



**Dr. Duru Shah**

MEDICAL DIRECTOR, GYNAECOWORLD CONSULTANT, OBS & GYN - BREACH CANDY HOSPITAL, JASLOK HOSPITAL AND RESEARCH CENTER, SIR HN HOSPITAL AND RESEARCH CENTER. WWW.GYNAECOWORLD.COM



# Recurrent Miscarriages...

## Why Do They Occur And Can We Prevent Them?

**I** recently saw a patient who came to me truly desperate, because although she does get pregnant when she wants to, it always ends in a miscarriage. This had happened to her four times so far. These are called 'recurrent miscarriages.'

A miscarriage is the loss of a pregnancy before 20 weeks - a full pregnancy being 40 weeks. Babies delivered before 20 weeks usually weigh less than 300-350 gms, are born without a heartbeat, and have truly no future as of today. Pregnancies lost in the first 3 months are termed 'first trimester miscarriages,' while the ones lost after 12 to 20 weeks of pregnancy, are termed 'midtrimester miscarriages.'

It can be so disheartening for a woman when every pregnancy ends similarly, even though she has visited her gynecologist and followed the recommended treatment. Unfortunately, most women come to us only after the pregnancy has occurred. It is too late to investigate at that point and sometimes too late to prevent a miscarriage through treatment. It is best to see a specialist immediately after the first abortion, and get investigated and treated accordingly before the next pregnancy. As a matter of fact, we strongly recommend that all women see a gynecologist before planning their first pregnancy, to make sure that all is well before embarking on this 9-month journey, which affects the lives of both the mother and baby. To be honest, even today, only about 5-10% of women do this in Mumbai!

There are several reasons why miscarriages occur - the most common being genetic or developmental disorders within the

fetus in almost 75% of first trimester abortions. The other reasons are: hormonal imbalances, infections, abnormalities of the uterus, autoimmune disorders, and environmental toxins such as smoking, alcohol, substance abuse etc. Most of these problems can be corrected and treated, except the ones that are genetic or developmental. The latter can be prevented in the next pregnancy if the disorder has been diagnosed in the earlier miscarried fetus. This is why it's so important to evaluate the lost pregnancy, because it may give us clues that could help us prevent a similar loss in the next one!

My strong advice to women planning pregnancies today is to go to your gynecologist for a general checkup and get good prenatal advice before getting pregnant. This could help avoid a miscarriage or a malformed fetus, sometimes maybe due to an undetected malfunctioning thyroid, an abnormal uterus, an undiagnosed infection, or simply a vitamin (Folic Acid) deficiency! And when it comes to recurrent miscarriages, more detailed investigations and treatments are done in order to rule out even more possibilities.

There is so much more we can do today because of newer technologies, such as molecular genetic testing, newer research such as knowing that PCOS can be initiated in the baby whilst being in the uterus, and newer interventions such as identifying how sick a baby is and preventing harm to it. In today's world there should never be a situation where a woman has to undergo repeated miscarriages without knowing why she is losing her pregnancies!

