



The Shrewsbury and  
Telford Hospital  
NHS Trust

## Patient Information

The Shropshire and Mid Wales

Fertility Centre

# Multiple Pregnancy

## Patient Information

### **Shropshire and Mid Wales Fertility Centre**

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Shrewsbury SY1 4RQ.

Tel:01743 261202

## **Why am I having this information?**

Multiple pregnancy is the term used when a woman is expecting two or more babies at the same time. 1 in every 60 births in the UK are twins/triplets or more.

Having fertility treatment increases the risk of having a multiple pregnancy.

Patients who are prescribed medicine for Ovulation Induction, such as Clomid or Letrozole are more likely to release more than one egg from the ovaries at a time so this increases the chance of multiple pregnancy. These patients are monitored during the first cycle of treatment to help lower the chance of this.

A patient having In-vitro fertilisation (IVF) has a higher chance of multiple pregnancy if they have more than one embryo transferred back into their uterus (womb).

When a woman is pregnant with twins or more there is a higher risk of health problems for the mother and their babies. This information is being given to you so that you are aware of the risks of having a multiple pregnancy and why the clinic has policies in place to lower the risk of patients having a multiple pregnancy.

## **What are the risks of multiple pregnancy and birth?**

Compared to a singleton pregnancy (one baby), there is a higher risk that the babies may die around the time of birth or have health problems as babies. There is also a higher risk of long-term health problems for twins and triplets.

Multiple pregnancy and birth also increase the health risks for mothers, which could result in having to be treated in hospital. In severe cases women can die from complications of multiple pregnancy and birth.

The Human Fertilisation and Embryology Authority (HFEA) published a report in 2022 about multiple births, some of the information in this leaflet is taken from that report. The study showed that black patients had higher rates of multiple pregnancy compared to most other groups.

The clinic's target is for less than 10% of successful treatments to be multiple pregnancies. The clinic has a single embryo transfer policy in place for those who are most at risk of multiple pregnancy.

## **Risks to the mother**

The risks to the mother from carrying a multiple pregnancy range from those that are less serious to those that are life-threatening.

## **Pregnancy complications**

Complications associated with multiple pregnancy include hypertension (high blood pressure), gestational diabetes (diabetes that occurs during pregnancy) and pre-eclampsia (a potentially life-threatening condition for mother and baby). All of these conditions may require admission to hospital for the last weeks of pregnancy, and that the birth may have to be induced early.

Whilst they can occur in singleton pregnancies, the following complications are much more common in multiple pregnancies:

- Higher rates of miscarriage.
- Higher chance of pregnancy induced hypertension (20% in women pregnant with twins compared with 1–5% in women pregnant with a singleton).
- Higher risk of pre-eclampsia (up to 30% for twin pregnancies compared with 2–10% in singleton pregnancies).
- Higher risk of gestational diabetes (up to 12% in twin pregnancies compared with around 4% for singleton pregnancies).
- Higher chance of complications in labour and intervention in delivery (elective and emergency caesarean section rates are higher for mothers of twins).

### **Maternal mortality**

The chance of the mother dying during pregnancy or childbirth is 2.5 times greater for those carrying multiples than with those carrying singletons.

### **Risks to the child**

Twins are 4 times more likely to die in pregnancy than singletons.

The greatest risk to the babies from multiple pregnancy is that they are more likely to be born early (premature) than singletons are. Premature babies are more likely to have health problems after birth and throughout their life than babies born nearer to their due date.

### **Premature birth**

Research has estimated that on average IVF twins are born three weeks earlier, and weigh between 800g and 1000g less, than IVF singletons.

The average gestation (length of pregnancy) for twins is 37 weeks, compared to 40 weeks for singletons. The HFEA report into multiple births published in 2022 states that around 60% of twin births from IVF pregnancies were pre-term (before 37 weeks) compared to just 9% of singletons.

10% of IVF twin births take place before 32 weeks of gestation compared to just 2% of singleton births. The risk of delivery before 28 weeks of gestation is 6 times higher for twins than for singletons.

Guidelines from NICE (National Institute for Clinical Excellence) show that the risk of pre-term birth is much higher in multiple pregnancies than in singleton pregnancies, occurring in 50% of twin pregnancies.

Studies have shown that almost 50% of twins have low or very low birth weight compared with 8% of singletons.

### **Perinatal mortality (death around the time of birth)**

- Twins are six times more likely to die in the first year of life than singletons (24 babies out of 1000 compared with 4 in 1000 for singletons).
- In 2013 the rate of neonatal mortality (death shortly after birth) for twins was almost five times higher than for singletons.

## Neonatal care

- Twins are ten times more likely to be admitted to neonatal specialist care units than singletons. Between 40 to 60% of IVF twins are transferred to neonatal care units when they are born, compared with 20% of IVF singletons. In addition, research has shown that 12% of IVF twins require neonatal intensive care for more than four weeks compared with only 1.6% of IVF singletons.
- If babies are born before 26 weeks, 75% will die very soon after birth and before they are admitted to neonatal care. Those who are admitted have a 39% chance of survival, and 62% of those that survive have significant brain damage, retinopathy of prematurity (an eye condition), and/or on-going oxygen dependence at their predicted due date.

