www.kihasa.re.kr

Research in Brief

KIHASA KOREA INSTITUTE FOR HEALTH AND SOCIAL AFFAIRS

Issue No 2025-05
Publication Date September 25 2025
ISSN 2092-7117

Building D, 370 Sicheong-daero, Sejong City 30147 KOREA **Korea Institute for Health & Social Affairs**

Trends in Multiple Births in Korea and Their Implications for Policy[1)]

Hyewon Bae
Senior Researcher, KIHASA

While ranking lowest in the world in terms of total fertility and total number of births, Korea has seen a steady increase in multiple births over the years, with the result that it now ranks second in multiple birth rate and first in the rate of triplet and higher-order births among the countries included in the Human Multiple Births Database. As maternal age increases over time, multifetal pregnancies are increasingly at risk for preterm birth and low birthweight, requiring longer-term policy attention, including continued monitoring of various postpartum risk factors associated with multiple births, such as health issues and care burden. However, one challenge in Korea is that, aside from limited data on multiple births—which provide only a basic profile (e.g., number of births, birthweight, gestational age)—there is little established evidence to gain a comprehensive understanding of both postnatal childcare and the care environment in households with multiples, as well as their needs for policy support. These circumstances call for additional evidence and further research on households with multiples, which should lead to informed policy discussions and the development of a system of continuous, integrated health and welfare services tailored to their needs.

The need for analyzing trends in multiple births

Amid falling total fertility rates and birth counts, Korea has seen increases in multiple births. As a share of total live births, multiple births have more than tripled from 1.7 percent in 2000 to 5.5 percent in

1) This article is an English translation of *Issue and Focus* No. 458, originally published in Korean in August 2025. The original article is available at https://www.kihasa.re.kr/publish/regular/focus/view?seq=70857

2023. [Statistics Korea. February 26, 2025] This increase, driven by the rising maternal age and advances in medically assisted reproduction[2] [Pison et al., 2022; Torres et al., 2023] is likely to continue for some time, as both the number of fertility treatments and the number of individuals receiving them are trending upward.[3]

Multifetal pregnancies from natural conception account for only 1-2 percent of all pregnancies, while 30-40 percent of multifetal pregnancies are attributed to fertility treatments. [Silton et al.] The number of fertility treatments performed in Korea increased from 146,354 in 2019 to 200,007 in 2022, and during this period the number of individuals treated rose from 123,322 to 136,905. [Health Insurance Review and Assessment Service. 2025]

Multifetal pregnancies, categorized as high-risk for both mothers and babies, pose a challenge that requires policy measures across diverse health and welfare programs, including those concerning public healthcare, psychosocial risks, and caregiving. The risks of complications such as preeclampsia and gestational diabetes are 2-3 times higher in multifetal pregnancies than in singleton pregnancies, and the likelihood of low birthweight is 50-60 percent higher. [Australian Institute of Health and Welfare; Kazemier et al.] As many as 73 percent of multiples receive neonatal intensive care unit (NICU) services, and the medical costs per multiple-birth child can be up to five times greater than that per singleton child. [Multiples Matter; Pison et al.]

Shorter gestational age and lower birthweight are associated with higher prevalence and severity of complications, including respiratory, neurological, and gastrointestinal disorders and infections, as well as retinopathy of prematurity. Infants born under these conditions—more common in multifetal pregnancies—have lower survival rates, and those who do survive are often discharged home still requiring specialized support, including oxygen saturation monitors, oxygen supply devices, mechanical ventilators, enteral feeding via gastrointestinal tubes, and follow-up care for stomas (e.g., gastrostomy or colostomy). [Park, H. Y. et al. 2024; Yoon, S. W. et al.] Moreover, early-life growth likely affects health outcomes in the long term, including developmental, speech/learning, and respiratory impairments. [Choi, E. J.; Piercy]

It has been reported that 30.2 percent of mothers with multiples experience acute postpartum depression and that as many as 70 percent of parents of multiples go through severe psycho-emotional difficulties during the first two postnatal years, often accompanied by symptoms of extreme physical fatigue and a deepened sense of social isolation, leading to changes in family relationships and a falling quality of life. [Korea Population Health and Welfare Association. June 23, 2025; Australia Institute of Health and Welfare; Twins Trust & Per Capita] However, the data we currently have on multiple births are hardly of much use for making policies tailored to the needs of multiples and their families, because

2) Medically assisted reproduction (MAR) refers to all medical interventions aimed at helping achieve pregnancy, including reproduction through ovulation induction, controlled ovarian stimulation, superovulation, and intrauterine insemination. It represents a broader concept than assisted reproductive technology (ART)–which includes procedures such as in vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI) (Zegers-Hochschild et al., 2009).

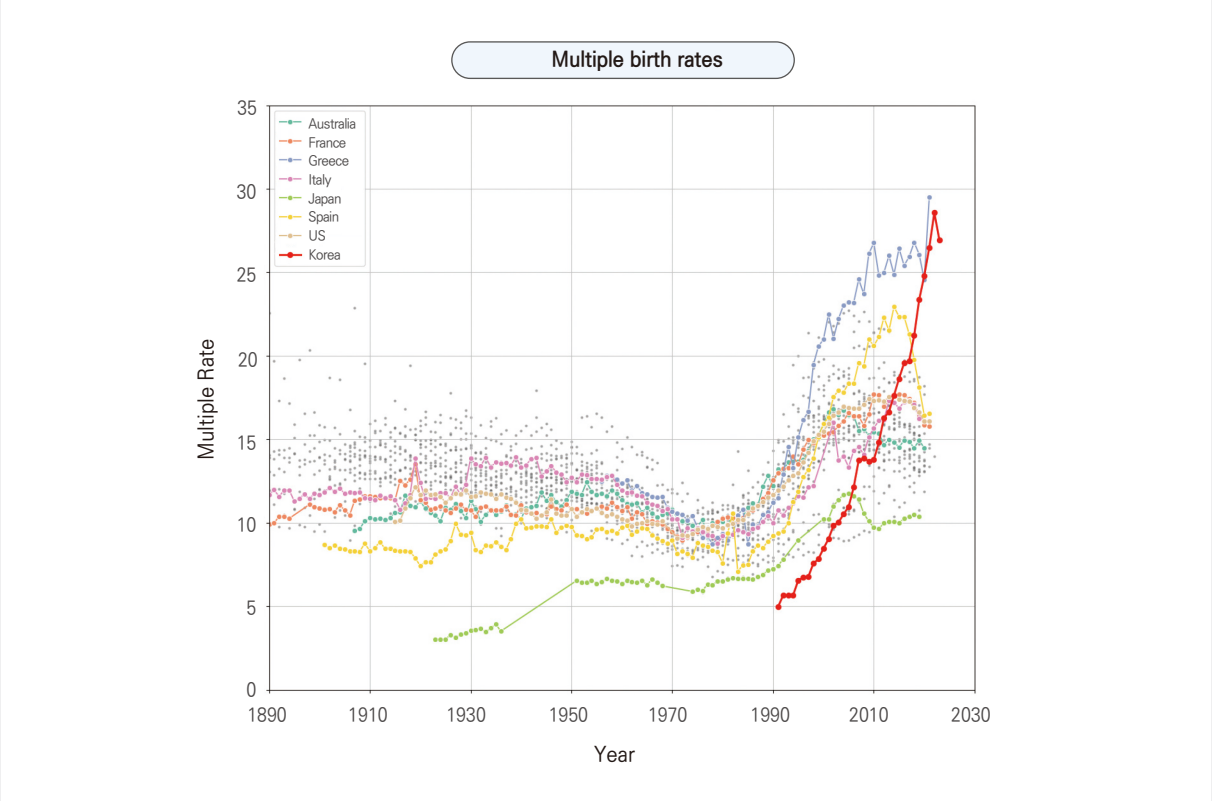
3) Since the 2024 birth statistics have not yet been released (scheduled for publication on August 27, 2025), it is difficult to confirm the trend in multiple births for 2024. However, considering that the annual number of patients with "high-risk pregnancy-multiple gestation" in the National Disease of Concern Statistics increased from 10,844 in 2023 to 11,608 in 2024, it is inferred that the 2024 statistics will also show an upward trend in multiple births (Health Insurance Review and Assessment Service, Healthcare Big Data Open System, 2025).

