Two-year outcome after recurrent miscarriages (RM): Looking at the past reveals the future.

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Context: Recurrent miscarriages
Objective: Correlation of factors from the obstetric history with the prognosis.
Methods and patients:
Tertiary immunological centre specialised on RM. Retrospective observational trial on 228 women aged 21-39 years with 3-7 spontaneous pregnancies ending in first trimester RM. They were referred consecutively from 1996 to 2003 and interviewed in 2005. Pregnancy outcome was registered until 2006. Statistics: Multivariate analysis, logistic regression model.
Interventions:
Lymphocyte immunotherapy, ASS and other adjuvant therapies. Their possible influence was not the objective of the study.
Main outcome measures:
Correlation of parameters which refer to the embryonic capacity with the 24 month cumulative pregnancy and conception rates.
Results:
Of 228 couples, 174 (76.3%) conceived, and 22 (9.6%) did not get pregnant again. 12 children (6.9%) were conceived after intrauterine insemination, IVF or ICSI treatment. Pregnancy rates were lower when the waiting time had exceeded 3 years (p=0.006). Conception rates were lower at a maternal age above 34 years (p=0.001) and after more than 3 miscarriages (p=0.002). The number of vital signs detected in the first three miscarriages (0-1 or 2-3, p=0.016/p=0.001) was related to both outcome measures. Under most favourable conditions 72/74 women (97%) conceived. Less favourable conditions were not only accompanied by higher abortion and reduced conception rates but also by a higher risk of sterility.
Conclusions:
Historical parameters can be related to the prognosis and used for counselling purposes. Apart from further miscarriage, sterility is a significant issue of RM. Additional interventions cannot be expected to overcome embryonic factors. Guidelines should incorporate a clear differentiation between first and second trimester RM and signs of infertility even after spontaneous pregnancies.