



OVULATION INDUCTION

MULTIPLE PREGNANCY RISK

As part of your Ovulation Induction treatment cycle your doctor has prescribed either Clomiphene or Letrozole tablets or FSH injections to stimulate the growth of ovarian follicles.

Although our aim is to have a single egg release from the ovary ready for fertilisation by your partner's sperm, sometimes more than one follicle will grow and you will ovulate more than one egg.

If several eggs release and are fertilised by your partner's sperm you will be at risk of multiple pregnancy.

When using Clomiphene tablets the approximate chance of a twin pregnancy when there are three or more follicles is eight percent and triplet pregnancy 0.5 percent. These risks may be even higher in women less than 35 years old.

The intention of this fact sheet is to help you make a decision whether to continue with your cycle when more than one follicle is likely to ovulate.

Let's look at the risks

Multiple pregnancies are more likely to have complications. For the mother these include high blood pressure, pre-eclampsia, diabetes, bleeding problems and caesarean section. These risks can be further amplified in women over 35 years old.

These risks mean that your pregnancy may involve extra antenatal appointments, closer monitoring and may involve time in hospital before and after the birth.

The babies may also need to spend time in Special Care or Neonatal Intensive Care following their birth for an extended period of time.

The following statistics relate to the risk to the babies and are obtained from state wide data of all births irrespective of amount or level of obstetric care.

1. Perinatal mortality (fetal/newborn death)

Measure of mortality after 20 weeks pregnancy and less than 4 weeks following birth. The risk of perinatal mortality increases with increasing numbers of fetuses in the uterus.

	Perinatal mortality
Singleton	9.2/1000 births
Twins	42.9/1000 births
Triplets	145.5/1000 births

2. Intellectual or physical disability

(Commonly referred to as Cerebral Palsy)

Diagnosed up to:	12 months	3 years
Singleton	1.6/1000 births	2.3/1000 births
Twins	7.3/1000 births	12.6/1000 births
Triplets	28.0/1000 births	44.8/1000 births

3. Prematurity

Average duration of pregnancy decreases with increasing number of fetuses. The average duration of pregnancy is:

Singleton	40 weeks (full term)
Twins	36 weeks
Triplets	33 weeks

4. Range of pregnancy duration

No of fetuses	Delivery <28 wks	<37 wks
Single	0.7 percent	6.2 percent
Twin	4.8 percent	51.6 percent
Triplet	11.8 percent	100 percent

5. Behavioural problems

- Increase in speech and learning difficulties amongst twins compared to singletons.
- Increased ADHD (Attention Deficit Hyperactivity Disorder), hearing and visual problems.
- Pregnancy complications as mentioned above can potentially occur in any pregnancy, singleton as well as multiple, but are more common with twins or triplets.
- These pregnancy complications are greatest for identical (monozygotic) twins as they may share the same placental circulation. However, they are still increased in non-identical twins compared with single pregnancies
- Babies born at 32 weeks of gestation or later in good condition, have the same long-term outcomes as babies born at full term.
- With increasing prematurity (earlier births) there is an increasing risk of handicaps including cerebral palsy, hearing and visual disturbances.
- We would suggest that all twin pregnancies are potential high-risk pregnancies and require specialist obstetric supervision and intervention as indicated.

An important decision

This is potentially the most important decision that you will make with regard to your treatment on the Ovulation Induction Program. We would encourage you to consider the above points and discuss them further with the Ovulation Induction (OI) nurse or doctor. They are there to help you. If you require clarification or need further information to make a decision regarding whether to continue treatment with multiple follicles present.

If you decide not to proceed with your Ovulation Induction cycle due to risk of conceiving with a twin or triplet pregnancy please remember to have protected

intercourse (use a condom or barrier method of contraception) or abstain from intercourse for the remainder of your cycle.

The Ovulation Induction nurse is available to clarify any of the above information on (03) 8345 3230.

Feel free to take this information home to discuss with your partner and let the Ovulation Induction nurse know whether you wish to continue or cancel your treatment cycle this month.