

Maternal and fetal outcome in spontaneous and fertility therapy-derived multiple pregnancies: preliminary results

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Objective: To compare maternal and fetal outcome in dichorionic spontaneous, fertility therapy-derived, reduced twin pregnancies and in triplet gestations managed in two tertiary care centres.

Methods: Patients with twin and triplet pregnancies managed in the period January 1988 - December 2008 were included, and divided in four groups: spontaneous dichorionic twin pregnancies (Group A), twin pregnancies from assisted reproductive technologies (Group B), twin pregnancies from multifetal reduction (Group C) and triplet pregnancies from assisted reproductive technologies (Group D). All pregnancies included were viable after 20 weeks. Maternal and fetal outcomes were analysed.

Results: The first consecutive 200 patients (414 fetuses) were considered for preliminary results: 135 in Group A, 32 in Group B, 19 in Group C and 14 in Group D. Mean maternal age was 31 ± 5 in the whole series, and not significantly different in the four groups. Nulliparity was significantly lower in group A (65%) than in groups B, C, and D. The prevalence of threatened preterm delivery (39%), preterm premature rupture of membranes (17%), preeclampsia (9%), PIH (6%), gestational diabetes (5%), and cholestasis (3%) was not significantly different in the four groups. The prevalence of malformations (3%), fetal deaths (2%) and perinatal mortality (6%) was not significantly different in the four groups. The prevalence of Apgar score at 5' < 7 was significantly lower in group D (33%) than in group A (13%). Gestational age at delivery was significantly different between Group D and A. Birthweight and weight-discordancy >20% were significantly different between Group D and A, B and C.

Conclusions: Maternal and fetal outcome of fertility therapy-derived and reduced twin pregnancies was similar to that in dichorionic spontaneous twin gestations. Triplets had a higher risk of low birth weight and weight-discordancy >20%, but maternal and other fetal outcomes were not significantly different.