

Monochorionic Triamniotic triplet pregnancies: Does fetal reduction to twins improve perinatal outcome?

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BACKGROUND

- MCTA triplet pregnancies are rare (~1:100,000)
- Associated with extreme prematurity and monochorionic complications (TTTS and sFGR)

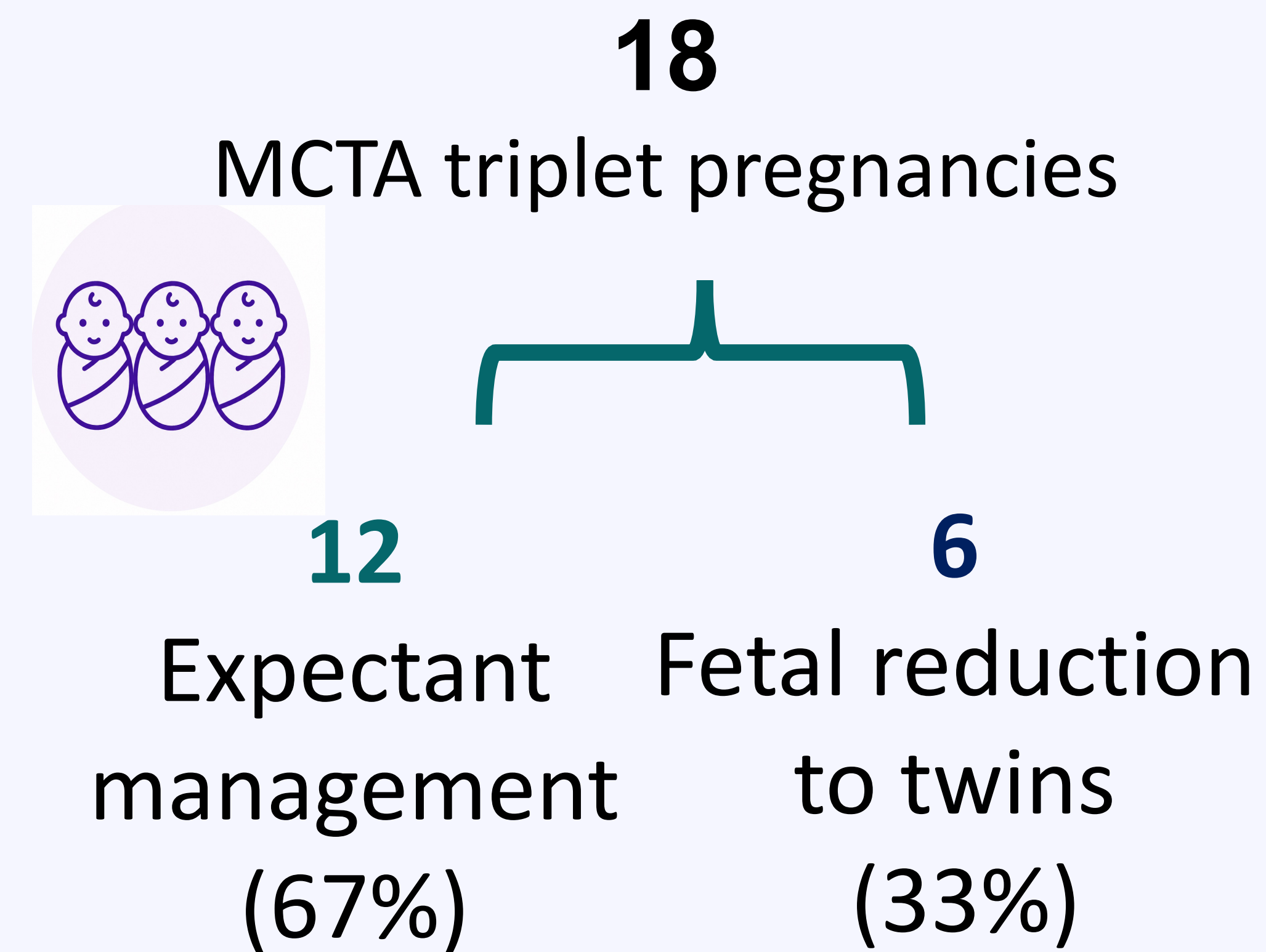
OBJECTIVE

To compare expectant management with fetal reduction to twins in MCTA triplet pregnancies.

