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### RESEARCH ARTICLE

#### A RETROSPECTIVE STUDY IN A WOMEN WITH RECUARENT PREGNANCYLOSS IN A TERTIARY CARECENTRE

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##### Manuscript History

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#### Abstract

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#### Introduction:-

Recurrent pregnancy loss is defined as:

1.3 or more consecutive losses which includes non visualised ones, biochemical ,pul,acco rding to rcog 2011

2.2 or more not necessarrily consecutive has to be confirmed by histopathology,usg,accord ing to asrm2013

Or more not necessarily consecutive includes non visualised ones according to eshrl,2018 Primary rpl

It is 2 or more losses with no pregnancy progressing beyond 24 weeks of gestation.

#### Secondary rpl:

It is defined as 2 or more losses that had progressed beyond 24 weeks which might have resulted still births or live births.

#### Tertiary rpl:

Multiple pregnancy losses between normal

Rpl affects 2 to 5% of couples. Spontaneous miscarriage occurs in 15 to 20%.

Nearly 80% of all pregnancy losses

Occur with in first trimester.

#### Aim of the study:-

Knowing the cause of pregancy loss provides a great psychological and emotional relief To the couple Adoption of strategy for evaluation and management of recurrent pregnancy loss will be effective in providing a diagnosis in

Rpl which will be helpful in preventing subsequent losses.

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**Materials And Methods:-**

It is a retrospective cohort study in a women with History of recurrent pregnancy loss who got admitted in a tertiary care centre for safe institutional delivery.

**Inclusion Criteria:**

1. Pregnant women with two or more pregnancy losses consecutive and clinically documented pregnancy losses.
2. All pregnant women were included regardless of socio economic status.

**Exclusion Criteria:**

1. Ectopic pregnancy
2. Medical termination of pregnancy
3. Molar pregnancy implantation failure

**Sample Size And Duration Of Study:**

50 Cases Are Studied Duration Period Is 6 Months From January 2022 To June 2022

**Results:-**

1. 60% of pregnancy losses are in first trimester
  2. 10% are due to endocrinological causes mostly due to thyroid disorders
3. 12-13% Losses Are In Second Trimester Mostly Due To Anatomical Factors Include Cervical Incompetence Other Causes Are Fetal Anomalies.
- 10% Due To Medical Causes In Third Trimester Like, Preclamsia, Abruption, Gestational Diabetes Mellitus, Oligohydromios With Doppler Changes.
- 3% Are Due To Cord Prolapse
- 5% Due To Fetal Distress.

Based On The Results Of My Study There Should Be Individual Evaluation Of Investigations Based On

1. Maternal age
2. Obstetric history – euploid losses
3. Subfertility
4. Medical history
5. Family history

History Could Be Helpful In Detecting Which Investigations Are Relevant For Individual Patient.

**Conclusion:-**

Usually Patients With Recurrent Pregnancy Losses Will Have Good Prognosis.

Early Trimester Pregnancy Losses Must Be Evaluated For Aneuploides – Most Common Cause Trisomies, Monosomy X, Polyploides.

Structural Chromosomal Rearrangements Most Common Includes- Reciprocal Translocations And Inversions.

Karyotyping Prenatal Genetic Analysis.