

 瑪麗醫院 QUEEN MARY HOSPITAL	<b>Department of Obstetrics and Gynaecology</b>	<b>Document No.</b>	<b>OGRM244</b>
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		<b>Page</b>	<b>Page 1 of 2</b>

### Information on Multiple Pregnancy in IVF

**Question:** Why should I transfer one embryo instead of two?  
**Answer:** Transferring two embryos markedly increases the chance of having twin pregnancy, around 20-30%. However, the rate of twin pregnancy following replacement of one embryo is about 1-2%.

**Question:** What are the problems with multiple pregnancy to me?  
**Answer:** These include-

1. During pregnancy: high blood pressure (pre-eclampsia), gestational diabetes, excessive weight gain, anaemia, back and pelvic pain.
2. During delivery: heavy bleeding, instrumental delivery or Caesarean section.
3. After delivery and in the long run: postpartum depression, marital disharmony and divorce.
4. Parental fatigue and emotional burnout may result from caring for more than one baby at a time.
5. Economic cost of having more than one baby at a time. The need for multiple pieces of equipment for the babies e.g. cribs, prams, car seats, clothing, larger home / vehicle.

**Question:** Will I have preterm delivery if I carry twin pregnancy?  
**Answer:** All mothers carrying twins have an increased chance of giving birth early:

- 1 in 10 sets of twins are born between 20 and 28 weeks of pregnancy
- 1 in 3 sets of twins are born between 29 and 34 weeks
- 8 in 10 sets of twins are born by 37 weeks
- Multiple pregnancies of higher orders have even higher risk of preterm delivery

**Question:** What are the problems with multiple pregnancy to the babies?  
**Answer:** These include –

- 1) During pregnancy: miscarriage, intrauterine growth restriction, congenital malformations, complications from monochorionic twins such as twin-twin transfusion syndrome, twin anaemia-polycythaemia sequence, cord entanglement etc;
- 2) At birth: low birth weight and prematurity requiring admission into the neonatal intensive care unit. Complications from prematurity includes respiratory distress syndrome, internal bleeding in the brain, retinopathy of prematurity and infection of the bowels requiring operation;
- 3) In the long run: lower IQ, risk of cerebral palsy and mental retardation due to preterm delivery.

The family, hospital and society will have a heavy economic burden to take care of preterm babies.

**Question:** Will I have multiple pregnancy if I have one embryo replaced?  
**Answer:** Yes, you will still have 1-2% chance of having multiple pregnancy if one embryo is replaced. This is similar to natural conceptions.

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		Page	Page 2 of 2

## 多胎妊娠的風險

問: 我為什麼要移植一個胚胎而不是兩個胚胎?  
 答: 移植兩個胚胎顯著增加了雙胞胎懷孕的機會，大約 20-30%。然而，移植一個胚胎後雙胎妊娠率約只有 1-2%。

問: 多胎妊娠對我有什麼風險?  
 答: 這些包括:

1. 懷孕期間：高血壓（先兆子癇），妊娠糖尿病，體重增加過多，貧血，背部和骨盆疼痛。
2. 分娩期間：大量出血，儀器助產分娩或剖腹產。
3. 分娩後和長期：產後抑鬱症，婚姻不和諧和離婚。
4. 照顧超過一個嬰兒可能導致父母疲倦和情緒疲倦。
5. 生育超過一個孩子的經濟成本。需要多件設備，例如 嬰兒床，嬰兒車，汽車座椅，衣物，較大的家庭/車輛。

問: 如果我懷孕雙胞胎，我會早產嗎?  
 答: 所有攜帶雙胞胎的母親都有提早分娩的機會：

- 10 對雙胞胎中有 1 對會於懷孕 20 至 28 週出生
- 3 對雙胞胎中有 1 對會於懷孕 29 到 34 週之間出生
- 10 對雙胞胎中有 8 對於 37 週出生
- 三雙胞胎或以上有更高的早產風險

問: 多胎妊娠對嬰兒有什麼問題?  
 答: 這些包括 -

1. 懷孕期間：流產，宮內生長受限，先天性畸形，單絨毛膜雙胞胎並發症，如雙胎輸血症 (twin-twin transfusion syndrome)，雙胎貧血症 (Twin anaemia-polycythaemia sequence)，臍帶纏繞等;
2. 出生時：低出生體重和早產需要進入新生兒深切治療部。早產並發症包括呼吸窘迫綜合徵，腦內出血，早產兒視網膜病變和腸道感染;
3. 從長遠來看：智商較低，有腦癱和精神發育遲滯的風險。家庭，醫院和社會將必須忍受沉重的經濟負擔來照顧早產兒。

問: 如果我移植一個胚胎，我有雙胞胎懷孕的機會嗎?  
 答: 如果移植一個胚胎，你仍有 1-2%的雙胞胎機會。這類似於自然懷孕。