

Complimentary Therapy

There appears to be a strong connection between diet, lifestyle, and risk of miscarriage. Before becoming pregnant, therefore, it is a good idea to have counselling about the risks, including the importance of avoiding caffeine, alcohol, and recreational drugs. The importance of proper mineral balance is still underestimated, even though diligent research demonstrates that mineral deficiencies, excesses or malabsorption, contribute or cause other illnesses. Certain essential macro- and micro-minerals are, for instance, constituents of, or interact with enzymes. Without proper enzyme functions, health and immunity suffers.

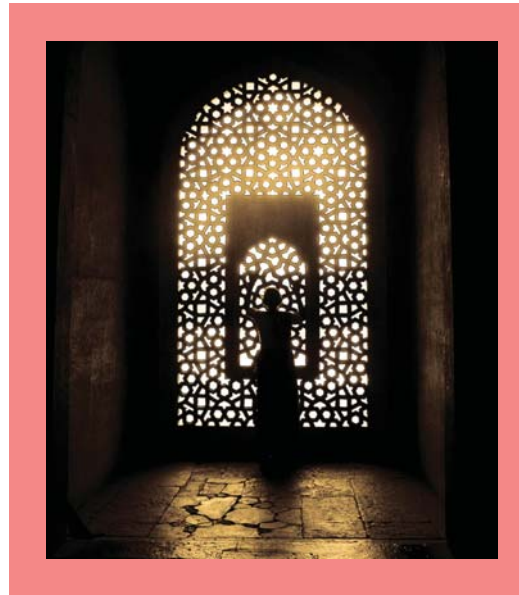
Fortunately, the body is very good at self regulation and serious deficiencies can usually be avoided by eating a well balanced diet with lots of variety and taking supplements. In our setup we offer:-

Acupuncture

Hair mineral analysis & Nutrography

Reflexology

Dietetics



Appointments:

020 8401 9928

office@miscarriageclinic.co.uk

www.miscarriageclinic.co.uk

Surrey:

Ashted Hospital, The Warren, Ashted KT21 2SB

The Clockhouse Medical Practice, 4 Dorking Road,
Epsom KT18 7 LX

London:

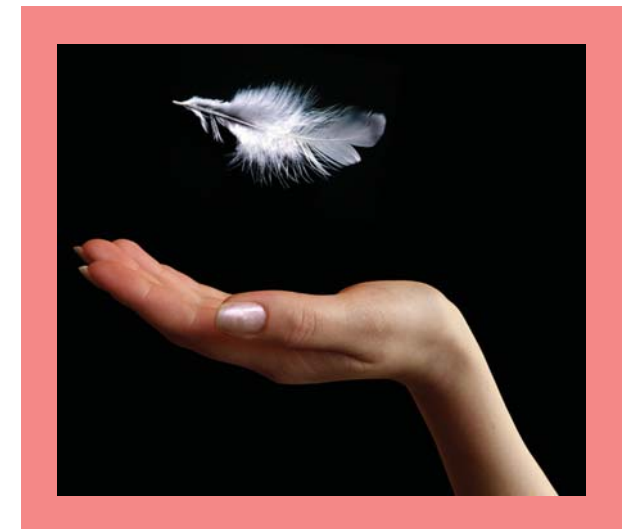
84 Harley Street, London W1G 7HW

Parskide Hospital, 53 Parkside,
Wimbledon SW19 5NX

Woman's Wellness Centre, 204 Fulham Road,
Chelsea SW10 9PJ

The Miscarriage Clinic

We are always in pursuit of excellence and development



An information leaflet for patients & clinicians

Background

It is a surprise for many women to discover how common miscarriage actually is. More than one in five pregnancies end in a miscarriage. When you conceive and a baby is created, it takes half its genes from the sperm and half from the egg that ovulated that month. At the exact time of conception, the cross-over of these genes takes place. But for many different reasons this complex process sometimes goes wrong and sadly the pregnancy miscarries.

We know that half of these miscarriages can be explained by either chromosomal or genetic abnormalities which occur naturally as part of the random nature of the eggs and sperm joining, and it is a matter of 'luck' that some of these pregnancies do not survive. Even with a mother in perfect health, these pregnancies were just 'not meant to be'. As distressing as these miscarriages are, fortunately for many women, the genetic jigsaw fits together better next time and the following pregnancy is perfectly fine.

Sometimes there are other causes that usually only begin to become apparent when the mother has a further miscarriage. 'Recurrent miscarriage' is diagnosed when a woman miscarries consecutively 2 times, before 20 weeks gestation. Some of these will also be due to bad luck, although the probability of there being some other explanation increases the more miscarriages she has. 1 in 100 women miscarry 3 or more times consecutively, and when this happens, it is more than likely that there is something seriously wrong.

A proportion of these women can be diagnosed with a variety of conditions, and the outcome for them after treatment is very good. For other women however there is no apparent cause of their recurrent miscarriage and the reason for their pregnancy loss remains unknown to medical science.

Ethos

The Miscarriage Clinic has been developed to meet the growing need of couples with recurrent miscarriages. The clinic has been investigating, treating and supporting couples for several years with great success.

We are dedicated in diagnosing and treating couples with the chance of having a successful pregnancy outcome. The clinic promotes cutting edge scientific medical approach and alternative therapy.

Each couple is entirely unique in terms of their clinical problem and investigations' outcome and our aim is to give the best possible tailored management plan; using the knowledge of 'reproductive immunology' alongside other established therapies.



Possible Causes of Miscarriages

The following is a list of some of the possible causes of your miscarriage and their occurrence in the population.

Cause	Percentage (%)
Immune mechanisms	50
Hormonal	20
Thrombophilias (blood disorders)	10-13
Anatomy	5-10
Chromosome abnormality	
- Primary miscarrier (no live births)	7
- Secondary miscarrier (one or more live births)	50
Infection	1
Unknown	15

(please note that the total percentage does not add up to 100% as the ranges quoted are from different studies).

Medical Management

Mr Hassan Shehata MD FRCOG MRCPI is a UK based Consultant Obstetrician and Gynaecologist and a subspecialist in Maternal Medicine. His NHS base is at Epsom and St. Helier University Hospitals. He is also an Honorary Senior Lecturer in Obstetrics & Gynaecology at St George's Hospital Medical School, University of London.

His clinical interests include the investigation and treatment of recurrent miscarriage using the latest advances in reproductive immunology. His management involves a detailed investigation, working through the possible physiological, anatomical and finally immune causes of miscarriages. This will enable the appropriate diagnosis leading to the best management for each couple.

Mr Shehata's other specialities include private obstetric care, hormone replacement therapy and pre-conception counselling for women with other pre-existing medical or physiological problems. This care extends to those women who are already pregnant but have come with either medical complications or who are on medication.