

(FGR), anomalies (structural/chromosomal), Inborn Errors of Metabolism (IEM), stillbirth, mode of delivery, birth weight, fetal

express milk (81.1%), the opportunity they got to participate in discussions concerning their neonate's examinations (63%), satisfaction with consent and permission before procedures (52.1%), availability of enough chair in the waiting area (74.8%), opportunity to participate in discussions concerning neonate's examinations (63%) and the doctors explain on reason for medical test (69%).

APLA syndrome was diagnosed in 4 patients (8.00%). APLA syndrome has been established as an etiological factor in 10-40% of BOH cases worldwide [11].

Further evaluation of NND of unknown cause revealed the inborn errors of metabolism like Isovaleric acidemia and fatty acid oxidation defect in 4% of patients in our study [12].

In our study only 31 patients (62%) had an identified underlying condition responsible for BOH most probably and almost 19 patients (38%) were grouped under the 'unexplained' category [13-14].

Conclusion

Bad Obstetric History especially >2 recurrent spontaneous miscarriages require detailed evaluation so as to not only find out identifiable risk factor and underlying causes but also to prevent future adverse pregnancy outcomes. A large chunk of such cases remain 'unexplained' and further in depth research is required to unravel the mystery in such cases. Recent areas of interest are male factors contributing to Recurrent Pregnancy Loss (RPL) especially role of