

# International Journal of Clinical Obstetrics and Gynaecology



ISSN (P): 2522-6614  
ISSN (E): 2522-6622  
© Gynaecology Journal  
[www.gynaecologyjournal.com](http://www.gynaecologyjournal.com)  
2020; 4(4): 132-134  
Received: 03-05-2020  
Accepted: 05-06-2020

## Dr. Devyani Tiwari

Assistant Professor, Department of  
Obstetrics and Gynaecology,  
M.G.M. Medical College, & M.Y.  
Hospital, Indore, Madhya Pradesh,  
India

## Dr. Mohini Rajoriya

Assistant Professor, Department of  
Obstetrics and Gynaecology,  
M.G.M. Medical College, & M.Y.  
Hospital, Indore, Madhya Pradesh,  
India

## To assess the importance of mode of delivery of twin fetus and early diagnosis

Dr. Devyani Tiwari and Dr. Mohini Rajoriya

DOI: <https://doi.org/10.33545/gynae.2020.v4.i4c.633>

### Abstract

**Background:** The present study of twins was done among the patients admitted in the department of Obstetrics and Gynecology at Maharaja Yashwant Rao Hospital & M.G.M. Medical College, Indore. Examination of patient, Nature, duration & complications of pregnancy & Labor Management of pregnancy and Labor, Fetomaternal outcome.

**Method:** Examination of patients, Nature, duration and complications of pregnancy and labour. Management of pregnancy and labour. Abdominal shape, size, any scar mark was recorded, Uterus whether over distended, presence or absence of any excessive liquor by palpating multiplicity of fetal parts detected & presentation, position & attitude of both fetuses were ascertained.

**Result:** Mode of Delivery of both babies, In 63 cases (73.25%) both twins delivered vaginally. Out of 15 cases in which LSCS was done in 2 cases operation was done only for second of the twins (2.32%) and in 21 cases for both babies (15.11).

Out of the 63 cases delivered vaginally, in 35 cases (40.69%) both babies delivered by vertex. Internal podalic version for second baby in transverse lie was done in 01 case. In 02 cases, first baby delivered by vertex, for second baby LSCS was done. In these 2 cases, second baby was in transverse lie and during LSCS was extracted by breech.

**Conclusion:** Ultrasonography was utilized in diagnosing nearly 67 cases, while x-ray was not utilized for diagnosis. In spite of these modalities being available, diagnosis of twins was missed before delivery in nearly (16.27), the main causes being patients admitted in labour and small size of fetuses. Antenatal care in more number of patients will result in more utilization of ultra sonography and can further minimize the percentage of twins undiagnosed before delivery.

**Keywords:** diagnosis, twins & mode of delivery

### Introduction

Procreation, the endless quality of reproduction & its regulation bestowed to all living cells by nature, irrespective of species or kind is miraculous. Multifetal gestation, though fascinating have always been a great challenge to the concerned obstetricians, due to late diagnosis and related complications. Ignorance on the part of patients themselves puts this group in great peril [1].

Literally twin is derived from word twin – meaning "two" and twin meaning a counterpart one very like or closely associated with another.

Twins are natural clones. No. of twin pregnancies are on the rise because of artificial reproductive techniques & ovulation inducers [2, 3]. Twin pregnancies are associated with significantly higher morbidity & mortality than are singleton pregnancy therefore understanding of twinning phenomenon is needed to improve perinatal outcome of this high risk pregnancy [4]. Several efforts are made to unify all types of contributions on twins into a new branch known as Gamellogy [5].

Newman - "strictly speaking twinning is twining the division of an individual into 2 equivalent and more or less completely separate individuals. The term twin is applicable both to the single ovum (monozygotic) and double ovum (dizygotic) varieties" [6].

### Material and Method

The present study of twins was done among the patients admitted in the department of Obstetrics and Gynecology at Maharaja Yashwant Rao Hospital & M.G.M. Medical College, Indore from May 2019 - June 2020.

### Corresponding Author:

#### Dr. Mohini Rajoriya

Assistant Professor, Department of  
Obstetrics and Gynaecology,  
M.G.M. Medical College, & M.Y.  
Hospital, Indore, Madhya Pradesh,  
India

## Methods

1. Examination of patients.
2. Nature, duration and complications of pregnancy and labour.
3. Management of pregnancy and labour.

## Obstetric examination

Abdominal shape, size, any scar mark was recorded, Uterus whether over distended, presence or absence of any excessive liquor by palpating multiplicity of fetal parts detected & presentation, position & attitude of both fetuses were ascertained. Fetal heart sounds located at its maximum intensity, noting their rate & regularity. Presence of two distinct fetal heart sounds with difference of at least 10 beats/minute was taken as diagnostic of twins.

## History

1. Detail menstrual history: With special emphasis to note the first day of last menstrual period as EDD i.e. expected date of delivery was calculated by Naegle's rule.
2. Family history of twins: Whether on the Father's or on mother's side was noted & in which family member exactly.
3. History of infertility treatment: Kind of treatment received was noted in detail.

## Investigations

Blood sample from the mother was collected for estimation of hemoglobin percentage to diagnose anemia, ABO & Rh typing for blood transfusion if necessary.

Urine examination for albumin, sugar & acetone, Special investigations like USG done whenever possible. In maximum cases ultrasonography was done to detect or confirm presence of twins, their lie, maturity, gestational age, rule out congenital anomaly & to note any IUGR, Discordant growth. Amount of liquor also noted.

## Results

**Table 1:** Age Incidence

Age Group	No. of Cases	Percentage (%)
< 20 years	8	9.3
21 – 25 years	57	66.3
26 – 30 years	15	17.4
31 – 35 years	5	5.8
> 35 years	1	1.1
Total	86	

In our study, incidence was found to be maximum in the age group 21-25 years, i.e. 66% (57 cases) and least in age group > 35 years i.e. 1.1% (1 case).

