

# TWINS VAGINAL DELIVERY : A DYING ART ?

By

Dr. Prachi Dwivedi

(Unit 5 JR2)

# Twins



## • HISTORY

- 24 yrs /F G2A1 with DCDA twins with 9 months of period of gestation came to Dr. DY Patil Hospital OPD with chief complaint of pain in abdomen since 1 day
- Her gestational age according to her LMP – 38 weeks
- BU1- TWIN 1 and TWIN 2 – 38.3 weeks [done at 7.4 wks of gestation]
- Pregnancy conceived with ovulation induction method

- HISTORY OF PRESENT PREGNANCY

- First trimester

- Pregnancy was detected by UPT at 1.5 months of amenorrhoea.
- Confirmed by Dating scan done at 7.4 weeks S/O DCDA twins
- Folic acid supplementation taken regularly.
- First trimester investigations were normal
- NT scan was done on 07/04/2023 at an average GA of 13.4 weeks and was normal in both twins .

- HISTORY OF PRESENT PREGNANCY

- SECOND TRIMESTER

- Two doses of tetanus toxoid taken.
- Iron and calcium supplements taken regularly.
- Quickening felt at 5<sup>th</sup> month of amenorrhoea.
- Anomaly scan was done at 19.1 wks - no congenital anomaly.

- HISTORY OF PRESENT PREGNANCY

- THIRD TRIMESTER

- Fetal movements well appreciated
- Interval growth scan with doppler done at 36wks s/o twin, live, intrauterine gestation
  - Twin A of 35.6 wks gestation towards maternal right in longitudinal lie ,vertex presentation , FHR- 154 bpm with adequate liquor , placenta implanted on fundal and along left lateral side of uterus , EFW- 2806 gms , BPP-8/8, doppler – normal
  - Twin B with 36wks of gestation towards maternal left side, in longitudinal lie, vertex presentation, FHR- 142 bpm with adequate liquor, placenta implanted on posterior wall of uterus having EFW of 2998 gms, BPP- 8/8 , Doppler – normal

- She gave H/O of multiple pregnancy in family
- She was having adequate calories and protein intake

- **GENERAL EXAMINATION**

- Moderately built and nourished, conscious, well oriented to time place and person
- No pallor, icterus, cyanosis, lymphadenopathy, pedal edema
- Vitally stable
- Thyroid/breasts/spine-clinically normal



Other systemic examinations were within normal limit

- **PER ABDOMINAL EXAMINATION –**

- **INSPECTION –**

- Abdomen overdistended with stretched and shiny skin
- Linea nigra and stria gravidarum seen
- Umbilicus everted

- PER ABDOMINAL EXAMINATION –

- PALPATION

- Fundal height was of term size
- 3 fetal poles palpated-two cephalic and one breech
- Fundal grip suggestive of breech
- Lateral grip -multiple fetal parts felt both on right and left lateral grips
- 1<sup>st</sup> pelvic grip – hard, globular, ballotable mass felt s/o vertex
- 2<sup>nd</sup> pelvic grip –both hands converging (not engaged)
- Clinically liquor appears adequate
- Uterus 1/15'/10"

- PER ABDOMINAL EXAMINATION –

- AUSCULTATION

- Two separate FHS heard with hand held fetal doppler

- 1<sup>st</sup> FHS along left spino -umbilical line-136bpm,regular

- 2<sup>nd</sup> FHS along right spino-umbilical line -148bpm ,regular

- **PELVIC EXAMINATION**

- External genitalia appears normal.
- On per speculum examination- cervix and vagina healthy
- Per vaginal examination-2-2.5 cms dilated , 30% effaced stn -3, vertex membranes present, bulging, pelvis adequate.

# Case Summary

24 years, G2A1 at 38 weeks of gestation with DCDA twin pregnancy , came to OPD with complaints of pain most probably labour pains.

Patient was admitted for further management .

- **MANAGEMENT**

- She was in latent labor
- CTG reactive for both twins
- Investigations sent
- IV fluid for hydration
- OXYTOCIN 5 U infusion started at 5 pm on 4 cm dilatation
- Patient progressed well was fully dilated at 10 pm and station at +1.
- She was shifted to OT at 11 pm for further management

WHY?



