



EDİTÖRE MEKTUP/LETTER TO THE EDITOR

Delayed vaginal and cesarean delivery in a twin birth

İkiz gebelikte gecikmiş vajinal ve sezaryen doğum

Ulaş Fidan¹, Mehmet Ferdi Kinci¹, Mustafa Ulubay¹, Müfit Cemal Yenen¹

¹Gülhane Military Medical Academy Department of Obstetrics and Gynecology Ankara, Turkey

Cukurova Medical Journal 2016;41(Suppl 1):116-117.

Dear Editor,

With the widespread introduction of assisted reproductive techniques, the incidence of multiple pregnancies has increased dramatically in recent years¹. Preterm labor is the delivery that occurs between the 20th and 37th weeks of pregnancy. Preterm labor occurs more in multiple pregnancies than in singleton pregnancies². In twin pregnancies, vaginal birth can be realized during the preterm labor process. However, suitable conditions are required in this case for the vaginal birth of both fetuses. If such conditions do not prevail, the vaginal birth of the second fetus may not be possible. We present here a case where a woman pregnant to twin babies applied to our clinic with the complaint that her labor pains started at gestational week 28 and after her first fetus was delivered by vaginal means, her second fetus was delivered through cesarean section after a follow-up period of 18 hours.

A 27-year-old G1P0 woman pregnant for 28 weeks and 3 days presented to our clinic complaining about the onset of her labor pains. In her obstetric ultrasound examination, dichorionic and diamniotic twin fetuses were seen that were compatible with their gestational weeks and were weighing approximately 1,250 g and 1,260 g. The babies were in a vertex-vertex presentation. Her vaginal examination showed 80% effacement and 7 cm dilatation. Under these obstetric examination findings, a vaginal birth was decided on. The patient was spontaneously monitored in the delivery room. An hour after the observational period, the first

fetus was delivered weighing 1,260 g, with an APGAR of 8/10. The placenta of the first fetus was left inside. The cervix was observed to close after the birth of the first fetus. The cervix was measured as 33 mm in the transvaginal ultrasound examination. A decision was made to wait for the birth of the second fetus and the family was informed accordingly. A Celestone Chronodose® (Betamethasone acetate) 1 ml IM ampoule was administered for pulmonary maturation. After the patient was monitored for approximately 18 hours, the other delivery was realized through cesarean section. A baby girl was delivered weighing 1,280 g, with an APGAR of 8/10. A phase 1 subependymal germinal matrix bleeding developed in the first baby, but the bleeding site was seen to recover in its further follow-up without leaving any sequela. No complications developed in the second fetus. The patient was discharged at day 2 after the operation.

Preterm labor occurs in 5-15% of all births and is responsible for most of the neonatal morbidity and mortality³. The most important modality in managing preterm labor is to gain time until the pulmonary maturation of the fetus. This is the main goal of tocolytic treatment and many methods have been defined in relation to this treatment. Nowadays, the most frequently used method is usage of the calcium channel blockers⁴. Magnesium sulfate and prostaglandin inhibitors are also used. Preterm labor is seen more often in multiple pregnancies. The treatment approach is decided on considering the maternal and fetal status in cases of preterm labor in multiple pregnancies. Waiting is possible for the pulmonary maturation of the

Yazışma Adresi/Address for Correspondence: Dr. Ferdi Mehmet Kinci, Gülhane Military Medical Academy, Department of Obstetrics and Gynecology, Ankara, Turkey E-mail: drferdikinci@gmail.com
Geliş tarihi/Received: 23.04.2016 Kabul tarihi/Accepted: 07.06.2016

second fetus following the vaginal birth of the first fetus unless immediate action is inevitable. The placenta of the first fetus should not be removed as the removal of placenta may trigger birth labor for the second fetus. Corticosteroids should be administered during such waiting⁵. In any case, the patient should be closely monitored for early and late postpartum complications such as chorioamnionitis, vaginal bleeding and uterine atonia, and by well management of these risks, a cesarean delivery should be effected without waiting for the labor.

REFERENCES

1. Shah S, Grey J, Bolisetty S. Delayed delivery interval between twins: a viable option? A case report. *Aust N Z J Obstet Gynaecol.* 2005;45:534-5.
2. Oyelese Y1, Ananth CV, Smulian JC, Vintzileos AM. Delayed interval delivery in twin pregnancies in the United States: Impact on perinatal mortality and morbidity. *Am J Obstet Gynecol.* 2005;192:439-44.
3. Frauke M.A Van der Straeten, Katrien De Ketelaere, Marleen Temmerman. Delayed interval delivery in multiple pregnancies. *Eur J Obstet Gynecol Reprod Biol.* 2001;99:85-9.
4. Rezk M, Sayyed T, Masood A, Dawood R. Nicorandil vs nifedipine for the treatment of preterm labour: a randomized clinical trial. *Eur J Obstet Gynecol Reprod Biol.* 2015;195:27-30.
5. Kemp MW, Newnham JP, Challis JG, Jobe AH, Stock SJ. The clinical use of corticosteroids in pregnancy. *Hum Reprod Update.* 2016;22:240-59.