OVULATION INDUCTION

MULTIPLE PREGNANCY RISK

the women's
the royal women's hospital
victoria australia

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 an egg.

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 meaning it's possible that you may release or 'ovulate' multiples eggs.

If multiple eggs are released and are fertilised by your partner's sperm, you will be at risk of a multiple pregnancy. Multiple pregnancy means, carrying more than one baby at a time.

Multiple pregnancy is more common in women who use fertility medications to induce ovulation. Of the women who use Clomiphene, around 10 to 12 percent will become pregnant with twins and the approximate chance of a triplet pregnancy is 0.5 percent. The chance of conceiving twins when using Letrozole is below 5 percent.

Other risk factors that can increase the chance of conceiving twins while taking Clomiphene include a family history of multiples, height, weight and age.

In the Reproductive Services Unit (RSU), if three or more follicles are grown during an ovulation induction cycle, the cycle is cancelled. However, if two follicles develop you may wish for more information and to continue with the cycle.

The intention of this information sheet is to tell you about the medications you are taking and any associated risks. It is designed to help you make a decision on whether to continue your cycle when two follicles develop.

Let's look at the risks

Multiple pregnancies are 2-3 times more likely to have complications. For the mother these include pre-eclampsia (high blood pressure), gestational diabetes, placental problems, bleeding, caesarean and maternal death. Complications for the baby can include, premature birth, foetal growth restriction/low birth weight, respiratory problems and developmental/neurological delay or disability and death. The risk of these complications is often amplified by other factors including the mother's age and if she has pre-existing medical conditions.

These risks often mean that your pregnancy will involve extra antenatal appointments, closer monitoring such as ultrasounds and blood tests and may involve more 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
Single baby	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 yrs
Single baby	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:

Single baby	40 weeks (full term)
Twins	36 weeks
Triplets	33 weeks

4. Range of pregnancy duration

No of fetus(s)	Delivery <28 wks	<37 wks
Single baby	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
- It was initially thought that babies born mid to late pre-term (32 weeks and greater) had the same long-term outcomes as term babies. However, recent research has shown that premature babies are at substantial higher risk of respiratory illness requiring hospitalisation, lower IQ and poor academic performance.
- With increasing prematurity (earlier births) there is an increasing risk of handicaps including cerebral palsy, hearing and visual disturbances and greater chance of neonatal death
- 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 information and your own situation and discuss them further with the Ovulation Induction (OI) nurse or doctor. They are there to help and support you if you require clarification or need further information to make a decision regarding whether to continue treatment when multiple follicles have developed during your OI cycle

If you decide not to proceed with your Ovulation Induction cycle due to the risk of conceiving with a twin 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 (ideally, we say for 2-3 weeks).

The OI nurse is available Monday to Friday from 7.30am to 3.30pm to clarify any of the above information on (03) 8345 3230.

It is important to take this information home to discuss with your partner, so you are both equally informed and let the OI nurse know whether you wish to continue or cancel your treatment cycle this month.