



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ100
PREGNANCY

Repeated Miscarriage

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What causes repeated miscarriage?

There are many reasons for **repeated miscarriage**. More than one half of miscarriages in the first 13 weeks of pregnancy are caused by problems with the **chromosomes** of the fetus (see the FAQ [Genetic Disorders](#)). There can be problems with the number or structure of chromosomes, or with the genes they carry. In a small number of cases, problems with the parents' chromosomes can cause repeated miscarriage. There are tests to find out if such problems are a factor in repeated miscarriage.

Medical conditions in the woman, or problems with the woman's **uterus**, may cause repeated miscarriage. The following medical conditions in the mother have been linked to a greater risk of repeated miscarriage:

- **Lupus** and other **autoimmune disorders**
- Heart disease
- Severe kidney disease, mainly when linked with high blood pressure
- Diabetes
- Thyroid disease
- Infection in the uterus
- **Polycystic ovary syndrome**
- Antiphospholipid syndrome, a disorder of the immune system
- Hormone imbalances
- Blood disorders

Several problems of the uterus are linked to repeated miscarriage. Most are not common:

- Defects present from birth, such as a uterus that is divided into two sections by a wall of tissue (septate uterus)
- Benign growths in the uterus, such as fibroids, made up of muscle tissue
- **Cervix** that begins to widen and open too soon, in the middle of pregnancy, with no sign of pain or labor

How is the cause of repeated miscarriage determined?

To help find the cause of repeated miscarriage, you will be asked about your medical history and past pregnancies. A complete physical exam, including a **pelvic exam**, may be done. You may be offered genetic counseling. You also may need certain tests:

- Blood tests to detect any problems with hormones or the immune system
- Chromosomal testing of both you and your partner or of the miscarriage tissue, if it is available
- Tests to detect infection of the uterus

Procedures also may be done to help detect problems in the uterus:

- Hysterosalpingography—An X-ray of the uterus and fallopian tubes is taken after the organs are injected with a small amount of dye.
- Hysteroscopy—A thin, light-transmitting device is inserted through the vagina and cervix to view the inside of the uterus.
- Ultrasound—Sound waves are used to create an image of the internal organs.
- Sonohysterogram—A vaginal ultrasound is used to view the uterus. A saline solution is injected into the uterus to help expand the uterus for better viewing.

What things can I do to plan for a future pregnancy?

If you have had repeated miscarriages, you need to think ahead. Future pregnancies should be planned, diagnosed early, and checked closely. You may be able to improve your chances of having a successful pregnancy in the future by doing certain things:

- Have a complete medical workup before you try to get pregnant again.
- If you think that you might be pregnant, see your health care provider right away.
- Follow your health care provider's instructions.
- Maintain a healthy lifestyle by eating healthy foods, exercising, and avoiding alcohol, tobacco, and illegal drugs.

Glossary

Autoimmune Disorders: Conditions in which the body attacks its own tissues.

Chromosomes: Structures that are located inside each cell in the body and contain the genes that determine a person's physical makeup.

Cervix: The lower, narrow end of the uterus, which protrudes into the vagina.

Lupus: An autoimmune disorder that causes changes in the joints, skin, kidneys, lungs, heart, or brain.

Pelvic Exam: A manual examination of a woman's reproductive organs.

Polycystic Ovary Syndrome: A condition in which increased androgen levels occur and eggs are not released from the ovaries.

Repeated Miscarriage: Consecutive loss of two or more pregnancies before 20 weeks of pregnancy. Also called habitual abortion.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ100: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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