## Additional health complications

Many other health complications have been linked to multiple births, including:

**Respiratory distress:** 8% of twins require assisted ventilation (help breathing) and 6% suffer from respiratory distress syndrome compared to 1.5% and 0.8% for singletons respectively.

**Cerebral palsy:** Twins are six times more likely to suffer from cerebral palsy than singletons.

**Delay in language development:** 6.4% of IVF twins need speech therapy compared with 3.2% of IVF singletons.

**Disability:** Because twins are far more likely to be born pre-term and of low birth weight, they are at much greater risk of disability. One study found that in 7.4% of twin pregnancies, at least one child has a disability.

**Congenital malformations:** One study found deformities in 6.3% of twins compared with 4.7% of singletons.

## Impact on Children's Services

Twin and triplet births put increased pressure on neonatal, paediatric and social services:

- Because they are born early, 40–60% of twins are admitted to neonatal intensive care when they are born, with over 10% requiring more than 4 weeks care. This is almost a ten-fold increase over the incidence in singletons.
- Assisted conception units have a duty to keep the number of multiple births as a result of fertility treatment as low as possible. Neonatal units in hospitals are only able to care for a certain number of babies who need intensive care. If the local hospital is full, then mothers and babies may have to be moved to different hospitals, which may be some distance apart. The amount of money the NHS expects to spend to care for one set of triplets in the first year of their lives is about the same as the cost of almost 2000 cycles of IVF treatment.

## Psychosocial impact

Bringing up children is hard work, even more so if the children are twin or multiples. Many parents struggle with their emotions and find looking after two or more babies comes with practical problems. There is also the increased cost of providing for two or more babies to

consider.

Parents with a history of infertility have often gone through a lengthy and difficult journey to have a family and research suggests that this can sometimes impact on their longer-term experience of parenthood. Some evidence also suggests that parents of IVF multiples experience greater difficulties with parenting and more problems with child behaviour than parents of naturally conceived children.

Research has shown that mothers and families with twins are more likely to:

- experience severe parenting stress
  - have increased maternal depression
  - are less able to work outside the home; and
  - have a higher rate of divorce
- 
- Almost 20% of mothers of twins experience depression and couples experience marital difficulties. First-time parents of twins and those who have had fertility treatment at even greater risk.
  - Twins have been shown to have lower levels of cognitive development (the way they think and learn) than singletons.
  - Parents of twins have greater difficulties in parenting and more problems with the behaviour of their children.
  - First time parents with a history of infertility, can experience higher levels of parenting stress and the affect this has on their wellbeing than parents who have not had fertility treatment.
  - Mothers whose babies had a low birth weight and needed longer term neonatal care are more anxious and have more difficulties bonding with their babies than mothers of full-term, healthy babies.

### **Higher order multiple pregnancy**

If a woman becomes pregnant with more than 3 babies at the same time it is called a higher order multiple pregnancy. These pregnancies are extremely risky for both mother and babies, so much so that doctors sometimes recommend a selective termination of some of the foetuses to give the others the best chance of survival. This is a risky procedure for the pregnancy and a very distressing decision to have to make. One of the reasons why patients are told not to have intercourse around the time of IVF treatment is to avoid a higher order multiple pregnancy.

### **References**

**HFEA - Human Fertilisation and Embryology Authority**

[www.hfea.gov.uk](http://www.hfea.gov.uk)

## Contact details for more information

### Useful telephone numbers

Fertility nursing team **01743 261202** or call the hospital switchboard on **01743 261000** and ask to be put through to the Fertility unit. Please note the department accepts calls from 9am to 5pm Monday to Friday. **Further information is available from;**

### Patient Advise and Liaison Service (PALS)

We act on your behalf when handling patient and family concerns, liaising with staff, managers and where appropriate, relevant organisations to negotiate immediate or prompt solutions. We can also help you get support from other local or national agencies.

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691

Princess Royal Hospital, Tel: 01952 282888

## Other Sources of Information

### NHS 111

A fast and easy way to get the right help, whatever the time. NHS 111 is available 24 hours a day, 365 days of the year.

Telephone: 111 (free from a landline or mobile)

Website: [www.nhs.uk](http://www.nhs.uk)

### Patient UK

Provides leaflets on health and disease translated into 11 other languages as well as links to national support/self-help groups and a directory of UK health websites.

Website: [www.patient.info](http://www.patient.info)

## Special Needs Information

Please contact the Fertility Unit to discuss if you need this information in another format.

Website: [www.sath.nhs.uk](http://www.sath.nhs.uk)

[www.shropshireivf.nhs.uk](http://www.shropshireivf.nhs.uk)

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