

Multiple births don't have to be an inevitable result of fertility treatments

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While fertility treatments have helped many people become parents, they commonly result in multiple births, increasing the risk of prematurity, and leading to lifelong complications. But this doesn't have to be the case, according to Yale School of Medicine researchers and their colleagues, who recommend sweeping changes to policy and clinical practice in a study published in the April issue of *Fertility & Sterility*.

Pasquale Patrizio, M.D., professor in the Department of Obstetrics, Gynecology & Reproductive Sciences at Yale School of Medicine, and his colleagues at the Hastings Center identified several changes in policy and practice that can reduce the odds of [multiple births](#) and [prematurity](#), expand insurance coverage for in vitro fertilization (IVF), and improve doctor-patient communications about the risks associated with twins.

IVF can cost upwards of \$10,000 for a full cycle. Because few Americans have sufficient insurance coverage for fertility treatments, some patients feel financially compelled to maximize their pregnancy chances by implanting multiple embryos, despite the health risks and long-term costs associated with multiple gestations and births.

"Failure to cover these services causes harm to patients in addition to leading to multiple births," said Patrizio. "When patients are better informed of the risks of multiples, and relieved of the financial pressures, research shows that they are more likely to choose to transfer one embryo at a time."

Patrizio and his [colleagues](#) developed their recommendations through a research project that for the first time brought together fertility experts, representatives from the insurance industry and professional associations, and bioethicists. At a workshop, the group examined the causes and consequences of multiple births after fertility treatments.

Patrizio said the most promising changes should include: expanding [insurance coverage](#) to reduce the financial pressure on patients to prioritize pregnancy chances over safety; altering the definition of an IVF cycle so that two consecutive single embryo transfers is equivalent to one double embryo transfer for the purposes of calculating success rates and insurance benefits; investing in research to improve treatment efficacy and safety; fully informing patients of the likelihood of, and risks associated with, multiples; and altering clinic, insurer, and state policies to better enable [patients](#) to choose low-risk protocols.

"These policies have already been instituted in some European countries, and have resulted in a dramatic reduction in the rates of multiple births after IVF, while maintaining good live-birth rates," said Patrizio.

More information: *Fertility & Sterility*, [DOI: 10.1016/j.fertnstert.2014.03.019](#)

Provided by Yale University

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