

Recurrent Miscarriage History Proforma

Key Document code:	WAHT-TP-027	
Key Documents Owner:	Kiritea Brown	Consultant Gynaecologist
Approved by:	Gynaecology Governance Meeting	
Date of Approval:	14 th December 2020	
Date of review:	20 th February 2025	
This is the most current version and should be used until a revised document is in place		

Key Amendments

Date	Amendment	Approved by
26 th January 2019	Documents extended for 3 years	Mr Hughes
14 th December 2020	Documents approved for 3 years	Miss Blackwell
29 th December 2023	Document extended for 6 months whilst under review Owner updated	Alex Blackwell
20 th August 2024	Document extended for 6 months whilst under review	Alex Blackwell

Clinic Date:

Consultant:

Couple seen together: Y/N

Female name <i>ID Sticker</i>		Occupation
Hospital/ NHS Number		Age
DOB		

Partner name <i>ID Sticker</i>		Occupation
Hospital/NHS Number		Age
DOB		

Married		Related to partner	
Duration of relationship			

Fertility complaint			
Duration of subfertility: LMP:	P +	Age at Menarche:	
Regular cycle: _____ /	Irregular cycle:		IMB/HMB/Dysmen
Previous Contraception:		Stopped:	
History:			
Intercourse frequency: /wk	Advice on frequency:	Problems: <i>PCB/Dyspareunia/male factor</i>	

Obstetric History				
Date:	Outcome:	Gestation:	Management, treatment, histology:	Current partner:

Medical History			
PMH:			
Known APS:			
Known thrombophilia:			
Surgical History:			
Previous VTE	Date:	Treatment:	
DH:			Illicit drugs:
Allergies:			Reaction:
Folic Acid	400microg/d	5mg/day (BMI>29 or PMH)	Advice to start: Yes
Smear:	Date:	Result:	Previous treatment:
FH: VTE			
Other:			
Symptoms of hyperprolactinaemia			
Previous Fertility Investigation/treatments:			

Lifestyle					
Female patient			Partner		
BMI (spreadsheet if <19 or >29):			BMI (spreadsheet if <19 or >29):		
Ht cm	Wt kg		Ht cm	Wt kg	
Smoker	Y/N Ex:	Number: /day Smoking cessation Ref	Smoker	Y/N Ex:	Number: /day Smoking cessation Ref
Caffeine consumption:					
Exercise:					

Exposure to toxins:			
Alcohol consumption	/wk	Alcohol consumption	/wk
Advice given:		Advice given	

Partner History		
Medical conditions:		
Testicular problems/surgery:		
Vasectomy/reversal:		
Previous Infections/STIs:		
Children from previous relationships?		Difficulty in conceiving?
Previous Fertility Investigations / Treatment:		
DH:	Illicit drugs:	Allergies:
		Reaction:

Examination:	Female	Partner

Initial Plan and Advice given			
Investigation:	Date:	Result:	Requested Today: <input checked="" type="checkbox"/>
FSH			
LH			
Testosterone			
Prolactin			
TSH			
AMH			
Progesterone	Day:		
Rubella Immunity			
Chlamydia			
TVUSS (Natural or OI)			
HSG or Lap&Dye			Leaflet given []
Semen Analysis:			Leaflet given []
Total count: >39M	Motility: Total >40%		Morph >4%
1)	Progressive >32%		
Andrology			Leaflet given []

Recurrent Miscarriage Investigations:			
APL antibodies			
Thrombophilia screen			
FBC			
HbA1c			
TSH & TPO antibodies			
TVUSS			
Karyotyping			
Medications commenced:			
Clomiphene	50/100/150mg OD day 2-6 for _____ months	Leaflet given []	
Letrazole	2.5/5/7.5mg OD day 2-6 for _____ months	Leaflet given []	
OI with FSH Menopur		Leaflet given []	
MPA	10mg tds for 7days (after neg PT on day 35)	Leaflet given []	
Folic Acid	400microg or 5mg (BMI>29 or PMH)		
Metformin			
Other:			
Other leaflets given:	<i>Clinic visit sheet</i>	<i>Lifestyle advice sheet</i>	<i>Weight loss sheet</i>
	<i>IVF/ICSI</i>	<i>RCOG RMC leaflet</i>	<i>Cedartree contact details</i>
Follow-Up and Further Care:			
Initial Plan:			
Fertility clinic follow-up			
Referral to:	ART: NHS / Private	Pre-pregnancy counselling:	
Plan for next pregnancy for Recurrent Miscarriage patients:			
[] General Advice	BMI, smoking, alcohol, NSAIDs RCOG information leaflet and Cedar Tree Counselling service details		
[] Unexplained	1. Reassurance and supportive care in EPAU, no evidence that any specific medical treatment improves outcome. 2. Self-referral to EPAU for serial early USS: at 6, 8 and 10 weeks		
[] Progesterone	Consider progesterone: vaginal micronized Utrogestan 400mg bd until 12wks/cyclogest. Limited evidence, but may be beneficial if >4 miscarriages		
[] APS confirmed	1. Self-referral to EPAU for serial early USS: at 6, 8 and 10 weeks. 2. Review to commence Aspirin and LMWH from 12 weeks. Stop aspirin at delivery, continue clexane until 6 weeks postnatally.		
[] Inherited thrombophilia:	Limited evidence of benefit from treatment with LMWH & Aspirin.		

[] NK cells	Potential treatments in early stages of research. • Offer information: Professor. S Quenby runs a private clinic at Coventry and Warwick Hospital; costing in the region of £600.	
Other:		
Sign, print, GMC number, date:		