

عنوان مقاله:

Obstetrical and Neonatal Outcomes of Embryo Reduction to Twins (ERTT) Procedures in Triplet and Higher Order Pregnancies: A Cross-Sectional Study

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خلاصه مقاله:

Background & Objective: Multifetal reduction not only lowers the number of fetuses but also improves pregnancy outcomes. A great conflict emerges when obstetrician faces triplet or higher-order multifetal pregnancies. Decision-making is so difficult whether to continue pregnancy as such with its risks or reduce the number of fetuses to improve outcomes. This study aimed to assess the obstetrical outcomes of embryo reduction to twins (ERTT) procedures in IVF/ICSI centers in Egypt. **Materials & Methods:** This retrospective cross-sectional study was conducted from June ۲۰۱۷ to December ۲۰۲۰. Data of the patients in five IVF/ICSI centers were accessed using the computer-stored patients' files. Patients who got pregnant spontaneously or after IVF/ICSI procedures with ۳ or more embryos were recruited in the study. The patients were counseled for ERTT and those who accepted the procedure were included. The measured obstetrical outcomes were abortion rate, preterm labor, and preeclampsia, premature rupture of membranes, and neonatal morbidity and mortality. **Results:** One hundred and twenty-four cases were included in this study from ۵ IVF/ICSI centers. Most cases (۸۳.۸۷%) of multifetal pregnancies were due to IVF/ICSI procedures. The mean age was ۲۸.۳ ± ۲.۵ years and the mean gestational age at reduction was ۸.۴ ± ۰.۶ weeks. The great majority of cases (۷۲.۵۸%) were operated by aspiration. The abortion rate was ۲۹.۸۴%. The mean gestation age at delivery was ۳۴.۵۱ ± ۱.۸۲ weeks. The incubator admission rate was ۴۱.۹۳% and the overall postoperative complication was ۹.۶۸%. **Conclusion:** ERTT in triplets or higher order pregnancies was considered feasible, safe and linked to minimal complications. The ERTT procedure improved obstetrical and neonatal outcomes

کلمات کلیدی:

.Embryo reduction, Triplets, Multiple pregnancy, Obstetrical outcomes, Neonatal morbidity

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