



**CANADIAN FERTILITY AND ANDROLOGY SOCIETY**  
**SOCIÉTÉ CANADIENNE DE FERTILITÉ ET D'ANDROLOGIE**

**Position Statement on Selective Reduction**

*2012*

Infertility affects approximately one in six Canadian couples and those who seek treatment often use medications intended to promote maturation of more than a single egg per cycle. This ovarian stimulation may precede timed intercourse, intrauterine insemination (IUI) or in vitro fertilization with embryo transfer (IVFET) and each of these cycle types carries a risk of multiple pregnancy. With timed intercourse and IUI, every egg released has an opportunity to be fertilized and to develop into an embryo with subsequent implantation. Although IVF-ET offers the opportunity to return only one embryo to the uterus, the significant expense of the treatment and the varying success rate often motivates couples to have more than one embryo transferred. In addition, the occasional incidence of one embryo splitting into two embryos (monozygotic twins) means that even single embryo transfers can lead to multiple pregnancy.

The relatively common use of these fertility treatments by Canadian couples has greatly increased the incidence of multiple pregnancy in our country. With this increased incidence, there has been a disturbing increase in complicated pregnancies and poor outcomes. Selective reduction has become an option which may be used to decrease the risk of poor outcome. This treatment involves eliminating one or more implanting embryo(s) to preserve the viability of the remaining embryo(s). This procedure is offered to help ensure maintenance of an ongoing pregnancy as well as the health of the mother. Patients, physicians and members of society have varying views on the ethics and morality of this procedure as it does involve aborting a fetus.

The Canadian Fertility and Andrology Society (CFAS) Board of Directors advises its members to accept what patients request in this situation. However, the Board also encourages medical practitioners involved in fertility treatment to counsel their patients prior to treatment regarding the risks of high order multiple pregnancy (triplets or higher) and the potential need to seriously consider selective reduction should their treatment result in such a high order multiple pregnancy.