

# DELAYED INTERVAL DELIVERY IN MULTIPLE PREGNANCIES

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## INTRODUCTION

Multiple pregnancies are frequently complicated by early premature delivery of one or all fetuses, postponement of the pregnancy with the remaining multiples is a final option to try to improve the survival of at least another set of a multiple pregnancy.

## OBJECTIVE

Here we report on 41 delayed interval deliveries which we performed since 1991 until now at our centre.

**MATERIAL & METHODS:** In 33 twin and 8 triplet pregnancies a delayed interval delivery was performed according to a fixed protocol. After ruling out contraindications and obtaining informed consent, the vagina was disinfected and the umbilical cord ligated near to the cervix. All women received tocolytics, antibiotics and after 25 weeks of gestation also corticosteroids. No cervical cerclages were performed.

## RESULTS

In twin pregnancies, the mean gestational age at the moment of delivery of the first baby was 24.8 (range: 16-31) weeks. Perinatal mortality of firstborns was 70%. On average, delivery of the remaining fetus could be postponed for 20.6 (range: 0.5-106) days. In 50% it was possible to postpone delivery of the second baby until more than 26 weeks of gestation. Perinatal mortality of these second born babies was 13%.

In triplet pregnancies mean gestational age at delivery of the first baby was 23.8 (range: 18-26) weeks. Perinatal mortality of firstborns was 75%. Mean interval between delivery of the first and second baby was 9.6 (range: 1-34) days. Three women delivered on three separate days. Mean interval between delivery of the second and third delivery was 1.3 (range: 1-2) days. Perinatal mortality of all 16 remaining fetuses was 81%. Perinatal mortality of 8 remaining fetuses who were born after 26 weeks was 63%.

Maternal or combined morbidity consisted of : umbilical cord prolapse (n=4), partial placental abruption (n=2), clinical signs of chorioamnionitis (n=11), manual placenta removal (n=9), post partum pulmonary embolism (n=1), appendectomy (n=1), post partum transient atrium fibrillation (n=1) and transient elevation of liver enzymes (n=1).

The most recent summary of our data is published as a book chapter<sup>1</sup>

## CONCLUSION

Up to now, our series is one of the largest series originating from a single center. Delayed interval delivery results in a significant reduction in perinatal mortality in our series of twin pregnancies in the remaining multiples, which has to be weighted in relation to complications and maternal morbidity.

## Reference

1. Van Eyck J, Arabin B, Van Lingen R. Delayed Interval Delivery. In : Multiple Pregnancy (Second Edition) (Ed. I. Blickstein, L.Keith) Taylor and Francis , Abingdon 2005, pp. 640-645.