



Healthy
Pregnancy
SUMMIT



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MD, PhD**

Minimizing The Risk Of Miscarriage

SUMMARY KEYWORDS

Miscarriage, couples, physician, pregnancy, women, losses, patients, pregnancy loss, recurrent pregnancy loss, important, occur, vitamin d levels, tylenol, gyn, bit, experience, lifestyle, increased risk, baby, checking

00:00

Welcome. I'm Professor Adams and I'm inviting you to listen to our session on miscarriage during pregnancy. And today we're interviewing Dr. Winifred Mak, who's an MD PhD and an assistant professor at University of Texas, Austin, and also an expert on miscarriage. Thanks for joining us, Winnie.

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Thank you for inviting me.

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So can you tell us a little bit more about your background and expertise?

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Sure. Um, so I am a trained as a ob gyn and then I went on to do subspecialty calls called reproductive endocrinology and infertility. And during that time, we have exposure to women with recurrent pregnancy loss. And then the last seven years I've been I was at Yale, and I was the director of the recurrent pregnancy loss center that I'm so and here at I've just moved to UT about a little over a year and a half ago. And we I also see recurrent pregnancy loss patients as



well as other patients such as infertility patients. And so recurrent pregnancy loss pregnancy loss is a passion of mine. I also do our research in the area. And so that's kind of me.

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Great. Well, again, you have great expertise for this. Thank you very much for sharing your knowledge. Um, can you tell us a little bit about miscarriage and pregnancy loss? How common is that in the US today?

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Sure. So usually, it can be up to 15 to 25% of couples will experience one pregnancy loss. So that's about one in four couples,

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okay. And what typically causes of miscarriage or pregnancy loss?

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Sure. So there

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Many different causes, but the majority are due to genetic causes. So when I talk about genetic I talk about chromosomal abnormalities in in baby. And so this could be missing a whole chromosome or too many chromosomes. So about 60% of miscarriages are due to sort of chromosomal abnormalities. And then we have a smaller proportion that may be related to and things like to underactive thyroid sort of hypothyroidism, and it could be related to something inside the uterus in the uterine cavity, such as a polyp or fibroid that can cause miscarriage and obviously, other lifestyle issues such as smoking and alcohol use during pregnancy is obviously an increased risk of miscarriage. And, and sometimes we also know that women who are overweight or obese is obesity is linked to an increase in risk of miscarriage as well. And so those are sort of lifestyle causes. And then sometimes, even though we've excluded all those other things, there's a large proportion that we don't really understand why someone had a miscarriage. And so that's kind of the unknown part. So pretty varied causes.

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And it's age also sometimes a factor.

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Yes, so age definitely factors into that. Because women who are over 35 are more likely to have A genetic problem with baby which will lead to a miscarriage.



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And typically during a pregnancy one is a miscarriage most likely to occur.

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So, and so the first trimester is up to 12 weeks and usually if a miscarriage is going to happen, in my experience on most women will probably miscarry by sort of eight weeks, nine weeks. If you get past that, then there's a lower risk of having miscarriages. But they can still happen, but it seems to be more on the early side. Okay.

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And you were telling me that you had asked all your patients for vitamin D. Can you talk a little bit about that? association of vitamin D with miscarriage?

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Sure. And so, there's been a study that looked at women who've had one or two miscarriages and actually, it was a trial for aspirin, sort of. But they also looked at vitamin D levels in women and they found that women who had lower vitamin D were more likely to have miscarriages. So I do retain me on my couples. I do for the woman do a vitamin D level, and as a routine, and if it's low, I always give them vitamin D.

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And how much vitamin D might be typically give.

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So depending on how low the vitamin D, on average, I suggest between 4000 to 5000 units of vitamin D.

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And that's a fair bit higher than the RBA, but again, in your experience at a safe level and often beneficial in raising vitamin D levels. Right, right.

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Yes.

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Great. And then wonderful woman has had a previous miscarriages are anything you might suggest to her in order to prepare for her next pregnancy.



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Sure. And so if, if a couple has had one miscarriage, I usually sort of discuss sort of lifestyle and, you know, let's let's buy, identify if there's anything in your lifestyle that we could change. And so for instance, if it's they're, they're a smoker and obviously give up smoking, and if it's that they may be overweight or have diabetes, and obviously optimize them from a health point of view before planning for the next pregnancy would be ideal. And, obviously, checking thyroid function and just make sure that that's normal and is also sort of a really basic step and And then and then just sort of checking in with them sort of emotionally because I think it's so important that as physicians, we really focus on the medical part of it. But from my experience with a couple as of last week, we we as physicians really should sort of look at them as a whole and, and really check in with them, you know, how are you feeling? Do you need to speak to someone so I find that really important, because we know from very old studies in England, that women who've had recurrent pregnancy loss, which is two or more pregnancy losses when they had what they call the tender loving care protocol, which was sort of very close monitoring of their pregnancy, supportive care, that those women did much better and went on to have significantly higher like birth rate than the women who did just have routine follow up. So I think that definitely, you know, even if you've had one loss, you know, you still you know, you grieve and there's a lot of emotions and a lot of guilt. So I think that's really important.

