

Objective

- To identify the outcomes of viable pregnancies in patients who were seen at the specialised recurrent pregnancy loss clinic at Causeway Hospital in Northern Ireland. The aim was to identify if this population of patients had a higher risk of complications in later pregnancy.

Design

- All patients underwent the same baseline blood investigations as well as a pelvic ultrasound to assess pelvic anatomy.
- Blood tests included: Antiphospholipid screen, Thrombophilia screen, Anti-nuclear antibodies, Coagulation Screen, Thyroid function tests, Vitamin D levels.
- Patients were given lifestyle recommendations of decreasing alcohol and caffeine intake, no smoking and mindfulness and stress reduction techniques.
- All were commenced on vitamin D 3000 units per day, probiotics and progesterone pessary's from 6-16 weeks gestation.

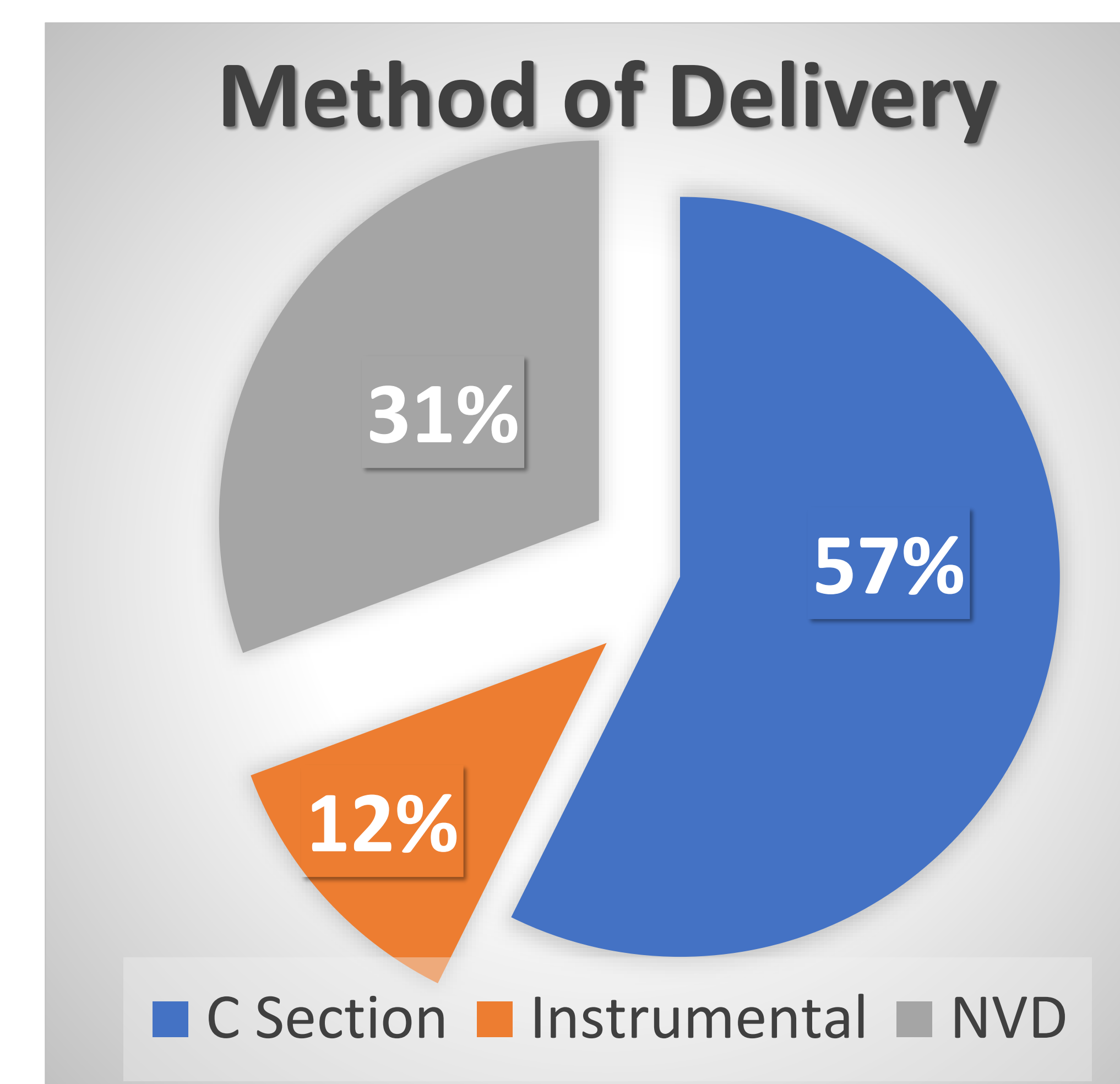
Method

- Patients were identified using previous clinic lists. Their records were accessed via the Northern Ireland Electronic Care system and data gathered on the following areas: Parity, Number of miscarriages, Maternal age, Gestation, Date and method of Delivery, Induction of labour, Fetal birthweight and antenatal risk factors. Patients were provided with a Patient Satisfaction Questionnaire to assess and improve the service.

Results

- 75 patients were identified with a viable pregnancy after attending clinic. They delivered between January 2019-2022. 74 were singleton pregnancies with one set of MCDA twins.
- Antenatally, 21% of patients were identified as having hypothyroidism at clinic and 25% had significantly low Vitamin D levels.
- Maternal age range was between 25-43 and average age was 35.5 years.
- The average number of miscarriages on referral to the recurrent pregnancy loss clinic was 3.

- Of the 75 patients, 57% were delivered via caesarean section, 31% had a vaginal delivery and 12% had operative vaginal delivery. 87% of births occurred after 37 weeks, with 13% being delivered pre-term.



- 30 patients completed the patient satisfaction questionnaire. Feedback was very positive from vast majority of patients. The only negative feedback received was in regards to clinic waiting times.
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Gestation	No. of Deliveries
<28 weeks	2
28+1 - 29w	2
29+1 - 32w	0
32+1 - 33w	1
33+1 - 35w	0
35+1 - 36w	2
36+1 - 37w	3
37+1 - 38w	7
38+1 - 39w	16
39+1 - 40w	22
40+1 - 41w	18
41w+	3
Total	76

Conclusion

- Caesarean section rate was significantly higher than UK norm. This is possibly due to high levels of maternal anxiety.
- Rate of pre- term birth is also almost double the national average.
- Further research into and expansion of recurrent pregnancy loss services is needed in future to keep up with patient expectation and demand.