



Multiple Pregnancy Patient Information

Multiple Births and the Hewitt Fertility Centres 'elective single embryo transfer' program

When you're going through fertility treatment, you're understandably focused on getting pregnant and may think that having two embryos transferred to the womb will increase your chance of making that happen. But did you know that putting more than one embryo back in the womb can increase the risk of serious harm to you and your babies?

Twins might seem like a dream come true – an instant family; plus we all know people who have had wonderful, happy, healthy twin babies. However, the reality is multiple births are the single greatest risk of fertility treatment. At least half of twins are born premature and underweight, which can lead to serious long-term health problems such as cerebral palsy and can even lead to death. Mothers are far more likely to have an early or late miscarriage if they are carrying multiple babies. And they are more likely to suffer from health problems such as high blood pressure, gestational diabetes, anaemia and haemorrhage than mothers of single babies.

You can significantly reduce your chance of having a multiple birth by having one embryo put back in the womb rather than two - called *elective single embryo transfer or eSET*. You can then have your remaining embryo(s) frozen for use in later cycles. Transferring embryos as part of a frozen cycle is often as effective as transferring them fresh. For most women having IVF, transferring one embryo is equally as successful as having a double embryo transfer and your chance of having a multiple pregnancy is much lower. Transferring one embryo is the best option for most women to maximise your chances of taking home a healthy baby.

We want to provide you with safe and effective fertility treatment. That's why we recommend an eSET unless we have good reasons for recommending a double embryo transfer.

Our regulators the *Human Fertilisation and Embryology Authority (HFEA)* have a policy that all UK clinics must maintain a multiple birth rate limit of less than 10% but maintain our high clinical performance. Our most recent success rates are available on our website.

https://www.thehewittfertilitycentre.org.uk/our-success-rates/

Document Code: P-INFO-MED-2	Version No: 9	Document Title: Multiple births	
Date of issue: 13.12.2023	Date of review: 13.12.2026	Owner: R Russell	Author: M McGrane





Risks to you in a multiple pregnancy

While most multiple pregnancies are healthy and result in healthy babies, there are more risks to be aware of when you are pregnant with two or more babies. Make sure you go to all your antenatal appointments so that any problems can be picked up early and treated appropriately.

If you are pregnant with more than one baby, you are at higher risk from all the complications associated with pregnancy and birth:

- You have a higher risk of <u>miscarriage</u>, <u>anaemia</u>, <u>haemorrhage</u>, <u>early labour</u>, <u>caesarean</u> <u>section</u> or assisted ventouse or forceps delivery
- Up to 25% of multiple pregnancies will be complicated by <u>pregnancy related high blood</u> pressure
- The risk of <u>pre-eclampsia</u> is three times higher for twin pregnancies and nine times higher for triplets
- You are two to three times more likely to have <u>gestational diabetes</u>
- Multiple pregnancies are likely to have a practical, financial and/or emotional impact on your family and any pre-existing children.

Risks for babies in a multiple pregnancy

- Half of all twins are <u>born prematurely</u> (before 37 weeks) with a low birthweight (2.5kg or under); triplets have a 90% chance of being born prematurely and of having a low birthweight
- The risk of death for premature babies around the week of birth is 5 times higher for twins and nine times higher for triplets than single babies
- Twins have a higher risk of congenital abnormalities (birth defects), developmental delay and brain injury and breathing/lung damage
- Twins are 4 times and triplets 18 times more likely to have cerebral palsy than single babies
- Twin to Twin Transfusion Syndrome (TTTS) is a rare condition affecting identical twins who share a placenta (monochorionic). The risk is higher for MCDA twins, but it can occur in MCMA twins too. It is caused by abnormal connecting blood vessels in the twins' placenta. This results in an imbalanced blood flow from one twin to the other, leaving one baby with a greater blood volume than the other and carries a higher risk of fetal death. Treatment for TTTS varies and is determined by many factors. It's important to discuss it

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with your consultant, as what works in one TTTS pregnancy may not be appropriate in another.

What antenatal care can I expect if I do get pregnant with twins?

Good <u>antenatal care</u> is essential because there are increased risks associated with a multiple pregnancy. When you see your midwife for your initial antenatal appointment you will be referred to an obstetric team with expertise in multiple pregnancies.

For more information on multiple pregnancies please visit the website below.

http://www.nhs.uk/conditions/pregnancy-and-baby/pages/twins-healthy-multiple-pregnancy.aspx

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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