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And I think what you said too, is that because a lot of the pregnancy losses, do our genetic base that you don't think women Schnetzler feel guilty. And in many cases, it's a genetic issue, there was something wrong with the child. And so it was probably in some ways, okay, that that child was not able to be viable. And so there are other things that they can address those risk factors you mentioned, like smoking and alcohol use. And so I think those is very helpful. That's great to know that having a good physician and having them be supportive of you can be very helpful to them. Right now, there's some concern that we have one question we've had is is travel and he concerned is traveling during pregnancy, a significant risk for having a miscarriage.

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So I I really think that there's no study that that I've seen that says, oh, traveling is going to increase your risk of miscarriage. And I know from, you know, sort of data with a student says they're not at increased risk of miscarriage. So if you were just routinely traveling, I don't think that is an issue. I mean, obviously, it's an issue. If we're talking about sort of having blood clots in you know, increased risk of blood clot then yes, that that is but miscarriage. As far as I know, there isn't any increased risk and I and I tell my couples that, you know, you can go traveling, but if it's a really long flight, I would just walk up and down and instead of you know, keep mobilizing Yeah, just to prevent any clots in your legs. Sure,



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sure. And are there any situations in which bedrest might be recommended for a woman who's had recurrent miscarriages? No.

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bed rest does not prevent a miscarriage and again, bedrest can increase risk of clots So, I don't recommend

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anybody to go on bedrest.

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Okay. And are there any warning signs possible miscarriage might be about to occur, anything that women should try to monitor for?

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Sure, sure. So, usually, I tell my couples that spotting or a little bit of bleeding when you wipe yourself is can be common in pregnancy and that doesn't necessarily mean that you're going to have a miscarriage. However, if you're having like a period like bleed on, you know, where you're wearing a pad and it's like a period then that's all that's concerning. Also if you're having severe menstrual cramps that way bleeding is also concerning and even having menstrual cramps itself you know, you know that you need like Tylenol or or some medication then that's concerning. So these could be warning signs However, I do have women who have all those things and still go on to have a viable pregnancy so it's not like a one to one sort of oh if you have that you're for sure gonna have a miscarriage but it could be, you know, you know, something that would i would say, you know, you should let your ob gyn know that, you know, I'm having these symptoms, and then No, they will triage you accordingly.

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You wouldn't necessarily have to go to an ER if they're seeing that just call their physician and ask them for their advice.

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Yeah, I think that would be my my first thing for and I let all my patients know at least, you know if you're especially recurrent pregnancy loss patients their very anxious. And so and and, you know, that's just how, you know, having had many losses, that's the baseline and that's okay. And I tell them, you know, why don't you just call us first and we can reassure you, but if we are concerned then you know, you could go to the emergency room, obviously, if it's during clinic hours, then I, if I was concerned, I would have my patients come and see me and we'll do an



ultrasound just to have a look. And so yeah, I think obviously, if someone is hemorrhaging and you know, soaking a pad and our than I would say that, you know, if they're not close to their physician, you know, like, easily accessible to the physician, then they would go to the emergency room.

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Okay. So depending on the severity of the symptom, right, and they should address that, okay. And if a miscarriage has occurred, they have significantly increased risk of having miscarriage with their next child, or is there not much difference in risk Do you think

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so um one in four couples will have at least one miscarriage so from that point of view, it doesn't necessarily mean that they're going on to to have a second and only really 5% of couples will have two or more and as you get have it more and more miscarriages that goes down low and lower. So I think if you've had one miscarriage I wouldn't say you're at increased risk. But obviously if you've had two three, then yes. And you know, that may that that will, you know, increase your risk of having a miscarriage but what just having one doesn't necessarily increase your risk significantly.

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Okay, so what one miscarriage can occur, but you shouldn't prevent you from considering having other children.

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Sure. Sure. Definitely.

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Okay, and let's talk again about the issue of if a miscarriage occurs You said again, that can be obviously very emotional for couples, especially the woman, I think and so what would you suggest that they can do? You mentioned talking with their physician, associate counselor in some cases, or what would you recommend?

