**Tower Bridge Hospital London**

**Tower Bridge Hospital London**
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · WOMEN'S HEALTH

# Recurrent miscarriage
## *investigation from two losses, not three*

Recurrent miscarriage is devastating and is frequently met with instructions to keep trying. UK guidance changed: investigation is now offered after **two** losses rather than three. Even where no cause is found — which is common — the outlook for a future pregnancy is considerably better than most couples expect.

### Seek urgent assessment if you have

- **severe or one-sided abdominal pain**, particularly with shoulder-tip pain
- **heavy bleeding**, soaking a pad an hour, or large clots
- **feeling faint, dizzy or collapsing**
- **fever with pain and offensive discharge**
- a **positive pregnancy test with severe pain** — ectopic pregnancy must be excluded

Ectopic pregnancy can present as what appears to be another miscarriage and is life-threatening. Any severe pain with a positive test needs same-day assessment. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

## What is investigated

- **Antiphospholipid antibodies** — the most important treatable cause. Two positive tests at least 12 weeks apart are needed for the diagnosis.
- **Thyroid function and thyroid antibodies**, and HbA1c where relevant.
- **Pelvic ultrasound**, ideally 3D, to look for a uterine septum or other structural abnormality.
- **Genetic testing of the pregnancy tissue** where available — the single most informative test, since finding a chromosomal cause explains that loss and improves the outlook for the next.
- **Parental karyotyping**, usually only if the pregnancy tissue shows an unbalanced abnormality.
- **Inherited thrombophilia testing** is **not** routinely recommended for recurrent miscarriage, despite being widely offered.

### Tests and treatments not supported by evidence

A number of investigations and treatments are marketed to couples in this situation, at significant cost, without good evidence: routine natural killer cell testing, immune therapies including intravenous immunoglobulin and steroids for unexplained loss, sperm DNA fragmentation testing in this context, and endometrial scratch. Some are the subject of ongoing research; none is established treatment. If a clinic is recommending these, it is entirely reasonable to ask what the evidence is and what the regulator says about it.

## Treatments that do have evidence

- **Aspirin and heparin** for confirmed antiphospholipid syndrome — this substantially improves live birth rates and is the clearest win in the whole area.
- **Progesterone** in early pregnancy for women with recurrent miscarriage **and** bleeding in the current pregnancy — the evidence supports this specific group rather than everyone.
- **Treating thyroid disease**, and optimising diabetes control before conception.
- **Surgical correction of a uterine septum** in selected cases.
- **Smoking cessation, alcohol reduction, and getting BMI into a healthy range** — all measurably improve outcomes, in both partners.

## The odds

**50–75%**
of couples have no cause found

**60–70%**
next pregnancy successful after two losses

**Supportive care**
improves outcomes in its own right

'Unexplained' is genuinely hard to hear, and it is not the same as hopeless — most couples with unexplained recurrent miscarriage go on to have a baby. **Early pregnancy reassurance scanning and supportive care** in a dedicated setting is associated with better outcomes, which is one of the few things that helps everyone regardless of cause.

## The part that gets left out

Recurrent loss carries a heavy psychological cost — grief, anxiety in subsequent pregnancies, and a sense of failure that is entirely unwarranted. **Nothing you did caused this.** Not exercise, not stress, not work, not sex, not lifting. Partners grieve too and are rarely asked. The Miscarriage Association (01924 200799) and Tommy's (0800 0147 800) both offer specialist support.

**Why come to us.** NHS recurrent miscarriage clinics have long waits and many couples are told to come back after a third loss. We can arrange the **full evidence-based panel — antiphospholipid antibodies, thyroid function and antibodies, HbA1c — in-house**, with pelvic ultrasound performed on site, usually within a week. We will tell you honestly which tests are worth doing and which are not, and provide early reassurance scanning in a future pregnancy. Unhurried appointments, seven days a week.

## Where to get help

**Tower Bridge Hospital London**
97–99 Whitechapel Road, London E1 1DT

**020 7916 0029**

WhatsApp **07903 284 189**
**info@mhwclinic.co.uk**
Open 7 days, 9am–7pm

**In an emergency**
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

**When we are closed and it is not an emergency**
Call NHS 111 or visit 111.nhs.uk.

Related: **Women's Health** · **Ultrasound Scans** · **Blood Tests** · **All patient leaflets**

**Written and reviewed by Dr H Bolat, GP & Clinical Director** **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS, NICE NG126 and RCOG Green-top guidance on recurrent miscarriage. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.