they are too limited in scope and usually lumped together with information on general preterm and low-birthweight cases. In what follows I consider the trends and current state of multiple births in Korea and propose policy suggestions, using the HMBD and the Statistics Korea's Population Survey.

The rise of multifetal births in an age of declining birth rates

According to the Human Multiple Births Database (HMBD), Korea's multiple birth rate[4], at 26.9 per 1000 birth events in 2023[5], is among the highest—second only to Greece's 29.5 (for 2021)—and far above the HMBD average of 15.5. For higher-order multiple births—involving three or more babies per pregnancy—Korea ranks first, with 0.59 per 1,000 birth events, substantially higher than Greece's 0.37 and nearly three times the HMBD average of 0.21.

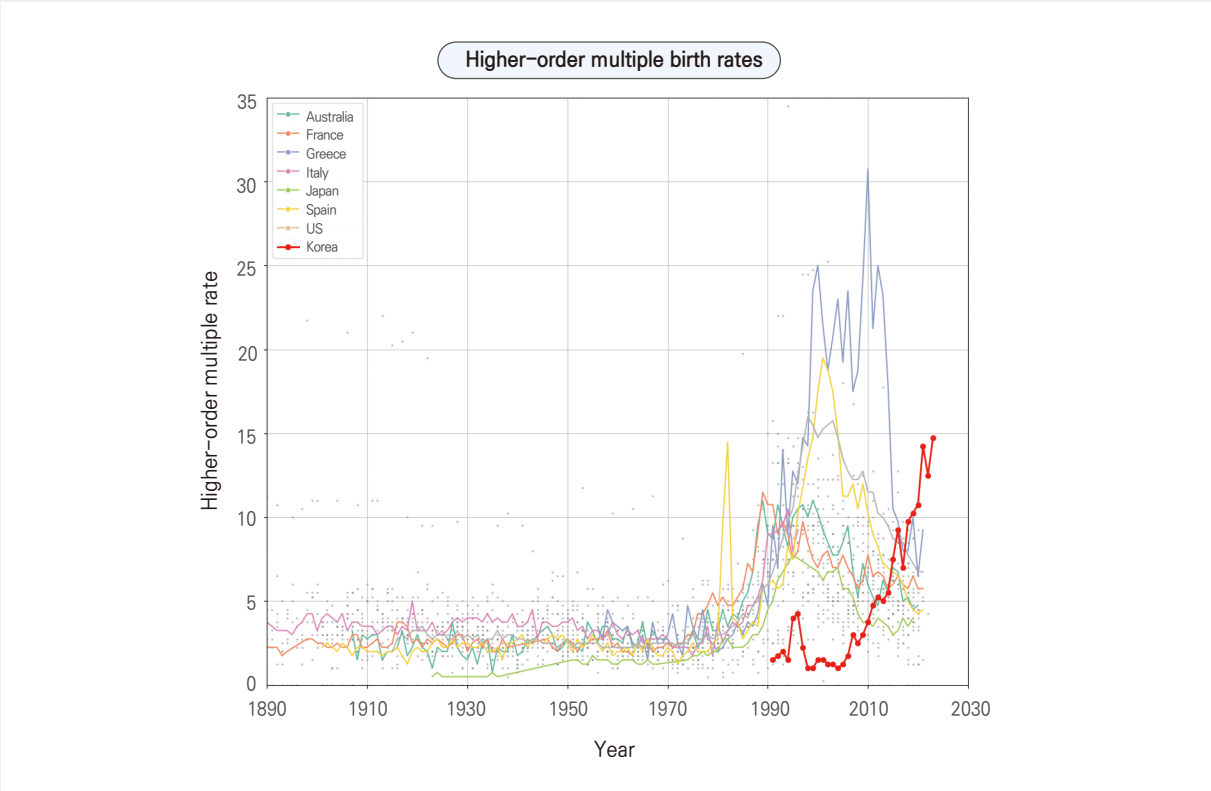
[Figure 1] Multiple birth rates and higher-order multiple birth rates in selected countries (1890-2023) (in %)



4) The multiple birth rate is an indicator representing the number of deliveries of twins or higher-order multiples per 1,000 total births, and it is used as a standard measure in international comparisons (HMBD, 2025).

5) In 2021, Korea's multiple birth rate was 26.5 per 1,000 births (HMBD, 2025).

