# Human Fertilisation and Embryology Authority – Written evidence (PRT0084)

Please find below information regarding the HFEA's Multiple Births policy. I hope this will assist the Committee in their inquiry into the prevention, and consequences, of preterm birth in England.

In particular, I would like to refer the Committee to the Fertility treatment 2021: preliminary trends and figures that shows that in 2021, the preliminary average multiple birth rate decreased to the lowest UK average yet of less than 5%. This is a significant decrease from the 1990s where around 28% (1 in 4) of IVF births were twins. See the Multiple births in fertility treatment 2019 report for more information.

The reduction in multiple births from IVF has been a huge public policy success in relation to the health of patients and babies, as well as a significant cost saving to the NHS. A report by the National Guideline Alliance about twin pregnancy costing found that for every 10% reduction in the current rate of multiple births, £15million could be saved by the NHS. See here for the Joint statement on the NGA multiple pregnancy report. At the same time, the average overall pregnancy rate from IVF using fresh embryo transfers increased from 10% per embryo transferred in 1991 to 29% in 2021, demonstrating the success of single embryo transfer.

I have included key extracts from these reports in response to your specific questions below:

**How has the reduction in the multiple birth rate from IVF in recent years been achieved?**

For many years multiple pregnancies and births have been the single biggest health risk of fertility treatment for both patients and babies. A multiple pregnancy increases the risk of stillbirth, neonatal death and disability. Compared with singletons, twins are four times more likely to die in pregnancy, seven times more likely to die shortly after birth, ten times more likely to be admitted to a neonatal special care unit and have six times the risk of cerebral

palsy. Maternal morbidity and mortality are also increased due to late miscarriage, high blood pressure, pre-eclampsia and haemorrhage.

Multiple births from IVF are largely a result of transferring more than one embryo to the womb in treatment. In 2003, the HFEA introduced restrictions on triple embryo transfers to reduce multiple births. These restrictions prevented the use of triple embryo transfer in fertility patients under 40 years of age, apart from in exceptional circumstances.

In the early 2000s, the HFEA commissioned a group of fertility and public health experts to report on the risks of multiple births from fertility treatment, culminating in 2006 with the publication of the One child at a time report. The HFEA then ran a consultation on how we could reduce the multiple birth rate in 2007.

The 'One at a time' campaign was launched in 2007 and encouraged clinics to transfer one embryo and freeze any remaining embryos for good prognosis IVF patients. The combination of these policies and concerted efforts across the fertility sector led to fewer double embryo transfers, and fewer multiple births as a result.

A consensus statement was signed by the key professional bodies and stakeholders and the HFEA introduced a multiple birth target in 2009 which licensed clinics were expected to meet. Clinics were also required to develop their own multiple births minimisation strategies which are reviewed routinely in inspections (further details in State of the Sector).

The collaboration between the HFEA and the sector encouraged the sharing of best practice and developing professional guidance and improved NHS provision was encouraged.

Information was published for patients and professionals about multiple births, including evidence that transferring a single embryo did not negatively impact a patient's chance of having a baby.

**What plans do you have to further reduce the multiple birth rate from IVF, in view of the increased risk of preterm birth in multiple pregnancies?**

The HFEA is committed to using the data we collect and feedback from our licensed clinics and patients to continue monitoring multiple births in clinics and nationally in the UK, advising on changes where necessary. The Multiple births in fertility treatment 2019 report outlined a series of actions for the HFEA, for clinics and for others to take in the short term.

The Authority (HFEA Board) last discussed multiple births at the Authority meeting in September 2021 where they agreed to maintain the 10% multiple births target for now and continue to monitor on inspection and note as a non-compliance any divergence from the 10% target. The Authority committed to having further discussions with key stakeholders, patients and clinics, with the aim of reviewing the 10% target and having a lower target in the future. We expect that work to begin in 2024.

We also continue to work with clinics that are non-compliant with the 10% target to improve their minimisation strategies through inspections (further details in State of the Sector). However, our regulatory powers are limited (see our response regarding barriers below).

**What are the barriers to achieve a further reduction in the multiple birth rate from IVF? Are the HFEA's powers sufficient to achieve this?**

Although we have managed to significantly reduce the incidence of multiple births by working with professional and patient groups, we lack the regulatory powers to directly tackle the small number of clinics who have high multiple birth rates.

In 2023 we published a list of recommendations for changes to the Human Fertilisation and Embryology Act 1990 (as amended). One of these recommendations is that the HFEA should have a broader and more proportionate range of regulatory enforcement powers. We propose a change to our enforcement powers so that we could take earlier, more proportionate, action which would allow for a more effective response based on the seriousness of the non-compliance, as well as a wider duty on patient protection. This would enable us to take proportionate action where patient safety is at risk and could

be relevant to enable us to tackle any concerns over, for example, multiple births.

**Is there any distinction between private and public clinics regarding the barriers to this being achieved**?

The Multiple births in fertility treatment 2019 report highlights that patients aged 37 and under who are privately funded have a higher multiple birth rate in their first IVF cycle compared to NHS funded patients. This brings risks to both the patients and babies as about 60% of IVF twin births were pre-term (under 37 weeks) compared to 9% of singleton births from 2015-2019 according to the report. Multiple births cause increased risk of health problems for patients and their babies, such as late miscarriage, high blood pressure, pre-eclampsia, haemorrhage, still birth and neonatal death. The costs of treating such problems typically fall on the NHS.

Multiple births and multiple embryo transfers were more common among Black patients than other ethnic groups between 2015-19. The average multiple birth rate for Black patients was 12%, compared to 10% across all ethnic groups which means more Black women and their babies are at an increased risk of health problems.

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