

Delayed Interval Delivery in Twin Pregnancy: Light at the End of the Tunnel

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Background:

Multiple pregnancy is often associated with preterm labour leading to neonatal morbidity and mortality. **Delayed-interval delivery** is characterized by an unusually long time between the birth of the first fetus allowing the remaining fetus to stay in utero until reaching viability. We present successful management of asynchronous delivery of twins with an interval of 112 days.

Patient's History & Journey:

A 41-year-old, conceived Dichorionic Diamniotic twin through IVF, presented with ruptured membranes at 18+6 weeks. The first twin was delivered at 20+1 weeks vaginally. Membranes of the second twin remained intact and USS showed a normally grown second twin.

After discussing the risks and benefits of delayed-interval delivery with the obstetric team, the couple chose to opt for it. The umbilical cord of the first twin was ligated high up in the cervix after cleaning the vagina with betadine and the placenta was left in situ. Broad-spectrum antibiotics and progesterone pessaries were commenced.

Mother was an in-patient until 28 weeks and the inflammatory markers remained normal. The second twin was delivered via C Section at 36+1 weeks.

Baby has recently celebrated his 2nd birthday and has been achieving all the milestones for his age

Discussion:

Despite being published by Abrahams in 1957, there are no set protocols and management for Delayed interval delivery.

It is a useful and acceptable therapeutic option for the management of the remaining fetus in twin pregnancies even after the expulsion of the placenta.

Key elements in the management would be antibiotics, tocolytics, and administration with cervical cerclage/ progesterone suppositories. They can be associated with longer inter-delivery intervals, hence improving the neonatal outcome.

Appropriate selection of cases with continuous feto-maternal monitoring and early identification of complications increases the probability of success of this type of delivery.

Conclusion:

- Close antenatal surveillance of mother and baby with multidisciplinary care is the key to managing such rare cases despite the paucity of international guidance.
- Success of outcome depends on the proper selection of the candidate, close feto-maternal surveillance, and early recognition of any complications