

Selective Reduction of the Monochorionic Pair Achieves the Best Outcomes in Dichorionic Triamniotic Triplet Pregnancies

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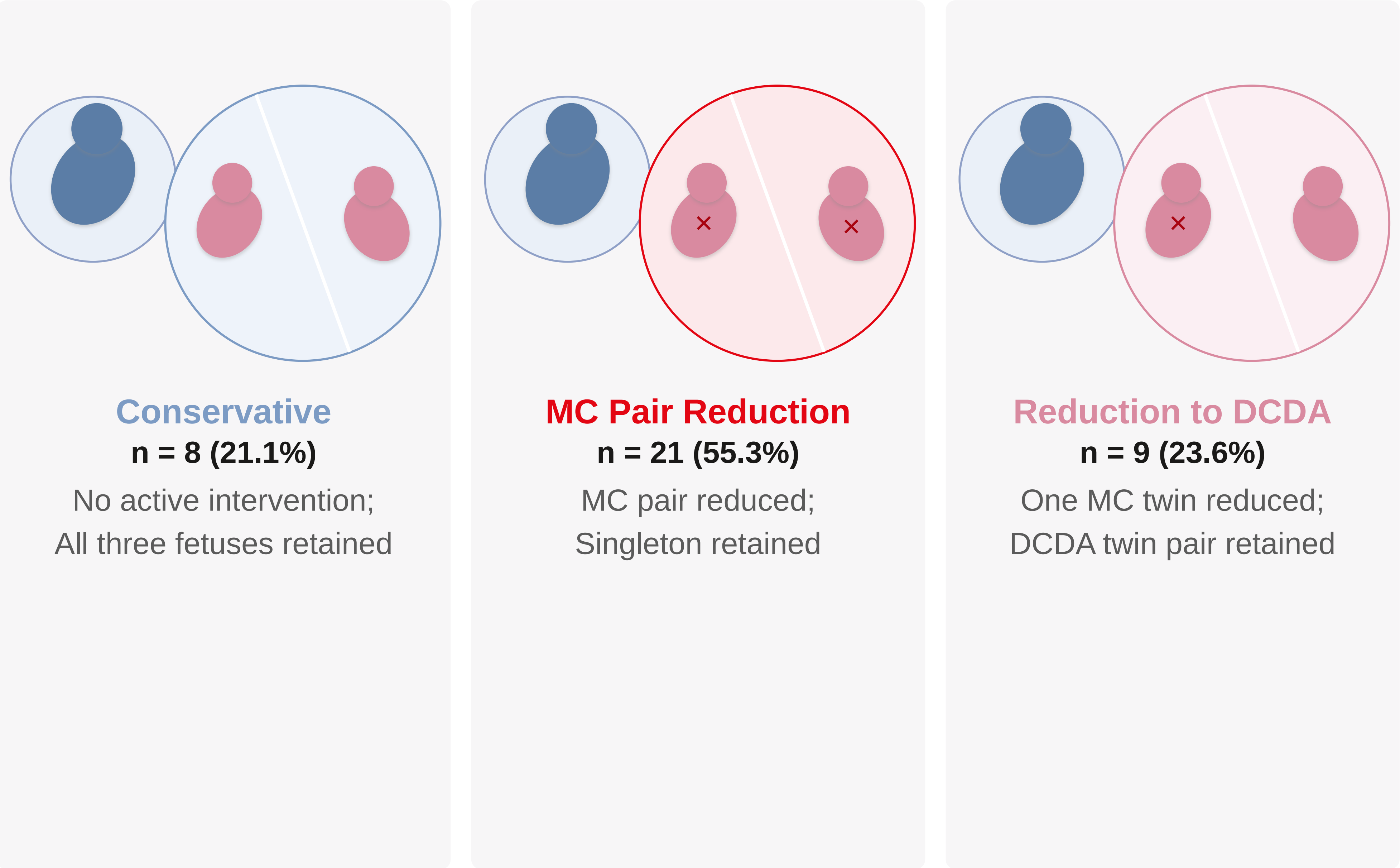
Aim

To evaluate outcomes of dichorionic triamniotic (DCTA) triplet pregnancies.

