**Counseling before FETAL reduction**

The American College of Obstetrics and Gynecology recommends nondirective counseling when reviewing the details of a patient’s multifetal pregnancy (maternal health issues/risks, number of fetuses, and potential outcomes of pregnancy continuation versus reduction). The psychologic, economic, social, and health risks should be addressed before the procedure. The risks of the procedure should be reviewed, as well as the expected prognosis.

US should be performed before counseling to determine fetal number, chorionicity, and screen for possible genetic, growth, or anatomic abnormalities. The chorionicity of the pregnancy should be identified as early as possible, as this will affect the counseling relating to fetal selection for termination. Monochorionic twins are fraught with potential concerns, such as twin-twin transfusion syndrome and unequal placental sharing.

Potassium chloride (KCl) termination of one fetus is contraindicated in a monochorionic twin gestation, as the anastomoses in the shared placenta may cause an inadvertent termination of the co-twin. Radiofrequency cord ablation can be used to selectively terminate one fetus in monochorionic twins, but this is associated with a higher risk of preterm labor, delivery in the periviable period, and loss of the pregnancy. Consideration should be given to reducing both monochorionic twins when present in a higher-order multiple pregnancy.

**Risks of the procedure** are similar to the risks of amniocentesis, including amniotic fluid leakage from the sac of a viable fetus, placental abruption, infection (chorioamnionitis), and pregnancy loss.