Familial defects and polymorphisms of clotting cascade proteins protein S, protein C, factor V Leiden G1691A and factor II G20210A are linked with increased risk of thromboembolism which is better known as inherited thrombophilia. Thrombophilia causes DVT, PE and is strongly associated with poor pregnancy outcomes. To date, there is limited data from this region on the role of these genetic abnormalities causing adverse pregnancy outcomes. A case control study was done with the aim to determine the association of factor V Leiden G1691A and prothrombin gene G20210A mutation with adverse pregnancy outcomes and PCR-RFLP technique was used. Females with adverse pregnancy outcomes were included as cases which included recurrent pregnancy loss (defined as 2 first trimester miscarriages or one or more second trimester miscarriage), severe pre-eclampsia, placental abruption, intrauterine growth restriction and still birth. Control samples are selected from females with ≥ 2 consecutive normal pregnancies. Overall mean age of all subjects (n=172) was 28.5 years (±4.9). Mean age of cases (n=86) was 29.3 (±5.17) years and of controls (n=86) was 27.6 years (±4.5). 73 (84.8%) cases had recurrent pregnancy loss, 12 (13.9%) had pre-eclampsia, 8 (9.3%) had IUGR while placental abruption and still birth was present in 2 (2.3%) cases each. 10 (11.6%) cases had more than one adverse pregnancy outcomes. 19 (22.09%) cases had 4 pregnancy losses. Two cases with recurrent pregnancy loss (p=0.155 OR=0.49) showed heterozygous mutation of factor V Leiden G1691A. Heterozygous prothrombin gene mutation was identified in one case with recurrent pregnancy loss (p= 0.316 OR=0.497) while the control arm did not exhibit any mutation. It was a small sample sized study which does not support a significant association between inherited thrombophilia mutations and adverse pregnancy outcomes. The apparent lack of association may be reconciled by the low numbers of subjects recruited.