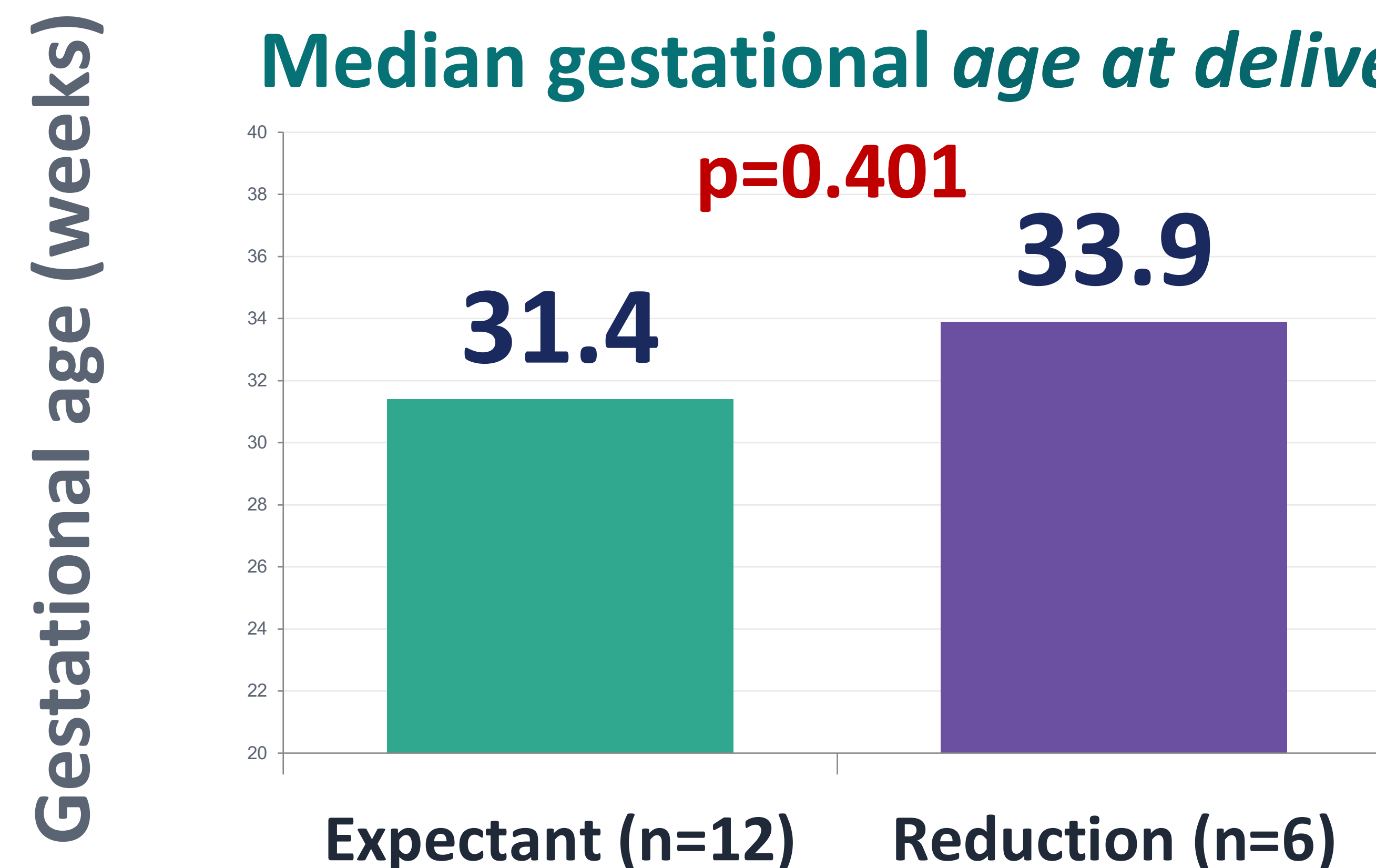
METHODS

- Retrospective cohort study
- Single tertiary center
- Expectant management vs. fetal reduction to twins

