

## What is the risk of a pregnancy with multiple fetuses or giving birth to multiple infants among ART pregnancies and live births resulting from fresh nondonor embryos?

Multiple-infant births are associated with greater health problems for both mothers and infants, including higher rates of caesarean section, prematurity, low birth weight, and infant disability or death.

Part A of Figure 11 shows that among the 35,840 pregnancies that resulted from ART cycles using fresh nondonor eggs or embryos in 2012, approximately 65% were singleton pregnancies and 29% were multiple-fetus pregnancies. Approximately 7% of pregnancies ended before the number of fetuses could be accurately determined. Therefore, the percentage of pregnancies with more than one fetus might have been higher than what was reported.

In 2012, a total of 6,271 pregnancies resulting from ART cycles ended in either miscarriage, stillbirth, induced abortion, or maternal death, and 262 pregnancy outcomes were not reported. The remaining 29,307 pregnancies resulted in live births. Part B of Figure 11 shows that about 27% of these live births resulted in more than one infant (26% twins and about 1% triplets or more). This compares with a multiple-infant birth rate of slightly more than 3% in the general US population.

Although total percentages for multiples were similar for pregnancies and live births, there were more triplet or higher order pregnancies than births. Triplet or higher order pregnancies may be reduced to twins or singletons by the time of birth either naturally (e.g., fetal death), or if a woman and her doctor decide to reduce the number of fetuses through a procedure called multifetal pregnancy reduction. CDC does not collect information on multifetal pregnancy reductions.

**Figure 11**

Distribution of Multiple-Fetus Pregnancies and Multiple-Infant Live Births Among ART Cycles Using Fresh Nondonor Eggs or Embryos, 2012

