



AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE

1209 Montgomery Highway • Birmingham, Alabama 35216-2809 • TEL (205) 978-5000 • FAX (205) 978-5005 • E-MAIL asrm@asrm.org • URL www.asrm.org

PATIENT'S FACT SHEET

Complications of Multiple Gestation

The objective of infertility treatment should be the birth of a single, healthy child. Many of the treatment options presented to infertile couples, however, are associated with high risks of multiple gestation. Moreover, many couples view multiple gestation as desirable and are unaware of the risks they pose to both mother and babies. Couples should understand these potential risks before starting treatment.

Complications of the Fetus and Newborn with Multiple Gestation

- Preterm birth occurs in over 50% of twin pregnancies, 90% of triplet pregnancies, and virtually all quadruplet pregnancies.
- Compared to singleton pregnancies, a twin is seven times more likely and a triplet is over 20 times more likely to die in the first month of life.
- Prematurity is associated with an increased risk of respiratory distress syndrome (RDS), intra-cranial hemorrhage, cerebral palsy, blindness, low birth weight, and neonatal morbidity and mortality. RDS accounts for 50% of all neonatal deaths associated with premature birth.
- Intrauterine growth restriction, intrauterine death of one or more fetuses, miscarriage, and congenital anomalies are all more common.
- Lifelong disability is over 25% for babies weighing less than 1,000 grams (2 lbs., 3 oz.).

Maternal Complications Associated with Multiple Gestation

- Preeclampsia, also called pregnancy-induced hypertension, occurs three to five times more frequently. Severe preeclampsia may be life threatening.
- Premature labor requiring prolonged bed rest or hospitalization is common.
- Placental abnormalities associated with maternal hemorrhage are more likely to occur.
- Gestational diabetes, anemia, and polyhydramnios (excess amniotic fluid) occur more frequently.
- Cesarean section is often needed for twin pregnancies and almost always required for triplets.

Other Considerations

- Multiple gestation is associated with more nausea and vomiting, anemia, fatigue, weight gain, heartburn, lack of sleep, financial difficulties, depression, and marital discord.
- Multifetal reduction may be advised for the health of the mother and to improve survival of the pregnancy. However, it is unclear how effective it is in reducing the rate of many of the above problems. Couples contemplating this option should consider counseling.

Prevention of Multiple Gestation

- Careful monitoring during treatments with fertility drugs.
- Limit the number of embryos transferred during in vitro fertilization (IVF). Transfer of multiple embryos may not improve delivery rates but clearly increases the risk of a multiple pregnancy. The Society for Assisted Reproductive Technology (SART) and the American Society for Reproductive Medicine (ASRM) have published guidelines recommending an optimal number of embryos for transfer based on a woman's age, embryo quality, and other criteria.

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