

**ORGANIZATIONS**

Planned Parenthood Federation of America. 810 Seventh Ave., New York, NY 10019. (212) 541-7800. FAX: (212) 245-1845.

**OTHER**

*Status of partial-birth abortion laws in the states.* Othmer Institute at Planned Parenthood of NYC. 2000.

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## Abortion, selective

**Definition**

Selective abortion, also known as selective reduction, refers to choosing to abort a fetus, typically in a multi-fetal **pregnancy**, to decrease the health risks to the mother in carrying and giving birth to more than one or two babies, and also to decrease the risk of complications to the remaining fetus(es). The term selective abortion also refers to choosing to abort a fetus for reasons such as the woman is carrying a fetus which likely will be born with some birth defect or impairment, or because the sex of the fetus is not preferred by the individual.

**Purpose**

A woman may decide to abort for health reasons, for example, she is at higher risk for complications during pregnancy because of a disorder or disease such as diabetes.

However, selective reduction is recommended often in cases of multi-fetal pregnancy, or the presence of more than one fetus, typically, at least three or more fetuses. In the general population, multi-fetal pregnancy happens in only about 1-2% of pregnant women. But multi-fetal pregnancies occur far more often in women using fertility drugs.

**Precautions**

Because women or couples who use fertility drugs have made an extra effort to become pregnant, it is possible that the individuals may be unwilling or uncomfortable with the decision to abort a fetus in cases of multi-fetal pregnancy. Individuals engaging in fertility treatment should be made aware of the risk of multi-fetal pregnancy and consider the prospect of recommended reduction before undergoing fertility treatment.

**Description**

Selective reduction is usually performed between nine and 12 weeks of pregnancy and is most successful

when performed in early pregnancy. It is a simple procedure and can be performed on an outpatient basis. A needle is inserted into the woman's stomach or vagina and potassium chloride is injected into the fetus.

**Preparation**

Individuals who have chosen selective reduction to safeguard the remaining fetuses should be counseled prior to the procedure. Individuals should receive information regarding the risks of a multi-fetal pregnancy to both the fetuses and the mother compared with the risks after the reduction.

Individuals seeking an abortion for any reason should consider the ethical implications whether it be because the fetus is not the preferred sex or because the fetus would be born with a severe birth defect.

**Aftercare**

Counseling should continue after the abortion because it is a traumatic event. Individuals may feel guilty about choosing one fetus over another. Mental health professionals should be consulted throughout the process.

**Risks**

About 75% of women who undergo selective reduction will go into **premature labor**. About 4-5% of women undergoing selective reduction also miscarry one or more of the remaining fetuses. The risks associated with multi-fetal pregnancy is considered higher.

**Normal results**

In cases where a multi-fetal pregnancy, three or more fetuses, is reduced to two, the twin fetuses typically develop as they would as if they were conceived as twins.

**Resources****BOOKS**

Knobil, Ernst and Jimmy D. Neill, editors. "Abortion." In *Encyclopedia of Reproduction*. San Diego: Academic Press, 1998, pp.1-5.

Scott, James R., editor. "Induced Abortion." In *Danforth's Obstetrics and Gynecology*. Philadelphia: Lippincott Williams & Wilkins, 1999, pp.567-578.

**PERIODICALS**

Author unspecified. "Multiple Pregnancy Associated With Infertility Therapy." *American Society for Reproductive Medicine, A Practice Committee Report* (November 2000): 1-8.