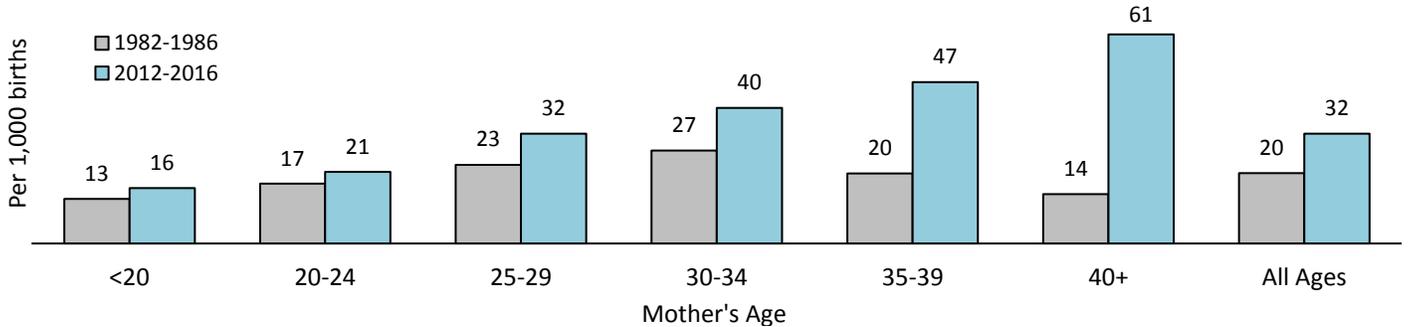
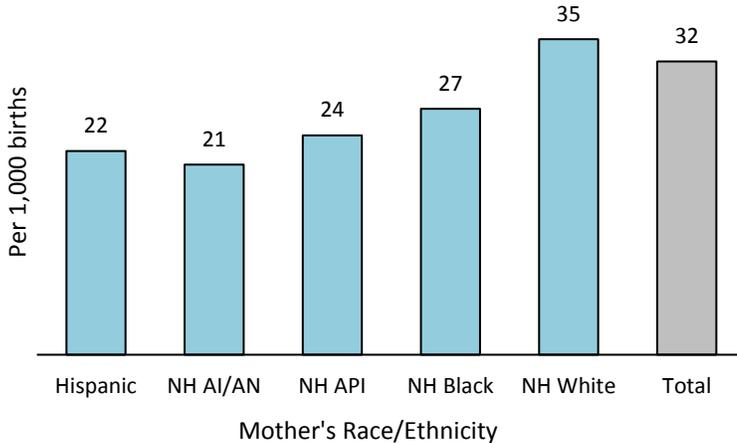


Plural Births

Plural birthrate by mother's age: Idaho residents, 1982-1986 and 2012-2016



Plural birthrate by mother's race/ethnicity: Idaho residents, 2012-2016



NH=Non-Hispanic; API=Asian/Pacific Islander; AI/AN=American Indian/Alaskan Native

The rate of plural births increased 60% in Idaho from 1982-1986 to 2012-2016. The rate increased for all age groups, but was most pronounced for older women. The rate more than quadrupled for women age 40 and older and more than doubled for women age 35-39.

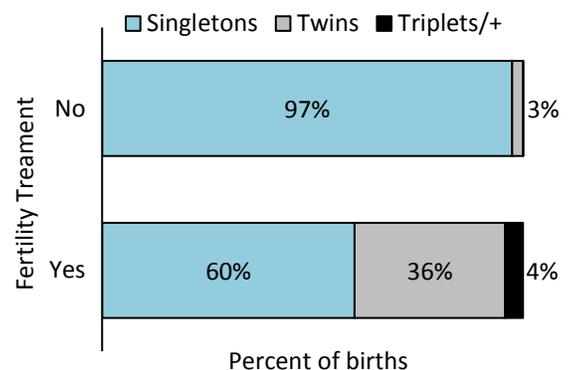
Nearly 2% of all Idaho births from 2012-2016 were achieved via fertility treatments including 1% of singleton births, 19% of twin births, and 65% of triplet/+ births. When fertility treatments were used, 60% of resulting births were singletons, while 40% were plural. In comparison, when no fertility treatments were used, 97% of births were singletons and 3% were plural.

From 2012-2016, there were 3,519 twin births and 121 triplet/+ births. One out of every 32 births was plural. The plural birthrate was highest for non-Hispanic White mothers, followed by non-Hispanic Black mothers.

