RECURRENT MISCARRIAGE

PREGNANCY LOSS IS THE MOST COMMON MEDICAL PROBLEM IN REPRODUCTIVE-AGE women. These couples have no trouble getting pregnant: their problem is staying pregnant. Fifteen per cent of all pregnancies will miscarry, and 1 in every 20 couples will miscarry repeatedly. For the longest time, the only advice doctors could give their patients was simply to "try and try again". Thanks to modern advances in medical science, this is no longer the case. Today, our chances of helping many couples deliver healthy babies are better than 80 per cent.

There may be many causes of miscarriages – ranging from there being something wrong with the anatomy of the mother's uterus to hormonal imbalances to high levels of fragmentation in the father's sperm. But often, it's not one isolated cause for the miscarriage; two or more factors work together to make the environment for implantation and growth of the fetus unfavourable – leading to miscarriages.

By running a panel of tests, our pregnancy loss investigation protocol pinpoints the source of the problem in up to 80 per cent of couples that suffer from recurrent pregnancy losses; of this 80 per cent, we have been able to help about 80 per cent of these couples to successfully have a baby.

A particularly common and perplexing problem that has been responsible for several instances of recurrent pregnancy losses is what is commonly known as "sticky blood syndrome" in the mother. Generally, patients with this condition have blood that has a higher tendency of clotting. While dangerous in and of itself - sometimes the clot can take place in the heart or brain, leading to either a heart attack or stroke respectively - sticky blood syndrome can also cause the mother to miscarry when a clot forms in the trophoblast (placenta), leading to a disruption of blood supply to the fetus. When this happens, the pregnancy will inevitably miscarry. Thankfully, once this condition has been identified, it can be cured through the use of blood thinning medications that will cause the blood to become less sticky, making it less likely that clots will form. Once appropriately managed, the patient should be able to have a successful pregnancy.

Another condition we are beginning to see more frequently is patients with elevated natural killer (NK) cells. These cells represent part of the immune barrier between mother and fetus. The fetus carries half the father's genome. The mother's immune system needs to be adequately quietened to allow the uterus to carry the pregnancy to term. We have had some success using steroids and intravenous immunoglobulins (IVIG), helping mums with this condition deliver healthy babies at term.

The likelihood of a miscarriage increases, as the couple grows older. While there are many possible causes of recurrent pregnancy losses, medical science today has given us just as many ways of treating and dealing with these causes. The most important thing is to seek professional help as early as possible, and never give up hope. ■

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