What is selective fetal reduction?

Fetal reduction is the procedure of reducing the number of babies in a multiple pregnancy, say quintuplets (5 babies), quadruplets (4 babies) or triplets (3 babies) to twins or singleton pregnancy especially so when one or more babies have a structural abnormality or increased risk for chromosomal abnormalities on ultrasound.

Why is it advised?

Fetal reduction is used when a mother carries an unsafe or undesirable number of fetuses in a multiple pregnancy and reduce it to a relatively safe number.

What are the benefits of selective fetal reduction?

Fetal reduction substantially increases the duration of pregnancy, reduces the risk of premature births associated with multiple pregnancy.

When is fetal reduction done?

It is usually done between 11 to 13 weeks of pregnancy after the NT scan.

How is it done?
Fetal reduction

Under antibiotic cover and continuous ultrasound guidance a needle is passed through the mother’s abdomen under local anesthesia and a medicine (potassium chloride) is injected into one of the babies to stop its heart beat.

What are the risks associated with the procedure?

Depending on how many babies are reduced, there is a 5-15% chance of miscarriage.

What precautions should be taken after fetal reduction?

There is no restriction of daily activities. The mother may have some spotting or mild cramping for a couple of hours for which she may take oral paracetamol.

If the mother develops fever, vaginal bleeding, leaking or contractions, she should report to the hospital.

The mother should come after one week for a fetal heart rate check and at 16-17 weeks for cervical length measurement.