IDAHO HIGHLIGHTS

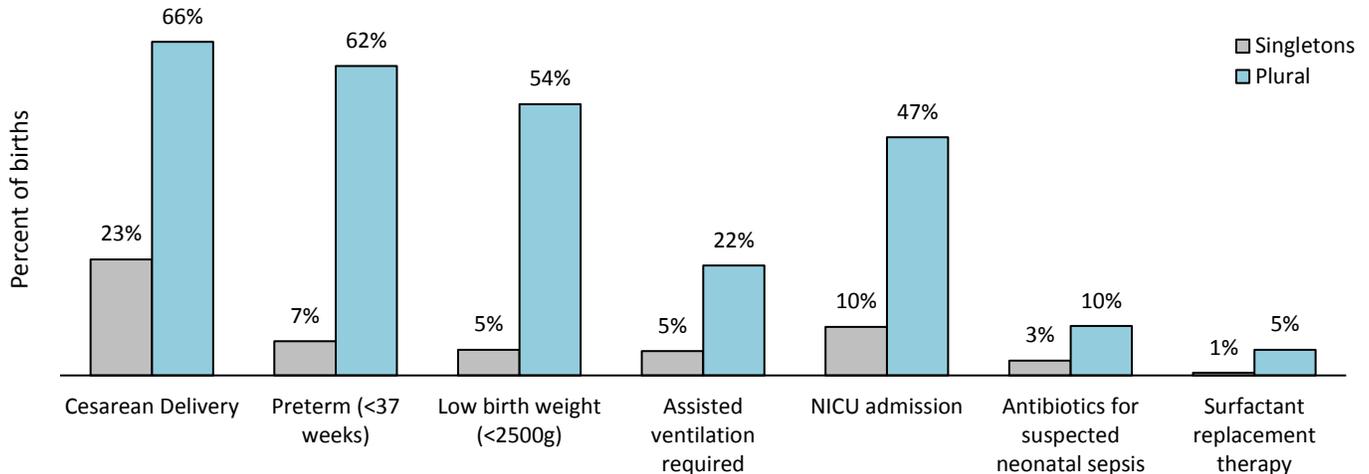
- Plural birthrate **increased 60%** from 1982-1986 to 2012-2016
- **Highest** plural birthrate was for **mothers age 40** years and older
- **3%** of Idaho births were **plural**
- **40%** of births resulting from **fertility treatments** were plural
- **62%** of plural births were **preterm**
- **54%** of plural birth infants had a **low birth weight**

Plurality by fertility treatment: Idaho residents, 2012-2016



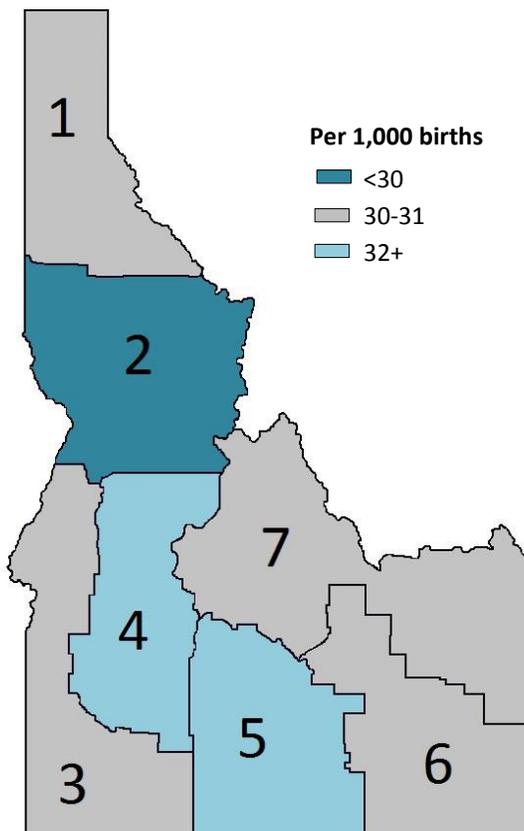
Note, triplets/+ occurred for 0.04% of births where no fertility treatments were used.

Birth and infant conditions by plurality: Idaho residents, 2012-2016



- Cesarean sections (c-sections) increase the risk of maternal morbidity and fetal distress.¹ Plural births were nearly three times more likely than singleton births to be delivered via c-section.
- Infants born before 37 weeks gestation are at higher risk for mortality as well as short-term respiratory, heart brain, blood, metabolism, and immune problems; long-term chronic health issues; increased risk of sudden infant death syndrome (SIDS); and impaired cognitive skills.^{2,3} Preterm plural births were nearly nine times more likely than preterm singleton births.

Plural birthrates by Public Health District: Idaho residents, 2012-2016



- Low birth weight and preterm birth often go together. Infants with low birth weight are at higher risk for mortality as well as for short-term respiratory, neurologic, gastrointestinal problems; infections; difficulty feeding and gaining weight; and sudden infant death syndrome (SIDS).⁴ Plural births were eleven times more likely than singleton births to have a low birth weight.

Additionally, half of plural birth infants had one or more abnormal conditions compared with 13% of singletons. Abnormal conditions included: 22% of plural birth infants required assisted ventilation compared with 5% of singletons, 47% were admitted to the NICU compared with 10% of singletons, 10% were given antibiotics for suspected neonatal sepsis compared with 3% of singletons, and 5% were given surfactant replacement therapy to assist underdeveloped lungs compared with 1% of singletons.

1. Osterman, MJ, Martin, JA. "Primary cesarean delivery rates, by state: results from the revised birth certificate, 2006-2012." National vital statistics reports: from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System 63.1 (2014): 1-11.
2. Mandy, GT, Weisman, LE, Kim, MS. "Short-term complications of the premature infant." UpToDate. Last review version 19 (2011).
3. Mandy, GT, Weisman, LE, Kim, MS. "Long-term complications of the premature infant." UpToDate. Last review version 19 (2011).
4. Butler, AS, and Behrman, RE, eds. Preterm birth: causes, consequences, and prevention. National Academies Press, 2007.