From: [*Seminars in Perinatology*](https://www.bing.com/search?q=Seminars+in+Perinatology&filters=ufn%3a%22Seminars+in+Perinatology%22+sid%3a%22eaec6775-9960-2386-87e8-afd6f765d22d%22)*;* [*Joanne Stone*](https://www.bing.com/search?q=papers+by+Joanne+Stone) *and* [*Richard L Berkowitz*](https://www.bing.com/search?q=papers+by+Richard+L+Berkowitz)*;* [***1995***](http://www.seminperinat.com/issue/S0146-0005%2805%29X8011-9) *Volume 19; pp. 363–374: Multifetal pregnancy reduction and selective termination:*

* Morbidity and mortality of multifetal gestation increase with increasing numbers of fetuses. Adverse outcomes are primarily the consequence of preterm birth.
* 11 percent of twins, more than one-third of all triplets, and more than two-thirds of all quadruplets and higher order multiples were delivered very preterm (<32 weeks of gestation), compared with less than 2 percent of singletons.
* Early mortality (death from 20 weeks of gestation through the first year of life) was 4.8 percent for twins, 8.6 percent for triplets, 10.8 percent for quadruplets, and 28.9 percent for quintuplets.
* Prevalence of cerebral palsy ranges from 1.6 to 2.3 per 1000 surviving infants in singletons, 7 to 12 per 1000 surviving infants in twins, and 28 to 45 per 1000 surviving infants in triplets.
* The two most serious risks of multifetal gestation are (1) complete pregnancy loss and (2) preterm birth, with its potential sequelae including perinatal mortality, respiratory and gastrointestinal complications, infection, and long-term neurologic impairment.
* The goal of MPR is to reduce the risk of adverse outcomes in survivors of higher order pregnancies by decreasing the number of fetuses in the gestation, since the risk of complications is proportional to the number of fetuses in utero.
* Multifetal pregnancy reduction of pregnancies with three or more fetuses to twins results in fewer pregnancy losses and fewer preterm births than unreduced pregnancies.
* Results for reduced triple-to-twin pregnancies versus non-reduced triplet pregnancies:
* Miscarriage before 24 weeks of gestation: 5.1 versus 11.5 percent;
* Delivery before 28 weeks of gestation: 2.9 versus 8.4 percent;
* Delivery before 32 weeks of gestation: 10.1 versus 20.3 percent;
* Perinatal mortality rate per pregnancy: 26.6/1000 versus 92/1000.