

Miscarriage



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Leading minds dedicated to your success

A photograph of a man and a woman embracing, overlaid with a purple tint. The man is on the left, wearing a white shirt and glasses, with a large tattoo on his left arm. The woman is on the right, wearing a white top and light-colored pants. They are both looking towards each other.

At IVFAustralia we run a Miscarriage Special Interest Group that constantly reviews the latest research on miscarriage to offer the most up-to-date information and treatments.

Miscarriage

A miscarriage, broadly defined as pregnancy loss prior to week 20 occurs in about 1 in 6 pregnancies, making this a common occurrence. Be reassured that the outlook is positive. The vast majority of patients who have experienced a miscarriage will go on to achieve a healthy family.

Some women will experience more than one consecutive miscarriage. The term recurrent miscarriage is used when women experience three or more consecutive early pregnancy losses (2 in 100 women).

That is little consolation at the time and IVFAustralia offers you the best possible care through further investigation, advice and treatment.

What are the causes of miscarriage?

Random chromosome/genetic abnormalities

To achieve a successful pregnancy a chromosomally normal egg needs to join with healthy sperm. Then the genes on the chromosomes need to mix in a fashion that allows the embryo to successfully implant into the uterus and grow. It is not surprising that such complex processes sometimes fail to occur perfectly.

About 60-70% of embryos (conceived naturally or via Assisted Reproductive Technology) lost in the first 12 weeks show major chromosome abnormalities. These are usually random events that are unlikely to reoccur.

Miscarriage cannot be caused by anything you do: food, drink, exercise or sexual intercourse. A miscarriage occurs because the fetus or placenta does not develop properly. No medication can prevent a miscarriage occurring because of those random genetic abnormalities.

Parental chromosome

In a small percentage of couples one of the partners carries a chromosome abnormality that if passed on will cause the fetus to be abnormal. In the carrier this may not cause any obvious problem, as the chromosome defect is 'balanced' by other normal chromosome material.

Testing of the couple's chromosomes can be performed with a blood test.

Uterine abnormalities

For the embryo to implant normally the uterine shape is of importance. Abnormalities in the shape of the uterus such as a septum can be associated with miscarriages. Fibroids may also be a cause of pregnancy loss especially if they extend into the uterine cavity or if they are large. These abnormalities can be easily detected and treated by our specialists.

Blood clotting disorders

Certain individuals have an increased risk of clot formation (thrombosis) and this may result in the blockage of forming placental blood vessels. These women are also at a higher risk of venous thrombosis of other blood vessels. The most common of these is deep venous thrombosis, or DVT.

Other medical conditions

Endocrine (hormonal) diseases such as thyroid disorders and uncontrolled Diabetes have been associated with increased occurrence of miscarriages. Obviously many other severe medical conditions can interfere with the wellbeing of the early pregnancy.

Hormone imbalances

Hormone imbalances in the early phase after conception remain a controversial cause of pregnancy loss and infertility. The link between polycystic ovarian syndrome and miscarriage is widely reported but still not conclusively proven (see IVFAustralia Brochure on Polycystic Ovary Syndrome). These issues can be discussed with our experienced clinicians.

Age

With advancing age the random chromosome abnormalities described earlier in this brochure become more common and therefore the risk of miscarriage increases. This is particularly important with women over 35 years of age and of major importance in those over 40.

Other lifestyle factors such as obesity, cigarette smoking and excessive caffeine intake may be linked to an increased risk of miscarriage.

Immune causes

Antiphospholipid syndrome

Antiphospholipid syndrome is where a woman has immune factors in her blood called antibodies, which can either attack the developing embryo or increase the risk of blood clotting. Higher levels of antiphospholipid antibodies are reliable indicators for an adverse outcome in pregnancy and screening tests are available for women who have experienced pregnancy loss. Antiphospholipid antibodies are associated with early and late fetal loss, pregnancy induced hypertension, intrauterine growth retardation, prematurity, and both venous and arterial thrombosis occurring during pregnancy. They are also often used as markers of a possible immunological disorder. It must, however, be firmly emphasised that these associations are not observed in every woman, nor in every pregnancy.

Immune cells in pregnancy

Immune cells in the uterus are important in the early detection and elimination of foreign cells, such as infections or cancer. Women who have fertility problems, specifically miscarriage or unsuccessful IVF are more likely to have higher levels of these 'natural killer cells' than other women. What this means for treatment is still not clear, but a number of different treatments are being trialled.

Sperm DNA fragmentation

Abnormal levels of fragmentation of the genetic material (DNA) within sperm have also been linked to a higher risk of miscarriage in the female partner. A number of treatment approaches, including the use of antioxidants, are currently being trialled.

How can IVFAustralia help?

As specialists in reproductive disorders our clinicians have great expertise in the processes of early pregnancy. Our physicians provide a thorough medical assessment and treatment plan.

IVFAustralia's **Miscarriage Care Program** provides assistance to couples who have experienced the distress of miscarriage and includes:

- 1 Initial testing to investigate whether there is a cause for miscarriage, particularly where miscarriage has happened more than once.
- 2 Specialised care during the next pregnancy. This includes blood tests, hormonal and ultrasound monitoring under the careful supervision of a fertility expert and an experienced nurse.
- 3 The opportunity to take part in miscarriage research that IVFAustralia is undertaking to investigate possible new treatments for miscarriage.

If a treatable cause for miscarriage has been found various therapies are available through our clinicians. These may include such simple measures as the use of low dose Aspirin or more complicated medical therapies. It may involve surgery or occasionally even in vitro fertilisation (IVF) with preimplantation genetic diagnosis (PGD).

At IVFAustralia we run a Miscarriage Special Interest Group that constantly reviews the latest research on miscarriage to offer the most up-to-date information and treatments. IVFAustralia is also actively involved in research in the field of early pregnancy loss.

For further information please contact IVFAustralia on 1800 111 IVF.

IVFAustralia's Network of Care

● Clinic ● Consultation & Monitoring Consulting Rooms

● Bondi Jn	16th Floor Westfield Tower 2, 500 Oxford St	8305 9800
● Burwood	Suite 18 Level 7, 74-76 Burwood	8346 6840
● Castle Hill	Suite 4, 15-17 Terminus St	9894 4419
● Dee Why	Level 3, 834 Pittwater Road	9950 6000
● Gosford	Level 2 Suite 24, 207 North Albany St	4349 2000
● Greenwich	Level 2, 176 Pacific Highway	9425 1600
● Haymarket	Level 5 Sussex Centre 401 Sussex St	9281 3822
● Kogarah	Level 3 St George Private Hospital South St	8567 6955
● Liverpool	Ground Floor 16-18 Bigge St	8844 1575
● Maroubra	Level 1, 225 Maroubra Rd	8372 3200
● Miranda	Suite 4, 20-24 Gibbs St	8567 6980
● Newcastle	The Heights Private Medical Centre 2 Lookout Rd New Lambton Heights	4957 8515
● St Leonards	16 Marshall Ave	9439 3158
● Sydney CBD	Level 1, 33 York St	8346 6800
● Wahroonga	Suite 103 Tulloch Building Sydney Adventist Hospital 185 Fox Valley Road Wahroonga	9425 1780
● Westmead	Level 2, 20-22 Mons Rd	8844 1550

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