

How does the multiple-infant birth risk vary by the day of embryo transfer among fresh nondonor transfers?

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

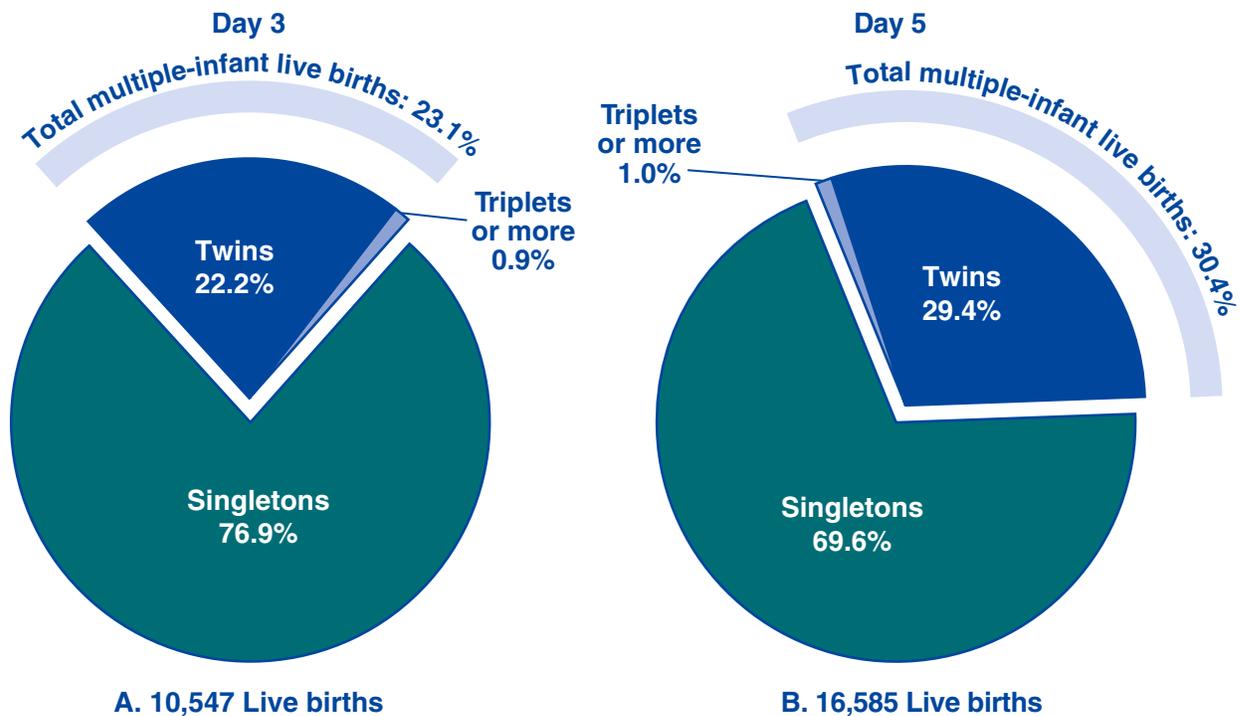
Part A of Figure 32 shows that among the 10,547 live births that occurred following the transfer of day 3 fresh nondonor embryos, about 77% were singletons, 22% were twins, and 1% were triplets or more. Thus, approximately 23% of these live births produced more than one infant.

In 2012, a total of 16,585 live births occurred following the transfer of day 5 fresh nondonor embryos. Part B of Figure 32 shows that approximately 30% of these live births produced more than one infant.

As shown in Figure 31 (page 37), fewer embryos were transferred on day 5 than on day 3. However, the proportion of live births resulting in twins is higher among transfer procedures performed on day 5 than on day 3. Thus, the risk of having a multiple-infant birth was higher for day 5 embryo transfers.

Figure 32

Distribution of Number of Infants Born Among Day 3 and Day 5 Embryo Transfers Using Fresh Nondonor Eggs or Embryos That Resulted in Live Births, * 2012



* Cycles using GIFT or ZIFT are excluded. Embryo transfers performed on days 1, 2, 4, and 6 are not included because each of these accounted for a small proportion of procedures.