

**CONSENT FOR TREATMENTS INCREASING RISK FOR MULTIPLE GESTATIONS**

You have elected a prescribed course of treatment which utilizes fertility drugs known to put you at risk for multiple gestations (twins, triplets, quadruplets, etc.). These are inherently difficult pregnancies, which may be further complicated by underlying health problems or maternal age (when > 35 years). Obstetrical conditions associated with multiple gestations include, but are not limited to, premature labor, premature birth, stillbirth (death of one or more of the fetuses), incompetent cervix (opening of the cervix and loss of the pregnancy prior to estimated date of delivery), gestational diabetes, pregnancy-induced hypertension, placenta previa (placenta blocking the exit from the uterus), and thrombophlebitis (blood clots). Cesarean section is commonly required to deliver these babies safely, and at a much higher incidence than what is normally seen for singleton gestations.

Any of these problems may require you to be emergently hospitalized, and the care needed may be prolonged (weeks or months). Occasionally babies will be born extremely premature that they cannot survive. In other cases, the problems of prematurity are very severe, leaving the child permanently and severely disabled. The total expense of health care for you and your babies may be high. This may be further compounded by the loss of wages from the time off work.

The California Center for Reproductive Health (CCRH), Eliran Mor, MD and Irene Woo, MD, and designated physicians or employees, can neither predict nor prevent a patient from experiencing any of these events once the pregnancy has been established. With in vitro fertilization (IVF) and embryo transfer, the risk for multiple gestations can be minimized, but not eliminated, by limiting the number of embryos entering the uterus. Patients undergoing elective single embryo transfer (eSET) may still experience slight risk of a multiple gestation as a single embryo may spontaneously split into two embryos (i.e., identical twins), prior to implantation. In patients undergoing ovarian stimulation (oral medications or injectable medications) with timed intercourse or intrauterine insemination (IUI=artificial insemination), a strong ovarian response may prompt the cancellation of the stimulation cycle or the conversion of the cycle to IVF, in an effort to minimize the risk of a multiple gestation. If a multiple gestation is conceived despite the above efforts, a couple may choose to undergo a procedure called Selective Reduction, to “reduce” the gestation from a higher-order multiple gestation (triplets or more) to a twin gestation, or from a twin gestation to a singleton. In Selective Reduction a needle is inserted and guided by ultrasound through the abdomen and into the gestational sac(s), and one or more of the implanted gestations is/are selectively reduced by injecting a solution into the sac(s). Since this procedure has a low risk for complications (3% to 4% pregnancy loss), it is considered a safe and effective treatment.

Your initials below indicate that you understand the risks of multiple gestations, that you have considered the alternatives to fertility medications, IUI, and/or IVF, and agree to accept these risks and proceed with fertility treatment(s):

\_\_\_\_\_  
Initials

**Certification of Informed Consent for Treatments Increasing Risk for Multiple Gestations**

Your signature below indicates that you have read the preceding consent, that you have had the opportunity to ask questions, and that your questions have been answered to your satisfaction.

\_\_\_\_\_  
PATIENT NAME (print)

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTNER NAME (print)

\_\_\_\_\_  
PARTNER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS (print)

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE