Delayed Interval Delivery in twin pregnancy: A Case Report
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Introduction
The number of multiple pregnancies has increased dramatically in past 20 years as a result of assisted reproductive technologies and delayed child bearing. The unavoidable birth of one premature neonate has led our efforts to the aim of delayed interval delivery for the other twin to improve perinatal outcome. There is absence of unanimity about the best management for these pregnancies.

Case
- 28 years old with IVF pregnancy with quintuplets, had selective reduction to DCDA twin pregnancy at 13wks.
- At GA 23+2 had PPROM, subsequently delivered first twin 4 days later who was still born weighing 495gms.
- After counselling, conservative management continued with bed rest, prophylactic antibiotics, corticosteroids and MgSO4 for neuroprotection.
- 13 days later, at GA 25+5, spontaneously delivered, a live male neonate weighing 812gms and was discharged at 3 months of age on home O2.

Discussion
- Delayed Interval delivery in multiple gestation may be a reasonable strategy when delivery of the first twin occurs prematurely.
- The standard management being aggressive tocolysis and prophylactic antibiotics. Cervical cerclage immediately after first delivery may prolong duration of delay.
- Studies showed that delayed interval delivery was associated with improvement of the feto-infant survival rate from 24% to 56% in extremely preterm deliveries.
- However, delaying delivery of the remaining foetuses is not without consequences. It bears a high risk of intrauterine infection and maternal sepsis.
- It is possible, that the second-born twin may have an unacceptably high incidence of periventricular leukomalacia, intraventricular haemorrhage, and cerebral palsy especially when associated with intra-amniotic infection and higher risk for IUGR.
- Prospective studies that examine the long-term outcomes of infants whose delivery is delayed are necessary to examine risks and complications of pregnant women who undergo this management approach.

Conclusion
- Delayed interval pregnancy appears to be safe for the mother and salvative for the fetuses; nevertheless both parents and doctors must realize that success cannot be predicted or easily achieved.
- The management of each clinical situation must be individualized according to its own merit, after thorough counselling of the expectant couple.

References