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Southern African Society for Reproductive
Medicine and Gynaecological Endoscopy

Professor Greta Dreyer
SASOG President

21 September 2018

Dear Prof Dreyer

We are referring to the recent report of a higher order multiple pregnancy in Botshelong Hospital in Vosloorus. Five babies were delivered through caesarean section with birth weights between 1.2 kg and 1.64 kg.

Higher order multiple pregnancies are rare, but in this case the treating gynaecologist stated that he assisted with helping the patient to ovulate and that it was her own genetics that resulted in the multiple births.

Although these facts are from newspaper reports and it is by no means our responsibility to address this issue with the clinician involved, we strongly oppose the use of ovulation induction drugs in such a way that will end in higher order multiple pregnancies.

The risks involved of higher order multiple pregnancies are well known with possible morbidity to both mother and foetuses.

Hypertensive diseases of pregnancy, miscarriage and prematurity of the newborns are some of the pregnancy related complications. Ovarian hyperstimulation syndrome is a reality during ovarian induction and when done in an uncontrolled environment, may lead to significant morbidity and even mortality.

The financial burden to the household as well as the health system is enormous and often leads to emotional problems for the family, marital problems, loss of income, malnutrition and poor educational opportunities. There is a very high incidence of long-term neurological handicap for high order multiple pregnancies.

When this is the result of medical intervention, it cannot be front-page news with a reported "good" outcome. These babies had substandard screening as even in experienced hands, more than three foetuses are difficult to monitor for chromosomal and structural abnormalities and in this case, it was unknown to both parents and the gynaecologists that there were indeed five and not three babies.

The majority of multiple pregnancies are no longer the result of In Vitro Fertilization techniques with a global drive towards SET (Single embryo transfer), but are the result from ovulation induction cycles and insemination cycles.

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We would urge everyone treating patients for anovulation with ovulation-inducing drugs, to be responsible in how these patients are monitored with regular follicle tracking throughout the cycle, aiming for mono- follicular stimulation and to cancel a cycle and advise barrier contraception or abstinence if more than three leading follicles are present after cycle day 11.

Multiple pregnancies are not a reflection of a good outcome after fertility treatment, it reflects poor care of the infertile couple. We must all take great care to prevent this from happening again and any high order multiple pregnancy must be regarded as a failure.

Kind regards

A handwritten signature in black ink, appearing to read 'D. Botha', with a stylized flourish at the end.

Dr Danie Botha
SASREG: President

A handwritten signature in black ink, appearing to read 'S. Heylen', with a long horizontal flourish extending to the right.

Dr Sulaiman Heylen
SASREG: Vice President