WIDER IMPLICATIONS OF THE FINDINGS: The guideline provides clinicians with clear advice on best practice in RPL, based on the best and most recent evidence available. In addition, a list of research recommendations is provided to stimulate further studies in RPL. Still, the absence of a unified definition of RPL is one of the most critical consequences of the limited scientific evidence in the field.

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Key words: recurrent pregnancy loss / ESHRE / guideline / evidence-based / recurrent miscarriage / treatment / diagnosis / GRADE

WHAT DOES THIS MEAN FOR PATIENTS?

This European updated guideline looks at how best to care for people who have experienced recurrent pregnancy loss (RPL) based on the recent evidence available.

RPL is defined as the loss of two or more pregnancies, and it affects around 1–2% of couples. The guideline states that the emotional impact needs to be considered, and the preferences in terms of the need of supportive care may differ in men and women.

The guidance explains that providing people with information is essential, and that a specialist outpatient clinic should offer investigations, support and, if possible, treatment. Staff should be experienced and should have appropriate listening skills. The guidance stresses that it should be made clear from the start that there may not always be relevant treatments for RPL.

The guideline explains that age is a key factor in RPL, which is more common in women who are over 40 years old. It gives the lifestyle advice that should be provided to men and women and explains that there is no evidence that stress is a direct cause of pregnancy loss. It details the investigations and interventions, which should—and should not—be carried out, and gives some recommendations for research, making it clear that in many areas there is limited evidence and an urgent need for further studies. An updated patient leaflet based on the guideline is available on the ESHRE website (https://www.eshre.eu/Guidelines-and-Legal).

Introduction

What is the recommended management of women with recurrent pregnancy loss (RPL) based on the best available evidence in the literature? This question was addressed in the ESHRE guideline on RPL, published in 2017, providing 77 recommendations answering 18 key questions on investigations and treatments for RPL, and on how care should be organized (The ESHRE Guideline Group on RPL, 2018) . The need for this guideline is evident from the 365 citations of the document recorded at the time of writing.

Between 31 March 2017 and 28 February 2022, 1419 papers were added to PUBMED/MEDLINE referring to 'recurrent pregnancy loss' or 'recurrent miscarriage'. Considering the importance of up-to-date clinical guidance, an investigation was carried out on whether these 1419 papers showed data or provide insights that would require a revision of the recommendations included in the 2017 version of the ESHRE guideline on RPL.

This document outlines the amendments to the recommendations formulated in 2017, based on emerging data.