

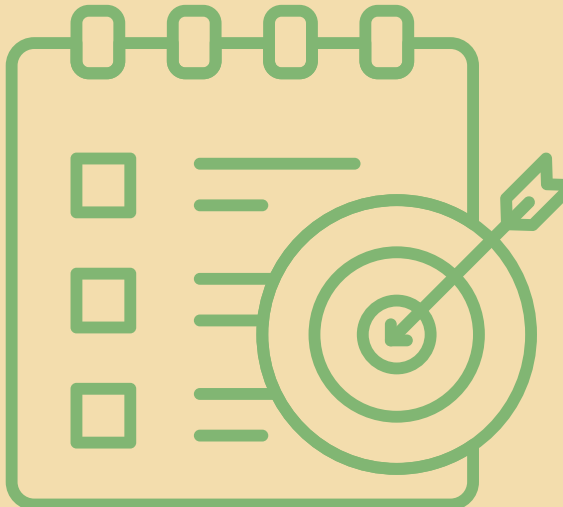
Audit of Antenatal and Intrapartum care in Multiple Pregnancies

AUTHORS

Miss Rukhsana Kousar, Dr Ashima Chawla, Dr Alexandra Cassidy

INTRODUCTION

Multiple births currently account for 3% of all live births. Since the 1980s global twinning rate has increased by a third. The increasing rate of twin pregnancies is predominantly due to increasing maternal age and use of assisted conception techniques. Twin pregnancies can carry significant risk and complications therefore additional management and care is required.

