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What We Offer

Multifetal Pregnancy Management

Over the past three decades, the number of twin births has more than tripled in the United States. There has been a 13-fold increase in triplets, the rate of quadruplets has increased 100 times, and there had been a 1,000-fold increase in quintuplets. Over the past several years, with better control of infertility treatments, the number of very high order multiples has come down but twins and triplets still remain many times natural expectations. For patients with multiple pregnancies, the risks of loss, prematurity, congenital anomalies, and poor neonatal outcomes are dramatically higher than for singletons. For twins, loss rates are more than double singleton rates, and cerebral palsy is 5 times as high. For triplets, loss rates are 10 times as high as a singleton, and cerebral palsy is 15 times higher. For even higher numbers, the statistics are even worse.

Genetic risks are multiplied by the number of fetuses. For example, for a 35 year old with triplets, the risk of a chromosome abnormality at birth would be 1/190 for a singleton but is 3/190 or about 1/65 for one of fraternal triplets. That is comparable to the risk of a 40 year old. Thus, we prefer to perform genetic testing by CVS prior to reduction to maximize the likelihood of a healthy family. We typically see patients for multifetal pregnancy reduction (MFPR) now also interchangeably termed fetal reduction (FR) at about 12 weeks. For the 85% of our patients who are also having CVS, the procedures are done usually over two consecutive days.

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Quick Contact Info

Dr. Mark I. Evans (MD PLLC)

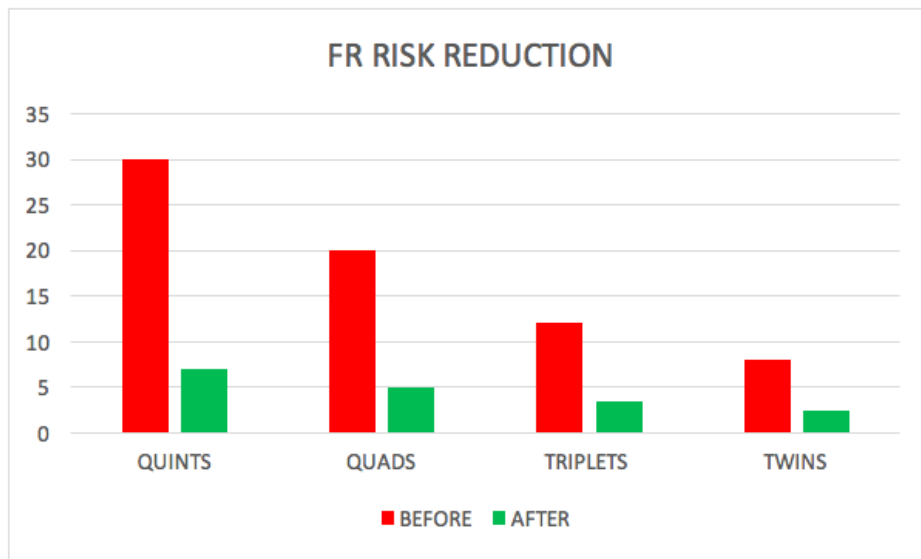
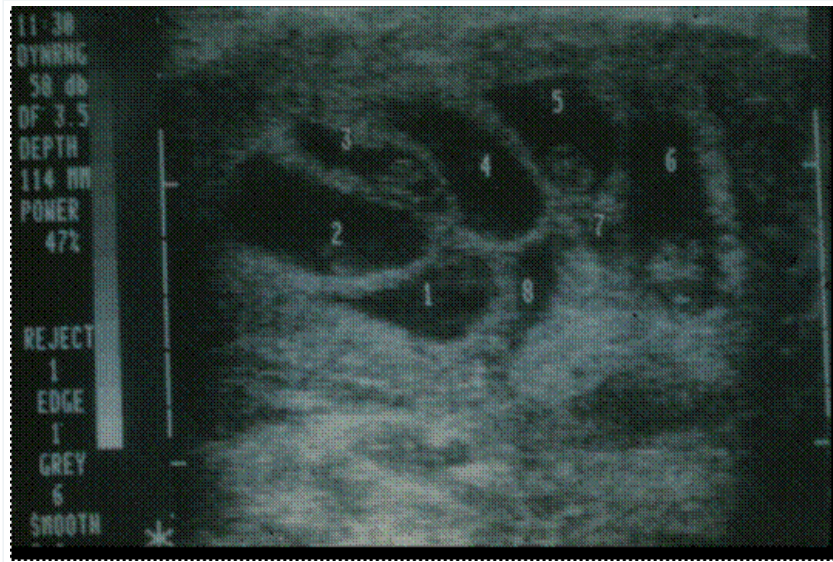
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Over the past 30 years, Dr. Evans has been a pioneer in the practice of MFPR having performed thousands of such procedures for patients starting with between 2 to as many as 12 fetuses. The procedure has been demonstrated to be a safe way to significantly reduce the risks of multiple pregnancies. Patients with triplets or higher have their risks cut by more than half by reducing to twins. For twins, the risks of pregnancy loss and prematurity can be further cut by reducing to a singleton.

In deciding which fetuses to keep or to reduce, we prioritize decisions by:

1. Do we find a problem.
2. Are we still suspicious about the health and prognosis for a fetus
3. If nothing else matters and we have done CVS, we can then consider gender. We only adopted this position when our data showed that gender preference is overall now equal, i.e. females are just as preferred as males.

For more information, please see the attached publications that provide much more detail.

- Evans MI, Andriole SA, Britt DW: Fetal Reduction – 25 years' experience.
- Evans MI, Rosner M, Andriole S, Alkalay A, Gebb J, Britt DW: Evolution of gender options in multiple pregnancy management.
- Multifetal Pregnancy Reduction: Evolution of the Ethical Arguments (By Mark I. Evans, M.D., and David W. Britt, Ph.D)
- The Truth About Multiples (By Mark I. Evans, M.D.)