[Figure 1] Continued

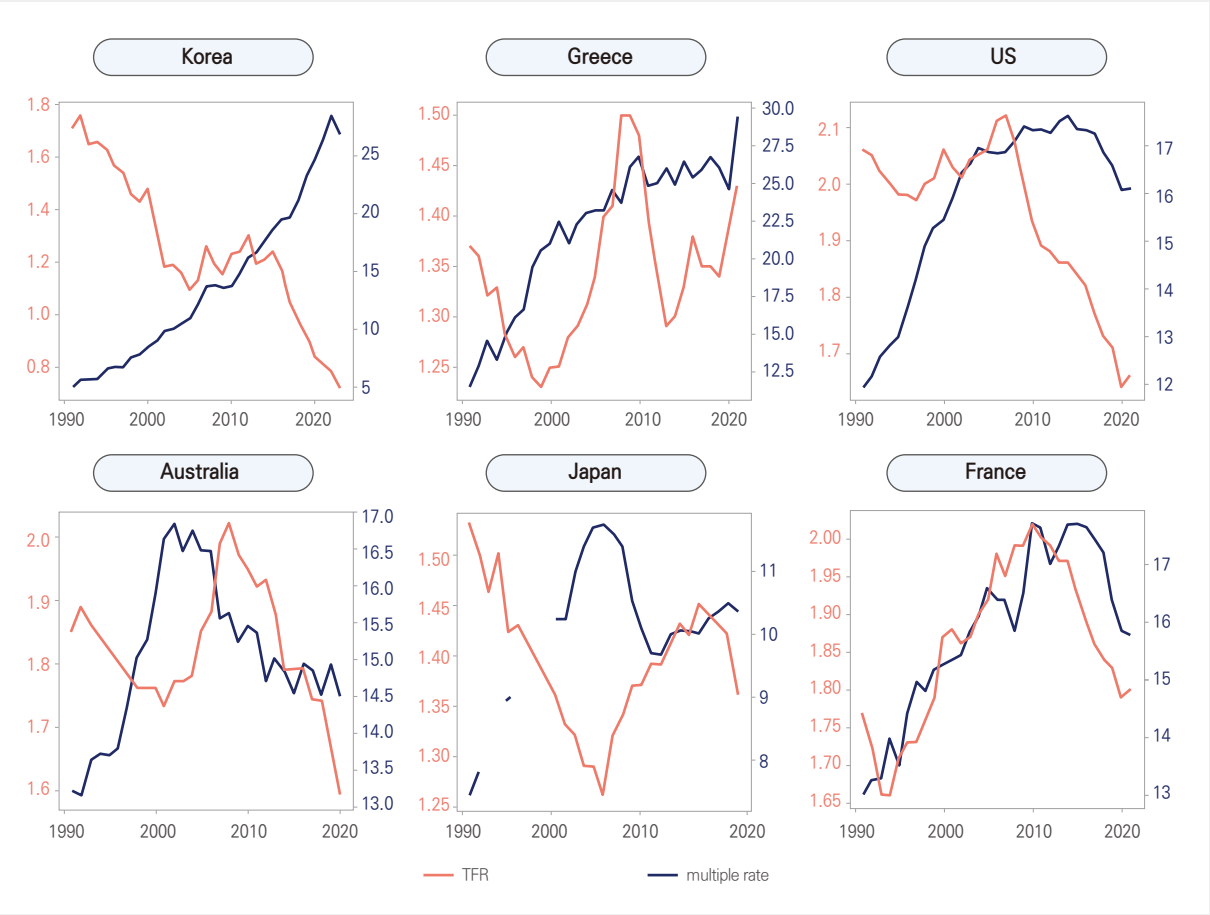


Note: 1. Compiled by the author based on the data.
2. Higher-order multiple birth rate = (Number of higher-order multiple births ÷ Total number of births) × 1,000
3. Multiple birth rate = (Number of multiple births ÷ Total number of births) × 1,000
4. HMBD provides metadata for 27 countries. Countries represented by gray dots include Austria, Canada, Chile, the Czech Republic, Denmark, Sweden, and others.
5. As of 2025, HMBD collects country-level data for the years 2019–2021, with variation in reference periods across countries. For South Korea, values were calculated using the HMBD-provided R-code files based on the Population Trend Survey (2021–2023) from the National Statistical Portal (KOSIS).

Data Sources: "Data and Metadata [Data set]," The Human Multiple Births Database, French Institute for Demographic Studies – INED (distributor), accessed May 26, 2025, https://www.twinbirths.org/en/data-metadata/; "Population Trend Survey," Statistics Korea, accessed June 29, 2025, https://kosis.kr/statHtml/statHtml.do?orgId=101&tblId=DT_1B81A24&conn_path=I3

While multiple birth rates worldwide have generally trended downward since around 2010, Korea has seen a steady rise in its multiple birth rates since it began reporting them in 1991. Most countries show a moderately declining fertility accompanied by falling multiple birth rates, whereas in Korea, declining fertility has coincided with rising multiple birth rates, producing an X-shaped crossover of the two trends on a time-series graph.

[Figure 2] Total fertility rates and multiple birth rates in selected countries (1990-2023) (live births, %)



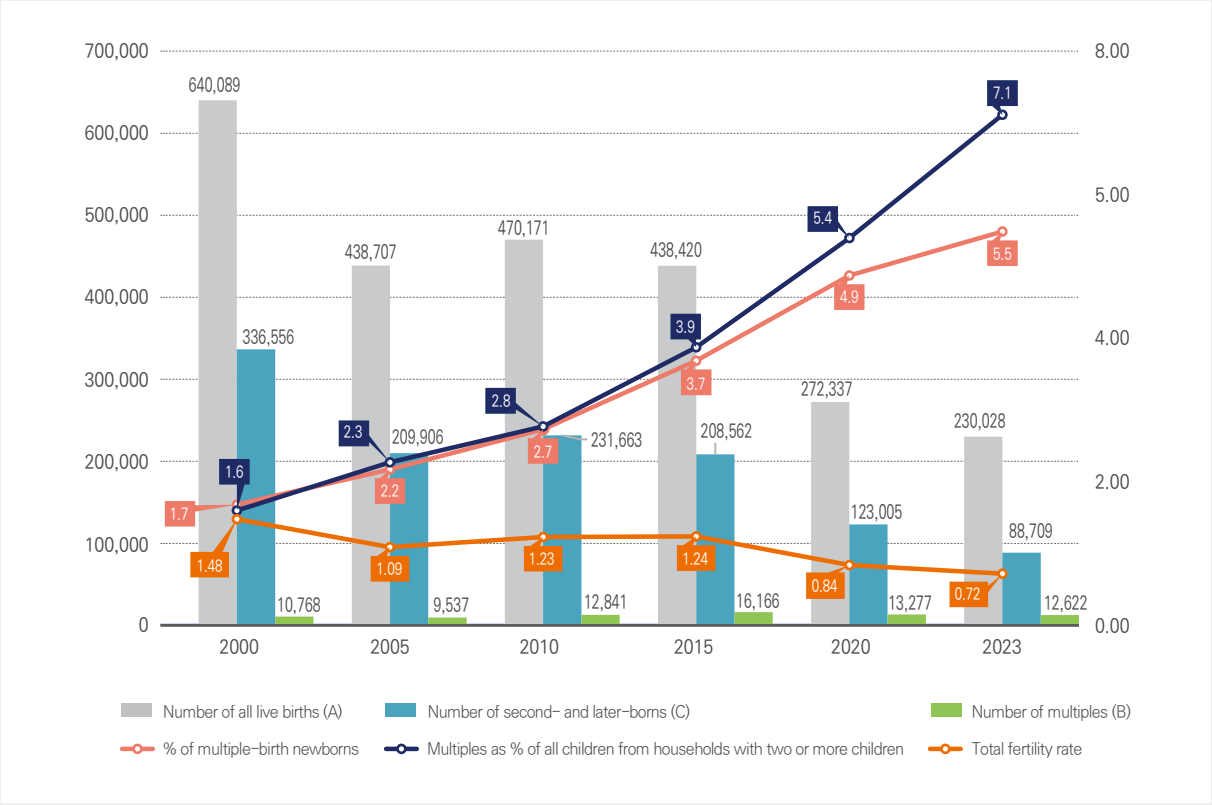
Note: 1. Prepared by the researcher based on the data.
2. In HMBD's Japanese data, some years are missing.