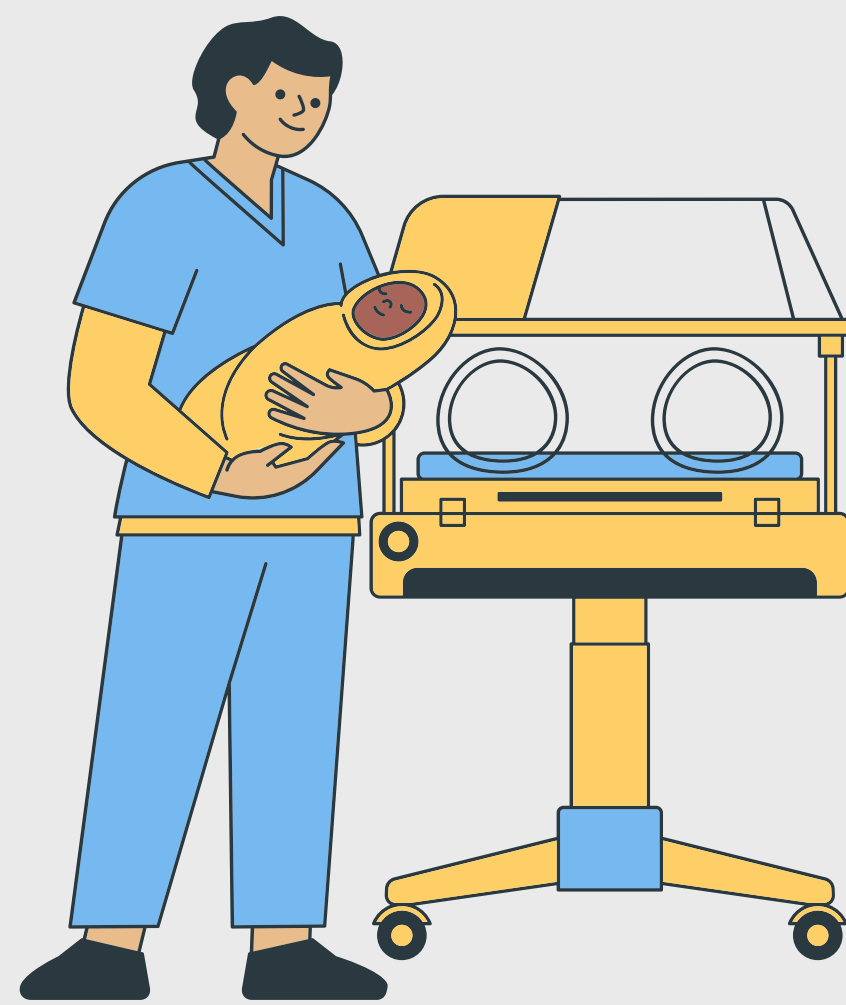
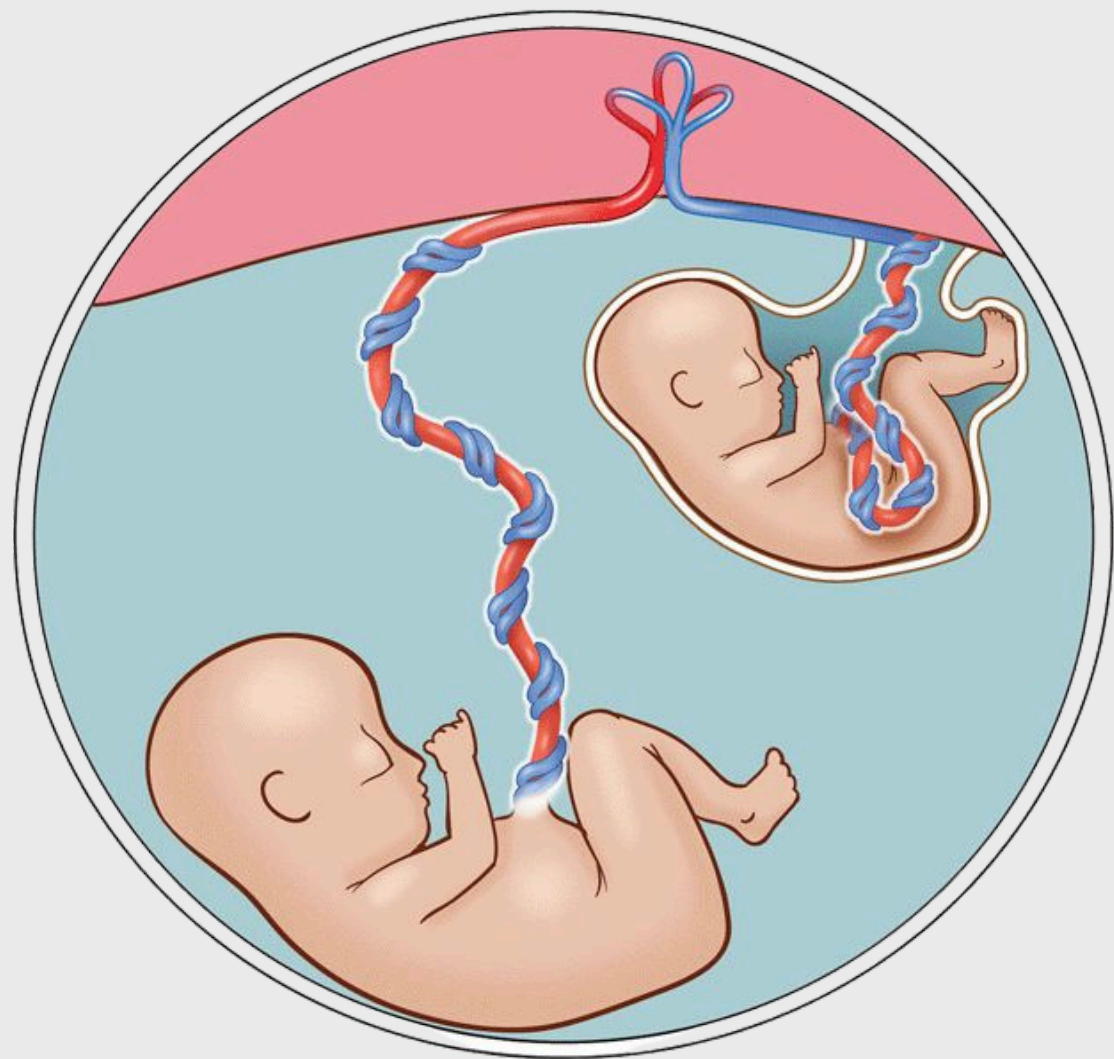


OBJECTIVE

To assess and improve compliance with Trust guidelines for antenatal care in multiple pregnancy

