



PATIENT FACT SHEET

Complications and Problems associated with Multiple Births

Women who can get pregnant without fertility drugs or medical procedures usually have only one baby. Women who need fertility treatment are at higher risk to get pregnant with twins, and rarely with triplets or more. This is called multiple gestation. Multiple gestation can increase the risk of pregnancy for the mother and for all the babies.

What could happen to me and the babies?

Multiple gestation is risky for the babies. Because there are too many babies in the womb, you may have a miscarriage. A miscarriage occurs when your pregnancy ends without the birth of any infants that can survive, before the 20th week of pregnancy. Or you could have a premature delivery when the babies may be born too early (but after 20 weeks of pregnancy) and have problems with lungs, stomach, or intestinal tract. They may have bleeding in the brain, which can cause problems with the baby's brain, nervous system, and hamper its development. If the babies are born very early, they will probably be very small and may even die.

Twins, triplets, and other multiples are more likely to have problems with their brain development and nerves if they are born early. One of the more common problems is cerebral palsy, a condition that affects movement. Other problems associated with multiple births may not present for many years after delivery.

The mother might have health problems, too. Your blood pressure may get too high (called pre-eclampsia, pregnancy induced hypertension, or toxemia) and you may develop diabetes (high blood sugar). During the first 12 weeks of pregnancy, you may have more nausea and vomiting than a woman with one baby in her uterus. You also may have gastrointestinal problems and constipation. You could have problems with bleeding before or after delivery.

What can I do if I have a multiple gestation pregnancy?

You have options that you can talk about with your partner and your doctor. You may decide to continue the pregnancy, end the pregnancy, or reduce the number of fetuses. Reducing the number of fetuses is called multifetal pregnancy reduction. Multifetal pregnancy reduction is done to increase the chance of a healthy and successful pregnancy.

Sometimes this happens naturally: in 1 out of 3 pregnancies with multiple gestation, the woman's body naturally reduces the number of fetuses.

You may also consider multifetal pregnancy reduction if you have a health condition that will make your pregnancy risky.

How is multifetal pregnancy reduction done?

Multifetal pregnancy reduction usually takes place early in the pregnancy, within the first 12 weeks. A specialist performs the process and you can go home the day of the procedure.

At 12 weeks in the pregnancy, the fetus is enclosed in a fluid-filled pouch, called a gestational sac. The specialist will inject a needle filled with a liquid, frequently potassium chloride, into the gestational sac of the target fetus. The liquid will stop fetal heart motion.

After this procedure, 4% to 5% of women may miscarry all the fetuses. You are very unlikely to have an infection after this procedure. Even if you have multifetal pregnancy reduction, you are still at risk of going into labor and giving birth too early.

Making a tough decision

It's hard for most couples to decide to have multifetal pregnancy reduction, especially if you've tried hard to get pregnant in the first place. If you are thinking about having this procedure, you and your partner should talk to your doctor who may recommend a visit with a maternal-fetal medicine specialist or get professional counseling before the procedure. Both partners need to be comfortable with their decision and may need emotional support prior to and immediately following the procedure.