

Note: *The recognized term used by the International Society for Twins Studies (ISTS) is “Multifetal Pregnancy Reduction” and is used here. For the Reader’s information, the procedure may also be referred to as “Selective Reduction.”*

Multiple Births Canada Position on Multifetal Pregnancy Reduction

Primary to the mission of Multiple Births Canada (MBC) is its commitment to providing support and education for individuals and families expecting and higher order multiples, including triplets and beyond. The multiple births experience begins when the individual or couple is informed that they are expecting more than one baby. Evolving reproductive technologies have made this “multiples experience” more frequent and with it have come a host of challenges and decisions, some baring difficult and something disturbing ethical challenges. Multifetal Pregnancy Reduction is a case in point.

As individuals and parents, our members express the spectrum of views seen in society. In other words, we are very much aware and concerned about moral issues that can arise regarding Multifetal Pregnancy Reduction.

As an organization, however, MBC situates itself in advance of these moral questions. Simply, MBC supports individuals and their families expecting multiple births. In this regard the organization will provide support as well as making available research and educational material to help the individuals involved make informed choices with respect to their multiple births experience.

MBC takes this view or approach to ensure that it imposes no barriers to pregnant women, their partners and/or their families seeking appropriate assistance. The organization believes that good information offered in an atmosphere of caring, support and acceptance is the best tool to one can provide. This follow from the essential mission of MBC and is consistent with our goals

Couples who are expecting three or more babies may wish, or be advised, to consider reducing the number of viable fetuses to two or even one. The reduction procedure is usually performed between the 10th and 12th weeks of pregnancy, by injecting one or more of the fetuses. Fetal reduction increases the chance of a mother having one or two healthy babies instead of a miscarriage or a very premature delivery of three or more babies who are at an increased risk to suffer from longterm disability or not survive the pregnancy.

The balance of risk and advantage will be different for each couple but nevertheless for all there will be a sense of responsibility and much anxiety. For couples considering multifetal pregnancy reduction, there are additional issues that compound their anxieties.

Firstly, many couples have struggled with becoming pregnant, sometimes for years. Now they are pregnant, perhaps with some type of fertility assistance, but they are carrying triplets, quadruplets,

quintuplets, sextuplets or more. The suggestion to now consider reduction of some (or even one) of the babies they have strived so hard to conceive, goes against all the time, energy, disappointment, heartbreak and money that was invested in getting pregnant in the first place.

Secondly, when it is determined there are three or more fetuses, the timeframe for the multifetal reduction choice is often very narrow, sometimes as short as only 3 or 4 days. In that small window, the parents need to learn all they can about the procedure, perhaps connect with others who have had the procedure, learn about the risks to mother and the remaining fetuses and come to grips with losing one or more of their unborn children. This is enormous pressure to endure, to come to terms with and to decide upon in a few, short days.

Thirdly, perhaps one of the most unstudied and unrecognized issues, are the possible long term psychological effects on the parents—and by extension the children—after choosing a multifetal pregnancy reduction procedure. Some of the questions that have been bandied about by parents having had the procedure are: “Did we kill our son?” (this from parents who had two beautiful daughters from a triplet pregnancy); “Am I (we) a murderer?” “How and when do we tell the others (surviving children)?” Some parents have reported fantasizing about the baby(ies) that was reduced and wondering about the sex of that child(ren), if they would have looked like their co-multiples and even if they should tell the siblings about the reduction.

Regarding telling the other children about the procedure and what it could entail, once again the answer will be individual and personal. If you have shared with other family members that you are carrying many fetuses and are considering multifetal reduction, then have the procedure and wish to keep hush regarding your decision, it may already be too late. If parents choose not to tell their surviving children but have conferred with other family members regarding the procedure, there is always a risk that someone will tell, even inadvertently, your surviving children. Secrets in a family are extremely hard to keep and usually fester and erupt at a most inopportune time and sometimes awkward moment. It stands to reason that parents considering the multifetal reduction procedure would want to confer with other family members who love and care for them, as they struggle with emotions, guilt, worry and anxiety over their babies. To share personal information and then to expect silence may be too much. A child who discovers, from someone other than his parents, an important piece of his history can become confused and angry regarding this important piece of his life which has been kept from him.

With families being more open these days and encouraged to speak of their lost baby, this could be helpful all around. It may be better for children to know from the start that they were once part of a set. The reaction of each child may be unique and personal; parents will need to provide age appropriate feedback and information. Expect questions at all stages of their lives.

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When considering multifetal pregnancy reduction, there are many questions. Here are a few common questions:

1. I am expecting quadruplets and am being asked to consider reducing to twins. I know it is possible to carry healthy triplets, what do we do?

You are correct; many families have carried triplets to a healthy outcome. There are many considerations and only you, your partner, informed healthcare professionals, perhaps other multiple-birth parents and genetic counselling can help you reach a decision.

Some things you might consider:

Ascertain the health risks for the mother and the babies. If one (or more) have anomalies, you may feel that reduction is the decision to make, thereby giving the healthy fetuses a better chance at a healthy gestation and life.

2. Did we do the right thing?

This is such a difficult question and there is no correct answer. Even though the timeframe for decision whether to have the procedure or not is so short (ideally between 10 and 12 weeks gestation), be sure to do your homework. Below are some Internet Sites to visit. Talk to other families who have considered the procedure, learn as much as you can about the procedure and the possible ramifications. *Knowledge is power* and permits you to make the best possible decision for your personal situation.