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Yeah, so, um, I usually, you know, so in our clinic and everybody gets a depression screen. So, you know, that will give me an occasion, rarely do they need to talk to someone, but I always do offer my patients regardless, do you need to speak to someone, you know, a therapist, because I'm not a trained therapist, however, you know, I can definitely, um, I've done a bereavement course. So I do understand sort of the basics, but if they really need like someone every you know, weekly, then I would recommend a therapist who specializes in pregnancy loss or



grieving well, infant loss. And other things are, I think peer to peer support is so important also, because a lot of my, my couples, especially the women, they young women, and they're experiencing multiple pregnancy losses and everybody around them is pregnant or having babies, and they feel really isolated and alone. So I definitely have found it helpful to connect my patients who are similar and so that they can form you know, sort of a little group themselves, you know, to support support each other because a lot of times on you know, it's just a really lonely they don't you know, they don't know who to talk to, because everybody else is getting pregnant and so how can you you know, and and having many losses is a can be a unique experience for each person. But if they talk to other people who've had that experience or have gone Non to have a live birth, that can give them some hope. Because they are at the point where they've had just had a second miscarriage or a third. They're at the point where they can't even see that will they even ever have a child is is where they're at. So I think introducing them to women who've gone through many losses, but also have had a baby at the end of it can give them hope. That it yeah, it can happen. It's just, it may be that, you know, you might have to go through a few miscarriages to get to the baby. So I think peer to peer is important and also there are so many nowadays because so many people famous people already talking about pregnancy lost so many social media outlets and too many and a lot of them are sort of, you know, patient lead and Recently my colleague has one of my colleagues who had suggested that, you know, I should do a physician lead website. And so I am sort of I just started my website recently. And I'm hoping to sort of basically give information. So I polled I did a survey poll to ask sort of couples what they wanted from a physician led site, because a lot of patients they say, yeah, there's a lot of stuff on the internet, but we don't know if it's, you know, real, not real. It's not usually any doctor, you know, so I thought, you know, this is important. I, you know, I can't give medical advice, but I could give skift General like lovis me, like, what am I doing now, right now, like live into Monday, that's a thing you know, maybe you should have you know, have your your ob gyn, measure that and and sort of ready Give them and a lot of them wanted to know about research in pregnancy loss. And so if I can sort of distill down sort of papers like important papers and pregnancy loss to to

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couples or pregnancy loss, I think that helps.

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Because they wanted to know about that. And they also wanted basically a webinar so that they could ask questions and so I haven't got to that part, but still working on the information part. So I think, you know, we've all those types of resources. And I think it can help couples to before their next you know, to help them through, hopefully, to the rainbow baby. But you know, even if they have another loss, at least they have some support system. So it's not so lonely for them. Okay.



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If a miscarriage does occur, what should or what are

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sorry, he paused.

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Sorry. So if a miscarriage does occur, and what should a woman do?

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If a mishap so if they're at home, can I, okay? So I would say to them is don't panic and just grab a towel and just put it on the floor and and, um, you know and just sort of rest you know and not try to move too much because, you know, you will, it will be severe cramping and There Will Be Blood and so, you know, you want to be somewhere that you're, you know, you can just lie there and And just rest on sometimes Tylenol helps, you know, take some pain medication because it can be very painful. And then obviously cool. If you have your phone near you call your spouse, you know, tell them what's going on. So those would be the things I would just simple things, you know, you definitely need a towel because there's going to be blood. And then I think what I learned from a sort of bereavement course, that I went to in New York is that if women have given it so safe, that baby had died in utero, and they're given a choice of, you know, DNC or having medication to bring on a miscarriage or just expect him expectant management. That as physicians, we give them some a bag which has supplies like gloves. Um, you know, some something to collect tissue if they wanted to add some bed checks so that you know, because there's a lot of bleeding that you know that that's, you know that can be covering the bed or so so give them some supplies and and just let them know that this may happen because if you haven't had a miscarriage, you don't know what to expect and you don't know what you need. So having your physician say, Hey, you know, just in case here are some supplies for you when it does happen, so it's not so scary when it does happen.

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Okay, great. And then if it does occur, they should call their physician and discuss with them any next steps that might need it.

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Definitely. Great.

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Well, we've covered a lot you've shared with us a lot of very helpful information. Is there anything else you'd like to add to summarize the topic



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Um, I think that I would tell All couples who've had a miscarriage that never to lose hope and and that you know it will happen and and hopefully every couple will have the support that they need to get them through.

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Right. Well thanks very much Dr. Mak for sharing all your information and experience with us very much. Appreciate it.

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Thank you

