

Conservative Management of Delayed-interval delivery in a DCDA pregnancy: A Case Report

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Introduction

- Delayed Interval Delivery (DID) aims to reduce prematurity burden following early delivery of one fetus in multifetal pregnancies.¹
- Criteria for DID include the absence of distress in the remaining fetus(es)² and no maternal complications such as intrauterine infection.³

Case Presentation

Background:

- 36-year-old, G3P3, DCDA pregnancy
- 13wks-Selective reduction of Twin A following high risk 1st trimester screening. Uncomplicated antenatal course in Twin B until 31 wks.

Symptoms and signs:

- 31 wks- spontaneously delivered Twin A at home.
- Preceded by 3 days of intermittent lower abdominal pain, and loss of mucous plug. No bleeding.
- Admitted to birthing unit- No uterine contractions, no infective signs, and a closed cervix. FM for twin B were normal.
- Signs – HR- 108 and otherwise normal vitals

Investigations and Management:

1. Admission:
 - Long CTG -normal after an initial deceleration.
 - Vaginal swab - Candida infection, treated 150mg Fluconazole
 - PartoSure (weakly positive)
 - Urine dip - NAD
2. Cervical Length (CL) taken- 25.9mm (figure 2)



Figure 1: TVUSS at 12+1 weeks showing a raised NT of 10.8mm



Figure 2: TVUSS post-delivery of Twin A showing a CL of 25.9mm

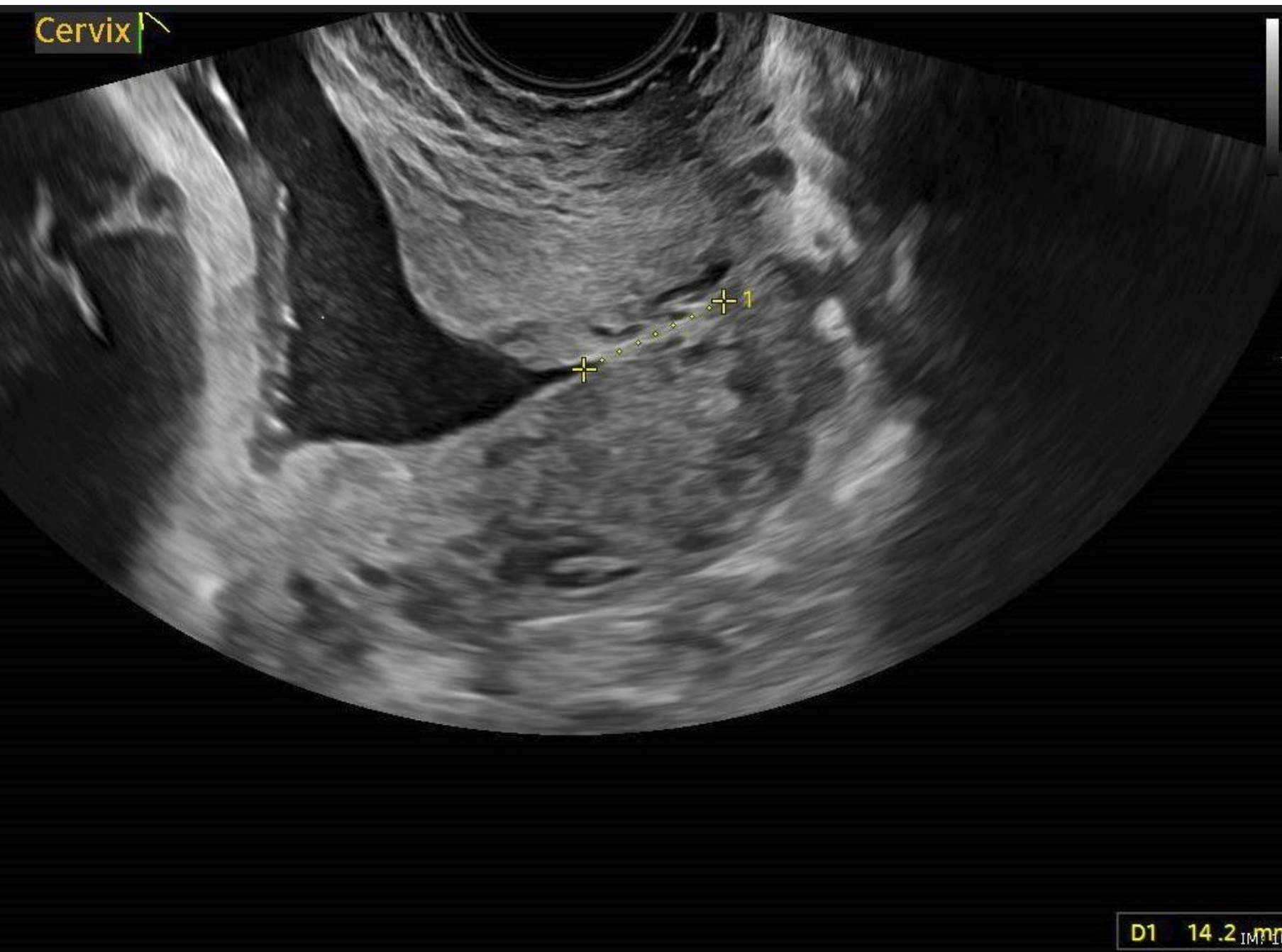


Figure 3: TVUSS showing a CL of 14.2mm- 8 days post-delivery of Twin A

Follow up and Monitoring:

