

ABORTUS HABITUALIS (RECURRENT PREGNANCY LOSSES)

DEFINITION

Recurrent pregnancy losses (RPLs), or recurrent miscarriages (abortus habitus), refers to three consecutive pregnancies ending with spontaneous miscarriages after 6 consecutive gestation weeks.

FREQUENCY

The rate of occurrence of abortus habitus is approximately 1%. It increases with age and is particularly high amongst women aged over 40.

REASONS

Different causes may be distinguished coming from the woman or the man.

On the woman's side it is mainly due to genetic defects, uterine diseases (e.g. fibroids), and hormonal disorders. Some autoimmune diseases may also cause abortus habitus but there is insufficient evidence.

On the man's side the cause is first and foremost genetic defects.

In the overwhelming majority of cases, no explanation is found for RPLs. A chromosome analysis for both the man and the woman is recommended after three miscarriages.

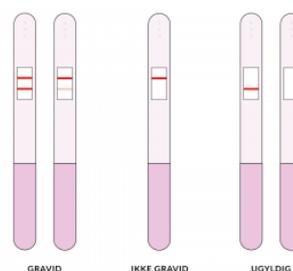
ANAMNESIS

- A recurrence of RPLs among several close family members heavily indicates a hereditary risk.
- Some chronic autoimmune diseases, especially rheumatism and blood clots, may possibly increase the risk for recurrent miscarriages.

- The mapping of all previous pregnancies, births, and miscarriages is recommended in order to assess possible common features. The absence of common features supports the hypothesis that the miscarriage is simply coincidental.
- Smoking, alcohol and coffee intake, and some forms of medication, can slightly increase the chance of miscarriage. One should of course stop smoking before getting pregnant anyway.

LABORATORY EXAMINATIONS

- Blood tests from both the man and the woman for chromosome analysis. The main disposition for miscarriage is known as balanced translocation.



- Examination of the bacterial flora and signs of chlamydia in the vagina and cervix.
- Examination of the uterine cavity with water scanning and/or laparoscopy on the 8-9th day of the cycle in order to rule out malformations or fibroids which invade the uterine cavity and thereby prevent pregnancy.
- Blood tests are taken on the 3rd day of the cycle to measure the pituitary

hormones FSH, TSH, and Prolactin (milk hormone), which all have some sort of influence on the functioning of the ovaries.

- A blood test is taken 1 week prior to expected menstruation to measure progesterone. Progesterone under 15ng/ml indicates that the ovaries' yellow bodies produce too little progesterone, which may increase the risk of miscarriage.
- The possibility of rheumatic diseases in women can be investigated by looking for specific signs of illness and by measuring antibodies in the blood (antiphospholipid syndrome, ANA, anti-dsDNA, Sjogren's syndrome), accompanied by a report for thrombophilia (protein-s, protein-s, Faktor V mutation, prothrombin mutation).

The fertility clinic at Rigshospitalet has a specific department for investigating and treating recurring miscarriages.

PROGNOSE

Clear factors for recurrent miscarriages are only visible in 3-5% of cases. For >95% the test results are perfectly normal, and the chances for the next pregnancy to succeed are between 60 and 80%.

NEXT PREGNANCY

There is no need to take any specific precautions such as sick leave or extra vitamin intake. One cannot exactly do anything wrong; in the main, one should just keep living as usual. The pregnancy is supervised during the first 12 weeks, with possible measurement of progesterone levels and ultrasound scans every or every other week.

WHO CAN I CALL WITH QUESTIONS?

You are welcome to call Kvindeklivnikken every weekday from 8.00 - 15.00 on +45 36 46 71 40.

Revised April 2020. To be revised on an ongoing basis and no later than 1 April 2022, before in case of any significant changes.