

Laparoscopy: This is a surgical procedure in which a slender, light-transmitting instrument, the laparoscope, is used to view the pelvic organs.

Blood tests for possible problems with hormones or the immune system.

Hysteroscopy: In this procedure, the doctor inserts a hysteroscope - a thin, telescope-like instrument - through the vagina and cervix to view the inside of the uterus. Hysteroscopy is minor surgery that is usually performed under general anesthesia at the hospital.

Ultrasound: In this procedure, sound waves are used to examine the fetus or view the internal organs. An early ultrasound 4 1/2 weeks after Estimated Time of Conception (ETC) is usually performed. It may also be performed before conception to visualize abnormalities of the pelvic organs.

Hysterosalpingography: This is an X-ray of the uterus and fallopian tubes. It is taken after the organs are injected with a small amount of fluid.

Endometrial Biopsy: In this procedure, a sample of the tissue that lines the uterus is taken and looked at under microscope.

SPECIAL CARE FOR FUTURE PREGNANCIES

Sometimes the problem that caused the miscarriages can be treated. Surgery may be effective for some problems of the uterus and cervix. Treatment with antibiotics can cure infections. Hormone treatment may help in some cases even before the baby is conceived.

WHAT YOU CAN DO

If you have had repeated miscarriages, future pregnancies should be planned, diagnosed early and watched carefully. You can improve your chances of having a successful pregnancy in the future by doing the following things:

- Have a complete medical workup before you try to get pregnant again. It may be that the cause of the miscarriages can be found and treated by your doctor.

- If you think that you might be pregnant, see your doctor right away. The sooner you seek prenatal care, the sooner you can receive any special care that you may need.

- Follow your doctor's instructions. He or she will tell you what you need to do to keep yourself and your fetus as healthy as possible.

COPING WITH REPEATED MISCARRIAGE

The loss of a pregnancy - no matter how early or how late - can result in feelings of grief or discouragement that may overwhelm you. For many women, the emotional healing takes longer than the physical healing that follows a miscarriage.

Reach out to those closest to you and ask for their comfort and support. Talk to your doctor. Counselling can help both you and your partner if you think that you can't deal with your feelings alone.

FINALLY...

Even if you have had repeated miscarriages, you still have a good chance to have a successful pregnancy. This is true even if the causes of the past pregnancy losses cannot be found. Future pregnancies will need prompt, early evaluation. Your doctor will check your pregnancy closely and provide any special care you may need as your fetus grows.

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The symbol on the front cover symbolizes the creation of a new human person. It represents the equation 1 + 1 + 1 = 1. A man, a woman and God all come together to create the new child.

FOR MORE INFORMATION, PLEASE CONTACT:

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REPEATED MISCARRIAGE



A FertilityCare™ EDUCATION BROCHURE

REPEATED MISCARRIAGE

Miscarriage, often called spontaneous abortion by doctors, is the loss of a pregnancy before 20 weeks. It occurs in about 15-20% of all pregnancies. Most happen in the first three months. Three or more miscarriages in a row may be called repeated miscarriage (or habitual abortion). Women who have repeated miscarriages need special tests to try to find the reason for them.

After several miscarriages, you may wonder whether you will ever be able to have a healthy baby. **Be hopeful.** The chances of having a successful pregnancy are good even after more than one miscarriage. This pamphlet will help you understand the reasons for repeated miscarriage and what can be done to prevent future ones.

CAUSES

Often, the reason for repeated miscarriage is not known. Sometimes, however, it has a definite cause. Examples of known causes include:

- Hormone imbalance
- Illnesses in the mother
- Disorders of the immune system
- Abnormalities of the uterus
- Environmental and life style factors
- Chromosomal problems

If you have had more than one miscarriage, each may have had a different cause.

HORMONE IMBALANCE

Progesterone is a hormone that prepares the lining of the uterus during the second half of the menstrual cycle to nourish a fertilized egg. If the egg is not fertilized, it is shed with the uterine lining during the menstrual period. If the egg is fertilized, hormones continue to prepare the uterus for pregnancy. Early in pregnancy, it is important that enough progesterone be made to maintain the pregnancy. Otherwise, miscarriage will occur. If tests show that a woman's body is not making enough progesterone, her doctor may prescribe supplements to correct the problem.

At the Pope Paul VI Institute, patients with a history of infertility or miscarriage are often automatically placed on a Progesterone supplement and have their progesterone level monitored. Depending on the blood Progester-

one level, your dosage may be raised or lowered or discontinued during your pregnancy.

CHROMOSOMAL PROBLEMS

Most chromosomal problems happen by chance. They have nothing to do with the mother's or father's health. They are not likely to occur again in a later pregnancy. However, in a small number of cases, problems with the parents' chromosomes can cause repeated miscarriage. There are tests to determine whether chromosomal problems are a factor in repeated miscarriage. These tests are very expensive and are often not very useful. Therefore they are seldom ordered.

ILLNESSES IN THE MOTHER

Certain illnesses in the mother have been linked to a greater risk of repeated miscarriage:

- Endometriosis
- Hormonal Dysfunction
- Systemic Lupus Erythematosus and other autoimmune disorders
- Congenital Heart Disease
- Severe Kidney Disease, especially when linked with high blood pressure
- Diabetes that is not controlled
- Thyroid Disease
- Intrauterine Infection

Treatment of some of these illnesses can improve the chances for a successful pregnancy. This is especially true if they were under control before a woman became pregnant. Other illnesses may need special care or monitoring during pregnancy.

DISORDERS OF THE IMMUNE SYSTEM

The immune system is designed to recognize and attack foreign substances within the body. Antibodies are formed to help the body fight off disease and heal itself in case of infection. Normally, the mother's body protects the "foreign" fetus from attack by her own antibodies. It is thought that this protection may be absent in the blood of some women who have had repeated miscarriage.

Other immune system problems are caused by differences between the mother and the fetus and even between the mother and the father. For instance, the mother's own immune system may produce antibodies

to the cells of her own body. This can cause pregnancy loss. Tests may show some problems with the immune system.

ABNORMALITIES OF THE UTERUS

Several abnormalities of the uterus, most of which can be treated with surgery, are linked to repeated miscarriage:

CONGENITAL ABNORMALITIES: These are defects present from birth. For example, a woman may have a uterus that is divided into two sections by a wall or tissue (Septate Uterus).

UTERINE FIBROIDS (LEIOMYOMATA): Uterine fibroids are benign growths (non-cancerous) made up of uterine muscle tissue.

INCOMPETENT CERVIX: An incompetent cervix is one that begins to widen and open too early, in the middle of pregnancy, without any sign of pain or labor.

ENVIRONMENTAL AND LIFE STYLE FACTORS

Pregnant women who smoke also have a greater risk of miscarriage than those who do not smoke. Heavy use of alcohol and illegal drugs, especially cocaine, may also increase the risks. It's possible that exposure to high levels of radiation or toxic substances may be a factor in repeated miscarriage.

DIAGNOSIS

Because repeated miscarriage has many possible causes, your doctor will need a great deal of information to diagnose the problem. You will be asked about your medical history and past pregnancies, as well as your life style. A complete physical exam, including a pelvic exam, is also important.

Your doctor will ask you to begin charting your cycles using the CREIGHTON MODEL **FertilityCare™ System**. This will enable you and your doctor to detect early pregnancy. Also, by using your chart as a tool, your diagnostic procedures and treatment can be performed and administered more effectively. It allows you and your physician to work in cooperation with your natural cycle. At times cycle abnormalities will become evident in your charting. This information is invaluable to your physician.

Procedures that might also be done include: