

# Mode of delivery of DCDA twin pregnancy:

## Maternal and neonatal outcomes

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### INTRODUCTION

Kingston Hospital cares for more than 120 DCDA twin pregnancies every year. Twin pregnancies are associated with higher maternal and neonatal morbidity and mortality than singleton pregnancies, with many complications relating to mode of delivery. Given this increased risk, it is essential to choose the appropriate mode of delivery for a woman and her babies.

### OBJECTIVES

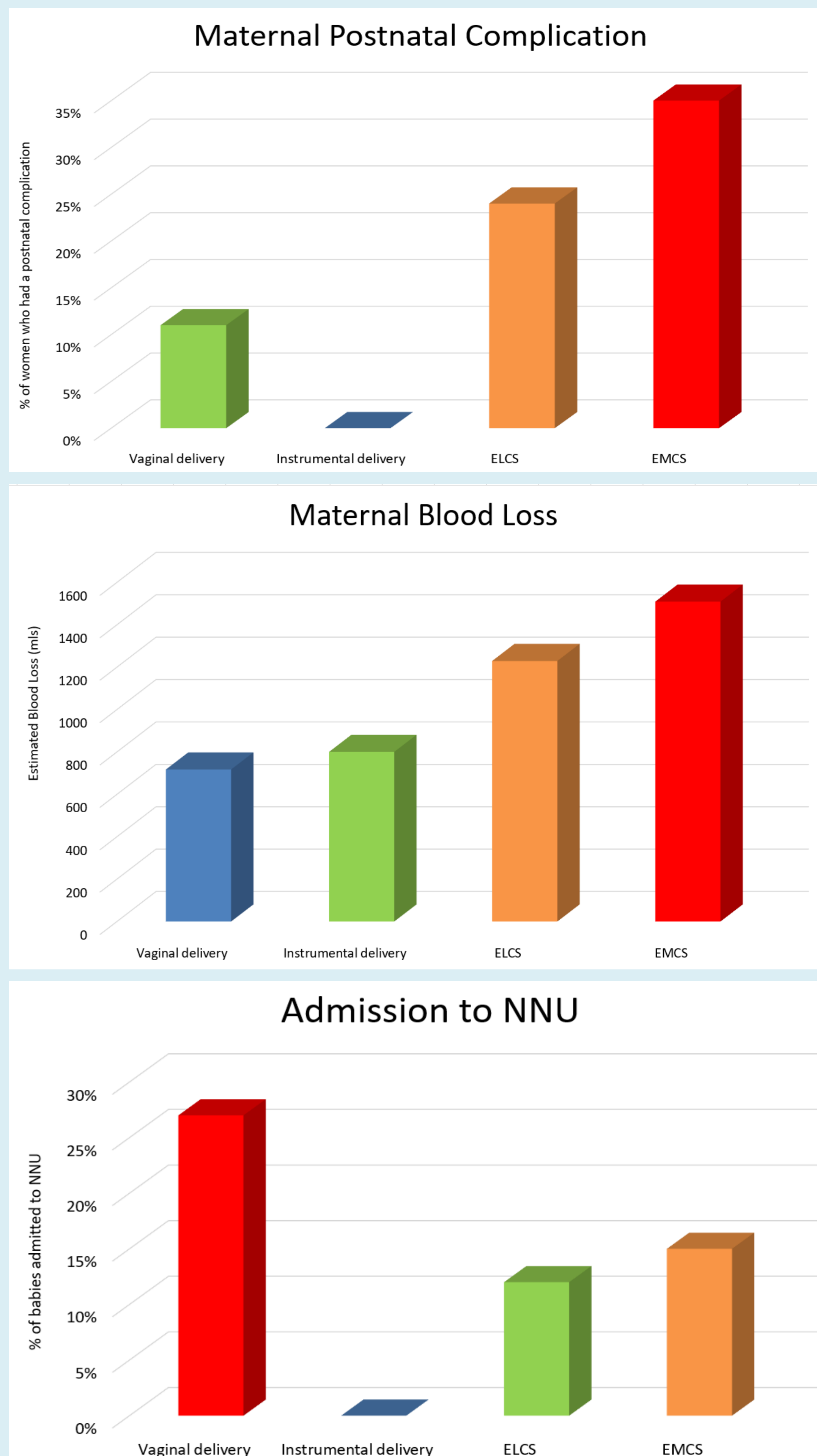
To compare maternal and neonatal outcomes following delivery of DCDA twins at Kingston Hospital.

### METHODOLOGY

Data were collected for 126 women with DCDA twin pregnancies who delivered at Kingston Hospital in 2019. Information regarding estimated blood loss (EBL), maternal postnatal complication and neonatal unit (NNU) admission was collected from the digital records and handheld patient notes.

### RESULTS

Maternal postnatal complication rate was 11% following vaginal delivery, 0% following instrumental delivery, and 24% and 35% following ELCS and EMCS respectively. EBL was highest following EMCS and lowest following vaginal delivery. Conversely, 27% of babies born by vaginal delivery required NNU admission, whilst only 12% and 15% of babies born by ELCS and EMCS respectively were admitted to NNU.



### CONCLUSION

Women who had ELCS had higher rates of postnatal maternal complication and a higher EBL, but their babies had lower rates of NNU admission. Balancing the risk to mother and baby is clearly critical, hence decision-making regarding mode of delivery should be patient centred, take into account individual risk factors, and involve the multidisciplinary team and the patient.