

IDAHO PLURAL BIRTHS

2008-2010

Points of Interest:

-Between 2008 and 2010, 1 in 33 Idaho resident births was a plural birth.

-The number of twins born to Idaho residents between 2008-2010: 2,097. Number of singleton births between 2008-2010: 68,892.

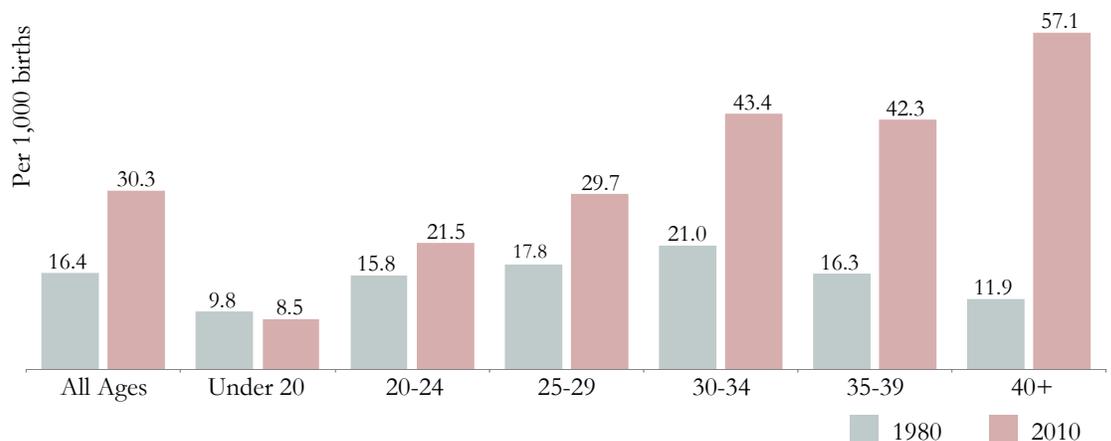
-In Idaho, the twin birth rate rose 85.9 percent from 1980 through 2010, from 16.3 to 30.3 per 1,000 births.

-If the rate of twin births had not changed since 1980, approximately 865,000 fewer twins would have been born in the United States over the last decade.³

Rates

Multiple-infant births have been increasing steadily in Idaho since 1980. This increase is attributed to mothers having children later in life and the use of infertility treatments, including assisted reproductive technology. Plural births are associated with maternal and infant morbidity and can result in cesarean delivery, prematurity, low birth weight, and infant disability and death.¹

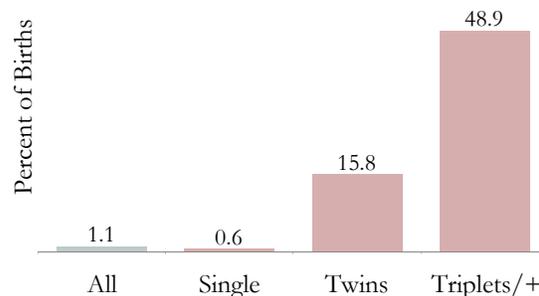
Twin Birth Rates by Age of Mother: 1980 and 2010



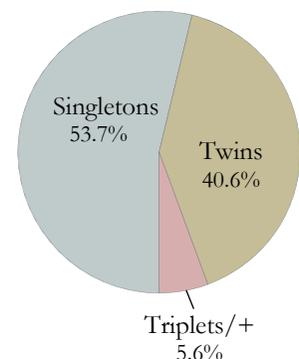
Infertility Treatment

The collection of infertility treatment data began in 2004 when the question was added to the birth certificate asking if pregnancy resulted from infertility treatment. According to the CDC, infertility treatment includes any assisted reproductive technology used to initiate the pregnancy, such as in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), or zygote intrafallopian transfer (ZIFT).² More than 17 percent of all plural births were a result of infertility treatment, compared with less than one percent of all singleton births. Nearly 50 percent of triplets and higher-order births were a result of infertility treatment. When infertility treatments were used, 46.2 percent of the births resulted in plural births.