METHODOLOGY

A retrospective audit of antenatal and intrapartum care of women with multiple pregnancies who delivered at MYHTT. Data was collected from the electronic patients records on Badgernet. MYHTT guidelines are based on the National Institute of Clinical Excellence (NICE) guideline 137, Green-top Guideline 51 and the recommendations from the Mothers and Babies Reducing Risks through Audits and confidential enquiries across United Kingdom (MBRRACE-UK) Perinatal Confidential Enquiry on Stillbirths and Neonatal deaths in Twin pregnancies January 2021 report



Patients Identified	85 Women were identified for this audit
Women with Multiple Pregnancy who delivered between 01 January 2023 to 31 December 2023	
Exclusion	10 Women were excluded from the audit
Cases were excluded due to care being primarily given at other hospitals	
Included	75 Women were included in the audit
Cases where all or most of the antenatal and postnatal care was undertaken at the Mid Yorkshire Teaching Trust	

RESULTS

Twin pregnancy was diagnosed, amniocity and chorionicity defined before 13+6 weeks in 100% cases. 97% cases were seen by consultant in clinic, chorionicity based risks discussed in 85% cases, timing and mode of delivery discussion before 32 weeks was done in 99% women. Ultrasound scans were performed fortnightly in MCDA twins in 100% cases and every four weeks in DCDA twins in 98% cases. Twin to twin transfusion identified in 10% of MCDA twins. Labour was spontaneous in 34% cases, and 27% were induced.

