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REDUCING RISK, PRESERVING LIFE: THE IMPACT OF HIGH-ORDER REDUCTION ON PREGNANCY OUTCOMES IN A TERTIARY CARE HOSPITAL

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31 High-Order Pregnancies
(30 Triplets, 1 Quadruplet)



Study Period: 2023–2025
Center: Amrita Hospital, Faridabad



0% Procedure-Related Losses



100% Survival of Dichorionic Twins
After MFPR



OBJECTIVE

To evaluate the safety, efficacy, and clinical impact of multifetal pregnancy reduction (MFPR) in improving maternal and perinatal outcomes for higher-order pregnancies (HOP).



INTRODUCTION

- High-order pregnancies (HOP) are associated with increased risks of prematurity, maternal complications, and perinatal morbidity.
- MFPR aims to reduce the number of fetuses—usually to twins—thereby decreasing pregnancy burden and improving outcomes for the remaining fetuses.



METHODS

- Retrospective observational study conducted at **Amrita Hospital, Faridabad**.
- Case selection based on **clinical indication and chorionicity**.
- Ultrasound-guided MFPR using intracardiac KCL, laser cord coagulation, and microwave ablation.

RESULTS

Clinical Outcomes (MFPR vs Non-Reduced)

- ↑ **Gestation:** 35.2 vs 32.4 weeks ($p < 0.05$)
- ↑ **Survival:** 100% vs 85.7%
- ↑ **Birth Weight:** 1996 vs 1600 g ($p < 0.01$)

Key Benefits

- ↓ Preeclampsia & preterm birth (< 34 weeks)
- ↓ NICU stay & RDS

100% fetal survival in the MCMA triplet subgroup
0% procedure-related pregnancy loss



CONCLUSION

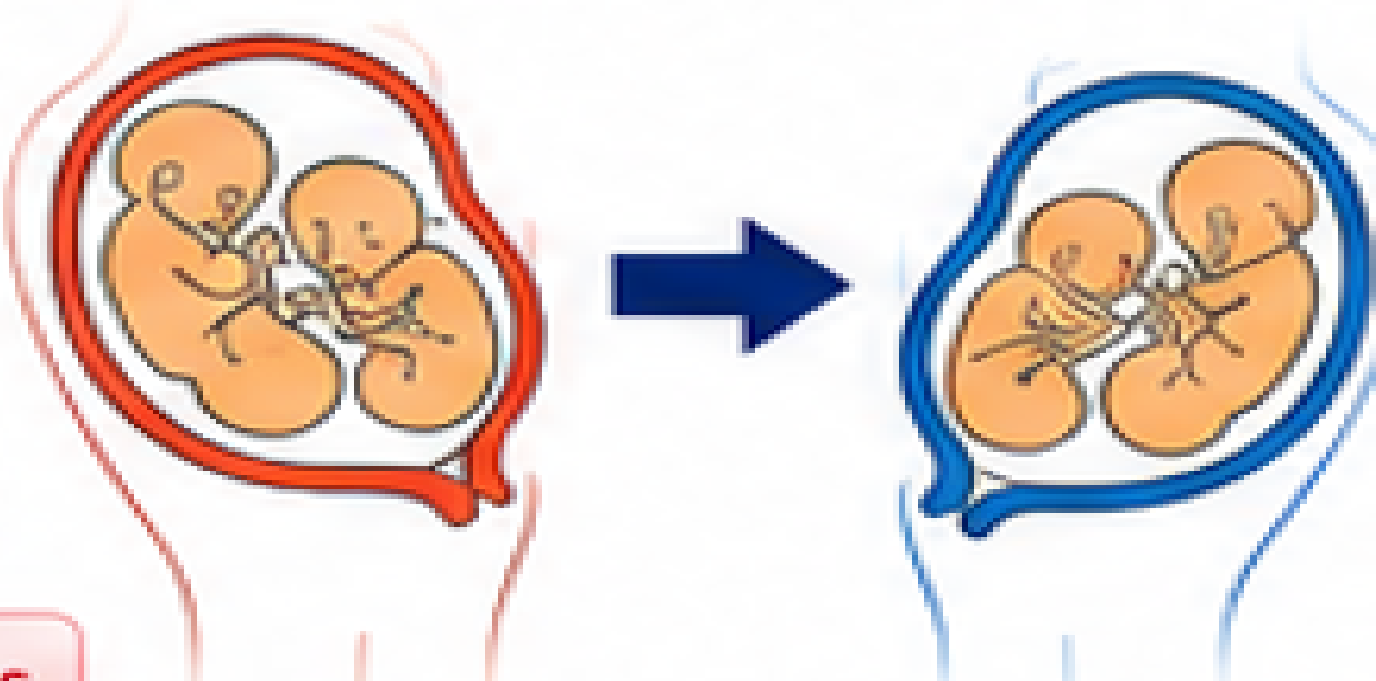
Chorionicity-guided MFPR safely prolongs gestation, improves birth weight, and reduces maternal and neonatal morbidity in higher-order pregnancies without increasing procedural risk.

TRANSFORMING OUTCOMES: MFPR MAKES THE DIFFERENCE

NON-REDUCED GESTATIONS

- Shorter Gestation: 32.4 Weeks Average
- Lower Neonatal Survival: 85.7%
- Lower Birth Weight: ~1600g Average

Higher Risk of Complications
& NICU Admission



MFPR (HIGH-ORDER REDUCTION) TO TWINS

- +2.8 Weeks Extended Gestation: 35.2 Weeks Average
- Neonatal Survival: 100%
- Increased Birth Weight: 1996g Average

Better Outcomes.
Healthier Babies.

TABLE 1. BASELINE CHARACTERISTICS

Parameter	MFPR Group (n=24)	Non-Reduced Group (n=7)	p-value
Maternal Age (years)	31.4 ± 4.2	32.1 ± 3.8	0.56
Primigravida, n (%)	16 (66.7%)	4 (57.1%)	0.66
Mode of Conception (IVF), n (%)	19 (79.2%)	5 (71.4%)	0.69
Initial Gestational Age (weeks)	9.1 ± 1.2	9.0 ± 1.1	0.83
MCMA Triplets, n (%)	18 (75.0%)	4 (57.1%)	0.35

TABLE 2. PRIMARY PERINATAL OUTCOMES

Outcome	MFPR Group (n=24)	Non-Reduced Group (n=7)	p-value
Mean POG at Delivery (weeks)	35.21 ± 2.4	32.43 ± 3.1	<0.05
Mean Birth Weight Twin 1 (g)	1996 ± 310	1620 ± 405	<0.01
Mean Birth Weight Twin 2 (g)	1977 ± 290	1585 ± 380	<0.01
Survival to Discharge (%)	100%	85.7%	<0.05

TABLE 3. NEONATAL MORBIDITY & NICU UTILIZATION

NEONATAL COMPLICATION	MFPR Group (n=24)	Non-Reduced Group (n=7)	p-value
Respiratory Distress Syndrome (RDS)	10 (41.6%)	3 (12.5%)	<0.05
Neonatal Jaundice	7 (29.1%)	3 (12.5%)	<0.05
Sepsis	0 (0%)	0 (0%)	NS
NICU Stay (Mean Days)	6.2 ± 1.8	5.8 ± 1.6	<0.01