A rational systematic evaluation is essential to the management of a couple with repeated early pregnancy wastage. Psychologic support in the form of frequent discussions and sympathetic counseling are crucial to the successful evaluation and treatment of the anxious couple. This review of the current literature on the clinical management of repeated early pregnancy wastage focuses on several etiologic factors (i.e., genetic, medical, immunologic, endocrine, psychogenic, environmental, occupational, infectious, and uterine) which have been noted to result in repeated pregnancy wastage. Suggestions for further clinical study are outlined where appropriate, and a rational approach to clinical evaluation and management is provided, based on the interpretation of the state of the art. The following clinical classification has been adopted by numerous International and National bodies, differing predominantly in whether they require proteinuria or not for the diagnosis of pre-eclampsia. The International Society for the Study of Hypertension in Pregnancy (ISSHP) guideline no longer requires proteinuria for the diagnosis of pre-eclampsia, leaving on the British NICE guideline with this requirement. 12. Duckitt K, Harrington D. Risk factors for pre-eclampsia at antenatal booking: systematic review of controlled studies. British Medical Journal. 2005;330(7491):565. The SOMANZ guideline for the management of hypertensive disorders of pregnancy. Society of Obstetric Medicine of Australia and New Zealand. Description. This book provides a detailed overview of the possible risks associated with ART pregnancies and their clinical management. While most pregnancies following Assisted Reproduction Treatment (ART) will progress normally and without any complications to mother or baby, some women who conceive after ART as well as their babies are at increased risk of pregnancy complications. There are some schools of thoughts proposing pregnancies following IVF should be regarded as being high risk and requires special attention. While most pregnancies following Assisted Reproduction Treatment (ART) will progress normally and without any complications to mother or baby, some women who conceive after ART as well as their babies are at increased risk of pregnancy comp