Most current guidelines define recurrent pregnancy loss (RPL) as two or more consecutive pregnancy losses before 20–22 weeks of gestation. Initially, RPL was defined as three consecutive pregnancy losses; however, significant developments in medicine, such as the introduction of low molecular weight heparin, advanced laboratory tests like antiphospholipid antibodies, and advanced imaging modalities including 3D ultrasound, contributed significantly to this change. Thus, we should reconsider the relevant medical developments that influence the definition of RPL, evaluation, and treatment of this specific condition.

Despite the research and the above-mentioned developments, we are still far from understanding the total picture of RPL. More than 50% of RPL cases are considered unexplained even after a thorough RPL etiology workup. This means that research must be expanded and consist mainly of multicenter trials. This approach will help overcome the methodologic weaknesses of the current studies, which are mostly small study groups that make it difficult to draw valid conclusions.

As a consequence, patients suffering from RPL can be very frustrated, and the inaccessible nature of professional evaluation and treatment due to the very few specialized RPL clinics serves to increase their frustration. This means that most patients will see their general gynecologist, who is not well equipped with all the needs of those patients and unfortunately will not have the chance to refer to clinics that have such knowledge and resources.

The reason for writing the book is to put RPL on the front line of OB-GYN research. Our book consists of the most updated literature on RPL, with chapters written by leading international experts in the field. The primary intended audience is OB-GYN specialists, who can get the best overview on this topic and have all the information necessary to evaluate and treat the patients. Other specialists who could benefit include hematologists, rheumatologists, endocrinologists, immunologists, radiologists, psychiatrists, psychologists, and social workers. The fact that we still have several approaches to some topics means that we still don’t have the best answers in all situations, but this book will help to increase awareness of RPL for all specialists in the field, even if they don’t treat these patients directly.
We want to thank all the people who contributed to this important book, especially the authors who wrote excellent chapters, the excellent and continuous support from the Springer Editorial team of Michael D. Sova and Kristopher Springer, and lastly the support of our family members.

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