Original Research Article

Twin pregnancies: Maternal and perinatal outcome in a tertiary health centre

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Abstract

Background: Twin gestation brings double happiness but at the same time implies twice the unforeseen complications to the health of the mother and the fetus.

Objective: To study the maternal and neonatal outcome in multi fetal pregnancy in a tertiary health centre.

Materials and methods: A retrospective observational analysis of 30 twin pregnancies admitted and managed in our centre. Patients were studied for any adverse antenatal complications, mode of delivery and maternal and perinatal outcome.

Results: In our study, maximum patients were in age group of 31-35 years (33.3%) and primigravida (46%), admitted with gestational age 32-37 weeks (46.6%). Commonest maternal complication observed was anemia (60%) followed by preterm labour (53.3%), premature rupture of membranes (40%), pregnancy induced hypertension (33.3%). Cesarean section was mode of delivery in maximum (60%), with common indication being Malpresentation (50%). Out of 56 live births, 51.6% were admitted in neonatal ICU for causes like prematurity (58.06%). Prematurity was the leading cause of perinatal mortality and morbidity in twin gestation.

Conclusion: Twin gestation has significantly increased risk to both the mother and the fetus. Early recognition and adequate management of twin gestation can decrease associated complications and betterment of maternal and neonatal outcome.

Key words

Twin pregnancy, Maternal morbidity and mortality, Neonatal morbidity and mortality.
Introduction
Twin gestation brings double happiness but at the same time implies twice the unforeseen complications to the health of the mother and the fetus. Twin pregnancy is increasing at an alarming rate, from 18.9% in 1980 to 32.1% in 2005 [1, 2] and further increased to 33.7% in 2015 [3]. This retrospective observational study comprised of twin pregnancy in a tertiary health centre over a year to evaluate maternal and neonatal outcome and associated complication.

Material and methods
This was a retrospective study done in Dhiraj Hospital, Vadodara in Obstetrics and Gynecology Department over a period of one year. In this study, patients with twin gestation delivered in our hospital over a year (30 patients) were taken and a thorough study of the delivery records including age, parity, gestational age at deliveries, presentation of twins, Apgar score, fetal anomalies, pregnancy complications and neonatal mortality was undertaken.

Results
In this study, maximum patients were in age group of 31-35 years (33.3%) as per Table - 1. In our study, maximum patients were primigravida (46%) as per Table - 2. In our study, maximum patients were with gestational age 32-37 weeks (46.6%) as per Table - 3.

Commonest maternal complication observed was anemia (60%) followed by preterm labour (53.3%), premature rupture of membranes (40%), pregnancy induced hypertension (33.3%) as per Table - 4.

It was observed that maximum underwent Cesarean section (60%) for deliver as per Table - 5. In this study, we observed most common indication was malpresentation (50%) as per Table - 6. Distribution according to neonatal outcome was as per Table - 7. In this study, prematurity (58.06%) was the main indication NICU admission as per Table - 8.

Discussion
Twin gestation is associated with significant risk to mother and fetus. In our study, maximum patients were in age group of 31-35 years.
Twin gestation is associated with significant maternal morbidity and mortality [5]. Commonest associated maternal complication observed was anemia (60%) followed by preterm labour (53.3%), premature rupture of membranes (40%), pregnancy induced hypertension (33.3%). Similar results were seen by Bangal, et al. [6]. Cesarean section was mode of delivery in maximum (60%), similar to study conducted by Sultana, et al. [7]. Most common indication was Malpresentation (50%).

Out of 56 live births, 51.6% were admitted in neonatal ICU for prematurity (58.06%). Prematurity is the leading cause of perinatal mortality and morbidity in multiple gestation as was also postulated by studies of Koram, et al. [8] and Ziadeh S [9].

Conclusion
Twin gestation is associated with increased association with maternal and perinatal complications. In many instances, the situation defies the treatment once it is fully developed. Regular, frequent antenatal check up and with liberal hospital admission and thereby early diagnosis or recognition of the complications can help curb and control the situation, limiting the undesirable results and ensure the goal of Safe Motherhood and Child Survival.

References


