

Stepwise approach to evaluation of recurrent pregnancy loss

1. Evaluate for fetal genetic causes first (karyotype and microarray).

- Ultrasound for fetal size, structural abnormalities
- Chorionic villous sampling
- If chorionic villous sampling unavailable, consider cell free fetal DNA
- Test products of conception at time of uterine evacuation if above testing is unavailable or not informative

**Only send parental karyotypes if the family history or fetal testing is suggestive of an unbalanced translocation.*

2. If fetal genetic causes are ruled out, evaluate the uterus (saline infusion sonogram +/- 3D imaging).

- Intracavitary lesions (polyps, fibroids, adhesions, septum)
- Fundal contour (assessing further for congenital uterine malformations)
- Myometrium (fibroids, adenomyosis)
- Uterine orientation (retroverted)

3. Assess for laboratory criteria of antiphospholipid antibody syndrome *only if* clinical criteria are met.

- Lupus anticoagulant
- Anticardiolipin IgG and IgM >40
- Beta-2 glycoprotein 1 IgG and IgM >99th percentile

4. If the pregnancy loss occurred after 16 weeks, consider assessment for cervical insufficiency and/or intraamniotic infection in next pregnancy.

**All patients should be counseled about modifiable risk factors, such as smoking, obesity, poorly controlled diabetes, and uncontrolled thyroid dysfunction.*

Source: Dr. Kinzler, Dr. Vintzileos

Loss In Pregnancy Guidelnes For Pregnancy

Yijin Wang



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