## In OT

- She was progressing well
- FHR – normal
- Healthy female child 2.7 kg was delivered in cephalic presentation after episiotomy at 11:28 PM
- Baby cried immediately after birth , APGAR score was good

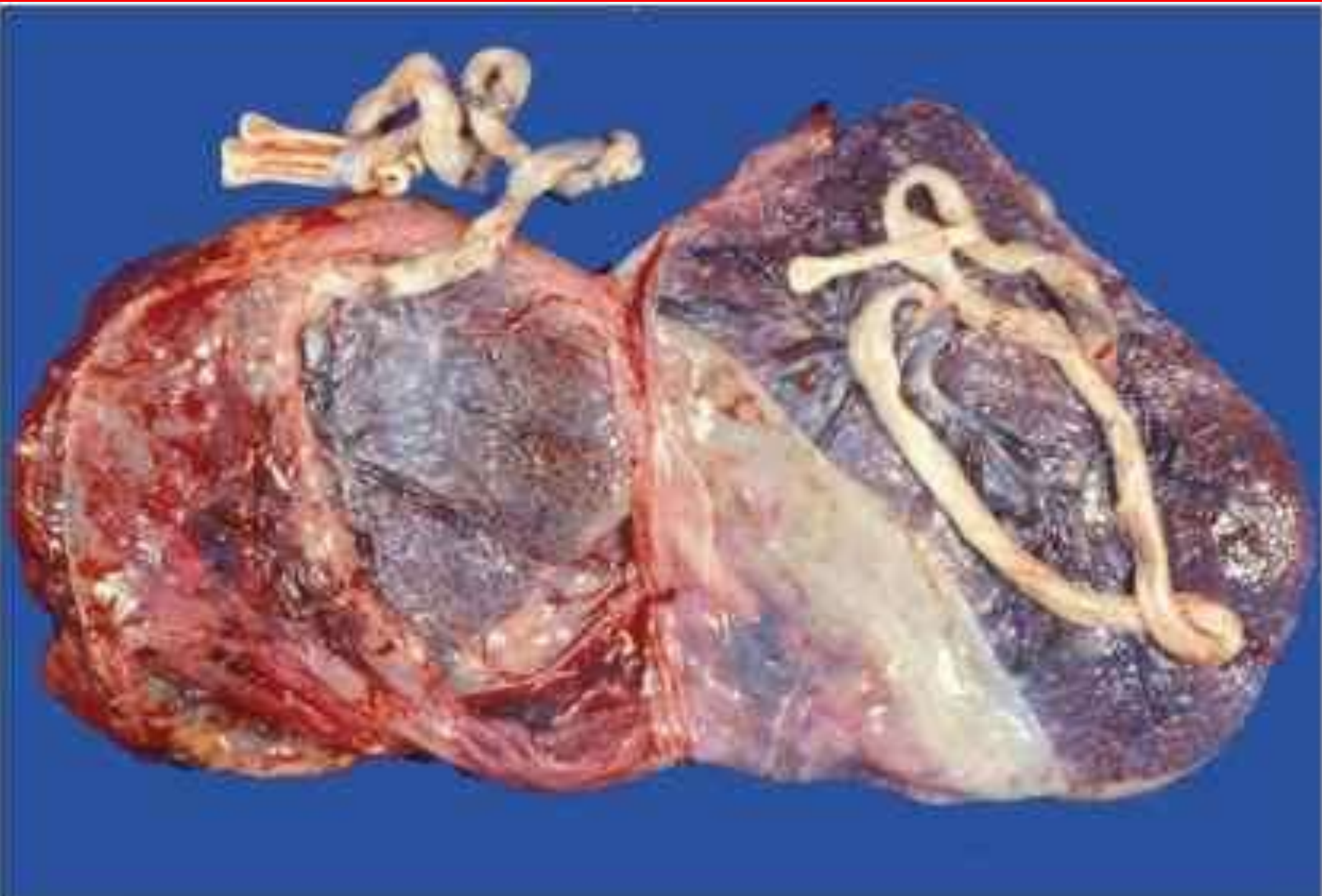


# In OT

- After delivery of first twin, lie was kept stable, longitudinal lie and vertex presentation
- Cervix was 7-8 cms dilated but station was high and no contractions
- OXYTOCIN infusion continued
- FHR maintained, OXYTOCIN continued
- CS preparation done

# In OT

- ARM was done at 8cm dilatation , clear liquor drained
- Uterine contractions started and station was coming down
- A healthy male child of 3 kg was delivered in vertex presentation over episiotomy at 00:33 AM .
- Baby cried immediately after birth , APGAR score good
- No evidence of fetal distress was found so umbilical cord arterial blood ph was not done
- Placenta and membranes delivered spontaneously and completely and episiotomy was sutured in all layers



# Conclusion

- Conclusion –Acc to one study published by L Lindroos et al in 2018 on the effect of twin to twin delivery time intervals on neonatal outcome for second twins, it was found that the optimal time interval needs further studies
- Interval in our case was almost an hour
- We waited beyond 30 minutes
  - WHY?

MIRACLE





Sincere Gratitude to  
Anaesthesia Dept



**THANK YOU**