Early Pregnancy Loss

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The loss of a pregnancy during the first 13 weeks is called “early pregnancy loss,” “miscarriage” or “spontaneous abortion.” Early pregnancy loss occurs in about 10% to 15% of known pregnancies. Most early pregnancy losses result from an abnormal embryo (the earliest stage of the baby’s development), not by anything related to the mother or father.

In at least half of the cases, early pregnancy loss is caused by an abnormal number of chromosomes in the embryo. In this instance, the egg or sperm that makes the embryo has the wrong number of chromosomes. This is a random event. Having it happen in one pregnancy does not mean that a couple is at high risk of having it happen in future pregnancies. Other causes of early pregnancy loss involve other embryo problems, including missing genes, extra genes or other abnormalities.

It’s Not Your Fault

It is natural for a mother who has experienced an early pregnancy loss to think she did something to cause it. She will often search her memory to find something she did, something she ate, medicine she took or medication she forgot to take just before the loss happened. The loss likely had nothing to do with the mother but involved an abnormal embryo.

Recurrent Early Pregnancy Loss

Most experts define recurrent loss as two or more losses in a row. After one early pregnancy loss, the chance of another loss is about 15%, the same likelihood for someone who has not had a loss. Women with two losses in a row have a slightly higher chance of having another loss, about 20%. After three early losses in a row, the risk of a loss in the next pregnancy is about 30%.

As with single losses, most cases of recurrent loss are caused by abnormalities of the embryo, not by anything concerning the mother or father. However, with recurrent losses, there is a higher chance of finding specific problems in the parents. Therefore, an evaluation, or “workup,” is reasonable if you have had two or more losses in a row.

Components of the standard workup for recurrent early pregnancy loss include patient history, chromosome testing and antiphospholipid antibody testing.

Patient History

Your physician will review each previous loss with you, including any symptoms you had, findings from ultrasounds, prior procedures (D&C or medical induction), lab results (chromosome testing, pathology studies, blood testing) and gestational age when the loss occurred. Other aspects of the history may include whether you have regular menstrual cycles, prior surgeries of your uterus or cervix, exposure to toxic chemicals, a history of blood clots in the legs or lungs or any family history of recurrent miscarriages in close relatives.

Chromosome Testing

Sometimes, one parent has a chromosome abnormality that produces no findings in the parent but can cause a high pregnancy loss rate. Chromosome testing of both parents is recommended as part of the workup for recurrent pregnancy loss.

Antiphospholipid Antibodies

Some women have antiphospholipid antibodies (detected through blood tests) that can cause pregnancy loss and produce blood clots. If the antibodies are present and they persist for more than six months, treatment with an anticoagulant (blood thinner) and aspirin may reduce the chance of recurrent miscarriage.

Additional Testing

Your doctor may recommend additional tests to detect:

- Anatomical problems, such as an abnormally shaped uterus or fibroids or polyps inside the uterus that may prevent an embryo from implanting normally.
- Thyroid disorder because women with low thyroid hormone levels or certain thyroid antibodies (TPO autoantibodies) can have recurrent miscarriages.
- Diabetes — High blood glucose levels (as reflected by high levels of A1C) in early pregnancy can cause miscarriage or birth defects.
- Immune testing and treatment — Some specialists order blood tests for natural killer cells and other immune components, but the American College of Obstetricians and Gynecologists and the American Society of Reproductive Medicine do not recommend such evaluations because treatment of immune problems has not been proven to improve the chances of success in the next pregnancy.
- Problems with ovarian reserve, meaning a limited ability of the ovary to produce healthy egg cells capable of fertilization.

Treatment of Recurrent Early Pregnancy Loss

If the workup reveals a specific abnormality that can be treated, treatment of the abnormality is usually considered. However, in most cases, no abnormality is found on the workup because most cases of pregnancy loss are caused by abnormalities of the embryo, not abnormalities in the parents. If no abnormality is found, there is no need for treatment. Even without treatment, pregnancy success rates of about 80% are found in mothers with two pregnancy losses in a row and 70% in mothers with three losses in a row.

Additional Resources:

The American College of Obstetricians and Gynecologists
acog.org/womens-health/faqs/early-pregnancy-loss

Washington University Physicians
fertility.wustl.edu/learn/multiple-miscarriages

pediatrix & obstetrix

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