



Perinatal outcomes of dichorionic-diamniotic twin pregnancies complicated by selective fetal growth restriction- systematic review and meta-analysis

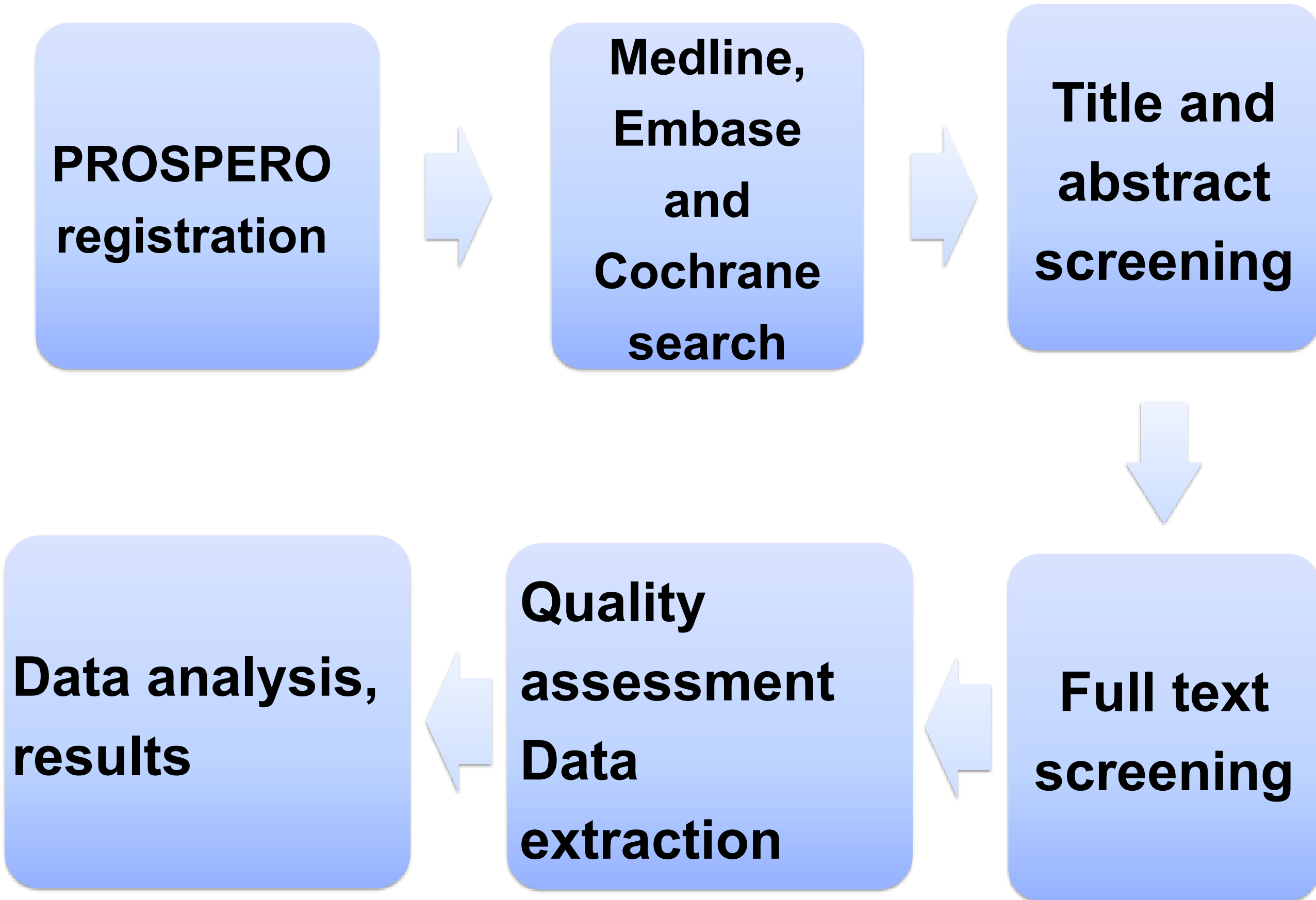
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BACKGROUND

