

A troubling cascade of choices

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This Sunday's *New York Times* magazine's cover article is about "[two-minus-one pregnancies](#)—pregnancies with twins in which the mother decides to request selective reduction, that is, to abort one of the fetuses so that she only gives birth to one baby.

This was one of the better *Times* magazine articles on assisted reproduction. In contrast to the personal narratives of [Alex Kuczynski](#) and [Melanie Thernstrom](#) (both of whom wrote for the magazine about having children via gestational surrogate), this more objective, journalistic treatment of reproductive technology explored larger ethical issues. The author pointed out that the choice to reduce a twin pregnancy springs from the growing number of choices that parents have in conception, pregnancy, and birth, due to the growth of technologies.

Selective reduction is generally used to reduce pregnancies with three or more fetuses, because high-order multiple pregnancies pose so many health risks to both mother and babies. But doctors are increasingly being asked to reduce twin pregnancies to singleton pregnancies. While some argue that twin pregnancies pose health risks significant enough to justify such reduction, most twin-to-singleton reductions are due to parental preferences, rather than serious health risks. Some doctors do these reductions willingly, arguing that abortion is legal and this is just one more way to exercise that right. Others have decided to refuse these requests because of the moral conundrums posed by aborting a healthy fetus because the parents—who have often gone to considerable effort and expense to have babies using in vitro fertilization (IVF)—don't want two babies.

The cases cited in this article make clear that the choice to reduce a twin pregnancy often stems from other significant, sometimes troubling, reproductive choices...

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