 瑪麗醫院 QUEEN MARY HOSPITAL	Department of Obstetrics and Gynaecology	Document No.	GOB0170(I)-E
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	Subject Information regarding delivery options with twin pregnancies	Next review date	Jul 2025
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Department of Obstetrics & Gynaecology – The University of Hong Kong

Information regarding delivery options with twin pregnancies

What are the options?

For DCDA twin (Dichorionic diamniotic twin with separate placentae and amniotic sacs) and MCDA twin (Monochorionic diamniotic twin with single placenta but separate amniotic sacs), vaginal delivery is possible.

Based on medical literature, there is no significant difference between vaginal delivery and Caesarean section regarding the baby outcomes especially if you go into preterm labour. Therefore, we offer you a choice of vaginal delivery or Caesarean section if you are carrying uncomplicated DCDA or MCDA twin pregnancy with the leading twin in a head-down position. Otherwise Caesarean section would be recommended. Timing of delivery would be around 36 to 38 weeks, which would depend on the type of twins and presence of complications in pregnancy. Your doctor will discuss the timing of delivery with you based on your individual circumstance.

If you have MCMA twin (Monochorionic monoamniotic twin with single placenta and single amniotic sac), Caesarean section is recommended at around 32 to 34 weeks.


What will happen if you choose for trial of vaginal delivery?

When you go into labour, you need to keep fasted and require close monitoring in labour ward. Induction of labour would be performed by 38 weeks of gestation if you do not go into labour spontaneously. Epidural anaesthesia is recommended for pain relief and, if necessary, to facilitate potential intervention for the second twin.

After delivery of the first twin, position of the second twin will be checked by ultrasound examination. Oxytocin infusion may be considered so as to maintain adequate uterine contraction. If the second twin is not in cephalic presentation, external cephalic version may be considered or the baby may be delivered bottom first. Instrumental delivery may be required for the second twin. There is a 5 in 100 risk that Caesarean section would be required to expedite delivery of the second twin if there is concern about the well-being and vaginal delivery of the second twin.

- Benefit:
- Faster recovery, shorter hospital stay
 - Less chance of neonatal wet lung syndrome
 - Less operative risks (including bleeding, infection, blood transfusion, visceral injury)
 - Lower risk of thromboembolism
 - No adverse implication to future pregnancies

- Risk:
- Higher chance of instrumental deliveries

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- Risks specific to after-coming twin: malpresentation, prolonged delivery, placenta abruptio, cord prolapse, fetal distress
- Acute twin-twin transfusion syndrome for monochorionic twin
- Risk of emergency Caesarean section for the second twin

What will happen if you choose for elective Caesarean section?

You can refer to the information sheet of Caesarean section for the details and procedure. If you develop any features of labour before the date of Caesarean section, you are advised to go to our ward for assessment.

Benefit:

- Baby
- Shortened delivery interval between the two babies
 - Reduced risk of vaginal breech delivery for second twin
- Mother
- Less operative risks compared with emergency Caesarean section

Risk:

- Baby
- Higher risk of neonatal wet lung syndrome
- Mother
- Short term
 - Longer recovery and higher risk of thromboembolism
 - Higher operative risks (including bleeding, infection, blood transfusion, visceral injury)
 - Long term
 - Potential adverse implication to future pregnancies (risk of placenta praevia/ accreta, Caesarean scar pregnancy)
 - Higher risk of womb rupture

If you go into spontaneous onset of labour before the scheduled operation, your doctor will review mode of delivery again.

I acknowledge that the above information has been explained to me and discussed with me by medical staff and I fully understand it. I have been given the opportunities to ask questions pertinent to my condition and management and satisfactory answers have been provided by medical staff.

Patient's Label

Signature _____

Date _____

Please file in patient's obstetrics record