- Most of the published literature has focused on selective fetal growth restriction (sFGR) in MCDA twin pregnancies.
- Guidelines propose - management of sFGR in DC twin pregnancies should be similar to that of singletons.
- However, there are inherent differences between multiple and singleton pregnancies and the added complexity of, as well as the impact of iatrogenic prematurity on the normally growing co-twin

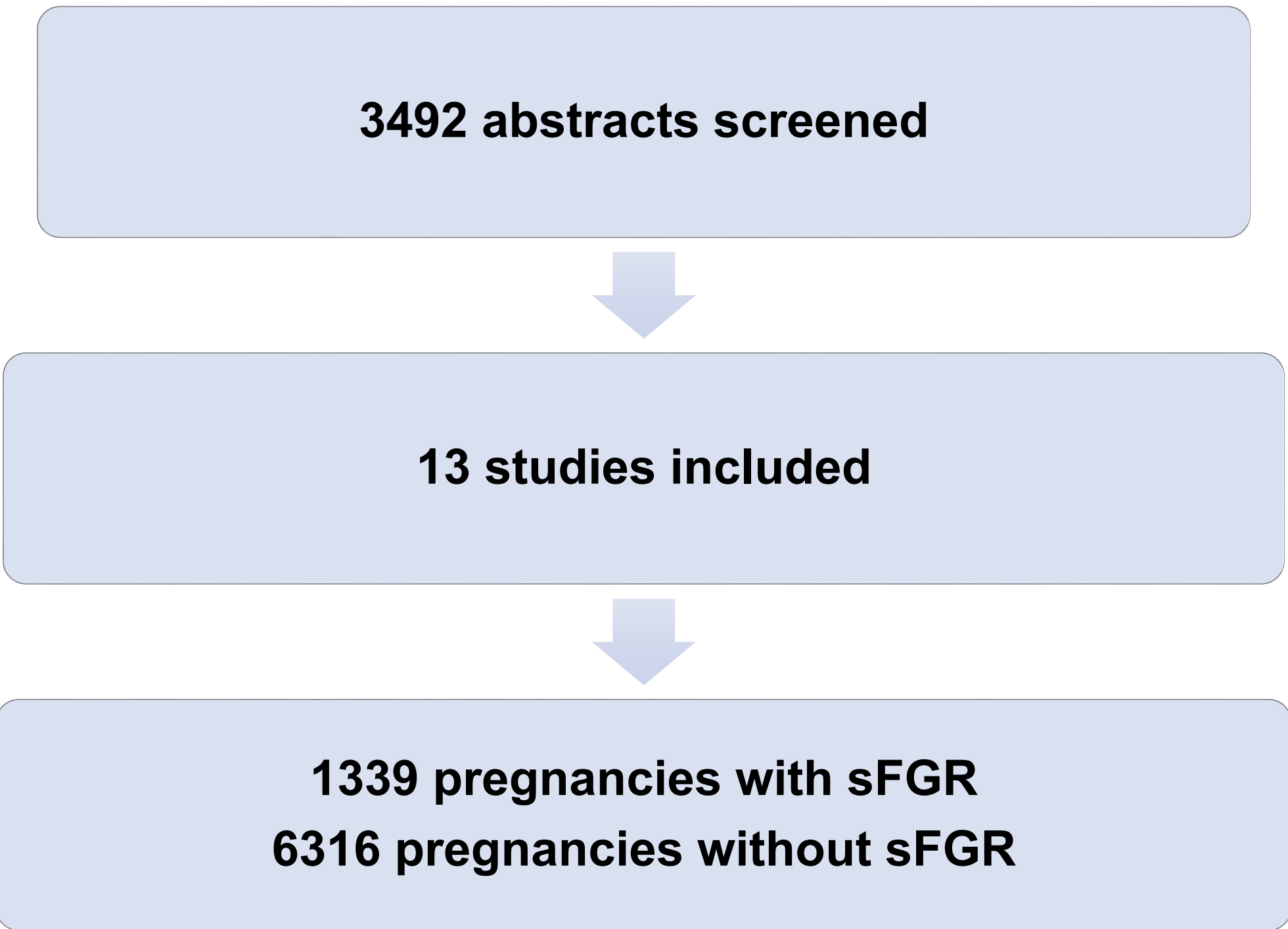
METHODS



AIM

- To report the outcomes of dichorionic diamniotic (DCDA) twin pregnancies complicated by sFGR.

