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As Octuplets Remain in Peril, Ethics Questions Are Raised

By RICK LYMAN

The two sons and six daughters born to a Houston area woman remained in critical condition at Texas Children's Hospital tonight, sedated and incubated -- all eight of them together weighing just a breath over 10 pounds.

The infants born to Nkem Chukwu, who are the only known living octuplets in the world, maintained a fragile hold on life. The next week will be critical as it becomes clear whether the babies' lungs, hearts, brains and internal organs are developed enough to keep them alive. Even after that, doctors said, dangers remain from infections or metabolic problems.

The infants, still unnamed, were being referred to as babies A through H. The largest of them was 26 ounces, the smallest 10.3 ounces and 9.75 inches long, small enough to fit in a woman's hand. "As small as a Beanie Baby," said Laura Floyd, a hospital spokeswoman.

Even as the news leaked out on Sunday, drawing reporters and television crews to the hospital, the births were raising deep concern among reproductive specialists around the country.

"This should not be a cause for celebration," said Dr. Mark Perloe, director of reproductive endocrinology at the Atlanta Reproductive Health Center. "The cost of caring for these babies and the pregnancy will run into the millions of dollars. The risk of death still exists. And there is a significant risk that they will have lifelong health problems. I think this is a wake-up call for the medical profession."

Increases in the use of the same kinds of fertility drugs that had been given to Ms. Chukwu have caused a surge of multiple births in the last decade, specialists said. Many aging and childless couples are demanding aggressive fertility therapies more likely to produce multiple births.

"If you look at the statistics, you see that there is a growing increase in the number of multiple gestations," said Dr. Benjamin Younger, executive director of the American Society for Reproductive Medicine, based in Birmingham, Ala. "Some of it is due to in-vitro fertilization, some is due to an expanded use of the medications but some of it is just because we are seeing the results of the baby boomers who delayed in having their children."

"I wish this couple well and I hope the babies do well, but this scares me," said Dr. Alan Copperman, director of reproductive endocrinology at Mt. Sinai-N.Y.U. Medical Center and Health System in New York. "It seems there is almost an acceptance these days of quads or quints or even more, and the outrage gets less and less as we hear about more and more of these cases. The fact is that the vast majority of these cases end in disaster, sometimes for the mom, most often for the babies."

Dr. Mark Evans, chairman of the department of obstetrics and gynecology at Wayne State University in Detroit, noted that there had never been a successful octuplet pregnancy. "Although these babies were born alive," Dr. Evans said, "the odds are, unfortunately, that there will not be happy outcomes for at least several of them."

Hospital officials would not speculate on the infants' chances, but other neonatal specialists said that all but the smallest of the infants should, statistically, have about an 85 percent chance of pulling through. The little one has a harder road.

All of the babies were under sedation and receiving regular intravenous supplies of sugar and water, and seven of them remained attached to ventilators to aid their underdeveloped lungs.

Nkem Chukwu (pronounced nih-KEHM chuhk-WOO) was admitted to St. Luke's Episcopal Hospital in October as she and doctors struggled to forestall the birth of the fetuses until they were old enough to survive. She gave birth to her first daughter on Dec. 8, 15 weeks premature, but doctors were able to delay the other births until Sunday morning. It was not until after the first birth that a sonogram revealed there were seven more living fetuses.

In 1971, nine infants were born to a mother in Sydney, Australia, but all of them died. There have been three other octuplet births in the past 13 years -- in Spain, Britain and Turkey -- but in each case at least some of the infants soon died. Every time a case comes along like that of Ms. Chukwu or the McCaughey septuplets, some desperate couples become more willing to take greater risks, Dr. Copperman said, adding, "It's almost like an arms race."

Ms. Chukwu, 27, was born in Nigeria but is an American citizen living in the Houston area. The hospital declined to release any personal information about the couple, at their request, though The Houston Chronicle identified her husband, Iyke (pronounced ee-KAY), as a respiratory therapist.

The couple had been trying to conceive for several years and Ms. Chukwu had lost triplets earlier this year, doctors said, so she entered her most recent pregnancy with a solemn determination. At a news conference at the hospital on Sunday, Dr. Patti Savrick described the new mother as unusually tall and "very serene, a very spiritual woman."

Ms. Chukwu had surgery today to stop internal bleeding described as a "generalized ooze," by Dr. Brian Kirshon, a specialist in high-risk births who delivered the Chukwu children. Hospital officials said tonight that Ms. Chukwu was stable and improving and would probably be well enough to go home in about a week. But the infants, if they survived, would probably remain in the hospitals for many weeks.

The fertility drugs Ms. Chukwu was receiving, hospitals officials said, included one to stimulate ovulation and H.C.G., or human chorionic gonadotropin, which is normally produced by a healthy placenta to maintain pregnancy.

Ms. Chukwu was placed on a liquid diet and was confined to her hospital bed for six weeks, the last two following her initial delivery with her pelvis raised above her head, to remove pressure on her cervix. She was given a trio of drugs -- magnesium sulfate, terbutaline and indomethicin -- to delay the birth of the remaining fetuses, hospital officials said.

The remaining seven children were born during a 45-minute Caesarean section at St. Luke's Episcopal Hospital early Sunday and ferried to the adjacent Texas Children's Hospital by a team of more than two dozen doctors.

