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## GONADOTROPINS AND HIGH MULTIPLE PREGNANCIES

Gonadotropin injections (Follistim, Gonal-F, Menopur, Repronex, Bravelle) have been used extensively in a variety of infertility treatments. Unfortunately, their use in young women with anovulation or with infertility associated with minimal causes, usually combined with intrauterine insemination, has resulted occasionally in high multiple pregnancies. The sextuplets and octuplets that have been extensively covered in the media have resulted from such treatments.

Usually, careful sonographic and endocrinologic monitoring can prevent these tragedies. Typically, in treatment of infertility with minimal cause with gonadotropins and intrauterine insemination, most programs try to obtain three follicles of about 16 mm. or greater to achieve a good likelihood of pregnancy. With infertility associated with anovulation, typically most programs try to obtain only 1-2 good sized follicles, especially if these women have been unresponsive to lesser remedies such as Clomiphene.

Unfortunately, follicles as small as 11 or 12 mm. in diameter may also ovulate, thus causing these very unfortunate high multiple pregnancies. Thus it is imperative that all patients undergoing these treatments be aware of this risk. These risks appear to be higher in first treatment cycles and in women under the age of 35. If couples would not consider selective reduction, it may be prudent to not proceed with gonadotropins and go directly to IVF where more control exists.

Currently in the U.S., most fertility centers do NOT recommend this treatment for young women (under 35) with high antral follicle counts or Polycystic Ovaries because the risk of a multiple pregnancy greater than twins is too high. IVF with single embryo (or double embryo) transfer is a much safer, controlled, highly effective treatment.