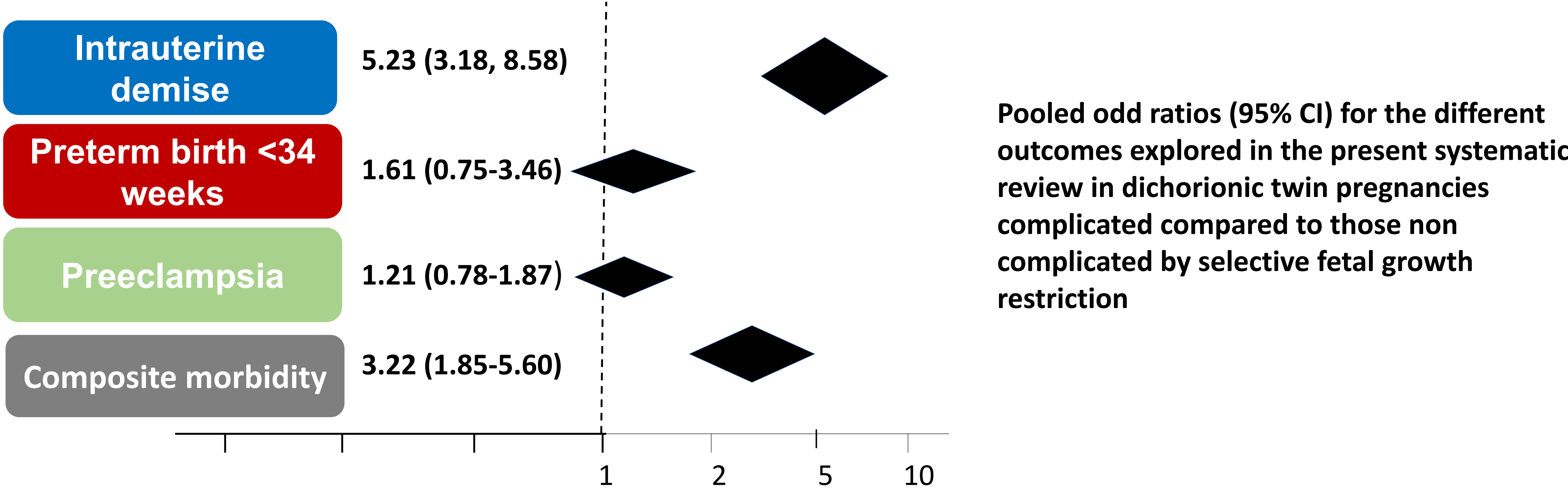
SELECTION OF STUDIES



OUTCOMES EXPLORED

- Perinatal mortality
 - intra-uterine death, neonatal, and perinatal death, survival of at least one and both twins,
- Preterm birth
- Preeclampsia
- Composite of neonatal morbidity

RANDOM EFFECTS META ANALYSIS



DISCUSSION

- DCDA twin pregnancies complicated by sFGR- five times higher risk of perinatal loss and three times higher risk of composite morbidity compared to DCDA twins not complicated by sFGR.
- Strengths - first systematic review exploring the outcome of DCDA twin pregnancies complicated by sFGR
- Limitations - Retrospective non-randomized design of the included studies, their small sample size, dissimilarity in the prenatal management.

CONCLUSION

- DCDA twin pregnancies complicated by sFGR are at high risk of perinatal mortality and morbidity.
- The findings are pertinent in the counselling and management of complicated twin pregnancies, where twin-specific, rather than singletons, outcome data should be used to report the outcomes