Management of Multiple Pregnancy

Risks to the mother with multiple pregnancy:
1. Miscarriage
2. Hyperemesis
3. Premature labour and delivery
4. Anaemia
5. Pre-eclampsia
6. Antepartum and postpartum haemorrhage
7. Polyhydramnios
8. Operative delivery

Risks to the fetus with multiple pregnancy:
1. Preterm birth
2. Intra-uterine growth restriction
3. Intra-uterine fetal death
4. Twin-twin transfusion syndrome (TTTS) in monochorionic twins
5. Increased risk of congenital abnormality

Ultrasound in multiple pregnancy:
If a twin or triplet pregnancy is diagnosed in the ante-natal clinic, an USS should be performed and an attempt made to discover whether the twins are monochorionic or dichorionic. During antenatal care, dichorionic twins should have US every 4 weeks from 24 weeks gestation to look for evidence of growth restriction. In monochorionic twins or in triplets, growth scans should be every two weeks from 24 weeks.

For twin or triplet pregnancies in labor the following measures should be taken:
- The obstetrician and pediatrician should be notified and consulted as soon as possible.
- Start two IVs with large cannulae.
- Presentation and gestational age should be determined by ultrasound.
- Obstetrician and pediatrician must be present during the delivery.
- Be prepared for possibility of postpartum bleeding.

Management on the labor ward:
1. Twins with Vtx/Vtx presentation can be safely delivered vaginally.
2. If the first twin is breech, no matter what the presentation of the second twin is, C/Section delivery should be the method of choice. Mother’s who want to continue with vaginal delivery should understand the risks involved.
3. Twins with Vtx/breech presentation should be individualized.
4. Premature twins will be managed like singleton premature labor and delivery according to the protocol.