Source: 1. "Data and metadata [Data set]," *The Human Multiple Births Database*, French Institute for Demographic Studies – INED (distributor). Accessed May 26, 2025. https://www.twinbirths.org/en/data-metadata/
2. "Survey on Population Trends," Statistics Korea. Accessed June 29, 2025. https://kosis.kr/statHtml/statHtml.do?orgId=101&tblId=DT_1B81A24&conn_path=I3
3. "OECD Family Database," OECD. Accessed May 20, 2025. Fertility Indicators. https://www.oecd.org/els/family/database.htm

The total fertility rate, defined as the number of children per woman of childbearing age, declined from 1.48 in 2000 to 0.72 in 2023, with the annual total birth count precipitously falling from 648,000 to 232,000. [Statistics Korea. February 26, 2025] During this period, children born each year from multiple births increased in number from 10,768 to 12,622, and as a share of total live births, from 1.7 percent to 5.5 percent.[6] Households with multiples as a share of all households with two or more children increased from 1.7 percent in 2000 to 7.1 percent in 2023.

6) The number of higher-order multiple births increased about 3.8 times, from 107 in 2000 to 409 in 2023, and the proportion of higher-order multiple births among all multiple births roughly doubled over the same period, rising from 1.68% to 3.24% (Statistics Korea, each year, analysis of Population Trends Survey original birth data, Type A).

[Figure 3] Trends in all newborns and multiple-birth newborns (1990-2023) (live births, %)



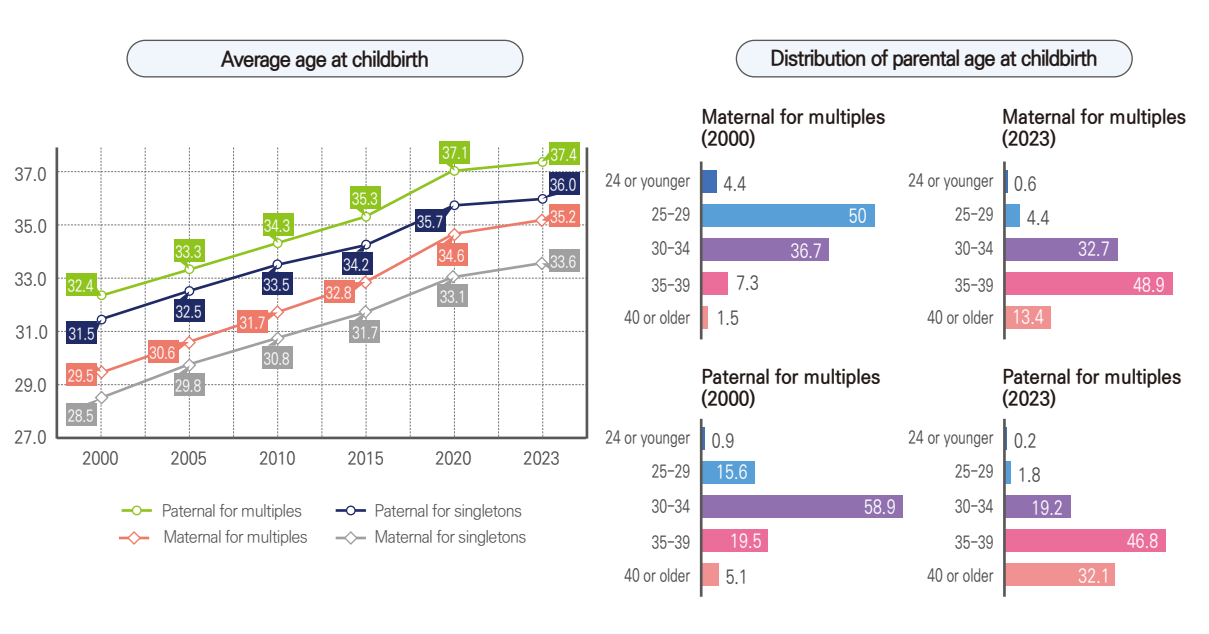
Note: Prepared by the researcher based on the following data:

Source: Statistics Korea. (various years). Population trend survey raw data [Annual birth data, Type A]; Statistics Korea. (2024, August 28). 2023 birth statistics press release.

Parents of multiples

The average parental age at childbirth has consistently increased. The increase has been steeper among parents of multiples. For singleton newborns, the average paternal age increased from 31.5 years in 2000 to 36.0 years in 2023, and the maternal average increased from 28.5 years to 33.6 years. For multiple-birth newborns, the average age increased more sharply, from 32.4 years to 37.4 years for fathers and from 29.5 years to 35.2 years for mothers. The maternal age range accounting for most multiple births also shifted upward, from 25-29 years (50 percent) in 2000 to 35-39 years (48.9 percent) in 2023, with 13.4 percent of multiple births attributed to mothers aged 40 and older. The paternal age range most often associated with multiple births also trended upward, from 20-34 years (58.9 percent) in 2000 to 35-39 years (46.8 percent) in 2023, with fathers aged 35 and older (including those 40 and older) accounting for 78.9 percent of multiple-birth newborns.

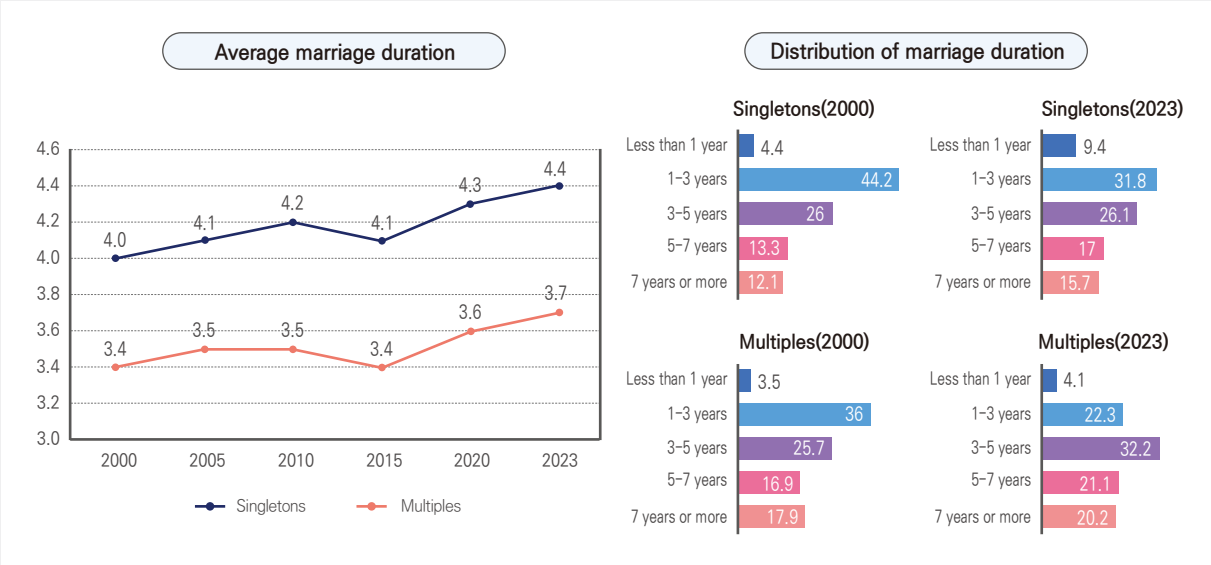
[Figure 4] Average age at childbirth and Distribution of parental age at singleton and multiple births (2000–2023) (years; %)



