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Repeated miscarriages are a cause of shattered dreams for many women who are often clueless about why they take place. Here are some of the causes for which medical science offers solutions and hope to those who had given by on being able to have a baby

BY SASWATI SARKAR

MISCARRIAGE is a traumatising experience that creates a secret planet of pain for which no words of consolation can work as a soothing balm or a magic wand. The scenario is even worse in a country like ours where women are held responsible for the absence of offspring.

While a clear link has been drawn between miscarriages and habits like smoking and heavy drinking, certain health conditions can also result in the loss of pregnancies. The symptoms of an imminent miscarriage are vaginal bleeding with or without abdominal cramps, accompanied by sharp low back pain and the expulsion of a tissue or clot-like material through the vagina. Three leading reasons for a pregnancy loss are cervical incompetence, chromosomal disorders and hormonal imbalance.

Cervical incompetence can be corrected

Cervical incompetence was the culprit behind the first miscarriage of Pooja Mehra in 2005. When she conceived for the second time in 2007, the problem recurred. "Her cervix had shrunk to 1.4 cm from the normal length of 3.5-4.00 cm and the internal opening of the cervix, which is normally closed, opened up to 9 mm," recalls her gynecologist, Dr Nidhi Khosla, senior gynecologist, Rockland Hospital. The cervix is the lower portion of the uterus and 'cervical incompetence' refers to a structural defect in this region. "7-8 per cent of the miscarriages that occur during the second trimester of pregnancy (12-26 weeks), are due to cervical incompetence," says Dr Khosla. In this condition, a dilatation and shortening as well as opening of the cervix occurs, making it difficult for the mother to hold the baby in her uterus. According to Dr Khosla, this is a structural disease for which the woman is not responsible. This condition is totally painless and there are barely any symptoms, making it difficult to diagnose. "I always tell my patients to report any painless but pinkish mucous-like discharge along with a heaviness in the pelvic region," she adds.

To enable the uterus to hold the baby, a stitch, known as McDonald stitch, had to be applied at the inner opening of Pooja's cervix, which was removed after the delivery. "After the stitch I was in hospital for 15 days under complete bed rest. After that I came home but had to stay confined to bed till the 8th month of my pregnancy. From the ninth month onwards I was allowed normal movement," recalls a happy Pooja, now the mother of a cute little one-year-old baby boy, Josh. "After I had the baby, I could not believe for quite some time that everything was alright. I was actually in tears when

smiling.

Post the McDonald stitch, Pooja was put on medication that relaxed her uterus. This prevented her uterus from contracting, protecting the stitch from opening up. "Anything that leads to abdominal pressure such as a chronic cough or constipation must be avoided," cautions Dr Khosla.

Genetic error may be the culprit

It took Bhawna (name changed) three recurrent miscarriages and six long years to deliver a healthy baby. After she lost her pregnancy during the 1st trimester (12 weeks)

genetic tests showed that the reason was a chromosomal disorder known as Down's syndrome. In most cases of a Down's syndrome pregnancy, the unborn baby acquires an extra chromosome from either parent. This retards the physical and mental growth of the baby and sometimes even stops the growth of the embryo, leading to miscarriage. After their third attempt to have a baby failed, Bhawna and her husband went for a genetic counselling where a proper analysis of their genetic makeup was done.

"We made our fourth attempt after six months and this time it was successful. Our baby is now 2 years old."

time she was asked to start taking folic acid vitamins three months prior to conceiving and continue them till the 3rd month of pregnancy. Though there is no proof that these vitamins can prevent Down's syndrome, a study in the American Journal of Clinical Nutrition suggests that Down's syndrome is linked to an inadequate supply of folic acid vitamin.

Down's syndrome is only one among the various types of chromosomal disorders that lead to an overwhelming majority of miscarriages in the 1st trimester of pregnancy. The risk of genetic error increases with the mother's age and some stud-

Having this child is like a dream



Pooja Mehra with her one-year-old son Josh

KALSHAPUR

SOME CRUCIAL FACTS ABOUT MISCARRIAGE

- Many miscarriages caused by systemic diseases can be prevented by early detection and treatment.
- In case there is a threat of miscarriage, you may have to restrict your movements or even go for complete bed rest to improve your chances of carrying a full term pregnancy.
- Avoiding sexual intercourse is usually recommended until the warning signs have disappeared.
- If a miscarriage does occur, it is important to determine whether there are any remnants of foetal tissue in the uterus. This can be confirmed with an ultrasound examination. A medical procedure called vacuum aspiration or medication may be needed to help the uterus dispel the remaining contents.

age too. In most of these cases, the couples are left with only one way of having a healthy baby—IVF. "The reasons behind chromosomal disorder might be repeated exposure to chemicals (e.g. cancer drugs) and radiation (e.g. X-rays)," points out Dr Anuradha Kapoor, senior consultant, Obstetrics, Max Hospital.

Erratic hormones can interfere

Repeated pregnancy losses had rattled the rhythm of Alia's (name changed) otherwise contented life. She and her husband were utterly confused as they did not know how they could realize their dream of having a bright, smiling baby like the other couples around them. "We were unable to figure out what was going wrong each time," she confesses. Fortunately, detailed investigations revealed that obesity and the presence of polycystic growths around her ovary were the reasons behind her miscarriage. She also had high levels of insulin and LH linked to her family history of diabetes on the paternal side and thyroid on the maternal side. "I recommended a strict low carb diet and a yoga and exercise regimen to help her lose weight," says her gynecologist Dr Urvasi Sehgal, consultant, Obstetrics, Phoenix Hospital. Besides these lifestyle changes, she was prescribed prenatal vitamins and folic acid along with other medicines to bring down the insulin and LH levels. "This time I conceived only after my periods got regularised and I lost 15 kgs. Touch wood my baby is fine and healthy," says Alia.

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