The family immediately asserted its privacy, refusing to give interviews, to appoint a family spokesman or to allow photos of the tiny infants, forcing journalists to set up camp outside the hospital which, by today, was giving no more press briefings and simply releasing updates every six hours on its Internet site.

Dr. Kirshon and other members of the medical team involved in the Chukwu births told reporters on Sunday that bearing octuplets was not a desired result of fertility treatments.

"The human being was meant to have one baby," Dr. Kirshon said. It had happened, in this case, both

because the fertility drugs which had made Ms. Chukwu's pregnancy possible had also led to the fertilization of so many eggs and because the family, when given the option early in her pregnancy to stop the growth of some of the fertilized embryos, a procedure called selective or multi-fetal reduction, had declined to allow it. Some patients and doctors consider the procedure unethical, a form of early abortion, but proponents argue that it gives the remaining embryos a better chance for survival.

"With every single patient that undergoes treatment with these fertility drugs I discuss the dangers and I discuss multi-fetal reduction," Dr. Copperman said. "If they say yes, they will allow reduction, it perhaps allows you a little more leeway to give fertility drugs. Others say they can't emotionally or religiously or ethically tolerate the procedure, so you have to be more careful."

Such issues only come into play in procedures involving these fertility drugs, doctors say. In those cases where in-vitro fertilization is used, under 10 percent of all cases, the number of eggs implanted into the mother can be controlled.

"With in-vitro, you have a tremendous amount of control, but with these fertility drugs, when you don't use in-vitro, you can cause the woman to make a lot of eggs and you don't have quite as much control," Dr. Copperman said.

It becomes, in some extreme cases, a bit of a guessing game, and not all doctors administering the fertility drugs have as much training as they might need, said Dr. Perloe.

"There are no restrictions on who can use these drugs," Dr. Copperman said. "A gynecologist with four weeks training during his residency has just as much access as someone who has done a fellowship and trained two to three years."

Another problem, Dr. Younger said, is that prospective parents sometimes must pay for their own fertility procedures when medical insurers decline to cover them.

"And since they're paying for it, and it is very costly," Dr. Younger said, "they often demand the most aggressive form of therapy and they get into a situation of unnecessary risk taking."

At the same time, Dr. Younger said, the Federal Government has steadfastly refused to allocate money for reproductive research, largely because "the issue inevitably always becomes entwined with the abortion debate." Conservatives in Congress have expressed concerns over research involving the use of human embryos, Dr. Younger said, choking off financing both for that kind of research and for other fertility research, even if it does not involve embryos.

The end result, he said, is that during the same years when the use of such fertility drugs was going up and the demand was increasing from aging, childless couples, little research was being done in the United States on the proper use of the drugs.

"If we'd been doing the research, we might have looked to develop some protocols on how to best use these drugs, protocols that would have lessened the likelihood of something like this happening," Dr. Younger said. "The dearth of research has left a great void in this country."

On the brighter side, doctors in the field have become much more scrupulous about warning patients of the dangers involved, he said. The problem is that the patients, desperate to get pregnant, don't always listen.

"Patients develop what we call selective hearing," Dr. Younger said. "They just filter the warnings down to a lower level and concentrate on the part about getting pregnant."

Chart: "FOR THE RECORD: Immediate Family" Nkem Chukwu, 27, of Houston, has given birth to the first-ever set of surviving octuplets in the world. The eight babies are in critical condition; the smallest,

Baby E, weighs only 10.3 ounces. **LARGEST MULTIPLE BIRTH** Sydney, Australia, 1971 **MOTHER:** Geraldine Brodrick, 29 **NUMBER OF BABIES:** 9 **Survived:** 0 **Stillborn:** 0 **Died:** 9 **OTHER RECENT MULTIPLE BIRTHS** Saudi Arabia, Jan. 14 **MOTHER:** Hasna Mohammed Humair, 40 **NUMBER OF BABIES:** 7 **Survived:** 7 **Stillborn:** 0 **Died:** 0 Carlisle, Iowa, 1997 **MOTHER:** Bobbi McCaughey, 29 **NUMBER OF BABIES:** 7 **Survived:** 7 **Stillborn:** 0 **Died:** 0 Mexico, 1997 **MOTHER:** Maria Rocio Diaz Carrillo, 28 **NUMBER OF BABIES:** 7 **Survived:** 0 **Stillborn:** 0 **Died:** 7 Spain, 1996 **MOTHER:** Rosario Clavijo, 31 **NUMBER OF BABIES:** 8 **Survived:** 6 **Stillborn:** 2 **Died:** 0 England, 1996 **MOTHER:** Mandy Allwood, 32 **NUMBER OF BABIES:** 8 **Survived:** 0 **Stillborn:** 0 **Died:** 8 Italy, 1992 **MOTHER:** Lidia Santartia, 23 **NUMBER OF BABIES:** 7 **Survived:** 5 **Stillborn:** 0 **Died:** 2 England, 1987 **MOTHER:** Susan Halton, 27 **NUMBER OF BABIES:** 7 **Survived:** 0 **Stillborn:** 0 **Died:** 7 Turkey, 1985 **MOTHER:** Sevil Capan, 25 **NUMBER OF BABIES:** 8 **Survived:** 0 **Stillborn:** 0 **Died:** 8 Orange, Calif., 1985 **MOTHER:** Patti Frustaci, 30 **NUMBER OF BABIES:** 7 **Survived:** 3 **Stillborn:** 1 **Died:** 3 (Source: Associated Press; Guinness Book of World Records)(pg. A22)