





Oral sex is associated with reduced incidence of recurrent miscarriage

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<https://doi.org/10.1016/j.jri.2019.03.005> 

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Abstract

A possible way of immunomodulation of the maternal immune system before pregnancy would be exposure to paternal antigens via seminal fluid to oral mucosa. We hypothesized that women with recurrent miscarriage have had less oral sex compared to women with uneventful pregnancy.

In a matched case control study, 97 women with at least three unexplained consecutive miscarriages prior to the 20th week of gestation with the same partner were included. Cases were younger than 36 years at time of the third miscarriage. The control group included 137 matched women with an uneventful pregnancy. The association between oral sex and recurrent miscarriage was assessed with conditional logistic regression, odds ratios (ORs) were estimated. Missing data were imputed using Imputation by Chained Equations.

In the matched analysis, 41 out of 72 women with recurrent miscarriage had have oral sex, whereas 70 out of 96 matched controls answered positive to this question (56.9% vs. 72.9%, OR 0.50 95%CI 0.25–0.97, $p = 0.04$). After imputation of missing exposure data (51.7%), the association became weaker (OR 0.67, 95%CI 0.36–1.24, $p = 0.21$).

In conclusion, this study suggests a possible protective role of oral sex in the occurrence of recurrent miscarriage in a proportion of the cases. Future studies in women with recurrent miscarriage explained by immune abnormalities should reveal whether oral exposure to seminal plasma indeed modifies the maternal immune system, resulting in more live births.

Introduction

About 1% of all couples trying to conceive, are confronted with recurrent miscarriage, which is often defined as three or more consecutive pregnancies losses prior to the 20th week of gestation (Coulam, 1991). Possible etiologic factors include uterine anomalies, endocrine disorders, maternal inherited and acquired thrombophilia, and parental chromosomal abnormalities (Branch et al., 2010; Larsen et al., 2013). However, in only about 25–50% of the couples an underlying cause for recurrent miscarriage can actually be identified (Rai and Regan, 2006; Branch et al., 2010).

Most research into the immunology of recurrent miscarriage focused on the maternal immune system, leaving paternal factors aside. However, males seems to be capable to affect the female immune system prior to conception (Robertson and Sharkey, 2001). Studies in mice have shown that during copulation, thus before implantation, fetus specific maternal tolerance toward paternal antigens is induced (Moldenhauer et al., 2009).

A well-known route to induce immune tolerance is via oral exposure, possibly because the gut has the most adequate absorption in the absence of an inflammatory environment (Sosroseno, 1995; Brandtzaeg, 1996).

In transplantation models of rats, oral administration of MHC molecules diminishes the occurrence of allograft rejection (Hancock et al., 1993). In addition, Clark et al showed that direct seminal plasma antigen presentation to a mouse model of NK-cell mediated recurrent miscarriage may prevent the rejection of embryos (Clark et al., 2013).

Koelman et al hypothesized that a potent way of inducing tolerance towards paternal HLA antigens of the fetus in pregnancy would be exposure of these antigens to oral mucosa (Koelman et al., 2000). To support this theory, they showed that both oral sex and swallowing sperm reduced the incidence of preeclampsia (Koelman et al., 2000). Another study showed that the pattern of oral sex practice was similar in 66 women with two miscarriages and a control population (N = 110), but 44.5% women in the control group swallowed sperm compared to 24.2% of the women with recurrent miscarriage (Mattar et al., 2005). Here we describe the outcome of a matched case control study to assess the effect of oral sex on the occurrence of recurrent miscarriage in a well-characterized population.

Section snippets

Case group

From 433 women who visited the recurrent miscarriage clinic of the department of Obstetrics and Reproductive Medicine at the Leiden University Medical Centre (LUMC), a tertiary referral center in the Netherlands, between 2000 and 2014, 273 women were eligible and invited to participate in this study.

Eligible cases were women who had three or more consecutive miscarriages prior to the 20th week of gestation with the same partner, and who were younger than 36 years at time of their third...

Baseline characteristics

In total, 97 women with recurrent miscarriage were included and 137 matched controls (Fig. 1). Table 1 shows the baseline characteristics of the study population.

In the case group, 63 women (64.9%) had primary recurrent miscarriage and 34 (35.1%) secondary recurrent miscarriage. A total of 65 women had 4 or more consecutive miscarriages (67.0%), and 39 women (40.2%) had 5 or more miscarriages. A total of 6 (6.2%) cases had hereditary thrombophilia, i.e, factor V Leiden (n = 4), prothrombin gene ...

Discussion

This matched case control study suggests that women with recurrent miscarriage had less oral sex compared to women with uneventful pregnancy. This is in line with the hypothesis that the gut has the most adequate absorption in the absence of an inflammatory environment (Sosroseno, 1995; Brandtzaeg, 1996), and seminal fluid contains soluble HLA antigens which can already induce maternal immune tolerance towards inherited paternal antigens of the fetus before implantation.

The strength of this...

Acknowledgements

The authors would like to thank R. Wolterbeek for his help with the power analysis....

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