

Rising Multiple Births in the United States

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While pregnancy commonly results in a single birth, a growing number of women have multiple deliveries. The number of twin births in the United States almost doubled from 68,000 in 1980 to 132,000 in 2004, while the number of triplet-plus births skyrocketed more than five-fold from 1,337 to 7,727 during this period.

Multiple births tend to be associated with a variety of factors. For example, women who give multiple births tend to have a family history of multiple deliveries, have had more previous pregnancies (especially previous multiple births), and are more likely to be African American. However, delayed childbearing and infertility treatment (fertility drugs and assisted reproductive technology [ART]) have increasingly played a stronger role in the rising numbers of multiple births.

The Rise of Multiple Births

The multiple birth rate (MBR, the number of live births in all multiple deliveries per 1,000 live births) nearly doubled from 19.3 in 1980 to 33.9 in 2004. However, the rise of multiple births has been especially dramatic in the birth of triplet-plus births. Indeed, the triplet-plus birth rate (TPBR, the number of live births in triplet and other higher-order deliveries per 100,000 live births) shot up nearly five-fold from 37.0 in 1980 to 176.9 in 2004.

The increasing incidence of multiple births occurred across racial and ethnic groups. However, the rise of such births was most prevalent among non-Hispanic whites (herein referred to as whites). Indeed, the white twin birth rate increased by approximately 60 percent from 22.9 in 1990 to 36.3 in 2004 (Figure 1). Note that while non-Hispanic blacks (herein referred to as blacks) had higher twin birth rates than whites throughout the 1990s and early 2000s, the gap narrowed significantly with a crossover occurring in 2002 when the white twin birth rate surpassed that of black's. This shift has been associated with white women being more likely to delay childbearing and to use infertility treatment compared to black and Latina (Hispanic) women. Latinos, who tend to have high rates of fertility alongside low rates of delayed childbearing, have the lowest twin birth rates and the slowest rise in these rates between 1990 and 2004.

--Figure 1 about here--

The triplet-plus birth rates rose more sharply than did twin birth rates between 1990 and 2004. During this period, the TPBR of whites nearly tripled while it approximately doubled among blacks and Latinos (Figure 2). The racial/ethnic gap in the TPBR

widened significantly between 1990 and 2004, so that by 2004 the white TPBR was 3.2 times greater than that of Latinos and 2.4 greater than that of blacks.

--Figure 2 about here--

The racial/ethnic disparity in the incidence of multiple births is associated with the age of mothers. For example, the twin birth rate of whites is higher than that of blacks among births to women 30 years of age and older—with the white-to-black TBR expanding progressively from 1.05 among births to women 30-34 to 1.76 among births to women 40-44 years of age. However, in the case of the TPBR, the rate of whites surpasses that of blacks beginning at age 25; the TPBR of whites is nearly twice as high as that of blacks among births to women 25-29 and is nearly three times higher among births to women 40-44. Such differences reflect the high rates of delayed childbearing among white women as well as their greater socioeconomic resources to pursue costly fertility treatments in cases involving infertility.

The Geography of Multiple Births

The prevalence of multiple births varies across states. The states with the highest twin birth rates tend to be located primarily in the Northeast and in selected areas of the Midwest (Illinois, Michigan, Minnesota, and Ohio) and South (Delaware, Maryland, and Virginia) over the 2002-2004 period (three year period used to obtain more accurate rates) (Figure 3). These states tend to have relatively low total fertility rates (below the replacement level of 2.1) with the majority of births being white babies. In contrast, states with the lowest TBRs are clustered in the Southwest and West regions.

--Figure 3 about here--

However, there is greater variation in the distribution of triplet-plus birth rates (TPBR). For example, the states with the highest TPBRs are situated in the Northeast and Midwest regions (Figure 4). Again, these states tend to have relatively low fertility rates (aside from Nebraska) and the majority of births are white babies. On the other hand, states with the lowest TPBRs are located in the Southwest and West regions.

