Hope for Women with Recurrent Miscarriage


Dr. Carolyn Kaplan

Recurrent miscarriage is often a “silent epidemic” among women leading to depression and other issues. While there are many false misconceptions regarding pregnancy loss, recurrent miscarriage often is an indication of a chromosomal problem. There is hope for women with a new chromosomal testing called Comparative Genomic Hybridization (CGH). While there have been various different types of genetic testing available through infertility clinics to-date, researchers have been looking for screening methods that offer greater ability to determine the implantation potential for a single embryo. Early data suggests that CGH may be what we have been looking for as embryo implantation rates of up to 66% have been reported with this new testing. Dr. Carolyn Kaplan of the Georgia Reproductive Specialists speaks with Joyce about the problem of recurrent miscarriage and the technology of CGH.

About our Guest

Dr. Kaplan is a graduate of the University of Texas Southwestern Medical School at Dallas, and she completed a residency in obstetrics and gynecology and a fellowship in reproductive endocrinology at the University of Texas Health Science Center in San Antonio. She is board certified in reproductive endocrinology.

She is an assistant clinical professor at Emory University School of Medicine in Atlanta, and the former director of the In-vitro fertilization (IVF) program at the Emory Clinic. Previously, Dr. Kaplan was a member of the IVF committees at UCLA and Century City Hospitals in Los Angeles.

Dr. Kaplan is the Director of In Vitro Fertilization at GRS, and specializes in the initial diagnosis of infertility, egg donation, alternative approaches to the control of menopause and the holistic approach to infertility treatment.

She was a principal investigator for several studies of hormonal efficacy and has authored numerous articles in medical journals and textbook chapters. Dr. Kaplan speaks frequently at community and professional seminars about reproductive health issues focusing on infertility treatments and their side effects, IVF, ovulation induction, hormone therapies and their uses, and menopause. In Atlanta, she serves on the advisory board of the Georgia chapter of RESOLVE.

About Recurrent Miscarriage

Miscarriage is defined as the loss of a pregnancy before 20 weeks of gestation. Nearly 20% of pregnancies end in miscarriage, most often within the first 12 weeks. Recurrent

miscarriage, or habitual pregnancy loss, is defined as three or more consecutive, spontaneous pregnancy losses.

Often no cause for miscarriages is found but possible causes include genetic defect, abnormally shaped uterus, uterine fibroids, scar tissue, hormonal imbalances and illness such as diabetes. Increased age, habits such as smoking, caffeine and alcohol, and the use of certain medications increase a woman's risk for miscarriage. Poor nutrition, smoking and use of medications by the father can also contribute to the risk of miscarriage.

There are a number of tests that your physician may run, in addition to reviewing your medical history and conducting a pelvic exam, to diagnose the possible cause of your recurring miscarriages. These tests may include a mapping of your chromosomes to detect genetic defects, a hysterosalpingogram, blood tests to detect immune system abnormalities and measure hormone levels, a vaginal ultrasound and an endometrial biopsy. Once the cause has been determined, your physician will work with you to map out a treatment plan, which may include surgery to correct problems with the shape of the uterus or medication to correct immune problems and hormone imbalances. Treatment increases your chances of becoming pregnant and carrying a pregnancy to term. However, even if no cause is found and no treatment is given your chances of eventually delivering a baby after recurring miscarriages is about 60%.
Additional information can be found on the website at
http://www.ivf.com/fert_miscarriage.html

For women with existing medical conditions, it is important to confer with your doctors to discover what special concerns there might be around pregnancy that may require special monitoring. Blood volume increases significantly, the amount of fluids being processed in the body increases, so blood pressure, kidney issues, and vascular issues need to be considered.

If there are risk factors in your family for pheochromocytoma or diabetes, be sure to get tested for a pheo before and during the pregnancy, as pregnancy will exacerbate such conditions and can be threatening both for the mother and for the baby.

The most important recommendation of all is to make sure that all your doctors know each other’s names and contact information and understand the risk factors involved, so that if something should occur during the pregnancy that your medical team understands what needs to be done. Communication and full disclosure are critically important.