Source: Statistics Korea. (various years). Population trend survey raw data [Annual birth data, Type A]

In 2023, the average marriage duration at childbirth was longer among parents of multiple-birth infants (4.4 years) than among parents of singleton infants (3.7 years), a trend observed since 2000. Singleton births were more often associated with shorter marriage durations: three years or less accounted for 41.2 percent of singleton births compared to 26.4 percent of multiple births. By contrast, marriage durations of five years or more accounted for 41.3 percent of multiple births and 32.7 percent of singleton births.

[Figure 5] Average duration of marriage at childbirth and distribution of marriage duration at singleton and multiple births (2000-2023) (years; %)

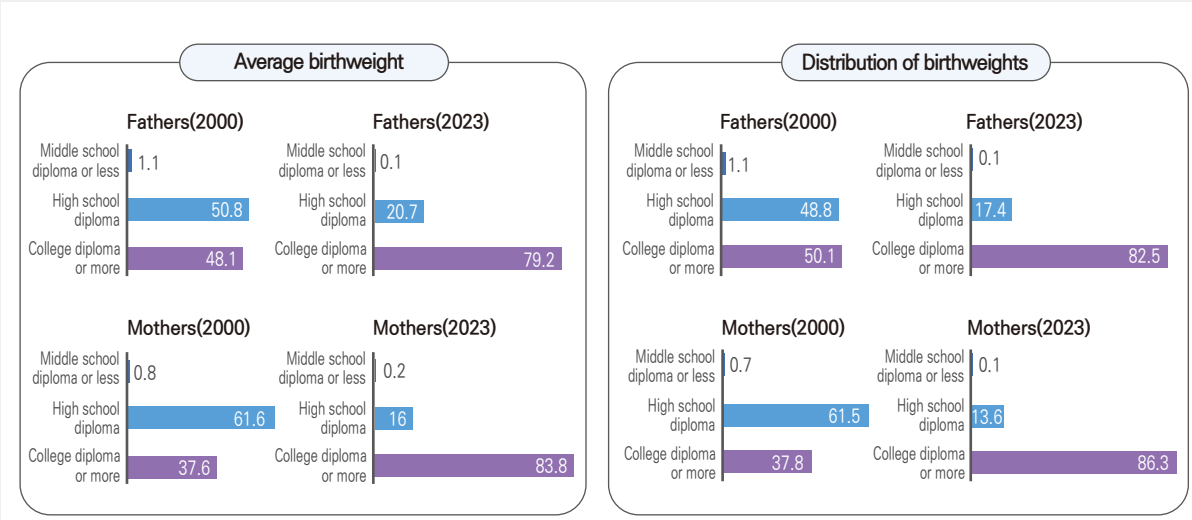


Note: The duration of marriage refers to the period from the actual month and year of marriage to the month and year of birth, regardless of legal marital (wedded) status.

Source: Statistics Korea. Population Trends Survey raw data. various years, Annual Birth Data, Type A.

Differences in educational attainment levels and occupational characteristics were observed between parents of multiple-birth infants and parents of singleton infants, but they were too small to conclude that multiple births are more strongly associated with one educational attainment level or occupational category than another. The share of individuals with a college degree or higher increased sharply from 2000 to 2023 both among parents of singleton infants and among parents of multiple-birth infants, with both groups showing a similar distribution of educational levels. The distribution of occupational categories was largely similar between parents of singletons and parents of multiples, although the share in high-skill occupations—such as professional and office workers—was slightly higher among parents of multiple-birth infants.

[Figure 6] Educational levels of mothers and fathers of singletons and multiples (2000-2023) (%)



Source: Statistics Korea. (various years). Population Trends Survey raw data [Annual birth data, Type A].

[Table 1] Changes in the distribution of occupations among parents of singleton and multiple-birth newborns (2000, 2023) (in %)

	Fathers				Mothers			
	Singletons		Multiples		Singletons		Multiples	
	2000	2023	2000	2023	2000	2023	2000	2023
Managers	1.9	7.1	2.1	7.1	0.3	2.4	0.3	2.8
Professionals	5.9	23.0	6.5	24.7	2.7	23.7	2.8	24.5
Clerical workers	34.2	21.3	34.1	21.8	5.9	22.8	4.6	24.1
Service workers	21.5	14.6	21.9	14.3	2.1	14.8	1.6	13.5
Skilled agricultural, forestry, and fishery workers	2.9	0.4	2.7	0.4	0.6	0.1	0.8	0.1
Craft and related trades workers	9.7	4.2	9.6	4.4	0.2	0.7	0.3	0.7
Plant or machine operations and assemblers	2.5	9.5	2.4	9.2	0.1	3.0	0.1	2.8
Students, homemakers, unemployed	4.6	5.9	4.4	4.7	85.5	26.5	87.0	25.6