--Figure 4 about here--

The Future

The United States has experienced major growth in multiple births with the coming decades likely to produce an increasing prevalence of such deliveries. As white women have increasingly postponed childbearing and pursued fertility treatment when they or their husbands/partners are infertile, there has been a widening racial/ethnic divide in multiple births with white babies being much more likely to be part of sets of twins or higher birth-order deliveries compared to babies of color.

Nonetheless, the rising prevalence of multiple births is associated with major risk factors. Infants born as part of multiple births tend to be born early (preterm), be of low birth weight, and face significant health problems associated with infant mortality. As more women delay childbearing or find themselves unable to conceive naturally, the incidence of multiple births is likely to continue to rise. The rising prevalence of multiple births will undoubtedly place increasing strains on health care insurance.

Figure 1. Twin Birth Rates by Race/Ethnicity, 1990-2004.

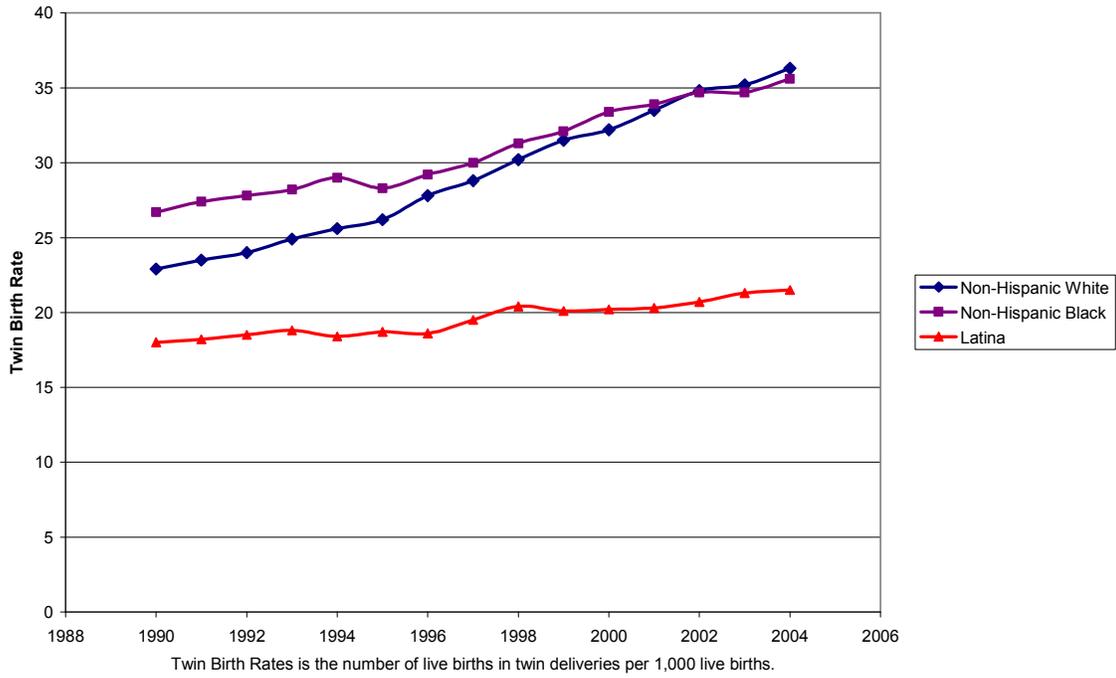


Figure 2. Triplet-Plus Birth Rates by Race/Ethnicity, 1990-2004.

