



## The role of progestogens in threatened and idiopathic recurrent miscarriage

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### Abstract

It is well known that progesterone plays a major role in the maintenance of pregnancy, particularly during the early stages. The management of pregnant women at risk of a threatened or idiopathic recurrent miscarriage is complex and critical. Therefore, a group of obstetricians and gynecologists practicing in Saudi Arabia gathered to update the 2014 Saudi guidelines for threatened and recurrent miscarriage management. In preparation, a literature review was conducted to explore the role of oral, vaginal, and injectable progestogens: this was used as a basis to develop position statements to guide and standardize practice across Saudi Arabia.

### Position Statements Threatened Miscarriage

1. For women presenting with a clinical diagnosis of threatened miscarriage, dydrogesterone may reduce the rate of miscarriage. 2. Oral dydrogesterone should be offered. Manufacturer dosage: 40 mg loading, then 30 mg once daily until symptoms (bleeding) remit. If symptoms persist/ recur, increase dose by 10 mg three times a day. Maintain effective dose for 1 week after symptoms have ceased and then gradually reduce dose. Immediately resume treatment at effective dose, if symptoms recur.

### Recurrent Miscarriage

1. Thorough investigations are warranted to rule out other causes of miscarriage. Once ruled out, a diagnosis of idiopathic recurrent miscarriage is confirmed. 2. For women presenting with a clinical diagnosis of idiopathic recurrent miscarriage (having experienced two or more), there is a reduction in the rate of miscarriage with the use of dydrogesterone. 3. Dydrogesterone should be administered as early as possible, at the diagnosis of pregnancy or during the luteal phase, in stimulated cycles. 4. Oral dydrogesterone should be offered. Manufacturer dosage: 10–20 mg daily, until the 20th week of pregnancy. Treatment should preferably start before conception. If symptoms of threatened miscarriage occur during treatment, continue treatment as stated for that indication.

### Biography

Hisham Arab graduated from King Saud University in Riyadh, Saudi Arabia and completed his postgraduate training in obstetrics and gynecology in Canada. He is now a senior consultant obstetrician gynecologist and perinatologist and director of the women and fetal health program at the Dr Arab Medical Center, a private practice in Jeddah, specializing in maternal fetal medicine, reproductive endocrinology and infertility, and minimally invasive surgery. Dr Arab is a founder and former secretary general of the Saudi obstetrics and gynecological society, executive board member of the International Society of gynecologic endoscopy, chairman, arab maternal fetal medicine expert group, chairman of the Saudi endometriosis group. He Led 4 guidelines committees ended with publication on: 1) Female genital hygiene in the middle East and central Asia, 2) Management of miscarriage in Saudi Arabia, 3) The Saudi algorithm for Ob/Gyn thromboprophylaxis, and 4) Management of iron deficiency in women in Saudi Arabia.

### Publications:

1. Venous Thrombo prophylaxis in Pregnancy and Puerperium: the Saudi Algorithm
2. Should the management of menopause in the Middle East be different?



4<sup>th</sup> World Congress on Womens Health and Midwifery, April 23, 2021

**Citation:** Hisham Arab, *The role of progestogens in threatened and idiopathic recurrent miscarriage*, Womens Health 2021, 4<sup>th</sup> World Congress on Womens Health and Midwifery, April 23, 2021