Letters to the Editor

Patient attitudes towards twin pregnancies and SET: a questionnaire study

Sir,

We read with great interest the article by Hojgaard et al., ‘Patient attitudes towards twin pregnancies and single embryo transfer—a questionnaire study’, in *Hum Reprod* 2007;22:2673–2678. The authors showed that most patients treated for infertility preferred to have twins (58%) rather than one child at a time (37.9%). The most frequent reasons given were ‘a desire for siblings, a positive attitude towards twins and a wish to have as few IVF treatments as possible’. They concluded that ‘an obligatory single embryo policy would conflict with patient interests and wishes’. These findings are consistent with most other studies showing an overall preference for twins rather than singletons; however, they deserve some discussion.

It is possible that the opinions expressed by these couples are above all a reflection of what is proposed to them. We know that couples being treated for infertility are prepared to do anything to be parents. They prefer to have twins than to be childless (Gleicher et al., 2006). They do not tend to take into account the risks associated with twin births (Murray et al., 2004) and are more concerned about a high risk of failure than other factors such as the risk of severe handicap (Scotland et al., 2007). Their attitudes are affected by regulations governing the number of attempts allowed, by the management of costs in the patients’ country (Gleicher et al., 2006) and their knowledge of the current results with ART (Blennborn et al., 2005).

The methods used to collect couples’ preferences may mask more complex opinions. Virtually, all studies, including that of Hojgaard et al. (2007), explored couples’ preferences using questionnaires. Structured self-completion questionnaires are unlikely to pick up detailed information about patients’ feelings, specific experiences, concerns and contradictions (Pope and Mays, 1995). In a preliminary study of the reactions of women undergoing Friendly IVF (Olivennes and Frydman, 1998) and Standard IVF, we conducted semi-directed interviews with 20 patients (11 Friendly IVF and nine Standard IVF) 3 weeks after their first or second attempt in an ART centre at a Parisian hospital. At the end of the interview, we asked them to fill in a questionnaire. One question was used in both investigation methods: ‘Would you favor a twin pregnancy?’ In the questionnaires, the possible responses were ‘favourable’, ‘neutral’, ‘opposed to’ a twin pregnancy, and most patients (16/20) ticked ‘favourable’. In contrast, in the interviews, four patients replied without hesitating ‘favourable’ to a twin pregnancy. The other patients gave ambivalent responses and the preference for one child was apparent: ‘I would ideally prefer a singleton pregnancy but we would accept twins,’ or ‘One would be easier to handle but we are also prepared for twins’. During these interviews, the question about twin pregnancy aroused uneasiness. Patients were afraid to seem too demanding or excessively hard to please: ‘It does not matter. We’ll take what we get’, ‘Ideally, I prefer one, but I’ll accept twins’. It seemed to them paradoxical to consider that two is less desirable than one: ‘If we want a child, we should be happy to have two, but it scares me a little’. They avoided expressing what they considered unrealistic demands. The risk of a twin pregnancy was part of the treatment and they adapted their answers to the current possibilities of infertility treatment: ‘We prepared ourselves for a multiple pregnancy when we learnt that we needed IVF treatment, but one would be great’. This attitude sometimes existed well before attempting IVF treatment: ‘We accepted it at the beginning with Clomid: we have been taking the risk for six years!’

The consideration of couples’ preferences for the choice of ART methods may be limited by only taking into account couples receiving treatment. To have a broader understanding of the wishes of couples who have difficulties conceiving, we should perhaps also observe those who decided not to undergo ART treatment. Some people may choose not to have these treatments because they do not want multiple pregnancies. It is also important to note that, in the absence of infertility problems, when a woman wants to become a mother she generally dreams of one baby; the possibility of having twins only generates positive reactions among a minority of women (Leiblum et al., 1990).

The study by Hojgaard et al. (2007), like all studies on couples’ opinions about multiple pregnancies, reflects a certain reality. These studies may nevertheless underestimate the complexities involved in the wish to have a child for couples who have difficulties conceiving. Several years ago Gleicher et al. (1995) reported that a substantial number of couples receiving treatment would accept triplets. This attitude changed (Ryan et al., 2004) partly because progress in ART techniques meant that patients no longer feel that they reduce their chance of pregnancy by expressing a wish to have twins.

Using only currently available studies to develop a detailed understanding of couples’ wishes and to justify procedures with a high risk of twin pregnancy may, to some extent, be approaching the problem from the wrong angle. If results with single embryo transfer improve, couples’ attitudes will probably change and it is likely that more will be able to express their preference for singleton pregnancies.
Reply: Patient attitudes towards twin pregnancies and SET: a questionnaire study

Sir,

We are grateful to Garel et al. (2008) for their interest in our article (Højgaard et al., 2007). It is true that self-administered questionnaires may mask more complex opinions. In order to address this, we therefore conducted a qualitative study prior to the questionnaire study in order to elucidate the views on which topics are relevant for the reproductive decisions made by the infertile couples treated (Ingerslev et al., 2005). Semi-structured interviews were conducted with 18 couples by an independent anthropologist outside the clinic. All interviews were audio-recorded and transcribed. An analytical framework based on narrative theory was used to understand patterns of decision-making (Seeberg, 2005). The couples reasoning for and against twin pregnancy provided the basis for a preliminary questionnaire which was tested in the pilot test mentioned in the article (Højgaard et al., 2007). In accordance with the results of the quantitative questionnaire study, it was concluded from the qualitative study that childlessness was considered a greater risk than twinning and that the couples were willing to accept twins in order to ensure siblings.

All the couples in our study were infertile couples who have decided to seek help. It is not possible to make conclusions from the study on the motives for not seeking treatment. Therefore, we cannot conclude that the reason why some infertile couples reject ART is due to the wish to avoid multiple pregnancies. In 2005, 6.5% of all Danish newborns were the result of infertility treatment (http://fertilitetselskab.dk). As so many Danish couples accept ART makes it difficult to believe that large subgroups of infertile couples avoid treatment due to a risk of multiple pregnancies. However, this can of course not be ruled as it has not been investigated.

We are not sure that improvement of the results of single embryo transfer (SET) is sufficient to result in a higher demand for singleton pregnancies. The main reason for wanting twins in our study was to ensure that the child had a sibling. The zero-child risk constituted the most important risk for the respondents. One of the main reasons for choosing double embryo transfer (DET) was that ‘age plays a role’. As the age of primiparas in Denmark is steadily increasing, it might be that socio-economic factors have to be taken into consideration if a reduction in the percentage of DET is to be achieved in the absence of obligatory SET. According to our qualitative study, the couples found statistical information negatively emotionally charged and information that questions the success of the project tends to be seen as unwelcome. The wording of information is thus highly important which was also seen in the questionnaire study. It may therefore be a challenge to inform couples to choose SET at their own accord even if the results are substantially improved.

References


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