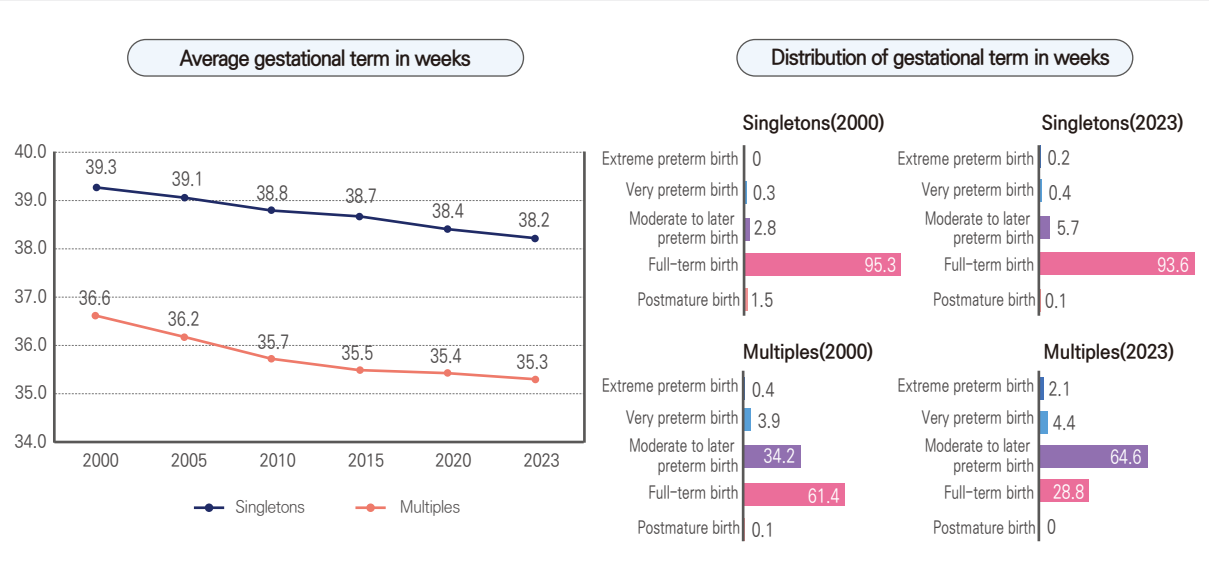
Note: The occupational distribution totals do not add up to 100% for each year. Due to revisions in the Korean Standard Classification of Occupations (KSCO), "Technicians and associate professionals" were included in the 2000 data but excluded from the 2023 data and thus are not presented. In addition, the category "Unknown, military personnel (excluding enlisted soldiers)" is combined under a single code, making meaningful comparative analysis difficult; therefore, it has been excluded.

Source: Statistics Korea. (various years). Population Trends Survey raw data [Annual birth data, Type A].

Multifetal pregnancy and multiple birth

Between 2000 and 2023, the average gestational term declined for both singleton and multiple births, with the duration of multifetal pregnancy remaining shorter by 3 weeks than that of singleton pregnancy (35.3 weeks compared with 38.2 weeks for singleton births in 2023). Among mothers pregnant with multiples, these years saw a sharp decline in full-term births, defined as 37-42 weeks of gestation, accompanied by a steep rise in preterm births (before 37 weeks).[7] The share of full-term deliveries among singleton births declined slightly, from 95.3 percent to 93.6 percent. In contrast, among multiple births, the proportion fell more sharply, from 61.4 percent to 28.8 percent. The percentage of preterm deliveries was more than 10 times higher among multiple births than among singleton births in 2023. As a percentage of multiple births, moderate preterm births almost doubled from 34.2 percent in 2000 to 64.6 percent in 2023 and extreme preterm births more than quintupled, from 0.4 percent to 2.1 percent.

[Figure 7] Average gestational term and distribution of gestational term for singletons and multiples (2000-2023) (Weeks, %)

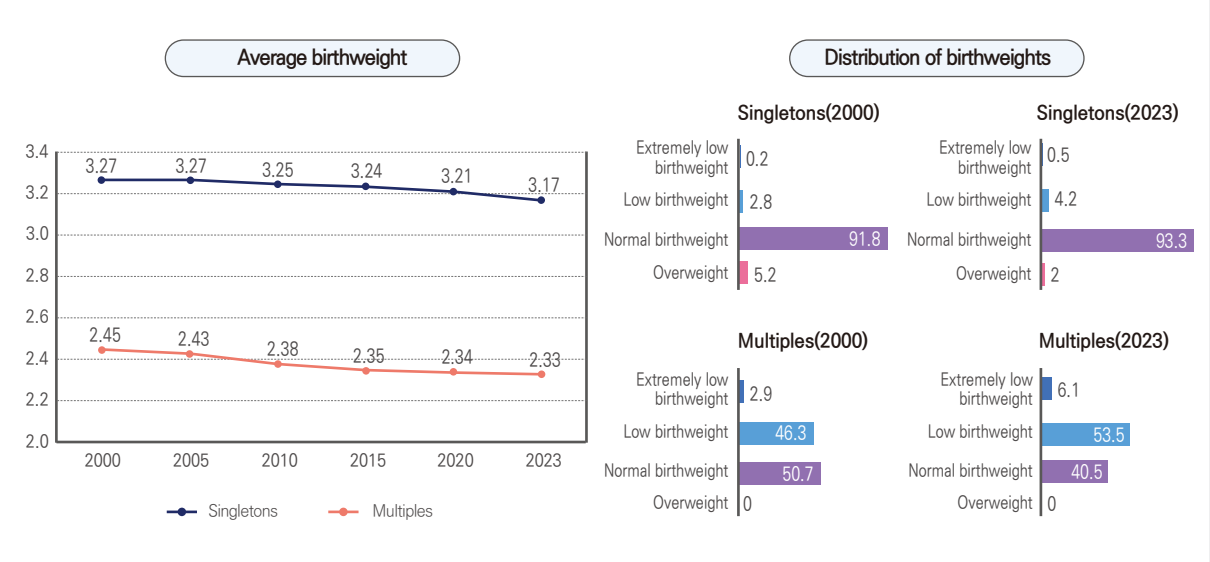


Source: Statistics Korea. (various years). Population Trends Survey Raw Data [Annual birth data, Type A].

7) In this article, gestational age was analyzed based on the WHO classification of preterm birth (May 10, 2023). According to the WHO, preterm birth is classified by gestational age as follows: extremely preterm (less than 28 weeks 0 days), very preterm (28 weeks 0 days to 31 weeks 6 days), moderate to late preterm (32 weeks 0 days to 36 weeks 6 days), full term (37 weeks 0 days to 41 weeks 6 days), and post term (42 weeks or more).

Between 2000 and 2023, as the share of preterm deliveries among multifetal births increased, the average birthweight declined for both singletons and multiples. While normal birthweight babies declined as a share of multiples, from 50.7 percent in 2000 to 40.5 percent in 2023, the percentage of low birthweight infants increased from 46.3 percent to 53.5 percent, and that of extremely low birthweight infants from 2.9 percent to 6.1 percent. The average weight at birth for multiple-birth newborns was 2.33 kilograms in 2023, compared with 3.17 kilograms for singletons.[8)]

[Figure 8] Average weight at birth and the distribution of birthweights for singletons and multiples (2000~2023) (kg, %)



Note: Very low birth weight infants are defined as those weighing less than 1.5 kg; low birth weight infants as 1.5–2.5 kg; normal birth weight infants as 2.5–4.0 kg; and macrosomic infants as 4.0 kg or more.

