

Frequently Asked Questions (FAQ)

How do I get referred to your clinic?

If you wish to have a private consultation, it is always advisable, although not mandatory, to seek a referral from your GP. Mr Manyonda runs a Recurrent Miscarriage Service at the Parkside Hospital and at St Anthony's Hospitals. Please refer to the relevant section on this website.

For NHS consultations at St George's Hospital, we can only accept referrals from General Practitioners or Hospital Consultants.

What tests will be performed to establish a cause for my miscarriages?

The list of investigations performed are outlined on this website (please see relevant section). Please note that there are some standard tests which every couple will undergo, while a few tests are part of our programme of research.

Following a miscarriage, when can I try for another baby?

Although the standard advice is to wait for two menses before you try again, in fact this not entirely necessary, and one period is sufficient. However, it is prudent to allow yourself to recover both physically and mentally and mentally from the previous miscarriage. In other words, after one period, you can try again when you and your partner feel physically and emotionally ready. With regard to sexual intercourse, you and your partner can have intercourse whenever you wish. Some couples feel a need for the physical intimacy, others will abstain for variable lengths of time - there is simply no right or wrong.

What are the chances of my next pregnancy being successful?

Following one miscarriage, you have an 80% chance that the next pregnancy will be successful. Following two consecutive miscarriages, you have a 70% chance that the next pregnancy will be successful. If you have had 3 or more consecutive miscarriages, then you have a 60% chance that the next pregnancy will be successful. It is therefore important to realize that you have a higher chance of success than failure, and optimism is therefore justified!

Is there anything I should be doing to improve my chances of a successful pregnancy next time?

Once you have been fully investigated, and especially if no cause has been found, it is justified to adopt an optimistic outlook. No specific measures are known that would improve chances of success, but it is common sense advice to lead a healthy life-style with a balanced diet, regular exercise, giving up smoking and reducing alcohol intake. Folic acid should of course continue to be taken in

preparation for the next pregnancy.

Having had these miscarriages, can I travel when next I am pregnant?

There is no evidence that long-distance travel will increase your risk of miscarriage. However, you might wish to consider how you might cope if you should start bleeding or experiencing pain when you are far away from home and your familiar, supportive environment. An additional point to make is that pregnancy increases the risk of blood clot formation (the so-called economy class syndrome): this should be borne in mind if you are to undertake long-haul flight, and general measures including ensuring that you drink plenty of fluids, you do not sit in one position for prolonged periods but you get up and walk about, and special compression stockings may also be helpful. If you have tested positive for the antiphospholipid syndrome or one of the thrombophilias, you should already be on low molecular weight heparin and aspirin. If in doubt please talk to your doctor.

Is it safe to have sex during pregnancy?

It is usually quite safe to have sex throughout pregnancy as long as you do not experience any pain or discomfort. However, in our Recurrent Miscarriage Clinic we generally advise the avoidance of sex during the first twelve weeks of pregnancy: there is no scientific basis for this advice other than that sexual intercourse can alter the nature of the organisms in the vagina in a way which might just increase the risk of bacterial vaginosis and therefore miscarriage (please refer to the section on Causes of Miscarriage on this website).

Is it safe to exercise in pregnancy?

Strenuous exercise should be avoided, but gentle regular exercise such as walking will help you to keep fit during pregnancy, and you are likely to find it very relaxing.

I want to have frequent ultrasounds scans for reassurance during my next pregnancy: could ultrasound harm my baby or cause miscarriage?

Ultrasound has now been used in pregnancy for several decades in millions of pregnancies. There are no known harmful effects associated with the medical use of ultrasound. Neither the pressure of the probe on the skin of the lower abdomen nor the use of a probe inside the vagina have ever been associated with harm to the baby or miscarriage, even when the patient is experiencing vaginal bleeding before the ultrasound examination.

How often can I attend the Early Pregnancy Unit for a reassurance ultrasound scan?

The simple answer is as often as you feel the need for reassurance. For most people a maximum frequency of every 7-10 days is sufficient. Obviously if you develop symptoms such as bleeding or pain or pain then you should attend the

Early Pregnancy Unit, whose services are open to all women who attend the Recurrent Miscarriage Clinic.

Do you have a counseling service?

Yes, we have specialist counseling services available for the Recurrent Miscarriage Clinic. Many General Practitioners are also able to refer their patients to local counseling services, and as these may be nearer to you and more convenient, it is well worthwhile talking to your GP about counseling as well.

When I have a successful pregnancy, who will look after me, and where will I deliver my baby?

While we are happy to continue to look after you throughout the pregnancy (Mr Manyonda runs a High Risk Obstetric Clinic to which you would be transferred after 14 weeks), you can also return to the care of your referring team, especially if this was a Consultant Obstetrician from another hospital, which would be easier and more convenient for you.
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