' feelings can often be overlooked, as it is often assumed that a partner is less affected and needs to stay strong.

It is important to remember that, despite not having directly experienced the physical trauma of miscarriage, a partner has likely also experienced a loss. Finding time and space together to talk about your experiences and feelings is important. Support and counselling services are available for both you and your partner.

“

But like we have our moments where obviously it's kind of dragged us apart, but we also have our moments where it could be the quiet moments where you kind of realise we're stronger than we ever were.

”

“

I can't do anything. I can't go through the miscarriage. I can't have the feelings even though I'd love to kind of, you know, to take a bit away. But you can't. So then you're trying to support them.

”



More information and support

In addition to services available within your hospital, which you can discuss with your healthcare providers, the following may be helpful sources of information and support:

Pregnancy and Infant Loss Ireland a directory of support services and knowledge for both people who experience pregnancy loss and healthcare professionals.

- pregnancyandinfantloss.ie

Cork Miscarriage Website a resource for anyone who needs information and support around early miscarriage, from pregnancy to pregnancy after miscarriage.

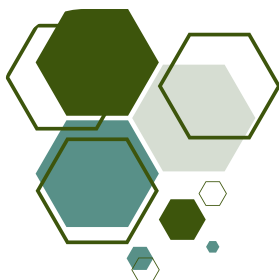
- corkmiscarriage.com

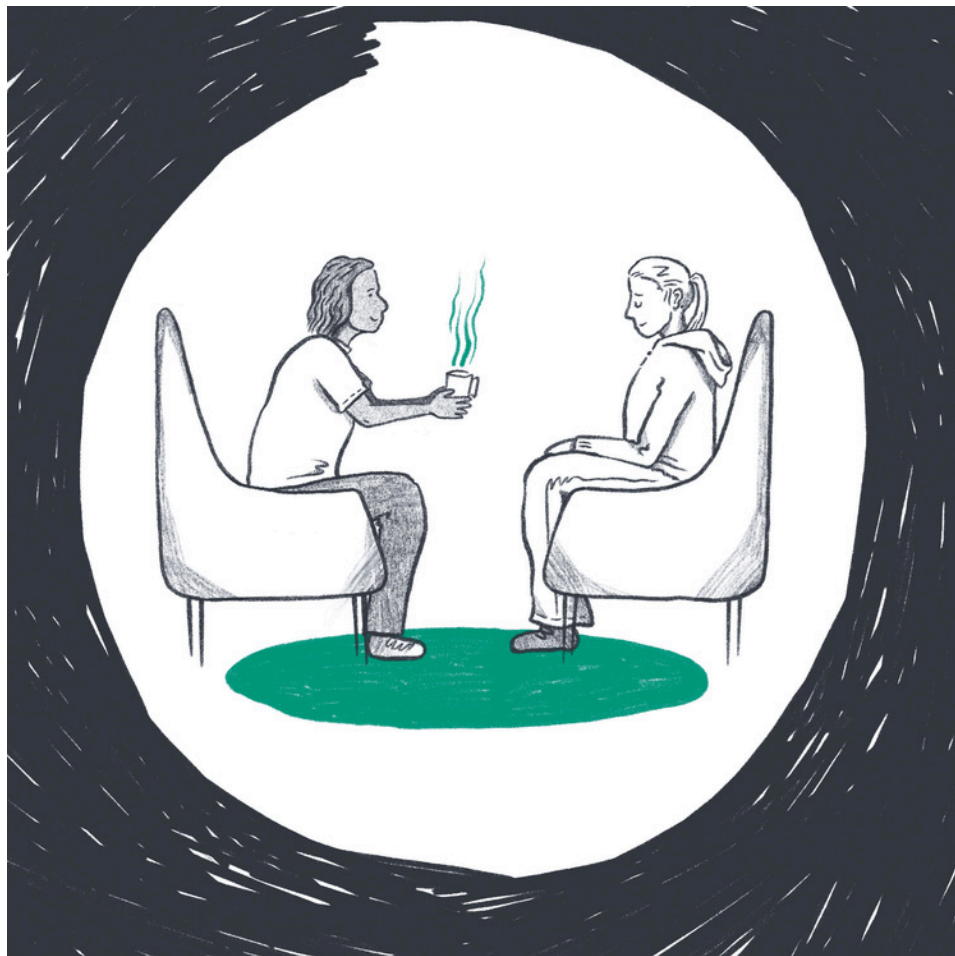
Miscarriage Association of Ireland provide support, help and information to women and men who experience miscarriage.

- miscarriage.ie

National Women and Infants Health Programme, Health Service Executive and Institute of Obstetricians and Gynaecologists of the Royal College of Physicians of Ireland produce clinical practice guidelines to guide clinician and patient decision-making, with the aim of improving care quality and patient outcomes.

- hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/
- rcpi.ie/Faculties-Institutes/Institute-of-Obstetricians-and-Gynaecologists/National-Clinical-Guidelines-in-Obstetrics-and-Gynaecology





“

Getting the kind of variety and the suffering that's out there it does make you feel that you're not going through it alone. There are other people who, even if they're not going through the exact same thing, the fact is that it's still a deep grief and a personal loss. So we're all in the same way.

”

“

We have started attending the online monthly groups...It was helpful to kind of talk to people.

”

“

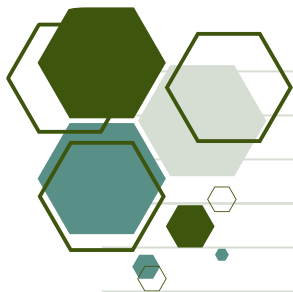
It was just good because you have the fact-based information.

”

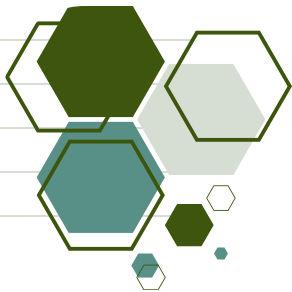
Getting involved in research on pregnancy loss:

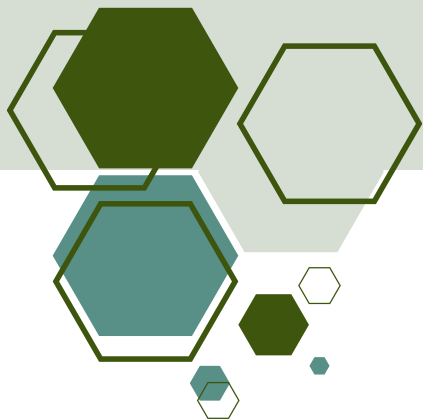
This booklet was developed with the input of knowledge users, including people with lived experience of recurrent miscarriage and healthcare professionals. To get information on the research conducted by the Pregnancy Loss Research Group, including how you might get involved in the research, go to:

- ucc.ie/pregnancyloss.



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