

# Pregnancy and infant loss awareness, what you need to know

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[My interview with Dr. Lowell Ku, a Reproductive Endocrinology, Infertility, and Reproductive Surgeon at Dallas IVF, by Jay Palumbo, TTC Warrior](#)

According to the [March of Dimes](#), as many as 50% of all pregnancies end in miscarriage. Of those losses, approximately [50% of first trimester miscarriages](#) are due to a [chromosome abnormality](#) in the fetus. Since I'm not a doctor (nor have I played one on television), I spoke to a reproductive endocrinologist to help educate and empower IVF Babble's readers on learning more about this topic.

Dr. Lowell Ku, a Reproductive Endocrinology, Infertility, and Reproductive Surgeon at Dallas IVF, can understand the struggles and stress his patients face on a personal level.

After he helped thousands of patients, Dr. Ku and his wife became fertility patients themselves. After three years of trying on their own, they still were not able to start their family they had dreamed of. After five rounds of IVF, Dr. Ku and his wife welcomed a son. Eighteen months and another [IVF](#) later, they welcomed a daughter, making their family feel complete. I spoke to him about pregnancy loss, his recommendations, and what options you should explore if you suspect you have Recurrent Pregnancy Loss.

**JJP: When do you recommend a patient seek the help of a doctor?**

**Dr. Ku:** Although textbooks recommend that a couple seek help after three consecutive losses, I recommend that couples seek care sooner after two losses. My wife and I suffered two [miscarriages](#), and it was emotionally and physically draining for us. I couldn't imagine having to go through a third loss just to seek care. Also, if a couple knows of issues that are already within their family that could lead to an increased risk for miscarriages, seek help sooner.

**JJP: What are some common causes of a miscarriage? Are there specific tests you would recommend running after a patient experiences one or more?**

**Dr. Ku:** When I see a couple who is suffering from multiple miscarriages, I review with them this mnemonic to help them understand the main causes for losses: NEGATIVE. (A loss is a negative experience in one's life). Each letter stands for a different reason for a loss.

**N = Normal.** Sadly, two losses can be a "normal" occurrence in mother nature for humans. It doesn't feel normal! But some couples can have two losses for unexplained reasons and then go on to have many babies.

**E = Endocrine.** Sometimes an endocrine disorder can lead to [miscarriages](#). The most common endocrine issues that increase the risks for miscarriages is uncontrolled diabetes and uncontrolled [thyroid](#) illness (both hyper and hypo can cause issues). Some patients don't realize that they have diabetes until I check for it.

**G = Genetic.** The MOST common reason for a miscarriage is due to a genetic issue. There are two genetic lines that I am referring to: 1) Parental genetics (egg and sperm) and 2) fetal genetics.

**A = Anatomic.** Sometimes the uterus is mal-shaped and can lead to an increased chance for miscarriage. Sometimes there are [scars in the uterine cavity](#) (from a surgical procedure like a D&C) that can cause miscarriages. Sometimes, there are [polyps](#) or other growths that can cause miscarriages. It is important to check the uterine cavity before conceiving again after a loss.

**T = Thrombotic.** This means clots. Clotting disorders can increase the risk for a miscarriage. If a patient has a family history or even a personal history of a clot, then it is important to be evaluated for clotting disorders.

**I = Immunologic.** There are some antibodies that can cause a risk for clotting.

**V = "Very bad infection."** Infections such as gonorrhea and/or Chlamydia that can lead to an increased chance for miscarriage.

**E = Environment.** Patients may be exposing their pregnancies to environments that may increase the risk of miscarriage. For example, [tobacco](#) use or even handling tobacco products can increase miscarriages. Caffeine can increase the risk of miscarriages, as well. Studies suggest that over 300 mg of caffeine intake per day can increase the risk of miscarriage. Your [fertility doctor can help you order tests](#) to look for reasons for RPL.

**JJP: If a patient is diagnosed with Recurrent Pregnancy Loss, what treatment options would you recommend?**

**Dr. Ku:** Unfortunately, there are not a lot of options to mitigate the risks of RPL. I counsel my patients that there are only two options available in modern medicine today:

1) a not so well studied option of adding blood thinners such as baby aspirin and Lovenox and adding progesterone supplementation.

2) IVF plus PGT to be able to biopsy embryos to find the euploid embryos for transfer. (remember that abnormal genetics was the #1 reason for a loss).

**JJP: Are there certain individuals at a higher risk for miscarriage? If so, what are your recommendations?**

**Dr. Ku:** Same as above. But, patients who drink over 300 mg of caffeine per day are at increased risk for miscarriage. Also, patients who smoke or who have uncontrolled diabetes or thyroid disease are at increased risk for RPL. MY recommendations are to cut back on the caffeine, stop smoking, and see your PCP to get the Diabetes and thyroid issues controlled.

**JJP: Any final thoughts or recommendations for those dealing with two or more pregnancy losses?**

**Dr. Ku:** Any pregnancy loss is difficult. The most important thing to know is that IT'S NOT YOUR FAULT. You did nothing to cause the loss.

After having lost two pregnancies, my wife and I had to take a break before we could start back on the path to growing our family. We felt alone and lost. Just know that you are not alone, and a fertility doctor can help!

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## Miscarriage and the strength offered by the TTC community

Last week we shared a story on Instagram about our reader Wendy, who had suffered a miscarriage following a round of IVF. Our reader has asked for us not to share her full name but wanted us to tell her story. She said she wanted to bring light to a topic that just isn't spoken ... [Continue reading](#)