Infertility Causes
Infertility Treatment
Special Programs
Asst. Reproductive Technology
General Fertility Programs
Pregnancy Rates
Patient Financial Services
Contracted Insurance Plans
Patient Education
CHR Handbook
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IVF Publications
Effect of DHEA in IVF
Too Old for IVF Discrimination
IVF in Europe and USA
IVF Progress
Predictors of IVF Success
Maximal IVF pregnancy rates

IVF and Twins

SUMMARY

Practically every fertility treatment including **In Vitro Fertilization (IVF)** increases the risk for multiple births. Depending on the fertility treatment, multiples can represent anywhere from approximately 5 to 35 percent of deliveries. The reason is simple: in 99 percent of natural cycles only one egg is released. The natural multiple prevalence is, therefore, only around one percent, with a large majority of those instances resulting in twins. Since fertility treatments turn a single egg cycle into a multiple egg procedure, more than one egg is released, and more than one can be fertilized, resulting in a multiple birth.

Contact us for a pre-ivf consultation.

Managing IVF and Multiple Birth Risk

Increasingly successful infertility treatments have resulted in an increase in multiple births. Quite rightly, the lay public and medical community have identified this as a major problem. (Remember the Octomom?!) Indeed, CHR's Medical Director, Dr. Gleicher, was in the vanguard of efforts to reduce multiple births, when he, in a study in the prestigious New England Journal of Medicine in the year 2000, found the risk for high order multiples (triplets or more) with intrauterine inseminations to be uncontrollable and suggested that patients be taken earlier into in vitro fertilization (IVF) (Gleicher et al. N Engl J Med 2000;343:2-7).

Amongst all infertility treatments, IVF gives us the best control over an increased risk for multiples because we (that is patient and physician) decide how many embryos to transfer into the uterus. The more that are transferred, the higher the multiple risk – though the age of the mother also plays a significant role. As the utilization of IVF in infertility has increased over the last decade, so has our ability to control multiple risks.

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Balanced Approach to IVF Pregnancy

CHR has always placed a priority on achieving high clinical pregnancy rates, yet without exposing patients to risk for high order multiples. Many patients bear witness to CHR's conservative embryo transfer policy, even if, at times, it has taken efforts and strong arguments to convince them of the wisdom of such an approach. CHR's embryo transfer policy always was based on the acceptance of twins and the rejection of triplets or even higher order births. Everybody agrees that singletons represent the lowest risk pregnancy and that, with increasing order of pregnancy, the risk to babies and mothers increases. CHR always felt that the additional risk of twinning was minor enough to be more than made up by the benefits a twin pregnancy bestows on an infertile couple.

Until recently, most of our colleagues agreed with us. More recently, first starting in Europe but now also in the U.S., an increasing number of colleagues have started to argue that twins represent an unfavorable outcome of infertility treatment, to be practically avoided at all cost. We strongly disagree! Our disagreement with many of our colleagues is based on hard statistical facts, and here is a short summary: The sudden antipathy towards twin delivery stems from the fact that perinatal risk (related to the baby) and maternal risk (related to the mother) in a twin pregnancy are somewhat higher than in a singleton delivery. But so are the benefits, yet this is usually forgotten! Risk/benefit calculations form the basis for all decision making in medicine, since nothing in medicine is completely risk free. Patients and physicians, once risks and possible benefits of a medical intervention are known, then make a decision. What level of risk a person is willing to take to achieve a certain benefit, of course, varies between individuals. In other words, patients have an absolute right to take more or less risk.

IVF Cost-Benefit Analysis

Cost-benefit considerations can, however, be even more complex: Consider the options of a small pregnancy chance with your own eggs against the much larger chance of pregnancy with donated eggs from a third-party donor. This is practically a daily point of discussion with patients at our center, and, often, more than once daily. Yes, oocyte donation on a cycle basis may be more expensive than a cycle with your own eggs; but consider the difference in pregnancy chance is something we routinely have to point out. After all, the questions is not whether there is a difference in cost between those two cycle attempts, but whether there is a difference in cost for achieving a pregnancy and giving birth to a child. And these are, of course, very different end points to consider and the cost-benefit consideration will, therefore, be vastly different.

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