Press Release

Coming to Term
by Jon Cohen

About the Book

COMING TO TERM: Uncovering the Truth About Miscarriage (Houghton Mifflin; publication date, January 11, 2005) is the book Jon Cohen wishes had been available when he and his wife, Shannon, found themselves in the throes of despair after experiencing several miscarriages in a row. After four lost pregnancies, many visits to doctors, and a lot of pain and unanswered questions, Cohen (author of Shots in the Dark: The Wayward Search for an AIDS Vaccine) set out to gather the most comprehensive and accurate information on miscarriage. The result of his investigation is a uniquely revealing and inspirational book for every woman who has lost at least one pregnancy — and for her partner, family, and close friends.

What Cohen found was that miscarriage is more common than most couples are led to believe, and that doctors and researchers are still unsure why many miscarriages occur. Most important, Cohen discovered a hopeful fact: studies show that even women like Shannon (who have lost three or more pregnancies) will — if they become pregnant again — carry to term nearly 70 percent of the time. In fact, Shannon gave birth to a healthy baby boy after her fourth miscarriage. There is cause for hope, Cohen explains, even in the most frustrating cases.

Throughout COMING TO TERM, Cohen blends unforgettable narratives of a dozen families, including his own, with the latest science behind miscarriage. He profiles women who have had anywhere from one to, in one case, seventeen miscarriages, many of whom have gone on to carry a child to term. Their stories of loss and coping offer insight into this incredibly difficult experience.

Cohen scrutinizes the full array of treatments available, showing readers how to distinguish
promising new options from the useless or even dangerous ones. He tracks immune-system causes of miscarriage and treatments, "which range from the theoretical to the proven to the disproved." He examines hormonal problems (and includes a sobering look at DES, a synthetic version of estrogen that became a popular miscarriage drug), anatomical abnormalities, as well as environmental and lifestyle factors.

Through his investigation of the causes of miscarriage, Cohen also delves into the wonders of reproduction, tracking each step of the journey: from sperm and egg uniting in an embryo, to implantation, to viable fetus, making this not only a book for women who have experienced miscarriage, but an important read for anyone considering having a child someday.

What distinguishes Cohen's message from that of so many other books on miscarriage is the clear sign of hope that emerges from his extensive research and his determination to get people talking about this all too common experience. Throughout the book, Cohen visits fertility and miscarriage clinics, shadows leading doctors in the field, and finds a strong but little-publicized network offering emotional support for those who have suffered miscarriages. Despite these resources and the startling number of people (one million American women annually) who miscarry, Cohen is struck by the lack of public attention to miscarriage. As he points out, unlike AIDS, breast cancer, or diabetes, miscarriage does not qualify as a disease. "It is not even a medical condition. That orphan status, mixed with the taboo of discussing miscarriage and the many scientific unknowns, feeds the loneliness and confusion that many of us feel when we are in the throes of such a sad experience."

With a foreword by Dr. Sandra Ann Carson, professor and chief of IVF at Baylor College of Medicine, COMING TO TERM provides the knowledgeable, compassionate support needed by couples who struggle with miscarriage. Here is the first book to turn a journalistic spotlight on a subject that has remained largely in the shadows.

About the Author

Jon Cohen is the author of SHOTS IN THE DARK: The Wayward Search for an AIDS Vaccine, which won the Science and Society Award of the National Association of Science Writers. He is a correspondent for Science who has also written for The New Yorker, the Atlantic Monthly, the New York Times, and other publications.

Talking Points

Miscarriage is much more common than most people recognize.

• Current research suggests that about half of all conceptions fail, meaning that most women who attempt to become pregnant will miscarry at some point.

• With home pregnancy tests and improved ultrasound techniques, more and more women are recognizing miscarriages that they would not have noticed thirty years ago.

• Miscarriages happen more frequently as women age; they also occur more often as
more women become pregnant in their late thirties and early forties.

• Official figures show that one million women in the United States each year have a "clinically recognized" pregnancy. In reality, probably four million conceptions end in an early loss.

The vast majority of women who miscarry, even repeatedly, eventually will carry a baby to term.

• Having one recognized miscarriage only slightly increases the risk of miscarrying with the next pregnancy.

• Women who have up to four consecutive miscarriages and subsequently have a clinically recognized pregnancy have a better than 70 percent chance of carrying to term without any medical help.

• For most women, a miscarriage indicates that their bodies are working; they can become pregnant.

• Doing nothing, in an informed way, is often the most prudent way of doing something.

Some medical intervention techniques for miscarriage frequently become popular without convincing scientific evidence proving their worth.

• In lymphocyte immune therapy, a woman is given injections of her male partner's white blood cells, which aim to stop her immune system from attacking her embryo or fetus. In the best study done to date, this procedure increased miscarriage rates.

• Progesterone treatment attempts to correct a hormonal imbalance called luteal phase deficiency. No reliable test exists to diagnose luteal phase defect, so no study provides convincing evidence that the treatment works.

• Scant evidence supports the use of cerclage, a stitch placed in the cervix, unless a woman has previously miscarried in her second trimester.

• For a woman who has an abnormally shaped uterus, little proof exists that corrective surgery will reduce her risk of miscarrying.

• Female babies of mothers who took diethylstilbesterol (DES), a synthetic estrogen widely used in the 1940s and 1950s to prevent miscarriage, have increased rates of rare cancers and uterine abnormalities. A reanalysis of past studies also suggests that DES increases miscarriage rates.

Many suspected causes of miscarriage trigger more fear than warranted.

• More than half of all miscarriages occur because the embryo or fetus has abnormal chromosomes.
The best research finds little support for claims of environmental causes of miscarriage, including contaminated tap water, chemically contaminated soils, and workplace exposure to chemicals or electromagnetic radiation.

Findings that attribute miscarriage to alcohol, caffeine, cigarette smoking, artificial sweeteners, and illicit drugs have not held up under scrutiny.

Expert care exists and can make a difference.

- Clinics devoted to miscarriage now exist in several countries.
- Determining the chromosomal makeup of a miscarriage (karyotyping) can help clarify what, if any, intervention makes sense.
- Some interventions for specific conditions likely do lower miscarriage rates; for example, compelling studies have shown dramatic success in treating an antibody disorder called antiphospholipid syndrome with heparin and aspirin.
- Remarkably, studies have demonstrated that "tender loving care" in experienced clinics can lower miscarriage rates.
- Research continues to advance, with studies now evaluating the worth of new diagnostics for luteal phase deficiency and clotting disorders, hormone-based drugs, immune-based therapies, and techniques for improving embryo selection using in vitro fertilization.