Stop Baby Docs from Going Wild: Risky Multiple In-vitro Births Are a Growing Menace

By Lori Andrews
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The soft cry of eight babies in the Kaiser Permanente Medical Center may soon have a loud impact on the legal system. Bioethicists, public health advocates and lawmakers are exploring how the law could stop the epidemic of multiple births.

And not a moment too soon. Beyond the Octomom uproar, a sharp rise in triplets and quadruplets is a serious problem that we as a nation must grapple with - and do something about - now.

The United States is a rogue nation as far as fertility services are concerned. Under British law, no more than two embryos can be transferred to a woman under 40. Italian doctors are not even allowed to create more than three embryos at a time. In Germany, doctors can be thrown into jail for up to three years if they put more than three embryos in a woman.

Multiple births are not just bundles of joy times three, four, five or six. They are dangerous. With more than two fetuses, a pregnant woman risks potentially fatal blood clots, diabetes and heart failure. Sixteen percent of babies in multiple births die within their first month. Even seemingly healthy multiples can suffer long-term medical problems, including lung disorders, cerebral palsy, blindness and learning disabilities.

And think of the challenges of raising triplets, quadruplets or octuplets. Normal activities - breast-feeding, potty training, even leaving the house - rise to the complexity of a military exercise.

How can these risks be avoided? Philosopher Hugh LaFollette has long advocated advance screening to license parents, just as we license drivers and doctors.

It’s a thought. The parental equivalent of a basic driver’s exam could have revealed that Nadya Suleman had neither a plan to support her additional children nor space to raise them. She’d left her other children in the care of her mother, who has reached a tipping point and says she’ll be less available to help.

But Constitutionally, that’s a nonstarter. The Supreme Court has said, “If the right of privacy means anything, it is the right of the individual, married or single, to be free from unwarranted governmental intrusion into . . . the decision whether to bear or beget a child.”

That leads us to the other culprits - those who enable and encourage Octomom and her less sensational kindred spirits: fertility doctors.
Nothing prevents lawmakers from limiting what fertility doctors do. Fertility specialist Dr. Richard Paulson told *Time* that we shouldn’t use “this incredibly rare event” to pass laws. But today multiples are far from rare. Before the advent of our billion dollar fertility business, a single set of quadruplets was born each year. Now over 100 sets are born annually.

What’s driving this? At least in part, perverse financial incentives. Doctors use fertility drugs and multiple IVF embryos to inflate their success rates. A clinic with 200 patients can report the creation of 150 babies, without mentioning that 50 patients had three babies each, while the majority went home childless.

Some doctors say they implant numerous embryos to increase the woman’s chance of pregnancy. But a study reported in the *New England Journal of Medicine* showed that implantation of two embryos is optimal - chances of pregnancy do not increase beyond that. What do increase are the disabilities of the resulting children and the health care costs for treating them.

The cost of delivering triplets is ten times as much as singletons. And California taxpayers are being asked to pay the octuplets’ million dollar hospital bill.

The guidelines of the national organization of fertility specialists recommend that doctors put one, or at most two, embryos in women under age 35. But nothing happens to doctors who violate those rules.

Dr. Michael Kamrava put six embryos into 33-year-old Nadya. But he wasn’t the only doctor who violated the guidelines. Four out of five American clinics exceed the recommended number of embryos. A Washington clinic transfers an average of 4.8 embryos into women under 35. And sometimes (as in Nadya’s case) those multiple embryos split further into sets of twins. Or, more troublesome, sometimes two embryos stick together to create one person.

Forbidding women from having eight babies at a time is out of the question - and medical self-regulation has failed.

That leaves only one option.

It’s time we viewed doctor-assisted multiple births as mistakes, rather than miracles. States could bring tobacco-style lawsuits, sticking errant fertility doctors with the exorbitant hospital costs. Or perhaps we should take a lesson from other countries - and put doctors in jail when they take high risks with the next generation.

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