

Kofinas Perinatal

Providing Care to the Unborn ®

Information for patients who are considering selective fetal reduction

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Pregnancies with more than two fetuses have increased risks for prematurity and prenatal complications. Because of the mechanical pressures that the uterus is subjected to from more than two fetuses, patients with multiple gestations are at substantially high risk for pre-term labor. The number of patients who deliver prematurely increases with increasing number of fetuses. In patients with triplet pregnancies the average gestational age at delivery is between 32 ½ and 33 ½ weeks. What is more significant however, is the fact that as many as 8% of the patients are delivered between 24 and 28 weeks. Birth at this early gestational age is frequently complicated with severe neonatal complications of prematurity (severe lung problems, blindness, intra-cranial hemorrhage with mental deficiency and spastic paralysis). The severity and frequency of these complications increases with the increasing number of fetuses. For these reasons patients who carry more than two fetuses are offered the opportunity to choose whether they are willing to take the natural risks of the higher order multi-fetal pregnancies versus the risks of selective fetal reduction.

The procedure of selective fetal reduction is performed on an outpatient basis without any specific preparation other than maternal administration of oral antibiotics after the procedure. The procedure usually lasts from a few minutes to one hour and involves one or more penetrations of the abdominal wall and uterine wall with a 20 gauge needle. This procedure by itself does not cause any health risks to the mother. At Kofinas Perinatal, we attempt to terminate as many as possible fetuses in a single attempt without having to penetrate the uterus more than once. This is achieved with careful planning of fetal positioning and careful guidance of the needle. This way more than one fetus can be terminated in one process. This certainly may reduce the possible impact of needle penetration into the various gestational sacs and so reduce the risk for pregnancy loss. Based on published reports from other centers the pregnancy loss ranges from 5% to 45% depending of course on the number of fetuses terminated. The higher the number of fetuses to be terminated the higher the risk for pregnancy loss. On average the pregnancy loss has been approximately 9 to 10%. Recent reports indicate that the pregnancy loss rates have improved to about 6-7% with increasing experience. Most of these losses happen at 4 to 8 weeks after the procedure. It is impossible to tell whether these losses are a result of the procedure by itself or spontaneous losses. **Of importance, here is the fact that in twin pregnancies conceived after in vitro fertilization the spontaneous pregnancy loss has been reported to be as high as 10.2%.** Therefore the pregnancy losses that have been identified in the selective reduction populations may be unrelated to the procedure itself and merely a natural pregnancy loss that would have happened with or without the procedure.

One may assume that patients with triplets and quadruplets may even have a higher rate of spontaneous pregnancy loss. Unfortunately the specific data on spontaneous loss of triplets and pregnancies of more than three fetuses are not available because those pregnancies are very rare to occur by natural conception.

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It may be comforting for you to know that in our laboratory (Kofinas Perinatal) the pregnancy loss has remained at much less than 5% to this point. This may be plain luck on our part or may be a number, which may be sustained with the addition of future cases. When appropriate this number may be changed. However, your decision should be made based on the previously published multi center numbers which indicate a pregnancy loss in the average between 6 and 7%. It is upon you to decide whether the benefits of reduction out-weigh the risks of the reduction. In addition, your decision will be influenced by your overall perception of the meaning of selective termination in the context of your religion and your cultural background.

Keep in mind that the only way to make the right decision is when you are fully informed and in complete understanding of the process, the benefits and the consequences.

There is only one best decision for every patient and you are the only one who can make this decision. We are here to support you in this process and make you feel as comfortable as possible because we understand that this may be one of the most difficult moments of your life.

It is recommended to have Chorionic Villus Sampling Prior to the selective reduction on at least three fetuses if the intent is to allow only two fetuses to continue. This way we can know in advance that at least two fetuses will have normal chromosomes and thus avoiding the undesirable event of terminating normal fetuses and leaving behind one or more fetuses with chromosomal abnormalities.

I have read this material. I understand the content and all my questions were answered.

Name: _____ **Signature:** _____

Date: ____/____/____