

Recurrent abortions prevalent in around 1% of couples. Although in majority of cases the etiology remains unknown, antiphospholipid syndrome is cause that can be prevented. The antiphospholipid antibody syndrome (APS) is characterized by arterial and venous thrombosis and pregnancy complications in association with antiphospholipid (aPL) antibodies. In addition to recurrent abortions and fetal death, pregnancy complications in women with APS include preeclampsia, placental insufficiency, and fetal growth restriction . The pathogenic mechanisms that lead to injury in vivo are incompletely understood and therapy for pregnant women with APS, currently aimed at preventing thrombosis, is only partially successful in averting pregnancy loss.

As it was already mentioned before - for any therapeutic intervention to be successful it would appear that treatment needs to be applied early in pregnancy, if not before, and it therefore depends on the identification of women at risk of aPL-associated pregnancy complications before they conceive.

Before the introduction of heparin therapy for management of pregnant patients with APS, the fetal loss rate was more than 50%; currently, it is less than 20%. Therefore both diagnostic and therapeutic methods should be considered in prevention of recurrent abortions.