Prognosis of development of gestosis and IUGR on the basic measures of many parameters of immune status and some genetic markers. Assessment of the immune reactivity in 169 women before 15 weeks of pregnancy which included detection of serum level of embryotropic autoantibodies (eaAB). According to levels detected immune status was classified in terms of normo-, hypo- and hyperreactivity. In addition determination of allelic distribution in gene GP III, which controls synthesis of integrins, determining intercellular contacts, was carried out. All women after labor were divided into three groups: I group – (without gestosis) – 67 patients. Among them – 5 (7,1%) with IUGR, II group – 48 patients with “pure” gestosis with no cases of IUGR, III group – 54 patients where gestosis was associated with some extragenital disease. IUGR in this group was detected in 20,3%. Normoreactivity was detected only in patients from group I and in this group 83,6% were normo- and 16,4% - hyporeactive in the I trimester. In all patients of the group II hyporeactivity had been detected and in all patients of group III – hyperreactivity. Combined analysis of immune status and allelic gene GP III identification has showed that all carriers of PLAI allele of GP III gene with normoreactivity had developed neither gestosis no IUGR. Hyporeactivity was associated with “pure” gestosis without IUGR both in carriers of PLAI and PLAI carriers. Hyperreactive state in both PLAI and PLAI carriers resulted in combined gestosis associated with IUGR with similar frequency (20%). In normoreactive PLAI-carriers gestosis has not developed and IUGR was detected in 7,1% of cases. Assessment of immune reactivity at early stages of pregnancy and allelic identification of gene GPIII before conception or at early stages of pregnancy enables correct prognosis of gestosis and IUGR development.