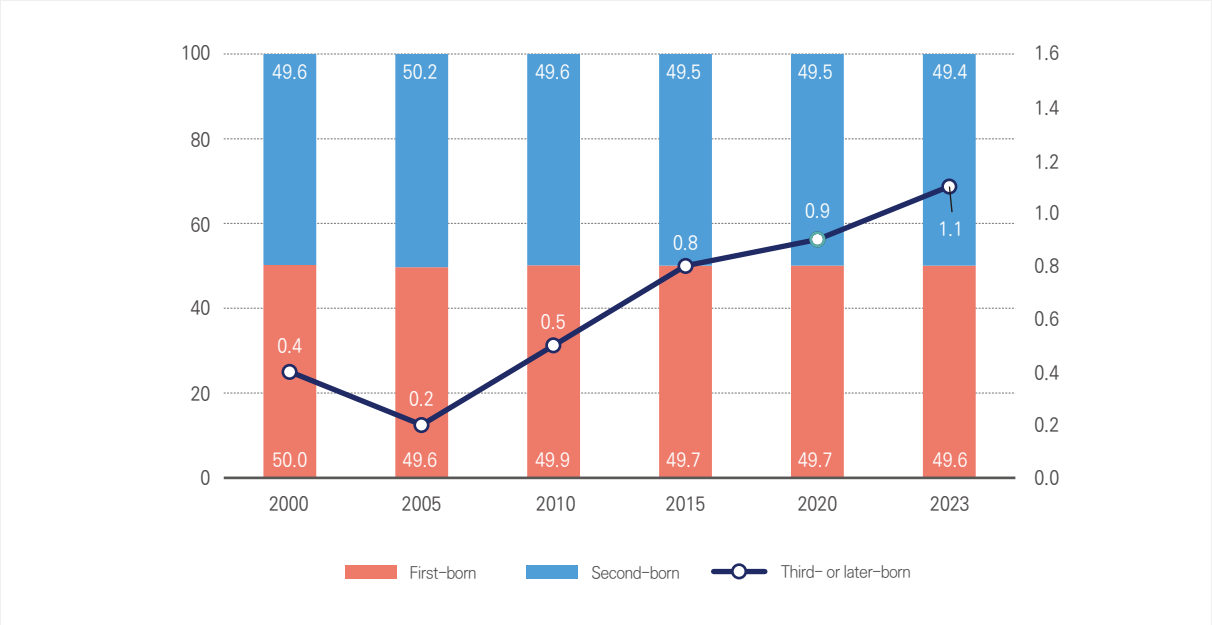
Source: Statistics Korea. Population Trends Survey. Annual Data (Type A).

Throughout the period from 2000 to 2023, nearly all multiple-birth infants were first- or second-born, with each group accounting for close to 50 percent, while the share of third- or later-born multiple-birth infants increased from 0.4 percent to 1.1 percent, reflecting the rising incidence of higher-order multiple births.[9)]

8) Between 2014 and 2023, the proportion of very low birth weight infants who were twins increased from 30.9 percent to 35.8 percent, while the proportion of triplets or higher-order multiples rose from 2.7 percent to 6.4 percent, representing an approximate 2.4-fold increase. In contrast, the proportion of singletons declined from 66.4 percent to 57.8 percent over the same period. [Park, H. Y. et al. 2015, 2024]

9) Among multiple births, the proportion of higher-order multiples (triplets or more) increased from 0.99 percent in 2000 to 3.24 percent in 2023 (Statistics Korea, each year, Original Data of the Population Trends Survey, Annual Birth Data Type A).

[Figure 9] Distribution of multiple-birth infants by birth order (2000-2023) (in %)



Source: Statistics Korea. Population Trends Survey. Annual Data (Type A).

Concluding remarks

Advanced maternal age and multifetal pregnancies are categorized as high-risk, involving multidimensional risk factors, including health risks from preconception through the postpartum period and the challenges of postpartum care. Policy considerations should extend beyond ensuring health for both mothers and babies to supporting families in effectively caring for their multiple-birth newborns.

As maternal age at multiple birth increases, and as the proportion of preterm and low-weight births in multifetal pregnancies continues to rise, the expanding policy support[10] for couples with fertility issues, together with the resulting growth in fertility treatments and in the number of individuals receiving them, could further increase multifetal pregnancies and, consequently, preterm and low-weight deliveries, thereby intensifying health risks for both mother and child and adding to the nursing care burden on parents. Rather than confining its policy effort to expanding cost support for individuals receiving fertility treatments, the government should consider taking measures to improve the quality of medical and social responses to multiple births. This could begin with revising the embryo transfer

10) The support program for infertility treatment costs for couples has been continuously expanding. In February 2024, the income eligibility criteria for the program were abolished, and the number of in vitro fertilization (IVF) procedures covered was increased. In November of the same year, the age-based restrictions were removed, so that women aged 45 and older receive the same support as those under 44. Additionally, the out-of-pocket costs for infertility treatments under the National Health Insurance were reduced, and the number of supported procedures was increased from 25 per couple to 25 per birth. [Ministry of Health and Welfare]

guideline, improving the provision of information about multifetal pregnancy, and establishing a roadmap for policies concerning multifetal pregnancies and postpartum care needs for multiple-birth infants.

Since 2000, many countries around the world—including the UK, Australia, and Japan—have taken preventive approaches to multiple births, recommending single embryo transfers in assisted reproductive procedures and pursuing policies for the systematic provision of information and counseling about the high risks associated with multifetal pregnancy. The UK and Australia have adopted a comprehensive policy approach that features guidelines for twin and triplet pregnancies, multiple-birth specialist midwives, and a multiple birth allowance. [Royal College of Nursing; Royal Cornwall Hospitals NHS Trust; Services Australia]

As for Korea, the existing data on multiple births—consisting merely of counts of births, birthweight, and gestational weeks[11)]—can hardly serve as a sufficient basis for comprehensively understanding pregnancies, deliveries, and postpartum infant care related to multiples, which is an essential prerequisite for formulating policies that address the distinctive characteristics of multiple births and the support needs of families raising multiples. Concerted efforts are therefore required to advance research and systematic data collection on households with multiples, which should, in turn, inform policy deliberations and coordination aimed at ensuring the provision of continuous, comprehensive health and welfare services that effectively respond to their support needs.

11) Korea's statistics on multiple births are limited to basic indicators such as the number of births, birth weight, and gestational age, making it difficult to systematically understand the overall status and characteristics of multiple births, as well as the specific parenting practices and policy needs of families with multiples.
- Statistics Korea Population Trend Survey provides basic birth characteristics, including the age, occupation, and education level of parents of multiples, gestational age, birth weight of the multiples, and birth order.
- Korean Neonatal Network (KNN) covers more detailed information on very low birth weight infants (under 1.5 kg), including basic characteristics of the infants, maternal characteristics, comorbidities, and long-term growth and developmental follow-up. Among very low birth weight infants in 2023 (1,847 infants), 1,680 were registered in KNN, representing about 91% of this population, ensuring high demographic representativeness (Statistics Korea, 2024; Park Hyun-young et al., 2024). However, because KNN only targets very low birth weight infants, multiples weighing 1.5 kg or more are not included, limiting its usefulness for understanding the overall status and characteristics of all multiples. Additionally, data access is restricted to the principal investigators (PIs) and co-principal investigators (Sub-PIs) at participating hospitals, making access to the data limited.
- Korea Population Health and Welfare Association's Twin Parenting Empathy Campaign Survey targets parents of multiples, but only includes four to five brief items regarding parents' thoughts on twin pregnancy and parenting (June 26, 2024), parenting concerns (December 26, 2024), and a self-assessment of depression for twin parents (June 23, 2025). As a result, it is limited in its ability to systematically capture the detailed parenting realities and policy needs of families with multiples.

