

ANTIPHOSPHOLIPID SYNDROME AND PREGNANCY

This guide explains a condition called antiphospholipid syndrome, or APS for short. It uses simple words to help you understand what APS is, and what it can mean for a pregnancy.

WHAT IS APS?

Your immune system usually protects you from infection. One way it does this is by making proteins called antibodies which can attack infections in your body. However, in APS, the immune system gets confused. It makes antibodies that attack your body itself, rather than infecting germs.

These antibodies make the blood “sticky.” This means blood clots can form more easily than they should.

APS can happen to anyone. But it causes extra problems during pregnancy, because the placenta (the organ that feeds the baby) needs good blood flow to work properly.

Having these antibodies does not always cause problems. Some women with the antibodies have a completely healthy pregnancy. This is why doctors keep a close eye on things – careful monitoring helps them spot early signs of a problem, so they can act quickly if needed.

SIGNS OF A BLOOD CLOT

get help straight away
if you notice:



Pain, swelling, redness, or warmth in one leg



Shortness of breath, or fast breathing



Sudden chest pain



A fast heartbeat



Coughing, especially with blood



Feeling dizzy or faint or pass out



TWO KINDS OF RISK

If you have APS and you are pregnant, there are two main things doctors watch for:

1. THROMBOTIC RISK

The risk of a blood clot.

Pregnancy already makes blood clot more easily, even without APS. This is the body's normal way of getting ready for birth. APS adds even more risk on top of this.

A blood clot can form in different places:

In a leg vein

this is called a deep vein thrombosis, or DVT.

In the lungs

this is called a pulmonary embolism, or PE. It happens when a clot travels to the lungs.

In an artery

this can cause a stroke or a heart attack. This is rare, but it can happen in pregnancy.

A PE, stroke, or heart attack can be very dangerous and needs emergency treatment straight away.

2. OBSTETRIC RISK

The risk of problems with the pregnancy itself.

APS antibodies can affect the placenta. This can lead to:

- Miscarriage – losing a pregnancy, especially if there is repeated miscarriage
- Stillbirth – losing a baby after 24 weeks of pregnancy
- Pre-eclampsia – high blood pressure that starts in pregnancy and can be serious
- The baby not growing as well as expected
- Needing to have the baby early

This is why doctors call APS a condition with both a clotting risk and a risk of pregnancy loss. Good care aims to lower both.

HOW IS APS FOUND?

If there is suspicion of APS from a person's story, then doctors will request blood tests to look for antiphospholipid antibodies that cause APS. The main three tests are called lupus anticoagulant, anticardiolipin antibodies, and anti-beta2 glycoprotein I antibodies.

These tests are usually done twice, about 12 weeks apart. This is because the antibodies need to be found on more than one occasion for the diagnosis to be confirmed.

Doctors also ask about your health history, such as any past blood clots or pregnancy losses, since APS is diagnosed using both the blood tests and this history together.



HOW IS APS TREATED IN PREGNANCY?

APS cannot be cured, but it can be managed well with the right care. Common treatments include:

Low-dose aspirin – a small daily tablet that may help stop clots forming and reduces the risk of pre-eclampsia

Heparin injections – a blood-thinning medicine given as a small injection, usually once or twice a day. It is safe to use in pregnancy

Extra check-ups – more scans and appointments to watch the baby's growth and check blood flow to the placenta

Care from a specialist team – midwives and doctors who focus on high-risk pregnancies

REMEMBER

With the right treatment and monitoring, many women with APS go on to have healthy babies.

KEY WORDS EXPLAINED

Antibody:

a protein made by the immune system, normally to fight germs

Thrombosis:

another word for a blood clot

DVT (deep vein thrombosis):

a clot in a vein, often in the leg

PE (pulmonary embolism):

a clot that has travelled to the lungs

Placenta:

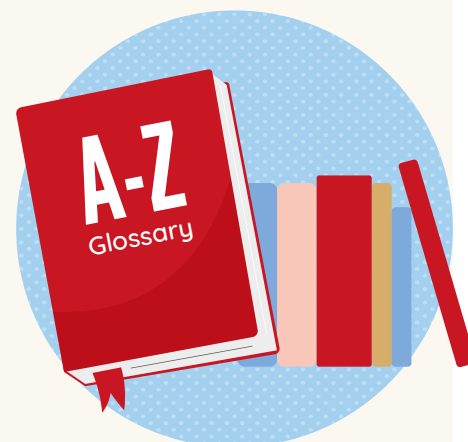
the organ that connects mother and baby and passes on food and oxygen

Pre-eclampsia:

high blood pressure that develops during pregnancy

Anticoagulant:

a medicine that helps stop blood from clotting



This guide is for general information only.

Always speak to your own doctor or midwife about your personal care and treatment.



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