



ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

EPIDEMIOLOGY AND ETIOLOGY IN RECURRENT PREGNANCY LOSS-A RETROSPECTIVE STUDY

**KEY WORDS:** Recurrent pregnancy loss, etiological factors, fetal outcome.

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ABSTRACT

**AIM:** To analyse the prevalence of cases of recurrent pregnancy loss attending the outpatient clinic in our institution- Govt RSRM Lying In Hospital, Chennai during the study period and evaluate the etiological factors responsible for their unsuccessful pregnancy outcomes.

**METHODOLOGY:** This is a retrospective study done by collecting data from all pregnant women attending the outpatient clinic in our hospital from April 2017 to September 2017.

**RESULT:** From this study ,recurrent pregnancy loss was found in 1.09% of the total pregnant women attending outpatient clinic, in whom the cause was idiopathic in 53.64% followed by endocrinological in 40.38%,and APLA,Anatomic abnormalities contributing to 1.98% and 1.32% each.

**CONCLUSION:** Recurrent pregnancy loss is a great mental trauma to any woman as well as the obstetrician as with each pregnancy loss, the chances of next successful pregnancy outcome decreases. Hence it our responsibility to educate the patient about the condition, provide our support to them , to diagnose and treat in pre pregnancy period itself ,to bring a successful outcome.

INTRODUCTION:

Recurrent pregnancy loss is defined as 2 or more consecutive pregnancy losses prior to 20 weeks of gestation. Most pregnancy losses result from chromosomal or genetic abnormalities and are random events. About 12-15% of all clinically recognized pregnancies end in miscarriage. It is of two types. Primary RPL refers to those with no previous live child and Secondary RPL refers to those in whom there is a viable previous pregnancy. Recurrent pregnancy loss affects about 1% to 2% of the population. Appropriate investigations should be done to find out the etiology of these pregnancy losses and the same should be treated to bring a successful pregnancy outcome. Detailed medical and family history, and lifestyle modifications should be noted for each individual.

AIM OF THE STUDY:

To analyse the prevalence of cases of recurrent pregnancy loss attending the outpatient clinic in our institution- Government RSRM Lying In Hospital, Chennai during the study period and evaluate the etiological factors responsible for their unsuccessful pregnancy outcomes.

METHODS:

This is a retrospective study done by collecting data from all pregnant women attending the outpatient clinic in our hospital from April 2017 to September 2017.All pregnant women with recurrent miscarriages before 20 weeks of gestation were included in the study and exclusion criteria included those with history of pregnancy loss after 20 weeks of gestation, those who were a known case of cardiac, thrombophilic disorder, bleeding disorders, ectopic pregnancies and multiple gestation.

RESULTS:

From this study ,recurrent pregnancy loss was found in 1.09% of the total pregnant women attending outpatient clinic, in whom the cause was idiopathic in 53.64% followed by endocrinological in 40.38%,and APLA, Anatomic abnormalities contributing to 1.98% and 1.32% each.