Infertility Treatment by Plurality
2008-2010



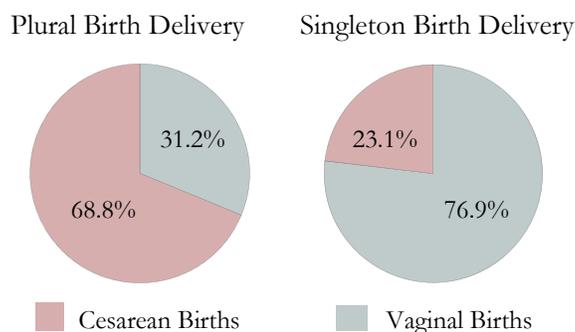
Infertility Therapies Used
2008-2010



Method of Delivery

In Idaho, plural births were three times more likely to be delivered via cesarean section than singleton births. The total cesarean rate in Idaho during 2008-2010 was 24.5 per 1,000 deliveries. The percentage of cesarean deliveries for plural births during this same time period was 68.8 percent. Cesarean deliveries increase the risk of maternal morbidity, fetal distress, and higher rates of future cesarean deliveries.

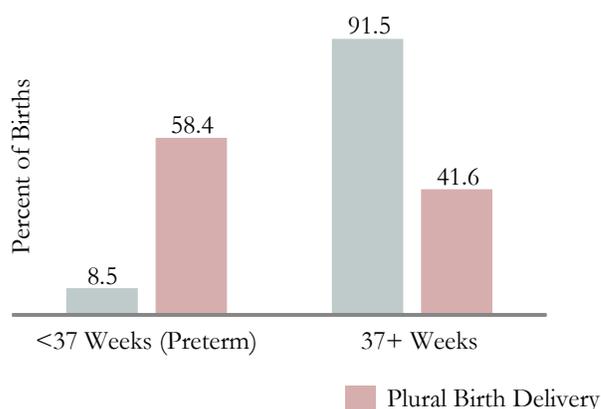
Method of Delivery: 2008-2010



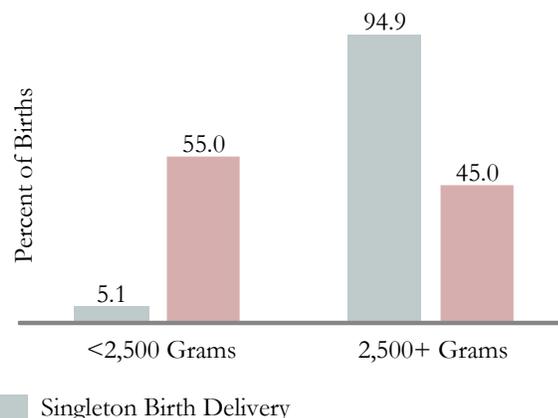
Length of Gestation and Birthweight

A baby born prior to the 37th week of gestation is considered preterm. Preterm births occur in one out of every ten births in Idaho. However, preterm births occur in one out of every two plural births. In 2010, preterm birth was the third leading cause of infant death in Idaho. Premature infants are more likely to be low birthweight, have breathing difficulties due to underdeveloped lungs, have underdeveloped organs or organ systems, and are at greater risk of life-threatening infections than full-term babies. Infants are considered low birthweight when they weigh less than 2,500 grams (5 Lbs. 8 ounces).

Length of Gestation: 2008-2010



Birthweight: 2008-2010



Plurality Risk Factor

A higher percentage of Idaho plural births experienced abnormal conditions following birth compared to singleton births. These included: 19.6 percent requiring assisted ventilation immediately following delivery, compared with 4.9 percent of singleton births. A total of 12.7 percent of plural deliveries required assisted ventilation for more than six hours, while only 1.6 percent of singleton deliveries required assisted ventilation for more than six hours. Nearly half (48.0 percent) of plural deliveries required NICU admission; however, only 8.3 percent of singleton births were admitted to the NICU. Antibiotics for suspected neonatal sepsis were administered to 16.6 percent of plural birth deliveries compared with 3.4 percent of singleton births. Finally, 9.6 percent of plural birth deliveries were given surfactant replacement therapy (respiratory aide to assist underdeveloped lungs), compared with less than one percent of all singleton births.

1. Assisted Reproductive Technology Surveillance, 2003. MMWR. CDC. May 26, 2006.
2. Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death, 2003 Revision. NVSS. March 2003.
3. Three Decades of Twin Births in the United States, 1980-2009. NCHS Data Brief. No. 80. January 2012.