
Professor Jan Dickinson

Twins are at a higher risk of preterm birth

Over the past 30 years twin births have increased, due mainly to two factors: fertility treatments and the increasing age of women having babies.

In Australia, twins make up 1.5 per cent of all births (about 4300 sets each year).

Many parents are excited at the news of a multiple pregnancy, but often the increased risk of problems that may occur with a twin pregnancy is not understood.

Twin pregnancies are more likely to be complicated by preterm birth than single ones. One in every 10 twin pregnancies is born at less than 32 weeks gestation and more than half deliver preterm (less than 37 weeks gestation).

Being born preterm places the twins at increased risk of lung problems, infection, brain development problems and death.

Most pregnancy complications are increased in twins compared with a single.

If the twins share one placenta (monochorionic) the risks are extremely high compared with those twins with two placentas (dichorionic).

Fortunately, early ultrasound is very good at sorting out the placental types and the obstetrician then can create a pregnancy care plan specific to the form of twinning.

While there has been progress in the prevention of preterm birth in single pregnancies, most of the discoveries that have enabled this progress do not apply to multiple pregnancies.

For many years it had been thought that bed rest may be of great use.

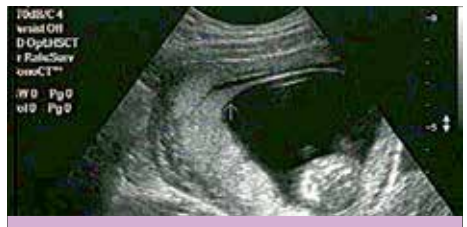
Recent research, however, has shown that placing the mother on bed rest does not decrease preterm birth rates in twins – in fact there is evidence it may actually lead to psychological harm in some women.

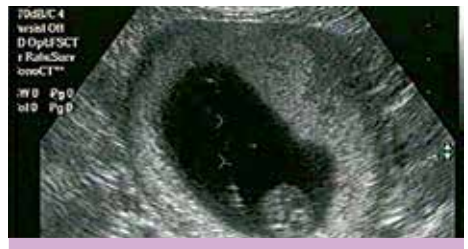
At present vaginal progesterone treatment, which is of such great use in single pregnancies, has not been shown to be effective in preventing preterm birth in most women with twins and neither has the routine use of cervical cerclage (stitch). Recent studies investigating the use of a cervical pessary in women with twins have led to inconsistent results, with some studies showing a benefit in reducing preterm birth and others reporting no benefit.

At this point the routine use of vaginal progesterone, cervical cerclage or the cervical pessary is not recommended in twin pregnancies. .

Twins are also at increased risk of other pregnancy complications that may require a preterm delivery, such as poor fetal growth of one or both babies.

Therefore, both medically-indicated and spontaneous preterm deliveries are very common. Indeed, 25 per cent of all preterm births occur in multiple pregnancies.


Ultrasound of a twin placenta with arrow indicating the 'twin peak' appearance characteristic of a dichorionic placenta.


Ultrasound of a twin placenta with arrows showing thin dividing membrane of a monochorionic placenta.

Some complications specific to twins have been improved by specialised treatments such as intrauterine surgery with placental laser therapy for severe Twin-Twin Transfusion Syndrome.

However, at this time there is no pre-birth treatment for fetal growth restriction apart from the timely administration of corticosteroids to the mother to reduce neonatal complications and magnesium sulphate to reduce the risk of cerebral palsy in extremely preterm babies.

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