

Counseling and treating patients following Recurrent Pregnancy Loss (RPL)

ASRM guidelines recommend an evaluation after two pregnancy losses prior to 20 weeks.

Miscarriage can be traumatic for patients more so after multiple losses. According to the American Society for Reproductive Medicine (ASRM), recurrent pregnancy loss (RPL) is defined as two or more consecutive pregnancy losses before 20 weeks gestation.

The majority of miscarriages are due to chromosomal abnormalities in the embryo. The vast majority of these are spontaneous, the exceptions being translocations. Other possible factors include diabetes, hyperprolactinemia, uncontrolled thyroid disease, structural uterine abnormalities — septum or adhesions, as well as anti-phospholipid antibody syndrome.

Recommended screening for RPL

A basic fertility work-up is the first step to understanding the causes of RPL. Early intervention is best to determine the course of action, taking into account female age and medical history.

RPL recommended screening includes²:

- Antiphospholipid antibody testing:
 - Anticardiolipin antibody (IgG/IgM)
 - Lupus anticoagulant
 - Anti-B2 glycoprotein antibody
- Parental karyotypes for both partners

- Uterine cavity evaluation:
 - Hysterosalpingogram (HSG)
 - Sonohysterogram
- Thyroid-stimulating hormone (TSH)

- Prolactin
- HgbA1C

²2012 ASRM practice committee report

How common are miscarriages, based on ASRM data?

1 miscarriage:
15-25%

2 consecutive miscarriages:
~5%

3 or more consecutive miscarriages:
1%

“

Patients with recurrent pregnancy loss are looking for answers. Providing testing and treatment options can give patients a path forward and lead to successful pregnancies.

— Alex Polotsky, M.D., SGF Colorado Medical Director

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Causes and treatments for RPL

There are some causes of RPL that are generally accepted and other factors that may be relevant but are difficult to prove or are regarded as controversial. Maternal age should be considered a major factor simply due to the correlation between age, aneuploidy, and miscarriage.

Causes of RPL



Genetic abnormalities*

TYPES Structural parental chromosomal abnormalities such as balanced reciprocal translocations

TREATMENT Genetic counseling is recommended. IVF with genetic screening (preimplantation genetic testing or PGT-A or PGT-SR) is effective.



Anatomic problems*

TYPES Septate uterus, uterine fibroids, intrauterine adhesions, and cervical insufficiency (a factor in miscarriages occurring in second trimester or later), congenital uterine abnormalities

TREATMENT Surgical correction may decrease risk of subsequent loss, and can often be done minimally invasively. In some cases, a gestational carrier may be needed.



Medical conditions

TYPES Autoimmune: Antiphospholipid syndrome (APS)*
Endocrine conditions: Uncontrolled thyroid disease, diabetes, hyperprolactinemia

TREATMENT APS will typically be managed with therapeutic or prophylactic anticoagulation regimen. Medical management of these conditions is effective.



Lifestyle factors

TYPES Smoking, certain recreational drugs, excessive alcohol, obesity

TREATMENT Physicians should encourage lifestyle changes.

*These conditions and causes have been accepted as evidence-based causes of recurrent pregnancy loss. Additional causes of recurrent pregnancy loss are sometimes cited but lack evidence-based proof.

IVF can improve outcomes

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PGT-A

In vitro fertilization (IVF) with preimplantation genetic testing for aneuploidies (PGT-A) and/or preimplantation genetic testing for structure rearrangement (PGT-SR) identifies chromosomal abnormalities that lead to miscarriage. Once embryos reach the blastocyst stage on day 5 through 7 of embryo development, an embryologist will take a few cells from the embryo for genetic testing. The number of chromosomes will then be analyzed in each embryo. **This empowers us to only transfer chromosomally competent embryos and eliminate this cause for failure or loss.**

According to a 2021 SGF patient survey, 14% of respondents (N=1,084) did not know or were unsure whether they should seek a consult with a fertility specialist after two consecutive miscarriages.

SGF practice update

SGF welcomes Center of Reproductive Medicine (CORM) — a nationally recognized fertility center serving Houston, the Texas Medical Center, Memorial City, Clear Lake, Beaumont, and surrounding areas in Texas — to the practice. As part of this partnership, CORM will adopt the Shady Grove Fertility (SGF) name and extend the SGF brand into South Texas to become SGF Houston. SGF will begin scheduling new patient appointments for SGF Houston in early summer 2022.

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[ShadyGroveFertility.com](https://www.ShadyGroveFertility.com)

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Four ways to counsel patients with suspected **Recurrent Pregnancy Loss (RPL)**

1 Early consult with a specialist helps

Patients should seek an evaluation from a fertility specialist after two or more miscarriages.

2 Age matters

For women under age 35, the chance of miscarriage due to genetic abnormalities is 10-15%. The rate of miscarriage due to genetic abnormalities rises to over 50% in women over the age of 40.

3 There is hope

Even after three miscarriages, with appropriate treatment, 60-80% of patients experiencing RPL will go on to have a subsequent live birth.¹

4 There are many options to treat RPL

Treatment can range from simple lifestyle modifications to more advanced, highly effective treatments such as in vitro fertilization with genetic testing.

Learn how to test for and treat RPL →

¹Practice Committee of the American Society for Reproductive Medicine. Evaluation and treatment of recurrent pregnancy loss: a committee opinion. https://www.asrm.org/globalassets/asrm/asrm-content/news-and-publications/practice-guidelines/for-non-members/evaluation_and_treatment_of_recurrent_pregnancy_loss.pdf. Published 2012. Accessed February 16, 2022.