



BACKGROUND

The RCOG define recurrent miscarriage (RM) as three or more consecutive first-trimester miscarriages. RM affects approximately 1% of women and is a recognised risk factor for subsequent adverse pregnancy outcomes including preterm birth, perinatal death and secondary infertility.

OBJECTIVES

The objective of this study was to establish the live birth, miscarriage and other adverse pregnancy outcomes rates following RM in our local population so as to improve patient management and counselling.

METHODS

Design: A retrospective cohort study was undertaken.

Methods: Women attending the pregnancy loss clinic at a tertiary university hospital in the Republic of Ireland over a 12-year period (2008-2020), with a confirmed diagnosis of primary or secondary first-trimester RM were eligible for inclusion.

Women with non-consecutive first trimester miscarriages or ectopic pregnancy were excluded. Epidemiological and clinical information was gathered from paper and electronic medical records. Data were analysed using SPSS (Version 27).

RESULTS

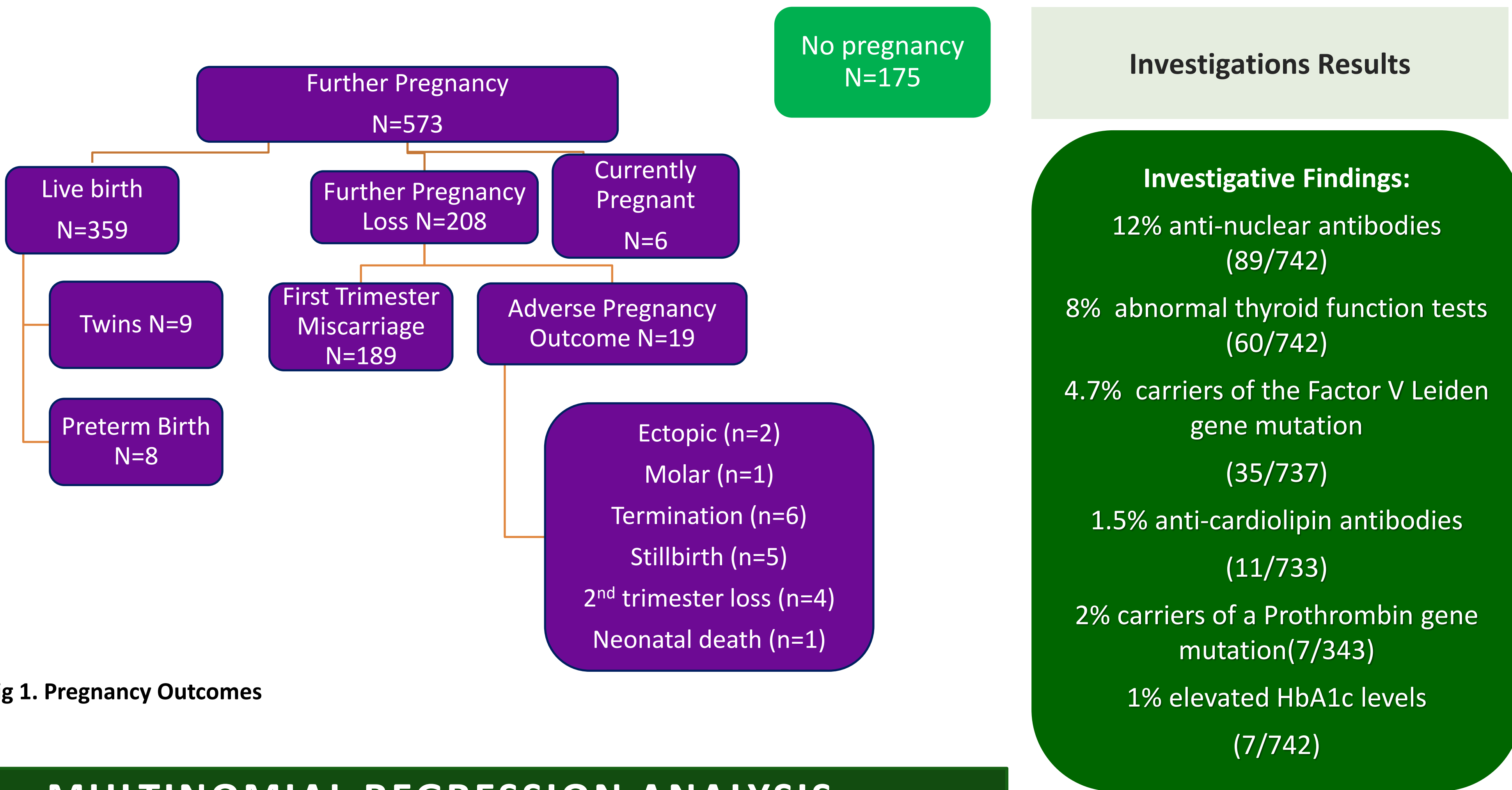


Fig 1. Pregnancy Outcomes

CONCLUSION

Our findings confirm RM occurs more frequently in women aged >35. Aneuploidy remains a leading cause of miscarriage. In addition to older age, smoking and parental balanced translocations were associated with a reduced likelihood of further pregnancy. Other investigations and treatments were not associated with pregnancy outcome, thus supportive care should be prioritised. The substantial rates of prescribed medications and infertility in women with RM merit further exploration.



