

Long term prognosis for life birth after RM

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The researchers studied the records of 987 women with a minimum of three consecutive miscarriages, who had been referred to a specialist RM clinic between 1986 and 2008. Using data from the National Danish Birth Register they were able to see how many of the women had achieved a live birth after referral to the clinic. They also looked at the impact of maternal age at the time of referral, and the number of previous miscarriages as prognostic markers for future live births. The ages of the women at referral to the clinic ranged from 20 to 46 years.

"We found that, of all the women included in the study, 66.7% had achieved a subsequent live birth within five years after their first consultation in our clinic, and that this increased to 71.1% within 15 years after the first consultation," study leader, Professor Ole Christiansen, told a press conference. "The next step will be to compare the fecundity (ability to get pregnant resulting in live birth) of women with RM to that of an age-matched group of women from the general population with an equally strong wish to conceive since we are not, from the present study, able to conclude with regards to that."

"The women attending the clinic are encouraged to try to become pregnant, are closely monitored and receive appropriate treatment if relevant risk factors are present. However, in this study we did not specifically look at the effect of different treatments," said Ms Lund.

There are a number of possible reasons why some women attending the clinic did not have a live birth after referral, according to the researchers. One reason could be that they continue to miscarry in all

subsequent pregnancies, but others could simply be due to increased age at each attempt, or damage to the Fallopian tubes caused by post-miscarriage pelvic inflammation. Additionally, the couple may eventually give up trying for a pregnancy due to fear of another miscarriage, or the pregnancy attempts are given up due to divorce.

Most studies of RM to date have looked at miscarriage rate in the next pregnancy as an outcome measure. "Because an essential part of the management of couples with RM is to be able to advice on the prognosis for future pregnancy outcome, we performed this study to investigate the outcome measure of [live birth](#) after a certain time period, since we believe this is more relevant from the patient's perspective and also more transparent than just looking at miscarriage rate in the next pregnancy. We hope that estimating the chances having a live-born child will give couples affected by RM a more realistic prognosis for future [pregnancy](#) success," Professor Christiansen concluded.

Provided by European Society of Human Reproduction and Embryology

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