



High Risk Pregnancy Hypercoagulability Testing

Adequate placental perfusion is essential for a healthy pregnancy. A variety of pregnancy complications including spontaneous abortion, intrauterine fetal death, preeclampsia and HELLP syndrome, intrauterine growth restriction, and placental infarction can be associated with abnormalities in placental circulation. Hypercoagulabilities including factor V Leiden, the prothrombin (factor II) mutation, antiphospholipid antibody syndrome, antinuclear antibodies, and deficiencies of antithrombin III, protein C, and protein S are associated with an increased incidence of placental thrombosis and are risk factors for adverse pregnancy outcome.

Hypercoagulabilities are 3 to 4 times more common among women with a history of recurrent pregnancy loss than among women with normal pregnancies. When other causes of pregnancy loss such as chromosome abnormalities, uterine malformation, and endocrine insufficiency have been ruled out, two-thirds of the remaining cases of recurrent pregnancy loss can be attributed to hypercoagulabilities. Hypercoagulabilities are 2 to 3 times more common among women with a history of severe or early onset preeclampsia than women without preeclampsia. Increased risk of HELLP syndrome is also associated with hypercoagulability.

Hypercoagulability testing at Kimball Genetics is an important tool in the evaluation of women with a history of poor pregnancy outcome or venous thrombosis. Prophylactic anticoagulant therapy improves the chance for a successful pregnancy in women with hypercoagulability. Results of hypercoagulability testing can help the practitioner improve the outcome of future pregnancies, and this testing also allows for the identification of other family members at risk for thrombosis and pregnancy complications.

Indications for Testing:

- Multiple spontaneous abortions
- Unexplained spontaneous abortion or intrauterine fetal demise
- Preeclampsia or history of preeclampsia, particularly severe or early onset
- HELLP syndrome or history of HELLP syndrome
- Unexplained intrauterine growth restriction
- Placental infarction
- Maternal history of venous thrombosis

Special Aspects of our Service:

- Rapid turnaround time
- Detailed reports with genetic interpretation, recommendations, and education
- Genetic consultation by board-certified genetic counselors and geneticists

Please call Kimball Genetics for more information.

High Risk Pregnancy Hypercoagulability Panel:

- Factor V Leiden DNA Test
 - Prothrombin (Factor II) DNA Test
 - Antithrombin III Activity Test
 - Protein C Activity Test
 - Protein S Activity Test
 - Antiphospholipid Antibody Syndrome Tests (lupus anticoagulant and anticardiolipin antibodies IgG, IgM, and IgA)
 - Antinuclear Antibody Screen
- (This panel can be modified for patients receiving coumadin therapy.)*

Also available:

- Antinuclear Antibody Panel
- Homocysteine (serum)
- Anti- β_2 Glycoprotein I Antibody Test

Specimen Requirements:

- 5 ml blood in an EDTA tube (lavender top) at room temperature
and
- 2 ml frozen serum in 1 ml aliquots
and
- 4 ml frozen citrated plasma in 1 ml aliquots

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