STUDY COHORT

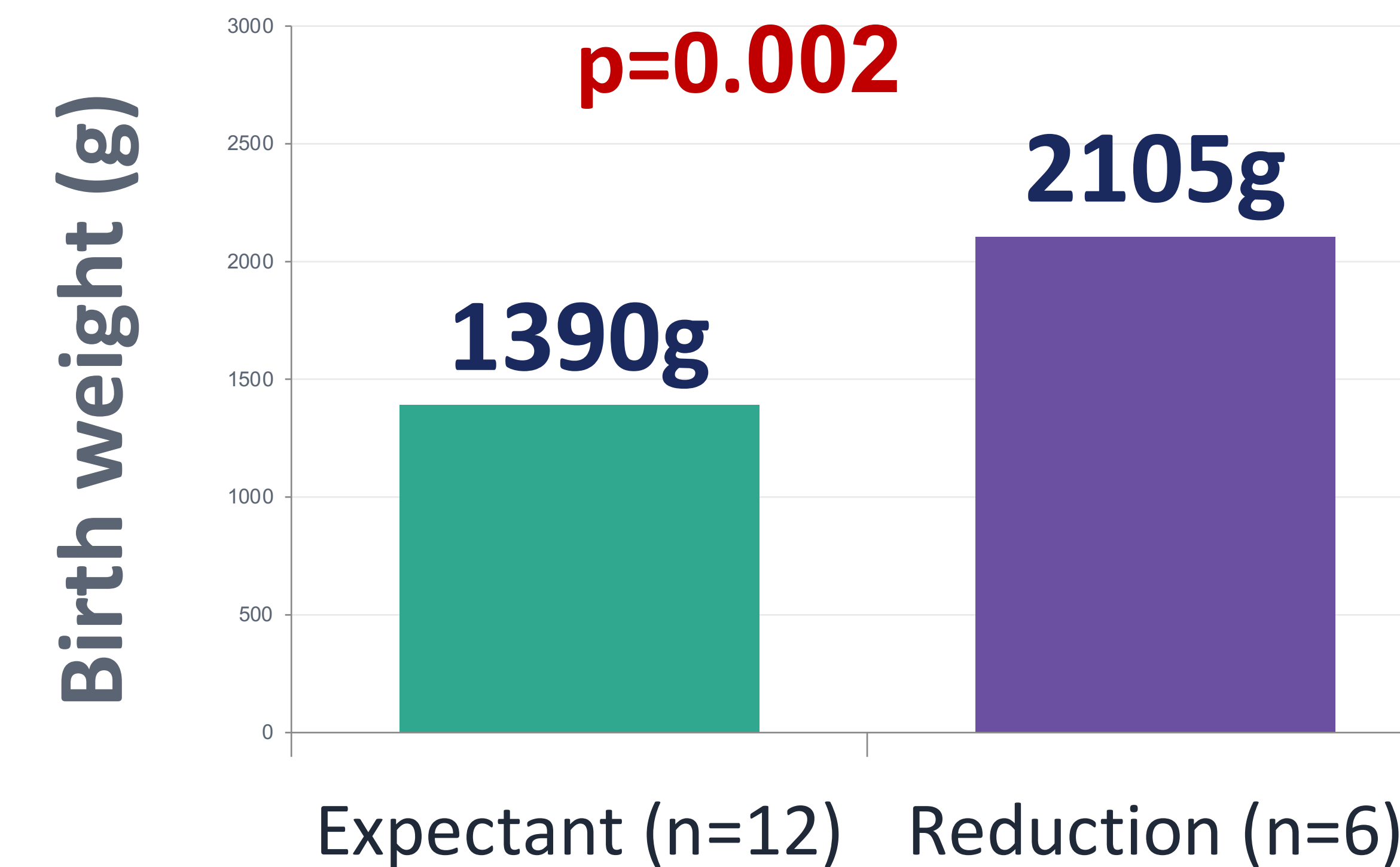


Median gestational age at delivery



RESULTS

Median birth weight (grams)



Overall survival was similar between groups, with comparable rates of ≥ 1 survivor (83.3% vs 66.7%, p=0.57) and ≥ 2 survivors (75.0% vs 66.7%, p=1.00).



CONCLUSION

- Birth weight was significantly higher after reduction (2105 vs 1390 g, p=0.002).
- Preterm birth <34 weeks was less frequent (50% vs 83%), without statistical significance.
- Overall survival was similar between groups.
- No significant differences were observed in TTTS, sFGR, or neonatal morbidity.



Fetal reduction was associated with longer gestation and higher birth weight without compromising survival.