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REVIEW

Differences between selective termination of pregnancy and fetal reduction in multiple pregnancy: a narrative review


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Abstract Although selective termination of pregnancy and fetal reduction in multiple pregnancy both involve the termination *in utero* of the development of live fetuses, these two procedures are different in several aspects. Nevertheless, several authors tend to amalgamate and confuse their psychosocial consequences and the ethical issues they raise. Therefore, this narrative review, derived from a comparative analysis of 91 articles, shines a light on these amalgamations and confusions, as well as on the medical, contextual, experiential and ethical differences specific to selective termination and fetal reduction. 

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Introduction

Many medical, ethical and psychosocial articles have shown interest in selective termination of pregnancy (Alvarado et al., 2012; Shalev et al., 1999) and fetal reduction of multiple pregnancy (Evans and Britt, 2008). We choose to

employ these terms because they are the most frequently used in the literature and are the most explicit. And yet, there is a tendency to regard these two contexts of termination of fetal lives as similar practices in the scientific literature (Brahams, 1987; Evans et al., 1988; Lesser, 1990; Napolitano and Thilaganathan, 2010; Patkos, 2003;

Schreiner-Engel et al., 1995). Moreover, in the literature, very few authors have ever compared these two types of termination and, until now, there is a lack of interest both in their differences and in the contexts in which they are proposed to couples.

First, we will define selective termination and fetal reduction. Selective termination, which is indicated in the context of multiple pregnancy, most of the time involving twins (Legendre et al., 2009; Middeldorp et al., 2008), is used to interrupt the development of one of the fetuses affected by a serious and incurable pathology (del Rio et al., 2005; Malone et al., 1996; Paramasivam et al., 2010; Picone and Dommergues, 2004; Rustico et al., 2005). Moreover, it is also indicated in the case of less severe pathologies affecting the fetus, pathologies which could be prejudicial to the development of the healthy fetus or fetuses (Sepulveda et al., 2011).

Fetal reduction allows the interruption of the development of one or more probably normal fetuses in a multiple pregnancy. It lessens maternal morbidity and fetal mortality by reducing the number of fetuses *in utero* to one, two or three in a high-rank multiple pregnancy (more than three fetuses) (Dumez and Oury, 1986; Mansour et al., 1999; Stone et al., 2008; Tadin et al., 2002; Von Dadelszen et al., 1999). One also speaks about socioeconomic indications when a couple confronted with a twin or triplet pregnancy wishes to give birth to only one or two children (Chervenak et al., 1992; Evans and Britt, 2008; Evans et al., 2004; Stone et al., 2007; Tadin et al., 2002).

Both selective termination and fetal reduction involve the termination *in utero* of the development of live fetuses and the method of termination depends more on the stage of the pregnancy and the preferences of the physicians realizing the termination than its indication. Furthermore, both procedures involve a multiple pregnancy. On the other hand, there are major differences between these procedures with regard to their medical indications, their repercussions on the life of pregnant women and couples and the ethical challenges encountered.

Consequently, this article presents the results of an educational narrative review of the scientific literature centred on selective termination and fetal reduction. Based on the available literature on the subject, the four objectives are: (i) to seek out the confusions and amalgamations relating to selective termination and fetal reduction which appear in the work of certain authors of scientific papers; (ii) to identify the medical, technical, experiential and ethical differences intrinsic to these two procedures; (iii) to distinguish their consequences on the outcome of pregnancy and on the lives of patients; and (iv) to isolate the ethical issues raised by these practices.

Materials and methods

A narrative review of the literature was conducted (Baumeister and Leary, 1997; Collins and Fauser, 2004; Green et al., 2006). This approach makes it possible to cover 'a wide range of issues within a given topic' while discussing and summarizing articles on a special topic (Collins and Fauser, 2004). In this context, the narrative overview centred on the scientific, medical, clinical, psychological, social and ethical aspects of selective termination and fetal reduction from 1978 to 2012.

Criteria for inclusion and exclusion

Initially, this study only selected papers written in English or French that had been published in scientific journals with peer-review committees. In addition, the papers had to address one or other of the aspects mentioned above. No type of article restriction was applied; the documents could be essays, perspectives, scientific or clinical articles, case studies, case series, literature reviews, technical reports, editorials or commentaries. Conversely, meeting abstracts and articles dealing with medical terminations of pregnancies for maternal or fetal reasons or abortions considered as 'abortions for convenience' were systematically excluded.

Literature search

The literature search used keywords such as 'medical termination', 'pregnancy', 'multifetal pregnancy reduction', 'multiple pregnancy', 'selective termination', 'embryo reduction', 'selective feticide' and 'selective abortion'. To these keywords were also associated words such as 'complaint', 'fetal defect', 'consequences', 'psych', 'social', 'decision making' and 'ethics'.

These keywords were used for an in-depth review of the scientific literature gathered from databases specialized in medicine (PubMed, Medline, Web of Science), in social sciences (ERIC, Francis, SocINDEX, CAIRN, Academic Search Complete, CBCA complete, CINAHL, Proquest Dissertations and Theses, Social Work Abstracts) and in psychology (PsycARTICLES, PsycINFO). In all, 91 papers were included in this review.

Data extraction

From the comparative and critical perspective consistent with the objectives of this review, this study performed a thematic coding of the content of each of the 91 publications. To accomplish this, two researchers (CML and CB) each identified and coded text segments associated with the themes developed in the articles analysed. This phase enabled the researchers to establish their first thematic grid of micro-categories. Afterward, by consolidating redundant or similar micro-categories under categories of more inclusive meanings (meso-categories), they created their own coding grids of meso-categories.

Afterwards, the two coding grids were compared. Attention was paid to areas of consensus and differences. After reorganization or consolidation of different or divergent meso-categories, the final grid was approved by consensus. Subsequently, the meso-categories were reduced into macro-categories, conveying a more general sense. Consistent with the research objectives, the two grids allowed the analysis frameworks to be refined and delimited, one at the meso level and the other at the macro level. This article presents the results of the analysis of the macro level, focusing on the following topics: (i) amalgamations; (ii) comparisons of selective termination and fetal reduction (medical indications and the contexts in which they are offered); (iii) impacts on couples, the parental project and the grieving process; and (iv) ethical issues. The data extracted from each article also included the year of

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