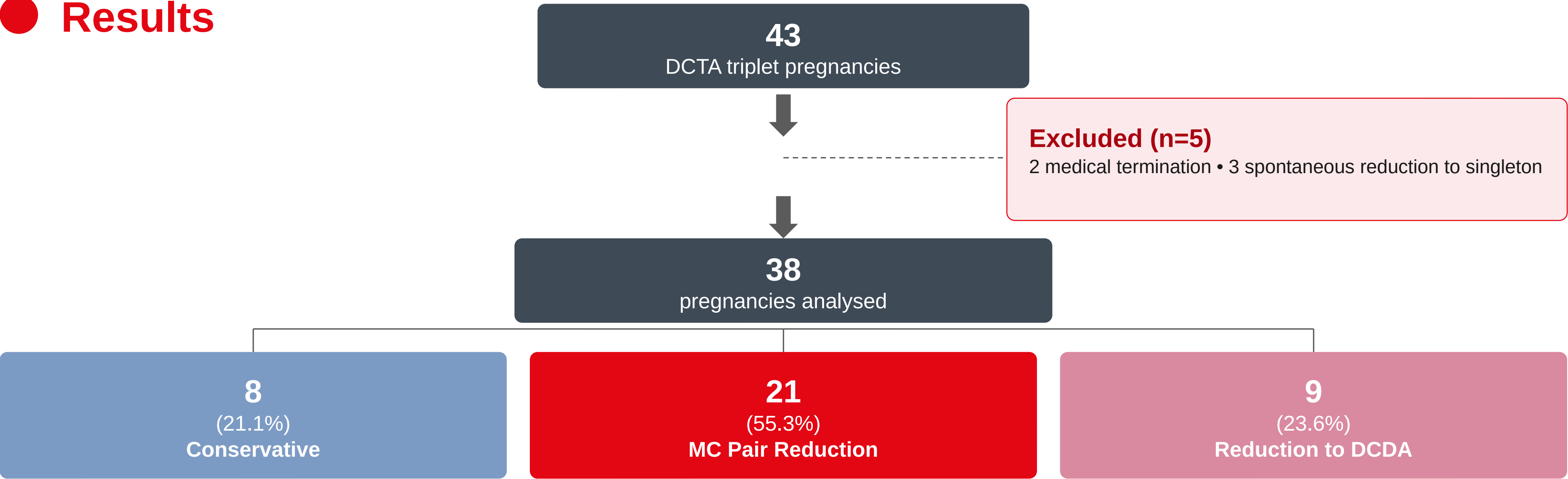
Methodology

- Design: Prospective and retrospective
- Data collection: Data collected over 6 years from two tertiary Fetal Medicine centres
- All patients counselled on management options: conservative management, selective reduction of the MC pair, or reduction to dichorionic diamniotic (DCDA) twins (intrafetal laser or radiofrequency ablation)
- Pregnancy and delivery outcomes recorded and analysed by management strategy

Three Management Pathways



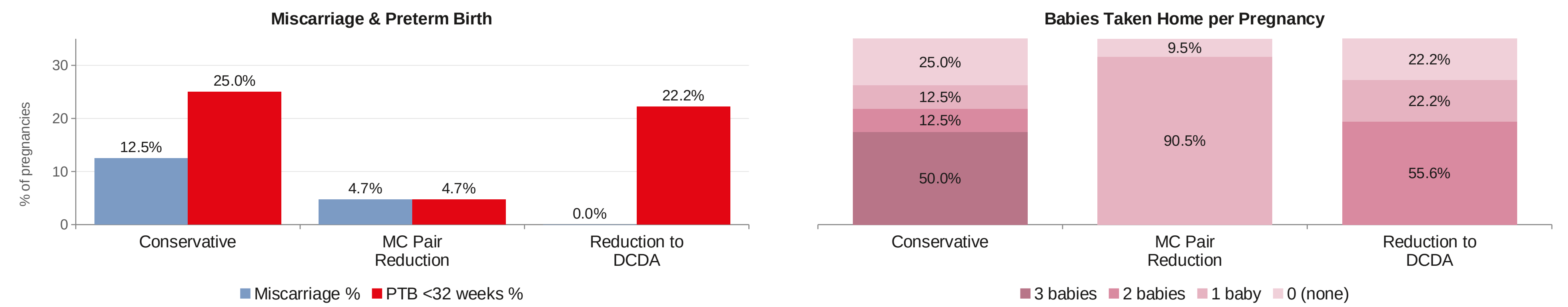
Results



Key Results

- MC pair reduction had the lowest rate of birth before 32 weeks (4.7%)
- Take-home baby rate was highest after MC pair reduction (90.4%) vs 75.0% (conservative) & 77.8% (DCDA reduction)
- In reduction to DCDA, co-twin demise occurred in two cases (2/9, 22.2%)

Outcomes by Management Strategy



Note: only one baby can be taken home after MC pair reduction (singleton remains); a maximum of two after reduction to DCDA (twins remain).

Delivery Timing by Strategy

- Conservative: 62.5% delivered at 32–34 weeks; 25% at 28–32 weeks
- MC pair reduction: only 4.7% delivered before 32 weeks – most reached later gestations
- Reduction to DCDA: 33.3% delivered before 34 weeks (22.2% before 32 weeks)

Outcomes Summary (n/N)

Outcome	Conservative (n=8)	MC Pair Reduction (n=21)	Reduction to DCDA (n=9)
Miscarriage	1 (12.5%)	1 (4.7%)	0 (0%)
PTB < 32 weeks	2 (25.0%)	1 (4.7%)	2 (22.2%)
Take-home baby	6 (75.0%)	19 (90.4%)	7 (77.8%)
Co-twin demise	0	0	2 (22.2%)



90.4%

take-home baby rate after selective reduction of the MC pair — the highest of all three strategies

Conclusion

Selective reduction of the monochorionic pair achieves the best outcomes in DCTA triplet pregnancies.

Strengths

- Multicentre data spanning 6 years
- Both prospective and retrospective ascertainment
- Structured counselling across all three management options

Limitations

- Retrospective component may introduce selection and information bias
- Non-randomised choice of management strategy
- Small subgroup sizes reflecting the rarity of the condition