Learn more about the Pregnancy Loss Research Group's work in Recurrent Miscarriage

ACKNOWLEDGEMENTS

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Of 748 women that met the inclusion criteria, 332 (44%) had primary RM, 416 (56%) had secondary RM.

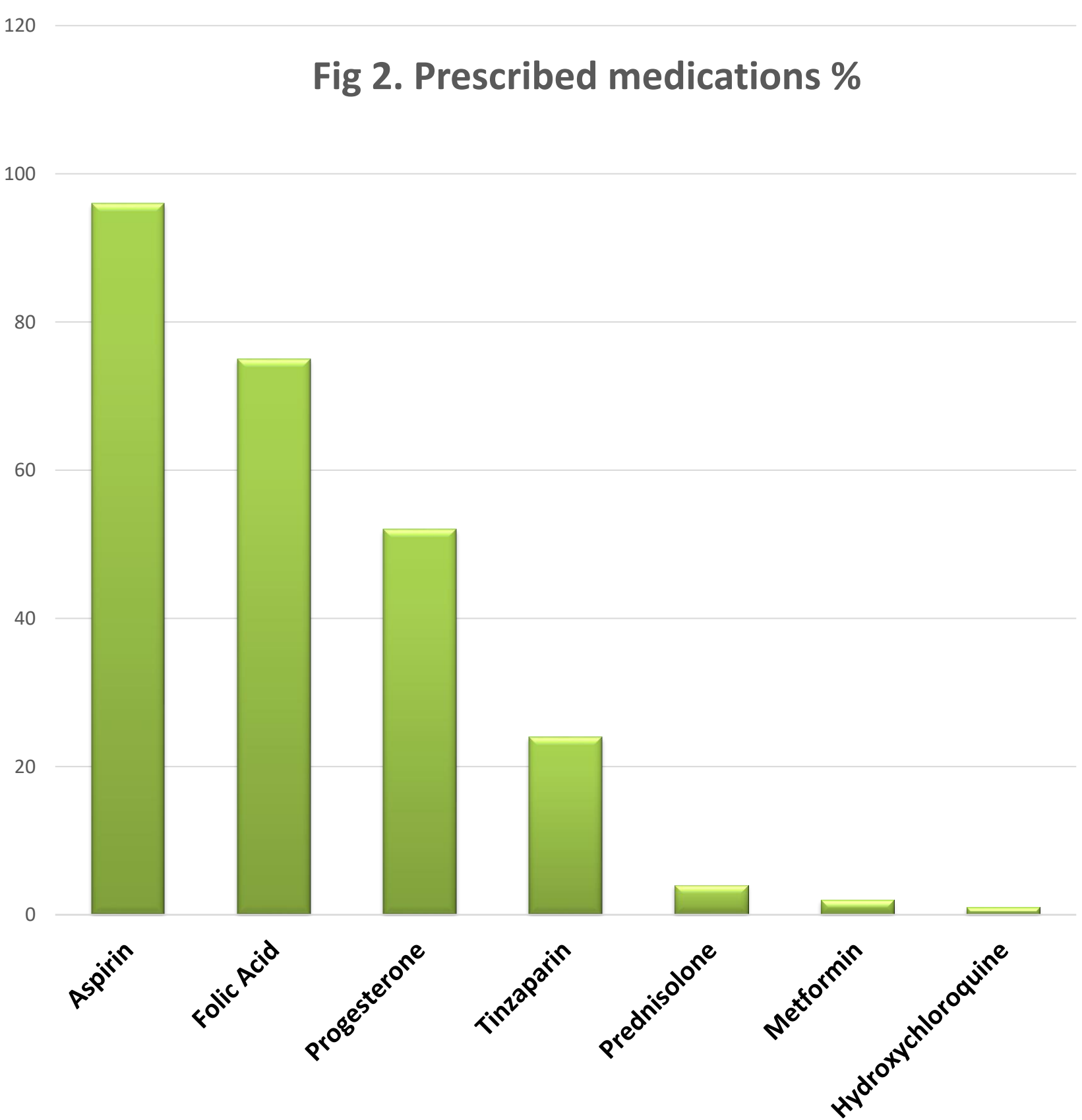
The median age was **36** (range 19-47) years with 12% aged <29 and 64% of women aged ≥35.

142 (19%) had a history of infertility with 43 (5.7%) having attended for ART.

Prescribed pharmacological treatments are outlined in fig1.

573 women had a subsequent pregnancy (76.6%); **outcomes are outlined in fig 2.**

Including successive pregnancies over the study period, the cumulative live birth rate was **62%** (466/748), falling to **44% in women aged >40** and **54%** in women with **infertility**.



MULTINOMIAL REGRESSION ANALYSIS

Women aged 35-39 were 2.3 times more likely to have a livebirth than no further pregnancy (RRR 2.29 (95% CI 1.51-5.30)).

Women aged 30-34 were more likely to have a livebirth (RRR 3.74 (95% CI 1.80-7.79)) or a miscarriage (RRR 2.31 (95% CI 1.07-4.96)) than no further pregnancy.

Smokers were less likely to have a livebirth (RRR 0.37 (95% CI 0.20-0.69)) or a miscarriage (RRR 0.45 (95% CI 0.22-0.90)) than no further pregnancy.

Couples with an abnormal parental karyotype were less likely to have a miscarriage than no further pregnancy (RRR 0.09 (95% CI 0.01-0.79)).