**Table 2:** Table showing Physical Findings at the Time of Admission

Findings	No. of Cases	Percentage (%)
Undue enlargement of abdomen	42	48.83
Multiple fetal parts palpable	25	29.06
Hypertension	27	31.39
Pallor	21	24.41
Edema on feet	22	25.58
Excessive liquor	8	9.30
Bleeding P/V	3	3.49
Retained second twin	3	3.49

At the time of admission most common findings were undue enlargement of the abdomen (48.83%), multiple fetal parts

palpable (29.06%), pallor (24.41%), and edema on feet (25.58%). In 27 cases (31.39%) patients had hypertension (BP  $\geq$  140/90 mm of Hg). Out of 86, three patients presented with bleeding per vaginam. Out of which two patients turned out to be of abruptio placentae one of placenta previae, making 3.49% cases presenting as bleeding per vaginam.

Three patients had history of giving birth to a baby a few hours ago at home and came to hospital with the suspicion of one more baby in utero, so presented in the hospital as retained second of the twin (3.49% cases).

**Table 3:** Showing mode of delivery

Type of Delivery	No. of Cases	Percentage (%)
Vaginal delivery	63	73.25
Vertex – Vertex	35	40.69
Vertex – Breech	17	19.76
Breech – Vertex	1	1.16
Breech – Breech	7	8.14
Vertex – IPV	1	1.16
Breech – IPV	-	-
Vertex – Fetus Papyraceus	2	2.32
LSCS	15	17.44
For both babies	13	15.11
Vertex – Vertex	4	-
Vertex – Breech	1	-
Breech – Vertex	4	-
Breech – Breech	3	-
Transverse – Breech	1	-
For second baby only	2	2.32

\* 8 abortions are excluded in this table.

Mode of Delivery of both babies, In 63 cases (73.25%) both twins delivered vaginally. Out of 15 cases in which LSCS was done in 2 cases operation was done only for second of the twins (2.32%) and in 21 cases for both babies (15.11%).

Out of the 63 cases delivered vaginally, in 35 cases (40.69%) both babies delivered by vertex.

Internal podalic version for second baby in transverse lie was done in 1 case. In 2 cases, first baby delivered by vertex, for second baby LSCS was done. In these 2 cases, second baby was in transverse lie and during LSCS was extracted by breech.

## Discussion

In this study highest incidence was found in the age group of 21-25 years i.e. 66% (37 cases) and least in the age-group >35 years i.e. 1.1% (1 case) [7].

The 21-25 years is the most common child bearing group in our hospital. In the present study 4 women conceived after clomiphene induced ovulation, all 4 were, in this age group. 8 patients of less than 20 years had twins, this is because of marriage and conception at an early age in our country [8].

Out of 86 cases, 63 cases (73.25%) had vaginal delivery, while 15 cases 17.44% had LSCS. 2nd baby was transverse cx fully dilated baby weight < 1.8 kg. So IPV done and baby delivered by Breech. But babies were PT developed RDS baby-1 certified 2 days after birth and baby-2 3 days after birth.

Thus in 1 case (1.16%) internal podalic version was done. In modern obstetrics second of the twin is the only recognized indication for IPV. Our incidence is 1.16. So it is almost similar to other series [9].

Incidence of LSCS in our series was 17.44% (15 cases), out of which in 13 cases it was done for both babies and in 2 cases for second baby only. In one case Forceps applied for 1st baby for fetal distress, 2nd baby delivered vaginally by vx.

### Conclusion

Ultrasonography was utilized in diagnosing, while x-ray was not utilized for diagnosis. In spite of these modalities being available, diagnosis of twins was missed before delivery, the main causes being patients admitted in labour and small size of fetuses. Antenatal care in more number of patients will result in more utilization of ultra sonography and can further minimize the percentage of twins undiagnosed before delivery.

Our study revealed the importance of early diagnosis of twins because the subsequent admission of selected cases and delivery by optimal route resulted in lower perinatal mortality

**Study Designed:** observational study

### References

1. Goldman R, Blumrozen E, Blickstein I. The influence of a male twin on birth weight of its female co-twin: a population-based study. *Twin Res.* 2003; 6:173-6.
2. Lynch A, McDuffie R, Murphy J *et al.* Assisted reproductive interventions and multiple birth. *Obstet Gynecol.* 2001; 97:195-200.
3. Reynolds MA, Schieve LA, Martin JA *et al.* Trends in multiple births conceived using assisted reproductive technology, United States, 1997-2000. *Pediatrics.* 2003; 111:1159-1162.
4. Martin JA, Curtin SC, Hamilton BE *et al.* Births Final data for. *National Vital Statistics Reports Hyattsville MD. National Centre for Health Statistics, 2002, 50(5).*
5. Jewell SE, Yip R. Increasing trends in plural births in the United States. *Obstet Gynecol.* 1995; 85:229-232.
6. Newman RB, Krumbach RS *et al.* Effect of cerclage on obstetrical outcome in twin gestations with a shortened cervical length. *Am J Obstet Gynecol.* 2002; 186(4):634-640.
7. Buekens P, Wilcox A. Why do small twins have a lower mortality rate than small singletons? *Am J Obstet Gynecol.* 1993; 168:937-41.
8. Pharoah POD, Adi Y. Consequences of in-utero death in a twin pregnancy. *Lancet.* 2000; 355:1597-602.
9. Rodis JF, Egan JFX *et al.* Monoamniotic twins: Improved perinatal survival with accurate prenatal diagnosis and antenatal fetal surveillance. *Am J Obstet Gynecol.* 1997; 177:1046-1049.