Chapter 6

Recurrent Pregnancy Loss

Immunologic and Nonimmunologic Aspects

No aspect of the immunology of pregnancy is more controversial than the subject of recurrent pregnancy loss, or, as it will be called here, recurrent spontaneous abortion (RSAb). Nor is there any subject in this book more laden with emotion because the immunologic facts, as perceived, have a very strong influence on therapy decisions for RSAb and thus, potentially, on the ability of the childless to have children. Indeed, it is the question of the relevance of immunology to RSAb that prompted the writing of this book. Because of these two factors—the controversial nature of the data and the emotional implications of the interpretation of the data—there will be few general statements in this chapter that will not be questioned by someone.

Recurrent Spontaneous Abortion

Definitions

A spontaneous abortion may be defined as the noninduced early loss of a pregnancy. By definition, it is a loss that occurs before the time at which the delivered pregnancy might be viable. (A loss at a later time would be a stillbirth.) As perinatal care has improved, younger and younger infants have survived, so that the point of viability has occurred earlier in pregnancy. One
current definition states that an abortion involves the loss of a fetus/embryo of 500 g wt or less, roughly at 20–22 weeks of gestation.\(^1\)

The definition of a “recurrent spontaneous aborter” or an “habitual aborter” is less certain. The definition usually indicates a woman who has had 3 or more spontaneous abortions, regardless of cause. The precision of this and other related definitions is very important, as they are used to guide the design of treatment protocols and the interpretation of data. Although all definitions are arbitrary, some may be more standard and more useful than others. Therefore, it is important to note that at least one group has recently stated that RSAb means 2 or more early pregnancy losses,\(^2\) and it has been stated that “in practice,” many physicians consider that two early losses denote the habitual aborter condition.\(^1\)

It would be wise to go back one step to note the main reason underlying the importance of a clear definition of RSAb. The definition signals the transition between the “normal state,” where a miscarriage, or perhaps two, is unfortunate but that does not apparently prejudice the occurrence of successful pregnancies later on, and the “abnormal state,” where X number of miscarriages means “something is wrong here,” and, without an investigation and perhaps treatment of some condition, future pregnancies are likely to be similarly disastrous. Where one puts the border between normality and pathology turns out to be a difficult task. It is primarily a statistical task, yet the underlying assumption is that the real biological problems underlying RSAb are different from those accounting for occasional or sporadic miscarriages.

**The Frequency of Miscarriages**

One very important ingredient of the definition of RSAb is a determination of the incidence of miscarriages in random pregnancies. A widely quoted statistic is that 15% of clinically rec-