Selective reduction of triplet pregnancies in the first trimester, six years' experience in a single referral centre in China (ID:609)

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Objectives
To investigate the perinatal outcomes of triplet pregnancy after selective fetal reduction.

Methods
Injecting of potassium chloride (KCL) into fetal heart was performed in the first trimester in 167 cases of triplet pregnancies from January 2012 to January 2018. The clinical data of triplet pregnancy and the initial twin pregnancy and singleton pregnancy was collected in the reproductive center of The Third Affiliated Hospital of Guangzhou Medical University. The perinatal outcome was reviewed.

Results
To compare the singleton by selective reduction group and the initial twin and singleton pregnancy group, there was a significant difference in miscarriage rate (15.53% vs. 3.85%, 1.72%), preterm birth rate (16.50% vs. 55.13%, 3.45%), gestational weeks at delivery (37.36±0.25 vs. 34.60±0.29, 39.05±0.20), and neonatal birth weight (2.71±0.58 kg vs. 2.12±0.54 kg, 3.07±0.07 kg) respectively (P < 0.05). To comparing the twin pregnancy after selective reduction group and the initial twin pregnancy group, there was a significant difference in preterm birth rate (55.13%, 35.19%), gestational age at delivery (34.60±0.29 vs.36.04±0.27), and neonatal birth weight (2.12±0.54 vs.2.37±0.07 kg) (P < 0.05).

Conclusion
It is necessary to reduce the number of fetuses to decrease pregnancy complications. retaining a single fetus may be more beneficial to reduce the miscarriage rate, preterm birth rate, and risk of neonatal diseases.

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