

UT SOUTHWESTERN MISCARRIAGE SPECIALIST
HELPS WOMEN CARRY BABIES TO TERM

DALLAS--Even the couples who come to consult with Dr. William Kutteh often are confused about the reason--they think they are infertile when their fertility is not in question. The women get pregnant, but they can't seem to carry the baby to term.

Kutteh is a reproductive endocrinologist at The University of Texas Southwestern Medical Center who diagnoses and treats women who miscarry time after time. Most of the women referred to him have experienced at least three pregnancies that ended prematurely, many in the first trimester. Some have lost as many as six or seven babies before birth.

"This is a serious problem with many couples," he said. "In addition to people's own desires, there are a lot of societal expectations placed on having children. We are finding ways to help many of these couples."

Kutteh, an assistant professor of obstetrics and gynecology who also has a doctorate in immunology, combines the two disciplines in treating recurrent pregnancy loss. Last year he and his associates at UT Southwestern started a broad-based diagnostic and treatment program. Working with him on genetic diagnoses is Dr. Mark Maberry, assistant professor of obstetrics and gynecology, who is a subspecialist in maternal-fetal medicine and genetics.

One of the resources that makes the pregnancy loss program possible is UT Southwestern's comprehensive obstetrics and gynecology lab, one of only six labs in the country capable of performing the complex immunologic tests needed for accurate diagnosis.

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CONTACT: Ann Harrell
(214) 648-3404

THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER

OFFICE OF MEDICAL INFORMATION

5323 HARRY HINES BOULEVARD

TELEPHONE (214) 688-3404

DALLAS, TEXAS 75235-9060

FAX (214) 688-8252

Several women in the program already have successfully delivered healthy babies. One is Cheryl Raines, a 35-year-old attorney. She and her husband, Eric, are now the parents of Jared Everson Raines, the thriving product of Cheryl's seventh attempt to have a child.

"I always wanted several children. After my last miscarriage, I wanted answers," she said.

Then she went to Kutteh. With close monitoring, a special diet, antibiotics to prevent the bladder infections that plagued her previous pregnancies and insulin to control the gestational diabetes she developed, Raines carried and delivered a healthy, full-term baby boy.

Kutteh reported on his research into recurrent pregnancy loss at the last International Society for the Immunology of Reproduction meeting in Nice, France. He and Dr. Bruce Carr, professor of obstetrics and gynecology and director of UT Southwestern's reproductive endocrinology and infertility program, also have co-authored a chapter for an obstetrics and gynecology textbook on the diagnosis and treatment of recurrent pregnancy loss.

Kutteh found that around 17 percent of the women with at least three pregnancy losses suffered from an immune system problem that causes blood clots to form in the placenta or in the fetus. Between 10 and 15 percent had hormonal problems; 5 percent had chromosomal problems; as many as 20 percent miscarried because of immunological incompatibility with the fetus; and more than 30 percent had anatomic problems, such as improperly formed reproductive organs or complications from scar tissue. A few suffered from chronic diseases that can affect a pregnancy.

The researcher said his study on 235 women is representative of society because it included private patients, patients who attend maternal health and

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family planning clinics operated by UT Southwestern and patients at Parkland Memorial Hospital, Dallas County's public hospital and a primary teaching hospital for UT Southwestern.

Kutteh said pregnancy loss sometimes recurs because doctors stop looking as soon as a possible cause is found. "If one problem is identified, the physician may believe that this is the explanation," he observed. "In many cases, the problems are multiple."

Kutteh also cautioned that a woman should not assume that she has a problem just because she miscarries once--or even twice--especially in the first trimester.

"Spontaneous abortions--or miscarriages, as they're commonly called--are often nature's 'cleansing mechanism'" he said. One out of four women who know they are pregnant miscarries once during the first 12 weeks of pregnancy, and 60 percent of those pregnancies have major chromosomal problems associated with them. As a result, by 24 weeks only 6 percent of fetuses have major abnormalities, and by term just one in 200 babies is born with serious abnormalities, Kutteh said.

The researcher is pleased with the success of his new program as well as with recent advances in the field. "It's like looking at the stars with new, stronger telescopes," he said. "We're getting better and better at it all the time."

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NOTE: The University of Texas Southwestern Medical Center at Dallas comprises Southwestern Medical School, Southwestern Graduate School of Biomedical Sciences, Southwestern Allied Health Sciences School, affiliated teaching hospitals and outpatient clinics.