INTRODUCTION

Multiple gestations or multiple pregnancies occur when two or more fetuses are conceived at the same time in the same woman, it can either be a monozygotic or dizygotic pregnancy (Enid Simon Chiwanga et al., 2014). The risk factors for multiple gestation births have been well documented. These include family history of twins, heredity, advanced age, serum oestradiol concentration, race, and use of fertility treatment (Tur et al., 2001; Dickey et al., 2001). Multiple births are much more common today than they were in the past. This dramatic rise in the incidence of multiple gestation, especially in higher order multiple gestation, has been attributed to the increase in the use of ovulation inducing agents, use of assisted reproductive technologies, and a shift toward bearing children at older maternal ages, when multiple gestation are more likely to occur naturally (Chittacharoen, 2006; American society of reproductive medicine, 2004). Although twins occur in approximately one in 80 pregnancies, they account for 12.2% of preterm births and 15.4% of neonatal deaths (Sultana et al., 2011). About half of twins are born with a birth weight of less than 2,500 g (5.5 lb) (HFEA 2006). However the chances of survival for very small twin babies are higher than for very small single babies (Cnattingius et al., 1998). Twin to twin transfusion syndrome, is a rare but potentially serious complication in identical twins these days, survival rates are much higher, thanks to early detection and also to laser treatment, which is performed in a few hospitals specialising in this procedure (NICE 2006). Multiple pregnancy puts mother at risk of miscarriage, pre-eclampsia, APH, PPH, iron and folic acid deficiency anaemia, polyhydramnios, preterm labour, PROM and increased rate of caesarean section. Pre-eclampsia is 2–3 times more common in multiple than singleton pregnancy and likely to be more severe (Day et al., 2005). Every woman with a high order multiple pregnancy should be counseled about the risk of continuing the pregnancy, the likely management and the offer of multifetal pregnancy reduction (MFPR). Higher order multiple pregnancies should be managed in tertiary perinatal centres with a fetal medicine service.
MATERIALS AND METHODS

All women admitted to the labour ward with twin pregnancy after 28 weeks gestation were included in the study. Women with gestational age less than 28 weeks were excluded from the study. This observational study extended over a period of one year from May 2014 to May 2015. Demographic information included maternal age, parity, history of infertility treatment, family history of twin pregnancy, any previous twin pregnancy, gestational age at time of presentation, booked or un-booked, time of last steroid injection given, antenatal admissions, and antenatal complication. A general physical examination was done to note the associated complications like anaemia, hypertension, and jaundice. Per abdominal examination was done to note the presenting part, lie, position, size and its relation to birth canal and FHS were noted. Pelvic examination was done to note PROM and antepartum hemorrhage and to note the stage of labour, presentation, status of the membranes and the adequacy of pelvis. Neonatal outcome included gestational age at birth, birth weight, stillbirth, death prior to discharge, live born, discharged alive, presence of respiratory distress syndrome (RDS), need of mechanical ventilation, APGAR score, length of hospital stay, and maternal outcome of all women including use of induction of labour, mode of birth, primary or major postpartum hemorrhage and postpartum pyrexia. Main outcome measures were maternal complication (i.e., anaemia, preterm labour, pregnancy induced hypertension, postpartum hemorrhage etc.), perinatal morbidity and mortality. Data was analyzed using SPSS-16.

RESULTS

There were 37,239 deliveries in our hospital during the study period of 1 year and there were 670 twin deliveries encountered with an incidence of 17.99 per 1000 births (1.79%). Maximum incidence (68%) of twinning was in the age group 26-35 years with mean age of 33.42 years. 188 (28%) cases were primigravida and 482 (72%) cases were multigravida. The mean gestation age at delivery was 35.29 weeks. With most twins delivered before 37 weeks and only 25% of twins were delivered at >37 weeks. 77% of patients were primigravida and 482 (72%) cases were multigravida. The mean gestation age at delivery was 35.29 weeks. 25% of twins were delivered at >37 weeks. 77% of patients were primigravida and 482 (72%) cases were multigravida. The mean gestation age at delivery was 35.29 weeks.

Majority of cases showed spontaneous onset of labour. LSCS was done for both twins in 201 (30%) cases and for 2nd twins in 28 cases in view of placental prolapsed and fetal distress. In our study of 670 twin deliveries (1340 babies), 42 newborn (3.13%) had birth weight <1000 gm and 402 (30%) newborn had birth weight 1000-1500 gm. Majority of newborn (60%) had birth weight 1500-2500 gm and most low birth weight was due to prematurity. Only 92 (6.86%) had birth weight above 2500 gm. 362 (27.01%) babies required admission to NICU and major reasons for NICU admissions were prematurity, birth asphyxia, and sepsis. There were 84 still births and 43 early neonatal deaths.

DISCUSSION

Twin gestation is a high risk pregnancy with unique antepartum and intrapartum as well as fetal complications. Over the past years rate of twin births has increased, in general due to innovations in infertility treatment. Risks fall on fetuses in terms of morbidity and mortality primarily relating to the twins being born with preterm and low birth weight compared to singletons. (Hanumiahs et al., 2013) The incidence of twin pregnancy in this study was 1.79%. Similar high incidence was noted by Indira Hanumaiah (Hanumiahs et al., 2013) (2.03%) and Naushaba Rizwan (2010) (1.44%). Maximum incidence of twinning was in the age group 26-35 years. Similarly, higher incidence (58%) of twinning was noted in same age group in previous study from our hospital. (Rather et al., 2014) Mean gestational age at birth was 35.29 weeks. Similar observation was noted in study done in United States, mean gestational age for twins was 35.8 weeks. (Shinwell, 2005) In our study, most common complications seen in twin pregnancy was anaemia (41.94%) and preterm labour (35.97%) followed by
Twin pregnancy is associated with increasing risk to mother and foetus; therefore, all twin pregnancies should have a mandatory hospital delivery. Early diagnosis, adequate antenatal, intra-natal and postnatal cares are necessary to improve outcome.

REFERENCES

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