The usual birth of twins at 37 weeks gestation, the point of viability, has changed in recent years to 34 weeks, and even earlier, according to Dr. Karen Macaluso of Reproductive Science at Johns Hopkins Medical Institutions. On April 29, 2008, a daughter, Lauren, was born by Caesarian section at 24 weeks gestation, regarded as the point of viability. The Mastera twins, in a family photo at 2 months old, each weighed only about 3 pounds at birth.

"It's not that I don't feel grateful," said Ms. Mastera, now 33, of her children. "But I know if I'll ever forget how horrible I felt about them coming early," Ms. Mastera said. "And I don't think that the father ever will either. We were just so shocked." The mastera twins, in a family photo at 2 months old, each weighed only about 3 pounds at birth. They are now 7 years old.

In Atlanta, the Centers for Disease Control and Prevention hired an economist to predict what would happen if single embryo transfer were used in a large number of IVF cases. The cost to the state of Georgia of treating premature infants was estimated to be between $750,000 and $800,000, was for Carter. The bill was picked up by the self-funded health plan of the employer.

"It's not just the cost of the babies that matters," said Dr. Alan N. Farber, a professor of obstetrics and gynecology at the Emory University School of Medicine. "It's also the cost of health care to the state and to employers because of the ability of twins to cause more problems for other children." The Masteras could not afford to pay for another cycle of IVF. So when the couple was given a choice of paying for a second cycle or going home with no hope of children, they chose to go home.

"This was our Hail Mary pass," said Ms. Mastera, "We thought, let's just do it. At the time, it was a decision we made out of desperation. Now we wish we'd had a little more control." Dr. Macaluso calls them "million-dollar babies." The clinic was charging about $12,000 for a single embryo transfer.

"I'm not sure we would have done this if we had known the risk," Ms. Mastera said. "I don't think we had the knowledge." The Masteras could not afford to pay for a second cycle. So when the couple was given a choice of paying for a second cycle or going home with no hope of children, they chose to go home.

"They came in and said, 'You are going into surgery right now.' " As doctors tried to save the baby, Max, the quiet and serious, was "like a zombie." For the next two years, dozens of doctor visits and four rounds of in-vitro fertilization were necessary before the Masteras could bring home a pair of healthy boys.

"It's not that we didn't have the resources," Ms. Mastera said, "but that it also impacts businesses and employer health plans." Before the twins were born, the Masteras were living in a 1,000-square-foot apartment with two children and two dogs. The family had been planning to move to a house in Aurora and ready to start a family. Instead, they began a family of four.

"Modern medicine has given us the opportunity to create babies in a way that was not possible before," Dr. Macaluso said. "But it comes with a price. While IVF creates thousands of new families a year, it also creates thousands of premature babies. It's not that there are no risks. There are risks. But it's a matter of choice. A choice of whether we are going to tolerate the risks of going for more babies at the expense of other babies." The annual American Academy of Pediatrics (AAP) national conference provided a glimpse of the risks and costs of fertility medicine. At the conference, a panel of experts discussed the impact of IVF on premature births.

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