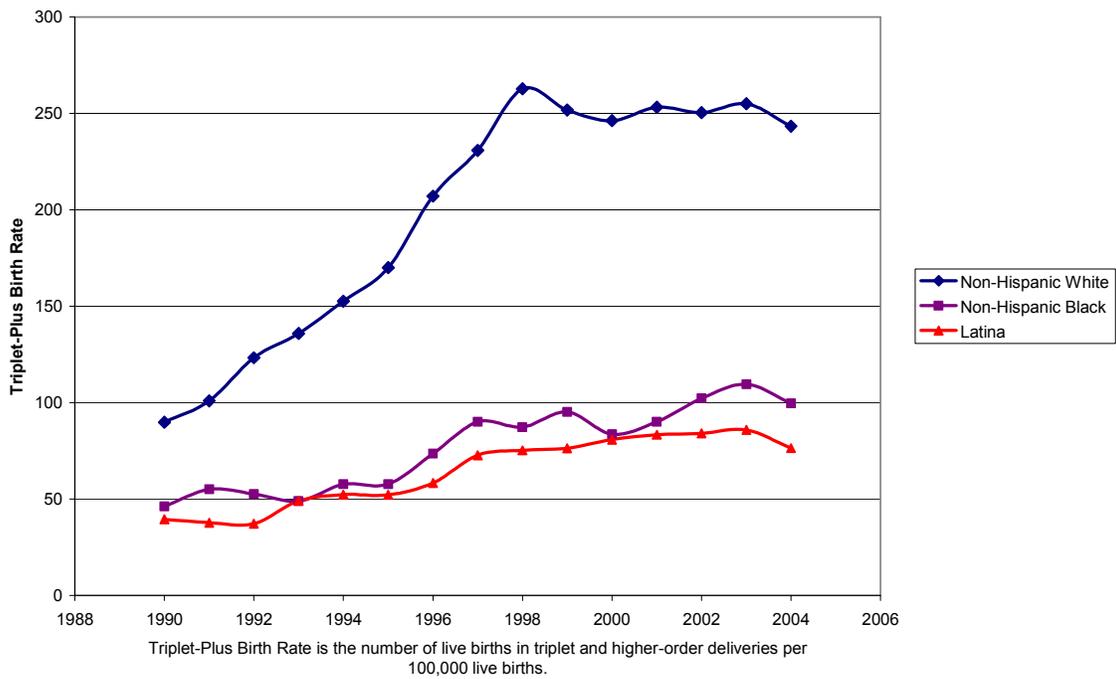


Figure 3. Twin Birth Rates Across States, 2002-2004.

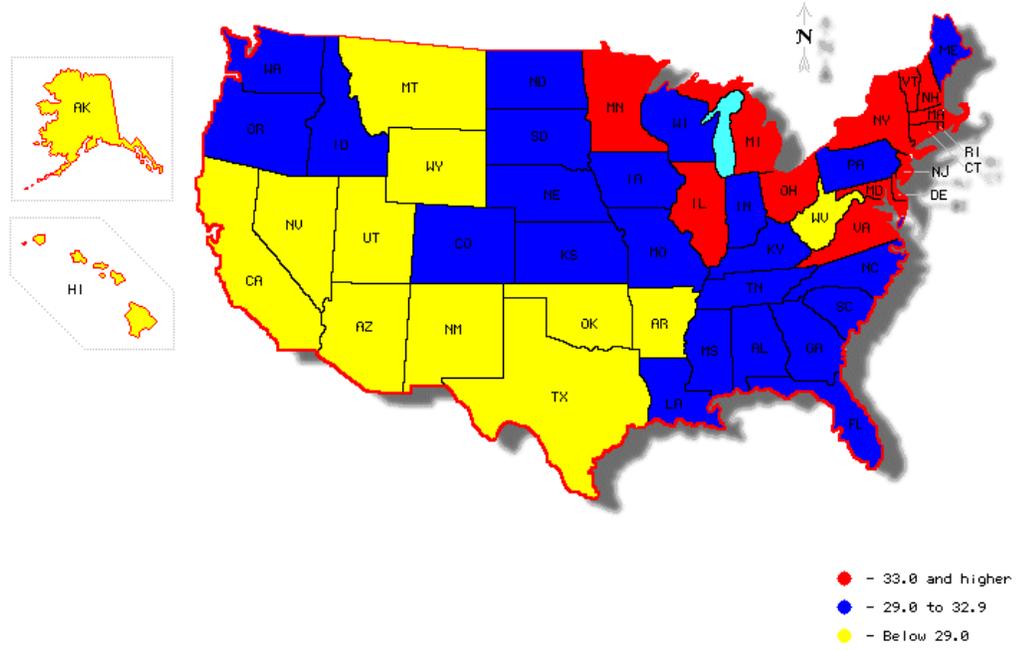


Figure 4. Triplet-Plus Birth Rates Across States, 2002-2004.

