

# Success Story of Women with Recurrent Pregnancy Loss

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**Abstract:** *Recurrent pregnancy loss is defined as loss of two or more consecutive pregnancies. It is about 15.20% of all pregnancies. Indeed the risks is between 9% and 12% in women aged <35 yrs but increases to 50% in women aged <40.3. RPL is an important reproductive health issue, because it affects 2%-5% of couples. Primary RPL refers to multiple losses in a woman with no previous viable infants, whereas secondary RPL refers multiple losses in a woman who has already had a pregnancy 20 gestational weeks. Tertiary RPL refers to multiple pregnancy losses between normal pregnancies. This paper is on the success outcome in a woman with recurrent pregnancy loss.*

**Keywords:** Recurrent pregnancy loss, cervical incompetence, cervical encerclage, success

## 1. Introduction

Recurrent pregnancy loss is defined as loss of two or more consecutive pregnancies. It is about 15.20% of all pregnancies. Indeed the risks is between 9% and 12% in women aged <35 yrs but increases to 50% in women aged <40.3. RPL is an important reproductive health issue, because it affects 2%-5% of couples. Primary RPL refers to multiple losses in a woman with no previous viable infants, whereas secondary RPL refers multiple losses in a woman who has already had a pregnancy 20 gestational weeks. Tertiary RPL refers to multiple pregnancy losses between normal pregnancies. This paper is on the success outcome in women with recurrent pregnancy loss.

## 2. Case Report

A 32yrs women married since 14 yrs gravida 4 abortion 3 with LMP 22/9/18 and EDD on 19/7/19 presented at 13 weeks of gestation with past obstetric history of 3 miscarriages first being spontaneous explusion of fetus at 18wks diagnosed with cervical incompetence in aug 2016, followed by 2 unexplained miscarriages in 2017 known case of chronic hypertension on antihypertensives since 10 weeks of present pregnancy and was started on T.Nicardia-R. Patient was admitted in view of cervical incompetence with cervical length in NT scan being 2.76 cm. Her PPBS was elevated hence 6 point profile done and was started on T.Metformin 500mg BD. Inj.Proluton 500mg given once for 2 weeks. Capsule susten 200mg p/v BD advised. Cervical encerclage done at 14weeks of gestational age. Anomaly scan done at 18 weeks was normal. Fetal ECHO done at 22 wks was normal. Patient had c/o threatened abortion at 20 weeks was started on T. Duvadilon. Her sugar values was found to e elevated patient was switched to Insulin. Corticosteroids covered at 32 weeks. Interval growth scan was normal. At 37 completed weeks patient had raised fasting sugar values hence was planned for elective C-section. A normal weight baby delivered. Post natal period was uneventful.

## 3. Discussion

The perinatal outcome was improved in the cerclage group, including improved live birth rate, increased birth weight, and prolonged pregnancy. Consistently, other smaller observational retrospective trials have found significantly increased interval from treatment-to-delivery and increased mean birth weight in the cerclage groups. In addition, higher neonatal survival rates and live birth rates with decreased Neonatal Intensive Care Unit stay in the emergency cerclage groups were observed. This is inconsonance to the findings in this report.

## 4. Conclusions

The overall recurrence rate of second trimester miscarriage or extreme preterm delivery was 7%, but it differed significantly by phenotype. The highest rate, 28%, was found in cervical insufficiency, and prophylactic cerclage was associated with a significant reduction in recurrence.