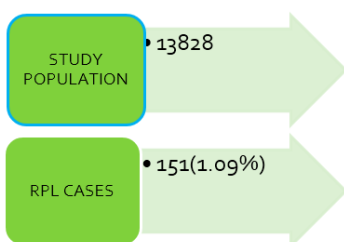


FIGURE:1

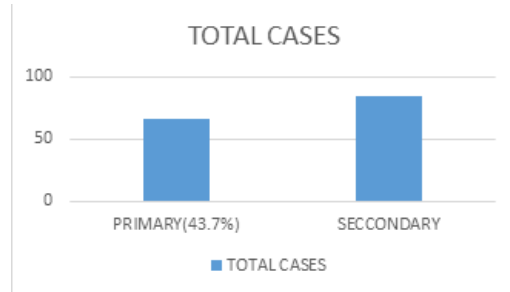


FIGURE:2 TYPES OF RPL

TABLE: 1 AGE DISTRIBUTION

AGE	NO OF CASES	PERCENTAGE
<20 YEARS	8	
<20-25 YEARS	44	
25-30 YEARS	72	
>30 YEARS	27	

TABLE: 2 EDUCATIONAL STATUS

	TOTAL CASES	PERCENTAGE
ILLITEARTE	47	31.1%
PRIMARY SCHOOL	45	29.8%
SECONDARY SCHOOL	30	19.8%
GRADUATE	29	19.2%

TABLE: 3 SOCIOECONOMIC STATUS

	TOTAL CASES	PERCENTAGE
UPPER MIDDLE	12	7.9%
LOWER MIDDLE	35	23.1%
UPPER LOWER	38	25.1%
LOWER	66	43.7%

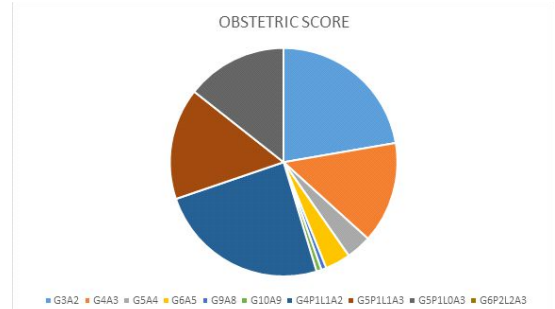


FIGURE: 3 OBSTETRIC SCORE

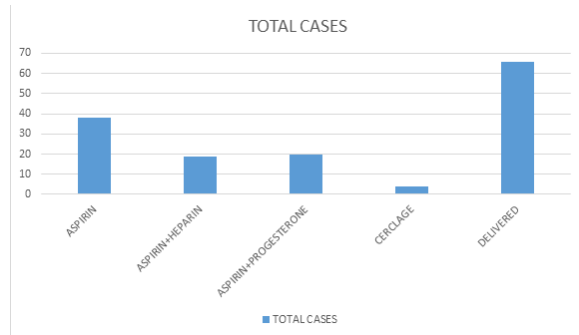
**TABLE:4 ETIOLOGICAL PROFILE OF RPL**

CAUSES	TOTAL CASES
IDIOPATHIC	81
ENDOCRINE	58
-THYROID DISORDERS	-30
GDM	-13
-PCOS	-15
ANATOMICAL	6
APLA	3
OTHERS	3

hysteroscopic surgeries, myomectomy or syneciae lysis or cervical encrclage may be needed. Immunological causes are on increasing trend and APLA should not be left untreated. Combined Aspirin and Heparin therapy is commonly used for these patients.

**CONCLUSION:**

Recurrent pregnancy loss is a great mental trauma to any woman and the obstetrician as with each pregnancy loss, the chances of subsequent successful pregnancy decrease. Though there is no definitive treatment protocol available, still Combined Empirical Therapy along with a little spoonful of care and support toward our patients will help in bringing a successful pregnancy outcome.



**FIGURE:4 TREATMENT**

**DELIVERED OUTCOMES:**

**-ABORTIONS(27.2%)**

MISSED ABORTION-15  
INCOMPLETE ABORTION-3

**-PRETERM DELIVERY**

LABOUR NATURAL-4  
LSCS-2

**-TERM DELIVERY**

LABOUR NATURAL-26  
LSCS-16

**DISCUSSION**

Recurrent pregnancy loss is defined as spontaneous consecutive loss of 2 or more pregnancies prior to 20 weeks of gestation. The risk of miscarriage increases progressively from 5-13% following first pregnancy to 31-45% following three miscarriages. The loss of pregnancy at any stage can be a devastating experience hence preconceptional counselling of the parents, early diagnosis and treatment should be initiated to provide a successful pregnancy outcome. Detailed history of previous pregnancies, personal, family, medical and diet history should be recorded.

In my study, patients who had history of early trimester spotting were started on progesterone supplementation, Low dose Aspirin(75mg Od) was given prophylactically to all patients, in APLA positive cases, Injection Heparin was added along with Aspirin, and in those cases with cervical incompetence, cervical encrclage was done. Hypothyroid and diabetic patients were treated medically.

Thus it is clearly understood that combined treatment modality approach is required to treat the patients with recurrent pregnancy losses including detailed history, investigations, treatment and follow up.

Genetic diagnosis should be done by karyotyping of maternal and paternal chromosomes or of the products of conception whichever is available and pre implantation genetic diagnosis to be offered to patients who are tested positive for genetic abnormalities. Common Endocrine problems causing recurrent pregnancy losses included Luteal phase defects, thyroid disorders, particularly thyroid antibodies should be checked, uncontrolled diabetes, PCOS, and Hyperprolactinemia. Targeted medical therapy should be provided for these conditions. Anatomical causes both congenital or acquired can be surgically treated by