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There are many ways you can help the APS Foundation of America, Inc. We welcome volunteers in the areas of fundraising, advocacy, support group experiences, monetary donations, or the purchase of APS gear through our website at www.apsfa.org, or through our CaféPress store at www.cafepress.com/apsfoundation. The APS Foundation of America, Inc. is a non-profit organization. Your donations are needed greatly to help us provide awareness, support, and education of this disease. We need your enthusiasm and monetary support to help our individuals, families, friends, and care givers battle the long-term consequences caused by APS. Thank you in advance for your support and time. Please contact us at apsfa@apsfa.org or at 608-782-2626 for more information.

Please send donations to:

APS Foundation of America, Inc.
Post Office Box 801
La Crosse, Wisconsin 54602-0801

We also accept PayPal donations via our website. The email that it is registered under is donate@apsfa.org.

We thank you for your support!

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If you think you may have a medical emergency, call your doctor or 911 immediately.

A team of people contributed to this publication. Information was adapted from various website, books, and other media sources. Please contact us at apsfa@apsfa.org for a complete list of sources. This pamphlet was assessed at draft stage by doctors, allied health professionals, an education specialist and people with APS. A non-medical editor rewrote the text to make it easy to understand and an APS Foundation of America, Inc. medical editor is responsible for the content overall.

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Women & Antiphospholipid Antibody Syndrome

Pregnancy Complications

Women with Antiphospholipid Antibody Syndrome (APS) may have difficulties with pregnancy. During pregnancy, women are at higher risk of developing blood clots and preeclampsia. In APS, pregnancies are thought to be lost because blood clots form in the placenta and starve the baby of nutrition. Some women may have trouble getting pregnant, while others may experience repeated miscarriages. Blood clots that develop in the placenta can cause fetal growth problems, fetal distress, preterm birth, or pregnancy loss.

Expert care and close monitoring of the pregnancy is essential by a doctor knowledgeable about APS. During pregnancy, physicians may recommend low doses of aspirin and daily injections of the blood thinning drug, heparin. This gives the fetus about an 80% chance of survival, a drastic improvement from the 1980s when fetal survival was around 20%. The therapy is started at the beginning of pregnancy and halted just before delivery to reduce the risk of bleeding during childbirth. Soon after birth, the treatment resumes for about six weeks because of an increased risk for clotting in the postpartum period. In a more serious case, preeclampsia may set in towards the end of pregnancy, and a planned premature birth may be necessary. Heparin can cause bone loss, so women may need to take additional calcium during pregnancy. In addition, women need to be moni-

tored for development of a low platelet count.

Over the long term, many doctors recommend that women continue to take a low dose of aspirin to reduce the risk of developing dangerous blood clots. Many women with APS are unaware that they have the condition, but it can be diagnosed with a blood test. Doctors may consider the diagnosis when a woman has repeated, unexplained pregnancy loss.

If you are trying to get pregnant or are pregnant, it is very important to let your doctor know immediately. Continued use of Warfarin may cause birth defects. The doctor will change your medication to a different anticoagulant that is safe. Using proper treatment, women with APS have about the same risks as other women during pregnancy.

APS pregnancies are not normal. Normal pregnancy is 40 weeks. In APS, it is more common to deliver the baby between 30-35 weeks and between 3-5 pounds. Heparin protects the placenta partially, but not fully, so that the baby gets enough nutrition to survive longer in the mother. Once born, the babies do fine.

Many women who have problems with APS during pregnancy are completely fine when not pregnant. Others do go on to develop problems with clotting. Currently there is no way of telling which women will be unlucky,

until a clot actually occurs.

Infertility has also been linked to antiphospholipid antibodies. Testing for these antibodies is becoming routine in infertility clinics.

Birth Control Pills & Hormone Replacement Therapy

Women also need to avoid estrogen therapy (such as birth control or hormone replacement therapy) because estrogen predisposes patients to clotting.

Other forms of contraception should be discussed with your doctor.

Problems With Periods

Some women taking Warfarin experience problems with increased bleeding. It can lead to anemia. Tell your doctor about this problem. The doctor can recommend several options and prevent anemia. One example is: for women who have already given birth and are not actively trying to conceive, the Mirena® IUD has been successful in reducing period blood loss. It only releases hormones to the uterus lining and is not absorbed into the blood stream. Therefore, it is safe for women with APS to use.