

Multiple pregnancies & births: considering the risks



When you really want to have a child, the idea of becoming pregnant with more than one baby as a result of your treatment may sound ideal, especially if you have been waiting a long time. However, there are some significant risks associated with multiple pregnancies which you need to consider before treatment.

What causes a multiple pregnancy?

There are different types of multiple pregnancies:

- **Identical (monozygotic) twins:** a single egg (zygote) is fertilised. This egg divides into two, creating twins who have the same genes as one another.
- **Non-identical (dizygotic) twins:** two different eggs are fertilised and then implant into the woman's uterus. These non-identical twins are no more alike than ordinary brothers and sisters.
- **Higher order pregnancies (triplets or more):** these can arise from one, two, or more fertilised eggs implanting in the uterus and developing into babies. An embryo can also divide to give rise to two or sometimes more identical babies and one non-identical baby.

After natural conception, about one in 80 births in the UK are multiples compared with one in four after in vitro fertilisation (IVF).

What are the risks of a multiple pregnancy?

Multiple births are the single biggest risk to mothers and children during IVF treatment. All the risks of pregnancy and birth are significantly increased for women who are pregnant with more than one baby. These include:

- Miscarriage, hypertension/pre-eclampsia (high blood pressure with subsequent risks of kidney and heart problems), anaemia (iron deficiency), haemorrhage (bleeding), early labour and caesarean section or delivery with forceps.
- Although the risk of mortality is still small, it is doubled for women expecting twins compared to women who are pregnant with a single baby (known as a singleton).
- Up to 25% of multiple pregnancies are complicated by pregnancy-induced high blood pressure and the

incidence of diabetes during pregnancy is two to three times more than in singleton pregnancies.

- The risk of pre-eclampsia increases almost three times for twin pregnancies and is nine times higher for women pregnant with triplets.

What are the risks to my babies?

The chances of illness, disability and death are highly increased for multiple pregnancies, because the babies are premature. Some of the other risks include:

- 50% of twins are born prematurely (before 37 weeks of pregnancy) and have a low birth weight (less than 2500 gms or 5.5 lbs).
- Triplets have a 90% chance of being born before 37 weeks of pregnancy and of having a low birth weight.
- The risk of death for premature babies around the week of birth is five times higher for twins and nine times higher for triplets compared to singletons. Some effects of prematurity can affect a child well into their childhood.
- Identical twins have a significantly increased risk of congenital abnormalities (birth defects).
- Twins are four times more likely to have cerebral palsy than singleton babies and triplets are 18 times more likely to have this condition.

Why am I more likely to have a multiple pregnancy after IVF treatment?

Multiple pregnancies after fertility treatment are most likely to be non-identical twins. This is because, in most cases, more than one embryo is transferred during treatment. Research has shown that women receiving fertility treatment are also more likely to have identical twins. The reasons for this are not known, but might have to do with the hormone treatments which are part of IVF.



Why is there a limit on the number of embryos that I can have put back in my treatment?

Your clinic can transfer a maximum of two embryos per IVF cycle if you are 39 or under, or three if you are aged 40 or over and using your own eggs. If you are using donor eggs, these will have come from a woman who is no more than 35 years old, so you can only have two embryos transferred.

Limiting the amount of embryos that can be transferred in your treatment means that there is a much smaller chance of you having a multiple pregnancy. This reduces the risks involved to both you and your babies. Research has shown that for a woman under 40, transferring only two embryos does not reduce her chances of getting pregnant, but does reduce her risk of a triplet pregnancy.

With triplets or more, the doctor may suggest you consider the option of a fetal reduction (ending the life of one or more of the fetuses in the early weeks of pregnancy) to improve the chances of the remaining fetuses developing into healthy babies. This is an emotional and difficult decision for all those involved, and the procedure also carries a risk of miscarriage of the remaining fetus(es). Limiting the number of embryos that can be transferred in treatment helps to avoid such a situation arising.

The decision about how many embryos are transferred during treatment is important because it affects not just your chance of conceiving but also your chance of having a multiple pregnancy. It is important to discuss these issues, and any concerns you may have with your clinic.

My clinic has suggested putting back only one embryo. Surely that reduces my chance of getting pregnant?

Your clinic will only suggest this if they feel it is the best option for you, and if they are confident that your embryos are healthy and likely to implant. Your clinic will discuss what option would be most suitable for you and may suggest transferring a single embryo and freezing any remaining ones for future use. The latest research shows

that, in appropriate patients, putting back only one embryo does not significantly reduce the chance of pregnancy.

How do I know if my clinic has a high rate of multiple births?

The statistics on the HFEA website not only set out the overall birth rate for each licensed clinic, but show the number of births that were twins or triplets. Given the risks associated with a multiple pregnancy, you may want to take the clinic's rate of twin and triplet births into account when deciding where to go for treatment, rather than just looking at their overall 'success' rate. There are, of course, many other issues apart from birth rates to consider when choosing a clinic (see pages 12-13 of the HFEA Guide to Infertility).

What's wrong with wanting twins or triplets after waiting so long for a baby?

Apart from the risks during pregnancy and birth, caring for more than one baby at the same time (no matter how healthy or longed-for the babies are) can cause considerable emotional, practical and financial stress on a family. It's understandable that having more than one child after fertility treatment could seem like a very positive result, but it is worth taking time to consider the longer-term implications for you, your partner (if you have one) and your wider family.

Parents of twins or triplets are likely to experience higher levels of fatigue and exhaustion than parents of a singleton baby. Research has shown that parents of young twins (particularly mothers) have higher rates of depression. Just taking care of twins, for example breast-feeding them, can be a challenge, and life can be more difficult if one or both of the twins have medical problems.

If you are expecting twins or triplets, there are organisations that can provide support and help you prepare for some of the challenges you may face. The hospital caring for you will closely monitor you during your pregnancy to try minimise the risks and take appropriate action if required.

Useful contacts

ACeBabes

Support on pregnancy following fertility treatment, multiple births and donor conception for donors and recipients.

www.acebabes.co.uk Tel: 0845 838 1593

Multiple Births Foundation

The Multiple Births Foundation provides professional support and information about all aspects of multiple births.

www.multiplebirths.org.uk Tel: 020 8383 3519

Twins and Multiple Births Association (TAMBA)

TAMBA provides support for families with twins, triplets or more, and for professionals involved with their care.

www.tamba.org.uk Tel: 0870 138 0509

Further reading

The HFEA Guide to Infertility - for more information about understanding clinic success rates, choosing a clinic, and fertility treatments available. Order free copies by emailing admin@hfea.gov.uk or download it from our website.

