Pregnancy is a normal part of human life and done so often under natural conditions. However, with pregnancy comes infertility and pregnancy loss. The oocytes are released from the ovaries and travel through the fallopian tubes, where they either get fertilized and make its way to the uterus and attach or remain unfertilized and disintegrates and the uterine lining is expelled from the body. Unfortunately, there are so many things that can go wrong which can lead to pregnancy loss. The truth is that only about 30% of fertilized eggs continue through the whole pregnancy and result in a live birth (Larson et al, 2013).

There are several different terms associated pregnancy loss that relate to when a pregnancy is lost, including biochemical loss, early clinical pregnancy loss, late clinical pregnancy loss, still birth and preclinical loss. Miscarriages are associated with the first three mentioned above, as a miscarriage is related to a pregnancy loss before the 20 (some sources say 24) week gestational age, and a stillbirth is a pregnancy loss of that gestational age. A preclinical loss accounts for 60% of the embryo loss and is related to a fertilized egg but occurs before a pregnancy test or missed period. A biochemical loss is a loss after a positive pregnancy test testing for human chorionic gonadotropin but before an ultrasound. An early clinical pregnancy loss and late pregnancy loss refers to a loss between 6-12 weeks gestational age and 12-20 weeks gestational age respectively. Another term associated with pregnancy loss is recurring pregnancy loss (RPL) or recurring miscarriage (RM) and this relates to someone who has more than 2 miscarriages in a row (Larson et al, 2013).

Since the majority of miscarriages happen so early on in the gestational age, often times even before someone knows that they are pregnant, there is not a lot of studies done on the reason that these miscarriages happen. According to Meister et al (2021), about 50% of miscarriages are due to a chromosomal abnormality. This means that regardless of what the mother did, these pregnancies were bound to end in a miscarriage at some point. This makes the treatment and preventing of miscarriages very difficult. Of the miscarriages not classified as preclinical loss, or are clinically recognizable miscarriage, these miscarriages happen prior to 12 weeks gestational age (Regan & Rai, 2000).

Although chromosomal abnormalities are the number one reason for miscarriages, there are other factors that have been shown to contribute to the prevalence of miscarriage. It is recommended when pregnant to stop or limit the consumption of caffeine, alcohol, nicotine, and drugs (NHS, 2022). Severe obesity can also be linked to the likelihood of a miscarriage as well. Another known risk of miscarriage is infections during pregnancy (Goldman, 2018). Recurring pregnancy loss is not very common. The chances of a miscarriage are about 1 in 8 pregnancies, but the probability of have recurring miscarriages is only 1 in every 100 people (NHS, 2022). More data needs to be done to fully understand miscarriages, what causes them and how to prevent them.

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