3. We have lost a child(ren). We hurt so much and we cannot share nor openly talk about our pain.

Even though a child(ren) has died through reduction, the child lives on.

Multifetal pregnancy reduction is one type of loss that is nearly impossible to 'share' with others let alone have them fully understand the anxiety and dilemma that has been faced. Many babies were conceived and the choice was made to reduce one (two, or three). Maybe the parents have tried to get pregnant for years and now they are faced with a decision which can interfere with their pregnancy dreams. With the alteration of the dream it can be very difficult to openly discuss personal feelings, fears and anxieties, and to have them acknowledged, or understood by family or friends. A sense of isolation, coupled with the grief of the new reality can combine to make the pain greater.

Some may equate a reduction to an abortion. A reduction is done for the love of all the children and to give them all the best chance to be healthy and not to lose the pregnancy. An abortion is done to lose the pregnancy.

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It may not be unusual—like a miscarriage—for others to have difficulty relating to your loss. “Well it wasn’t a baby yet” or “you have others” may be expressed to you. Try to find a caring and understanding person to share your pain and grief. It might be a special friend, grief counsellor, religious leader, family doctor or bereavement support group. Grief is personal and knows no timetable. Grief is a journey not a destination and may require some support at different stages of your life. It is important to recognize the pain, possible feelings of guilt and grief, and to work with them, address them and acknowledge them. Only then can we move on, forever changed and with a new reality. Don’t be afraid to cry or seek appropriate professional support, if need be.

4. How do we tell the survivors? Do we tell the survivors? When is the best time?

These are a very difficult series of questions. If the reduction was discussed with other family members or friends, there is a chance that at some time in the future, even inadvertently, your children will hear the news from someone else. In order to control the situation as best you can, it may be helpful to let them know their beginnings. Parents know their children best and can assess when the best time for them to hear the news is. Use age-appropriate language for whatever age you feel is right. Begin as early as possible – if you don’t choose the right words at age 2, the results will be less damaging than if you don’t choose the right words at 14-years-old. Another point to keep in mind is that when a secret is made public, it loses impact and can no longer cause as much harm as it would to be sprung upon someone at a later stage. The news later in life can rock their world and change who they are.

Be prepared for some very difficult rebuttal questions such as why wasn’t I killed? Did you kill my sister/brother? Was it a boy or girl who was killed? Will you kill me (and/or my sisters/ brothers)? All of these and more are possible.

Bottom line, you know your kids best. If and when you decide to share their beginnings, the decision is up to both of the parents.

REDUCING TWINS TO ONE

There has been an increase in families looking to reduce twins to one. For those looking for such a reduction, please consider the following:

- 98% of twins survive with a 5% disability rate and the average gestation is 35-38 weeks.
- As the majority of twins pregnancies are without issue, there is little or no risk for a mother and father who were healthy to begin with. There is also minimal risk for the babies.
- Find out what type of twins you are carrying, i.e. monozygotic (identical) or dizygotic (fraternal). Monozygotics can share some aspects of their time in the womb such as one or two placentas, one or two amnions, one or two chorions. A small

percentage of monozygotics share all three. Reduction will be more of a risk, when babies share one or more of the above. In this case, a reduction may negatively impact the whole pregnancy.

- It can be very difficult to find a doctor willing to reduce twins when the twins and mother are healthy. There usually has to be extenuating circumstances to one, both or all, eg. one baby has a serious anomaly or mother has had previous difficult and high risk pregnancies, before a doctor will consider such a reduction.
- Reducing twins to one may carry a higher risk than completing either a spontaneous or infertility assisted twin or singleton pregnancy.

ADDITIONAL THOUGHTS FROM A PARENT WHO REDUCED

- don't be overly rushed with the decision, there is time, whatever you do;
- with time comes healing;
- if you have to ask then you already have the answer;
- walk a week as if you did [reduce]; and walk a week as if you did not [reduce].

Sources

- Bereavement: Guidelines for Professionals - These guidelines focus on the particular issues raised by the loss of a twin, triplet or more by Elizabeth Bryan, MD, FRCP, FRCPC and Faith Hallett, The Multiple Births Foundation
- Twins! Pregnancy, Birth and The First Year of Life by Connie L. Agnew, M.D., Alan H. Kein, M.D., and Jill Alison Ganon, 1997, Harper Perennial

Web Links

[Selective Reduction Loss Support](#) Created in May, 2003, this Website is a message board for those families seeking connection with other families whom have used Selective Reduction (multifetal pregnancy reduction).

[Multiple Births Families](#)

Information and support for multiple-birth families by Lynda P. Haddon, Multiple Birth Educator. Centre for Loss in Multiple Births (Climb)

Climb-support.org/index.html?selective

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Organizations

Multiple Births Canada Loss Support Network E-mail: loss@multiplebirthscanada.org

Centre for Loss in Multiple Birth (CLIMB) e-mail: climb@pobox.alaska.net

Literature

Bereavement - for Parents & Professionals

- *Men & Grief*, by Carol Staudacher
- *Empty Cradle, Broken Heart: Surviving the Death of your Baby*, by Deborah L. Davis
- *The Worst Loss: How Families Heal from the Death of a Child*, by Barbara D. Rosof

Written by Lynda P. Haddon, 2004

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