1. CL measurements at 5 and 8 days later (Figure 3 and 4)
2. Antenatal steroids were withheld following more stable CL measurements.
3. Weekly CRP (Table 1)
4. Daily Temperature
5. Regular ANC

- CRP was mildly elevated but consistently so and the patient remained afebrile and clinically well.
- At 39+3 wks., Twin B was delivered by elective C-section, weighing 3750g and requiring no neonatal support.
- **Total DID of 55 days**

Gestation: (wks)	32+5	33+5	34+5	35+5	36+5	37+5
CRP: (<3)	9	7	4	7	4	5

Table 1: Serial CRP Measurements

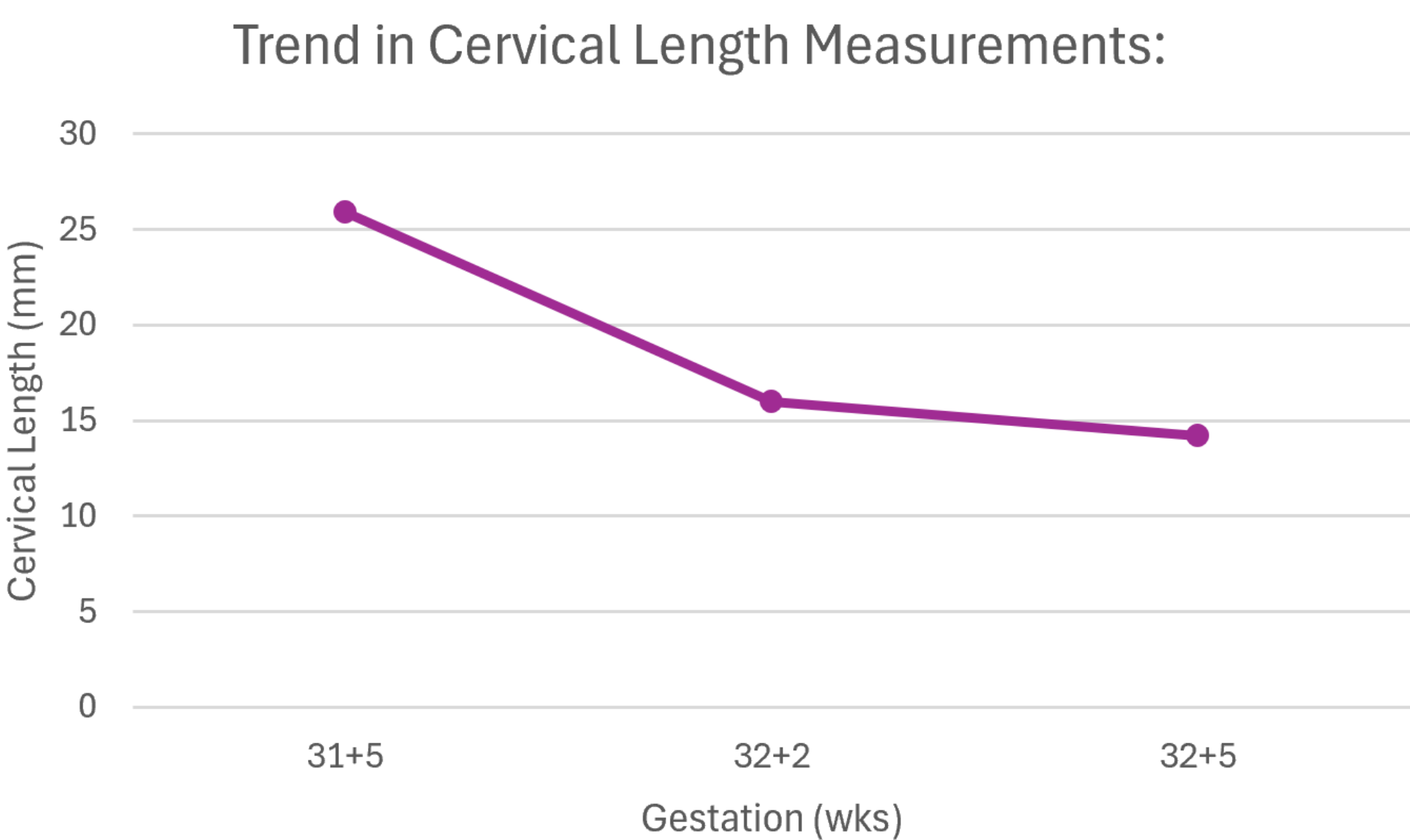


Figure 4: CL Measurements

Discussion

- DID clinical approaches typically involve a combination of taking swabs, administering antibiotics, and possible tocolysis, antenatal steroids and cerclage⁴, with the optimal approach uncertain and a lack of formalised guidance.⁵
- Whilst her CL initially shortened, it later remained stable. Careful serial monitoring of the cervical length and awareness of the normal cervical dynamic changes can be useful when deciding if delivery is imminent and antenatal steroids are required.
- Preventing chorioamnionitis was essential. This patients CRP remained stable, therefore the decision to omit antibiotics was made. This may not be feasible in other cases such as following a live birth or when infection markers are present.
- It is important to remember that the uncommon nature of these situations can leave great uncertainty for the patient.
- This case is a successful example that a healthy term birth without maternal or foetal complications using conservative management was possible after spontaneous preterm delivery of a selectively reduced twin. The unique situation limits its wider application.

Learning points

- Monitor infection carefully—CRP is a useful marker.
- Cervical length may change dynamically—shortening does not always mean imminent delivery.
- Outpatient conservative management without antibiotics may be feasible in selected cases
- Prioritise clear communication-especially when uncertainty exists.

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