



THERAPY CHOICES INVOLVING HIGH-RISK MULTIPLE PREGNANCY

When a couple decides to pursue a therapy option in fertility care, they must carefully weigh the risks and benefits of potential outcomes.

With ovulation induction with gonadotropins, there are known risks of high-risk multiple pregnancies (greater than twins). Twins occur in 20% of pregnancies, triplets in 5% and quads or greater in 2%.

These pregnancies are high risk for prematurity and problems with the babies. The occurrence of these problems goes up dramatically as the babies are born earlier. The more babies, the earlier the birth. Many obstetricians will place the mother at bedrest early in the pregnancy to minimize these risks.

There are choices you must make before you proceed with this care.

1. Are you comfortable with this risk?
2. Are you comfortable with the possibility of problems with the babies?
3. What alternatives are available to prevent a high-risk pregnancy and what are their expected outcomes?
4. If you have a high-risk pregnancy, what alternatives do you have?

Multiple pregnancies such as quadruplets, or greater, increase the chance that a complication will occur during the pregnancy resulting in problems for one or all babies. The average gestational age for quadruplets is 29-30 weeks or 10-11 weeks premature. The most dangerous time for delivery is between 23-28 weeks. After 30 weeks, survival is 95% and the chance of a significant "morbidity" is low. Morbidity is defined as cerebral palsy, intracranial hemorrhage, breathing or intestinal problems, etc.

Alternatives to minimize the possibility of having a high-risk pregnancy include:

1. With gonadotropin ovulation induction, aspirating the excess egg sacs prior to attempting pregnancy (this is similar to the egg retrieval for IVF, but some eggs are intentionally left in and the remainder discarded).
2. IVF - eggs are removed and placed with sperm in the laboratory with subsequent embryo transfer. The couple can choose whether to inseminate only the number of eggs they want to transfer or to inseminate all and freeze the remaining embryos that have good potential for survival.

If a high-risk, multiple pregnancy occurs, some couples are not comfortable taking the risks for their pregnancy; they have an option. The choice to take this option requires a full understanding of the procedure, the risks and the benefits.

A procedure called "selective reduction" is a form of partial pregnancy termination which causes some of the fetuses to stop their development. Usually, this involves reducing the pregnancy to a twin pregnancy. A number of reports have suggested that reduction can improve the outcome of higher order multiple pregnancies. The average gestational age of twins resulting after reduction was 33 weeks. In a study from UAB, 15% did deliver before 28 weeks and 8% between 28 and 32 weeks. The remainder delivered after 32 weeks.

The literature suggests about a 10-15% miscarriage rate (before 20 weeks); however, the chances seem to be related to the experience of the professional performing the procedure. In fact, the recent results from UAB show a better outcome than this.

The procedure is performed in the office at UAB and is mildly uncomfortable. Sedation may be provided. The procedure is performed under ultrasound and is similar to an amniocentesis. A medication is placed in the fetus which stops the heart from beating. After a few months, the sonar may not even be able to identify the small sacs as the pregnancy progresses and they resolve.

It is important for you to obtain full information about the medical risks and benefits of the procedure if you choose to proceed. The reduction is generally performed around 10 weeks of gestation. It is possible for a "natural" or spontaneous reduction to occur between the initial ultrasound and 10 weeks of gestation.

The psychological impact of this procedure has been studied. Generally, the couples who have a successful outcome are satisfied with their choice. Couples who have a pregnancy loss or complications appear to have similar grieving as those who have not undergone an intervention and suffer a loss.

The ethical issues involved in selective reduction are complex. We provide references for your information. Your religious counselor may be helpful for you as well. It is very important for you to realize that you, as a couple, should have similar views as to how you would handle a high-risk, multiple pregnancy. As long as you have the same philosophy, there will be less stress on your relationship. If you do not agree as to the management of the situation, please be sure to discuss this with your physician. We hope that you can decrease the emotional impact of your decisions to pursue reproductive care by considering all the aspects before you make your decisions.