

Ensuring optimal care for twin pregnancies: incorporating international guidance to a district general hospital

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1 Objective

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- Evaluate the outcome of twin pregnancies at a district general hospital
 - Evaluating adherence to: NICE guidelines, Saving Babies' Lives Care Bundle and ISUOG recommendations

2 Design and Methods

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- Retrospective analysis of twin pregnancies between August 2023 and July 2024. Exploring 13 standards
 - Electronic and paper notes review and ultrasound images/reports scrutinised
 - Explicit attention to adherence to international and national guidance
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- Data were compiled using Microsoft Excel and analysed using descriptive statistics. Free text comments were analysed for themes using content analysis.

3 Results

- 40 women delivered 880 babies during the audit period
- 80% DCDA and 20% MCDA
- Median maternal BMI 28.35
- Nulliparous 40%, multiparous 60%
- Caesarean birth most common mode of delivery (85%)
- 22.5% incidence of preterm birth (both spontaneous and iatrogenic)
- 71% transfer to Local Neonatal Unit
- No neonatal deaths or stillbirths

	Total CS (%)	Planned CS both twins (%)	Emergency CS both twins (%)	Emergency CS second twin (%)	SVB (%)
GWH Audit 2024	85	41	24*	5	10
GWH Audit 2022	81.8	54.5	27.3	3.6	14.5
National audit data	66.7	-	-	3.4	21.9

3 Results continued

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- Out of the 18 audit standards, 13 (72%) had 100% compliance
 - Of those that did not meet 100% compliance, the themes were:
 - Not having 20-24 week FBC; 89.1% compliance
 - Not having 28 weeks FBC; 91.7% compliance
 - 7/8 sets of MCDA twins offered locally performed fetal ECHO; 87.5% compliance

4 Conclusions

The audit demonstrated strong adherence to national and local guidelines, with most audit standards achieving full compliance.

Notable areas for improvement include better adherence to full blood count timing and universal fetal ECHO for MCDA twins. This is a new service delivered at our DGH supported by our Tertiary Referral centre, aiming to improve the patient experience and to reduce the number of appointments in other units. Maternal outcomes highlighted the need to address the high PPH rate and optimise the management of hypertensive disorders and gestational diabetes. Neonatal outcomes were generally favourable, though the high admission rate to neonatal care underscores the need for continued vigilance.

This audit emphasises the importance of refining specific care protocols to enhance outcomes in twin pregnancies.

