

## Chapter 14 Summary: Multi-fetal pregnancy reduction (MFPR)

Infertile couples are often driven to turn to *in vitro* fertilization (IVF), wherein typically several embryos are implanted and all but one are terminated. This process, known as multi-fetal pregnancy reduction (MFPR), poses many ethical questions.

The first question is the justification for MFPR. The medical justification is that it is morally acceptable to sacrifice some "innocent" fetal lives to reduce health risks (such as prematurity) for the survivors. However, there is still debate as to whether MFPR does result in a single healthy baby. Souter and Goodwin found that "reducing triplets to twins results in significant secondary benefits: lower cost and fewer days in hospital and a decrease in a variety of moderate morbidities... However, it is not clear that couples are more likely to take home a healthy baby, if they undergo multi-fetal pregnancy reduction."<sup>1</sup> This is because multiple pregnancies lead to increased maternal, fetal, and neonatal health risks, even after reduction.<sup>2</sup>

The second question is whether parents are presented with the option of carrying multiple pregnancies to term. Doctors often pose the choice to parents as having, for example, four "unhealthy" babies or two "healthy" ones. Rather than offering a clear choice, some professionals give parents the sense of "*having to reduce*."<sup>3</sup> This sense of necessity does not allow for parents to choose in a way that is truly free from coercion.

Finally, what are the physical and psychological effects of the procedure? MFPR can have significant psychological outcomes. Although more research is needed, many parents unfortunately report sadness and guilt.<sup>4</sup> This may affect parenting style towards surviving children.<sup>5</sup>

More research is needed on the effects of MFPR, so that parents are informed and give consent freely.

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<sup>1</sup> Souter I, Goodwin TM. Decision making in multifetal pregnancy reduction for triplets. *American Journal of Perinatology* 1998 January; 15(1): 63-71; p. 63.

<sup>2</sup> Stone J, Ferrara L, Kamrath J, Getrajdman J, Berkowitz R, Moshier E, Eddleman K. Contemporary outcomes with the latest 1000 cases of MFPR. *AJOG* 2008; 199(4): pp. 406.e1-4.

<sup>3</sup> Britt DW, Evans MI. Sometimes doing the right thing sucks: Frame combinations and multi-fetal pregnancy reduction difficulty. *Social Science & Medicine* 2007; 65: pp. 2342-56.

<sup>4</sup> Gareil M, Stark C, Blondel B, Lefebvre G, Vauthier-Brouzes D, Zorn JR. Psychological reactions after multifetal pregnancy reduction: A 2-year follow-up study. *Human Reproduction* 1997 March; 12(3): pp. 617-22.

<sup>5</sup> McKinney MK, Tuber SB, Downey JI. Multifetal pregnancy reduction: psychodynamic implications. *Psychiatry* Winter 1996; 59(4): pp. 393-407.