

# Have you considered a Multiple Birth



Concept  
Fertility  
Centre

12.1.25

## What is Multiple Birth?

Multiple Birth is the term used when a pregnancy results in the birth of twins, triplets or more babies. Infertility treatment increases the chance of conceiving multiples. The implications of having a multiple birth should be carefully considered by couples and discussed with their doctor, before treatment commences.

## How does a multiple pregnancy occur?

When more than one egg is released from the ovaries during a menstrual cycle and each egg is fertilised by a separate sperm, the result would be non-identical twins, triplets or quadruplets (also known as dizygotic or fraternal). Non-identical twins are more likely to occur with advancing age of the mother. The highest rate is for mothers in their late 30's.

A single fertilised egg can divide into two identical halves. This would result in identical (monozygotic) twins. It is also possible for either identical half to re-divide and form identical triplets, or for both halves to divide into identical quadruplets, but this is rare.

Triplets are sometimes a combination of identical and fraternal zygotes.

Identical twins and triplets are always the same sex, and have common genetic background. Non-identicals are generally no more alike than any siblings who share the same parents.

## Does infertility treatment increase the chance of a multiple pregnancy?

The possibility of conceiving multiple fetus increases when drugs are used to stimulate the ovaries to produce more than one egg in a menstrual cycle, or if the ovaries have been stimulated with drugs before Donor Insemination.



The possibility is also greater if more than one embryo is transferred to the womb after In-Vitro Fertilisation (IVF). Concept Fertility Centre has set guidelines, to replace a **maximum** of one embryo. Under exceptional circumstances two embryos may be replaced.

In the past decade the multiple birth rate in Australia has increased from 1:100 to 1:73 births and this increase has been attributed to a higher ratio of multiple births following infertility treatment. Before treatment commences, of the implications of having a multiple birth should be considered. Partners need to be prepared for the possibility of a multiple pregnancy and the challenge of raising two or more babies.

Most multiple births resulting from infertility treatments are fraternal although there may also be a small increase in the rate of identical twinning in patients receiving the assisted hatching procedure.

## When and how would a multiple pregnancy be confirmed?

A multiple pregnancy is usually confirmed by an ultrasound test, which is arranged by your doctor. Ultrasound is a regular procedure during infertility treatment, so confirmation can occur within a few weeks of conception. Testing is performed by a trained medical technician, who will relay the diagnosis to the patient. People respond differently to a multiple pregnancy diagnosis, but many women have stated that they were initially shocked or overwhelmed when advised that they had conceived more than one embryo, particularly triplets or quadruplets. This is a normal reaction.

## Fetal reduction

When a multiple pregnancy is diagnosed, and particularly that of triplets or more, the doctor may suggest that the patient considers a fetal reduction (also called selective or embryo reduction). This entails the reduction of one or more embryos in the early weeks of pregnancy and the procedure is done in order to give the remaining embryo(s) a better chance to develop into healthy babies.

Fetal reduction is a difficult decision both emotionally and ethically and couples should discuss this option carefully with their doctor or with a counsellor.

### **Are problems more likely to arise in a multiple pregnancy?**

Multiple pregnancy places a greater physical and emotional strain on the mother than a single pregnancy. The risk of miscarriage is greater, and complications such as bleeding or raised blood pressure are more likely to occur and may arise earlier in the pregnancy. Discomfort, tiredness and the need to urinate frequently are inconveniences likely to occur due to crowding in the womb, particularly in the last trimester. The majority of triplets and higher order multiple pregnancies are delivered by caesarean section, and the rate of deliveries for twins by caesarean is also higher than in single pregnancies.

Sometimes one fetus dies early in the pregnancy and is re-absorbed (this is known as Vanishing Twin Syndrome) and sometimes Twin-to-Twin Transfusion Syndrome arises in monozygotic pregnancies. You should discuss this possibility with your doctor.

### **Are the babies more likely to be born prematurely?**

Multiple pregnancies are usually delivered before full term that is before 40 weeks gestation. The average length of pregnancy is around 37 weeks for twins, 34 weeks for triplets and 32 weeks for quadruplets. Multiples generally have a lower birth weight than singletons who have an average weight of 3.6kgs.

### **Are preterm babies more likely to die, or to suffer disabilities?**

Any preterm baby is more likely to die than one who is born full term, so multiples do have a greater risk than singletons. Babies who are born very prematurely are more likely to have complications which can lead to long term problems in the functions of their lungs or hearts and in particular their brains. National statistics and perinatal research suggest that the risk of stillbirth or early neonatal death and the risk of disability is greater for multiples than for singleton babies. The risks of stillbirth, death up to 1 month of age and cerebral palsy are 4-5 times greater in twins than in singletons and these risks are higher in triplets and quadruplets. This outcome should be discussed with your doctor.

**Multiple births have a much higher frequency after fertility treatment than after natural conception, occurring in about 1:5 births after IVF and similar treatments and in about 1: 10-20 after fertility drugs.**

### **What impact will a multiple birth have on the family?**

Caring for two, three or more babies can be a challenge. As well as medical problems many families are faced with emotional, physical and financial stresses. These problems can have an effect on the relationship of the parents.

Parents, and mothers in particular, are more tired due to sleep deprivation in the early stages after hospital discharge. Depression is more common among mothers of multiples and they may need additional support from family and friends. Fathers need to be involved in the day to day care and management of the babies and

home— particularly where there are triplets or more babies.

As well as medical and hospital costs, expenditure for equipment and furniture, clothing, food, pharmaceutical items and other essential needs is greater for multiples because two or more of everything is required simultaneously. Many families need to invest in a bigger car, and sometimes larger accommodation. Thought needs to be given to assistance in the home and to the cost of childcare, particularly if the mother is planning to return to the workforce.

The care of multiple birth babies requires different management skills to those for a single baby. Most parents consider that after the first year family lifestyles return to a more normal pattern, and the advantages of multiples then become more apparent.

### **What help is available for multiple birth families?**

Some financial benefits are available to parents. The Federal Government pays a one-off maternity allowance for each child of a multiple birth, and there is an additional payment for parents of triplets and higher order multiples included in the family allowance paid monthly by Centrelink. Both allowances are subject to means test.

Expectant and new parents of multiples may also like to contact the Australian Multiple Birth Association (AMBA) which provides a range of literature and information dealing with specific multiple birth issues, or for contact with one of the Association's 80 local clubs throughout Australia.