Recurrent miscarriage

This information is for women and couples who have had three or more miscarriages. It is based on the 'Recurrent Miscarriage' guideline from the Royal College of Obstetricians and Gynaecologists.

About this information

It tells you:

- What we know about the reasons for recurrent miscarriages.
- About recommendations the guideline makes on the most effective ways of investigating and treating women who have recurrent miscarriages.
- It aims to help you and your healthcare team make the best decisions about your care.
- It is not intended to replace advice from a doctor or midwife about your own situation.
- It does not look at reasons or treatment for single miscarriages.

Some of the recommendations here may not apply to you. If you think the treatment or care you get does not match what we describe here, talk about it with your doctor or with someone else in your healthcare team.

Key points

- Recurrent miscarriage is when you experience three or more early miscarriages (before 12 weeks of pregnancy).
- Around one woman in every 100 experiences recurrent miscarriages.
- If you have had recurrent miscarriages, you may be offered blood tests and/or a pelvic ultrasound scan to try to identify the reason for them.
- Often it is not possible to find a reason for recurrent miscarriages.
- Most couples who have had recurrent miscarriages still have a good chance of a successful pregnancy and birth at full term in the future.

What is a recurrent miscarriage?

Recurrent miscarriage is three or more pregnancy losses occurring in the first 12 weeks of pregnancy. For women and their partners this is distressing. Around one woman in every 100 has recurrent miscarriages. This is about three times more than you would expect to happen just by chance, so it seems that for some women there must be a specific reason for their losses. For others, however, no underlying problem can be identified.

Why does it happen?

In more than half of all cases of recurrent miscarriages no cause is found and the investigations are normal. However, if you and your partner feel able to keep trying, you still have a good chance of a successful birth in the future. There are a number of things which may play a part in recurrent miscarriage, but it is a complicated problem and more research is still needed.

Lifestyle factors

Being overweight or underweight can increase your chance of miscarriage. Cigarette smoking and excessive caffeine are associated with miscarriage. Women are advised to limit their caffeine intake to <200mg per day (the equivalent of two cups of instant coffee). Alcohol consumption is also associated with miscarriage and women are advised not to drink any alcohol when pregnant. When trying to conceive, women should limit their intake to no more than one to two units of alcohol, once or twice a week.

Genetic factors

The most common cause of one miscarriage or recurrent miscarriage is that the pregnancy has developed with an abnormal number of chromosomes (the genetic structures within our cells that contain our DNA and the features we inherit from our parents). Around 50% of miscarriages happen because of this and it occurs even though the parents have normal chromosomes themselves.

However, in around three to five in every 100 women who have recurrent miscarriages, they or their partner have an abnormality on one of their chromosomes. Although such abnormalities may cause no problem for you or your partner, they may sometimes cause problems if passed on to your baby.

After a third or subsequent miscarriage, pregnancy tissue may be sent off by your doctor to assess the genetics of your pregnancy. This may be helpful when considering further pregnancies.

Age

As a woman gets older her egg quality reduces, which means it is more likely that an embryo with an abnormal number of chromosomes forms. This means that the chance of miscarriage increases as a woman’s age increases. Miscarriages also may be more common if the father is over 40 years.

Blood clotting factors

Antibodies are substances produced in our blood in order to fight off infections. Some women who have had recurrent miscarriages have particular antibodies, called antiphospholipid antibodies in their blood. This is called Antiphospholipid syndrome (APS) and is associated with recurrent miscarriages and an increased risk of developing blood clots.

There is no evidence that inherited blood clotting problems (thrombophilias) are associated with recurrent miscarriages.

Uterine (womb) structure

A congenital uterine anomaly is when a woman is born with an unusual shape to her uterus. Some unusual shapes, such as a septate uterus (where a band of tissue divides the inner cavity of the uterus) and bicornuate uterus (heart shaped uterus with two cavities instead of one), may increase the chance of miscarriage. Fibroids (an overgrowth of muscle cells in the wall of the uterus) may influence the risk of miscarriage, but this depends on their size and location. Minor variations in the structure of your uterus do not cause miscarriages.

Hormonal problems

Polycystic ovaries

If you have polycystic ovaries your ovaries are slightly larger than normal ovaries and produce more small follicles than normal. Having polycystic ovary syndrome (PCOS) slightly increases the risk of miscarriage. It is not clear why this is but it may be related to raised insulin and testosterone levels.

Prolactin imbalance

Prolactin is a hormone which is important for breast milk production alongside other roles. Abnormalities in prolactin levels may be associated with an increased risk of miscarriage.

Diabetes and thyroid problems

Diabetes or thyroid disorders can be factors in single miscarriages if they are not well controlled. However, they do not cause recurrent miscarriage, as long as they are treated and kept under control.

What can be done?

- **Supportive antenatal care:** Women who have supportive care from the beginning of a pregnancy have a better chance of a successful birth. There is some evidence having an early ultrasound scan can reduce the risk of further miscarriages. When you conceive, please telephone the Fertility Clinic on **0118 322 8964** where we will organise an early ultrasound scan for you.
- **Screening for abnormalities in the structure of your womb:** You may be offered a pelvic ultrasound scan to check for and assess any abnormalities in the structure of your womb, so that they can be treated if necessary.
- **Screening for genetic problems:** You and your partner may be offered a blood test to check for chromosome abnormalities; the test is known as karyotyping. If either or both of you are found to have an unusual karyotype result, you should be offered the chance to see a specialist called a clinical geneticist. They will explain the result and discuss the implications for future pregnancies and what your choices may be. This is known as genetic counselling. It can help you decide what you want to do for the future.
  If it seems likely that other members of your family could be affected by the same problem, they too may be offered genetic counselling.
- **Screening for thyroid problems.**
- **Screening and treatment for Anti-phospholipid syndrome (APS):** if you have anti-phospholipid antibodies then treatment with low-dose aspirin tablets and low-dose heparin injections in the early part of your pregnancy may improve your chances of a live birth up to about 7 in 10 (compared to around 4 in 10 if you take aspirin alone and just 1 in 10 if you have no treatment). Even with treatment, you will have a risk of extra problems during pregnancy (including pre-eclampsia which is caused by raised blood pressure, restriction in the baby's growth and premature birth) and therefore you would be closely monitored.
- **Hormone treatment:** It has been suggested that taking progesterone early in pregnancy could help prevent a miscarriage. Whilst it is safe to take progesterone in pregnancy there has been a randomised controlled trial showing that it does not improve the chance of a

successful pregnancy in patients with unexplained recurrent miscarriages. However, if a woman experiences early pregnancy bleeding (and has had a previous miscarriage) then progesterone does improve the chances of having a successful pregnancy.

What could it mean for me in future?

Your doctors will not be able to tell you for sure what will happen if you become pregnant again. Your chance of miscarriage will depend on a number of factors including your age. However, even if they have not found a definite reason for your miscarriages, you will likely still have a good chance of a future healthy birth.

Where can I find further information?

This information has been taken from the Royal College of Obstetricians & Gynaecologists webpage. For further information go to www.rcog.org.uk

If you have any questions or concerns regarding your investigations please call the Fertility Clinic on ☎ **0118 322 7286.**

The following organisations also offer support:

- Miscarriage UK www.miscarriageuk.org Tel: ☎ **01924 200 799**
- Tommy's www.tommys.org Tel: ☎ **0800 0147 800**

Royal College of Obstetricians & Gynaecologists

Miscarriage UK

Tommy's.org

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Fertility Clinic, December 2018
Reviewed: November 2025, Live change May 2026
Next review due: November 2027