References

Australian Institute of Health and Welfare. 2024. *Australia's mothers and babies: Web report.* Australian Government. https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies

Choi, E. J. *Current status and implications of preterm infant health statistics. Health and Welfare Forum, 317,* 81–95. Korea Institute for Health and Social Affairs. 2023.

Health Insurance Review and Assessment Service. 2025. *Statistics report on infertility treatment: Infertility treatment seen through statistics (2022 data).*

Health Insurance Review and Assessment Service, Open Health Care Big Data System. 2025. *Statistics on diseases of national interest.* https://opendata.hira.or.kr/op/opc/olapMfrnIntrsIlnsInfoTab1.do

Kazemier, B. M., Buijs, P. H. M., Ravelli, A. C. J., Lyerly, A. D., Spong, C. Y., Mol, B. W. J., & Pajkrt, E. 2023. Gestational weight gain, maternal body mass index, and pregnancy outcomes in twin pregnancies: A retrospective cohort study. *BJOG: An International Journal of Obstetrics & Gynaecology.* https://doi.org/10.1111/1471-0528.17574

Korea Population Health and Welfare Association. June 26, 2024. *Second "Twin Parenting Empathy Campaign" survey results: Families with twins need more support due to "financial burden" and "physical fatigue" compared to singletons.* Press release. https://www.ppfk.or.kr/promotion/news-detail/527

Korea Population Health and Welfare Association. December 26, 2024. *Parents of twins prefer "equal friendship" over hierarchy in child-rearing: Results of the 4th "Twin Parenting Empathy Campaign" survey.* Press release. https://www.ppfk.or.kr/promotion/news-detail/551

Korea Population Health and Welfare Association. June 23, 2025. *First "Twin Parenting Empathy Campaign" survey results: 30.2% of mothers of twins (within 12 weeks postpartum) experience severe depression.* Press release. https://www.ppfk.or.kr/promotion/news-detail/558

Ministry of Health and Welfare. 2025. *2025 Maternal and Child Health Project Guide.*

Multiples Matter. 2023. *Multiples Matter full report.*

OECD. 2024. *OECD Family Database. Fertility Indicators.* https://www.oecd.org/els/family/database.htm

Park, H. Y., Ahn, Y. J., Lim, J. Y., Lim, S. R., Park, W. S., Jang, Y. S., Lim, J. W., Shim, J. W., Kim, I. K., Choi, C. W., Lee, B. S., Lee, J. A., Lee, J. H., Lee, S. M., Ahn, S. Y., Yoon, Y. A., Lee, M. H., & Kim, S. Y. *Korean Neonatal Network Annual Report 2014.* Korea Centers for Disease Control and Prevention, National Institute of Health. 2015.

Park, H. Y., Lim, J. Y., Song, B. M., Lim, N. G., Lee, I. S., Jang, Y. S., Shim, J. W., Lim, J. W., Jeon, G. W., Ahn, S. Y., Lee, M. H., Han, H. J., & Shin, E. S. *Korean Neonatal Network Annual Report 2013.* Korea Disease Control and Prevention Agency, National Institute of Health. 2024.

Piercy, J. C. 2019. Ante- and perinatal risk factors and neuropsychological outcome: Exploration of the role of multiple birth and acid-base status in preterm born preschoolers (Doctoral dissertation, Wayne State University). *Wayne State University Dissertations.* https://digitalcommons.wayne.edu/oa_dissertations/2207

Pison, G., Torres, C., Monden, C., & Smits, J. 2022. Peaks in twin births? An international comparison of trends in twinning rates in 30 developed countries. *European Population Conference – EPC 2022.* Groningen, Netherlands. https://hal.science/hal-03906675

Royal College of Nursing. 2024. *Multiple Births Midwife Standard: RCN guidance for midwifery and nursing.* Clinical Professional Resource. London: Royal College of Nursing.

Royal Cornwall Hospitals NHS Trust. 2025. *Multiple Pregnancies Clinical Guideline V4.1.* Clinical Guideline. Cornwall: Royal Cornwall Hospitals NHS Trust.

Services Australia. July 1, 2025. *FTB Part A Multiple Birth Allowance.* Family Assistance Guide. https://www.servicesaustralia.gov.au/ftb-part-multiple-birth-allowance?context=22151

Silton, N. R., Puello Brasil, M. A., & Candelario, M. 2023. Twins, triplets, and multiples, oh my!: Challenges, risks, and best practices for caring for multiples. In *Advances in psychology, mental health, and well-being* (pp. 45–65). IGI Global. https://doi.org/10.4018/978-3-3693-1285-8.ch003

Statistics Korea. (Various years). *Raw data from the Population Trends Survey. Annual birth data, Type A.*

Statistics Korea. August 28, 2024. *2024 Birth Statistics.* Press release. https://kostat.go.kr/board.es?mid=a10301010000&bid=204&act=view&list_no=435209

Statistics Korea. February 26, 2025. *2024 Birth and Death Statistics (Provisional).* Press release. https://kostat.go.kr/board.es?mid=a10301010000&bid=204&list_no=435209&act=view&mainXml=Y

The Human Multiple Births Database. May 26, 2025. *Data and metadata* [Data set]. French Institute for Demographic Studies – INED (distributor). https://www.twinbirths.org/en/data-metadata

Torres, C., Caporali, A., & Pison, G. 2023. The Human Multiple Births Database (HMBD): An International Database on Twin and Other Multiple Births. *Demographic Research, 48*(4), 89–106. https://doi.org/10.4054/DemRes.2023.48.4

Twins Trust & Per Capita. 2024. *Twins and multiples in the United Kingdom: Examining the experiences of parents and families having multiple births.* Twins Trust. https://twinstrust.org/static/e74d3e05-cd8e-4189-b3b08bdc935b13e8/b1c46ba6-9e22-46d8-95915e26af05109f/Per-Capita-full-report.pdf

World Health Organization. May 10, 2023. *Preterm birth (Fact sheet).* https://www.who.int/news-room/fact-sheets/detail/preterm-birth

Yoon, S. W., Jin, J. H., Jung, H. J., Song, J. E., Lee, S. A., & Bae, S. J. *Policy improvement plan through clinical prognosis by gestational age of premature infants.* National Health Insurance Service Ilsan Hospital Research Institute. 2019.

Zegers-Hochschild, F., Adamson, G. D., de Mouzon, J., Ishihara, O., Mansour, R., Nygren, K., Sullivan, E., & Vanderpoel, S. 2009. International Committee for Monitoring Assisted Reproductive Technology (ICMART) and the World Health Organization (WHO) revised glossary of ART terminology, 2009. *Fertility and Sterility, 92*(5), 1520–1524. https://doi.org/10.1016/j.fertnstert.2009.09.009