321 History of Spontaneous Abortion, Fetal or Neonatal Loss

Definition/Cut-off Value

History of spontaneous abortion, fetal or neonatal loss are defined as follows:

Category	Definition
Pregnant Women	Any history of fetal or neonatal death or 2 or more spontaneous abortions.
Breastfeeding Women	Most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living.
Non-Breastfeeding Women	Spontaneous abortion, fetal or neonatal loss in most recent pregnancy.

Spontaneous abortion, fetal and neonatal death are defined as follows:

Term	Definition
Spontaneous Abortion (SAB)	The spontaneous termination of a gestation at < 20 weeks or of a fetus weighing < 500 grams.
Fetal Death	The spontaneous termination of a gestation at ≥ 20 weeks.
Neonatal Death	The death of an infant within 0-28 days of life.

Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver. See Clarification for more information about self-reporting a diagnosis.

Participant Category and Priority Level

Category	Priority
Pregnant Women	I
Breastfeeding Women	I
Non-Breastfeeding Women	III, IV, V or VI

Justification

Pregnancy

Previous fetal and neonatal deaths are strongly associated with preterm low birth weight (LBW) and small for gestational age (SGA) and the risk increases as the number of previous poor fetal outcomes goes up.

Spinnillo et al found that the risk for future small for gestational age outcomes increased two fold if a woman had 2 or more SAB. Adverse outcomes related to history of SAB include recurrent SAB, low birth weight (including preterm and small for gestational age infants), premature rupture of membranes, neural tube defects and major congenital malformations. Nutrients implicated in human and animal studies include energy, protein, folate, zinc, and vitamin A.

Postpartum women

A SAB has been implicated as an indicator of a possible neural tube defect in a subsequent pregnancy. Women who have just had a SAB or a fetal or neonatal death should be counseled to increase their folic acid intake and delay a subsequent pregnancy until nutrient stores can be replenished.

The extent to which nutritional interventions (dietary supplementation and counseling) can decrease the risk for repeat poor pregnancy outcomes depends upon the relative degree to which poor nutrition was implicated in each woman's previous poor pregnancy outcome. WIC Program clients receive foods and services that are relevant and related to ameliorating adverse pregnancy outcomes. Specifically, WIC food packages include good sources of implicated nutrients. Research confirms that dietary intake of nutrients provided by WIC foods improve indicators of nutrient status and/or fetal survival in humans and/or animals.

References

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Clarification

Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis ("My doctor says that I have/my sons or daughter has…") should prompt the CPA to validated the presence of the condition by asking more pointed questions related to that diagnosis.

Note: A woman who becomes pregnant within 16 months after a SAB (her first) would qualify for risk #332, Closely Spaced Pregnancies.