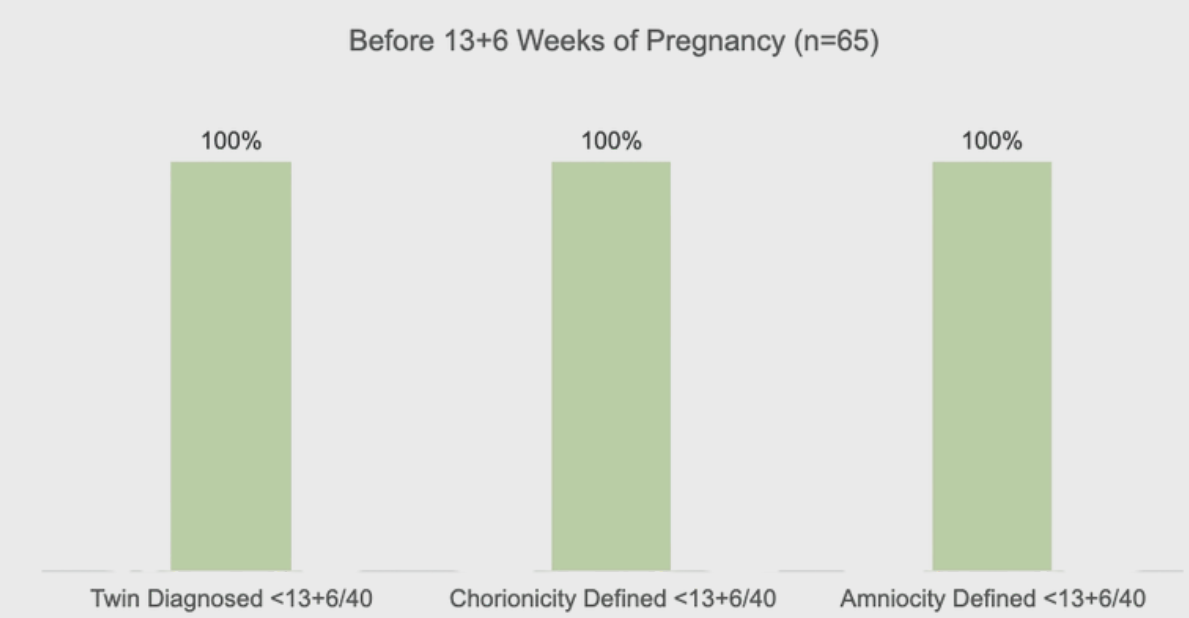


Figure 1: Timings of diagnoses of twin pregnancies

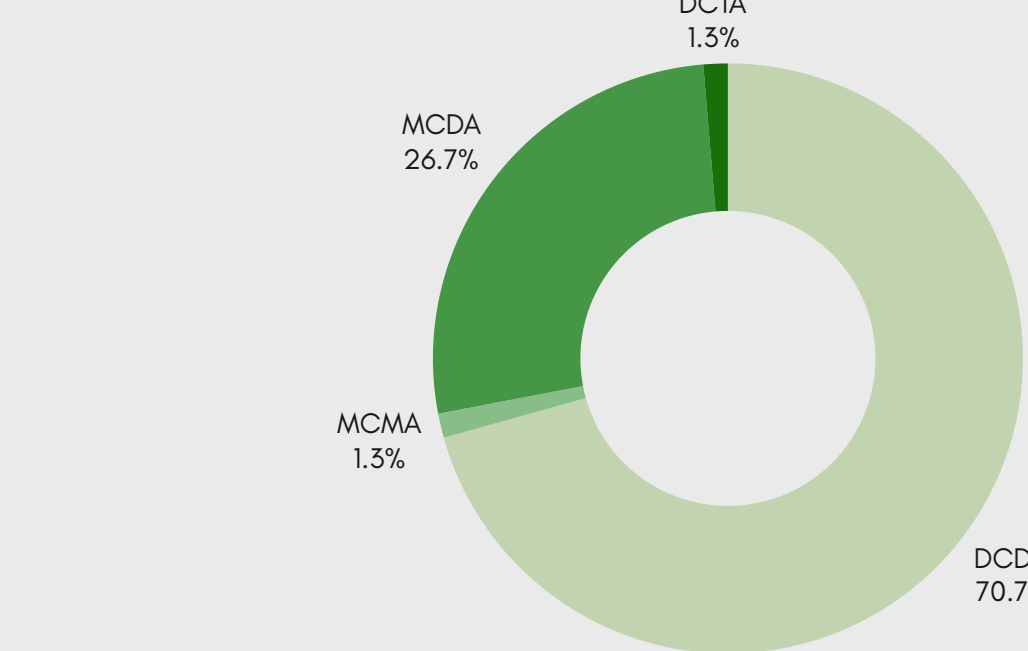


Figure 2: Incidence of each twin type in the data set.

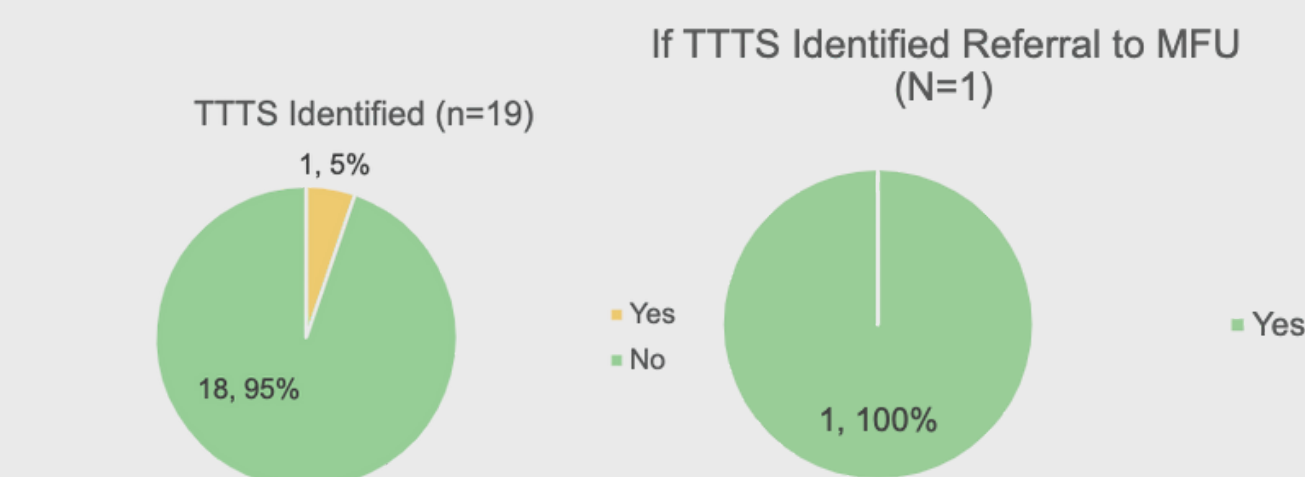


Figure 3: TTTS identification and onward referral

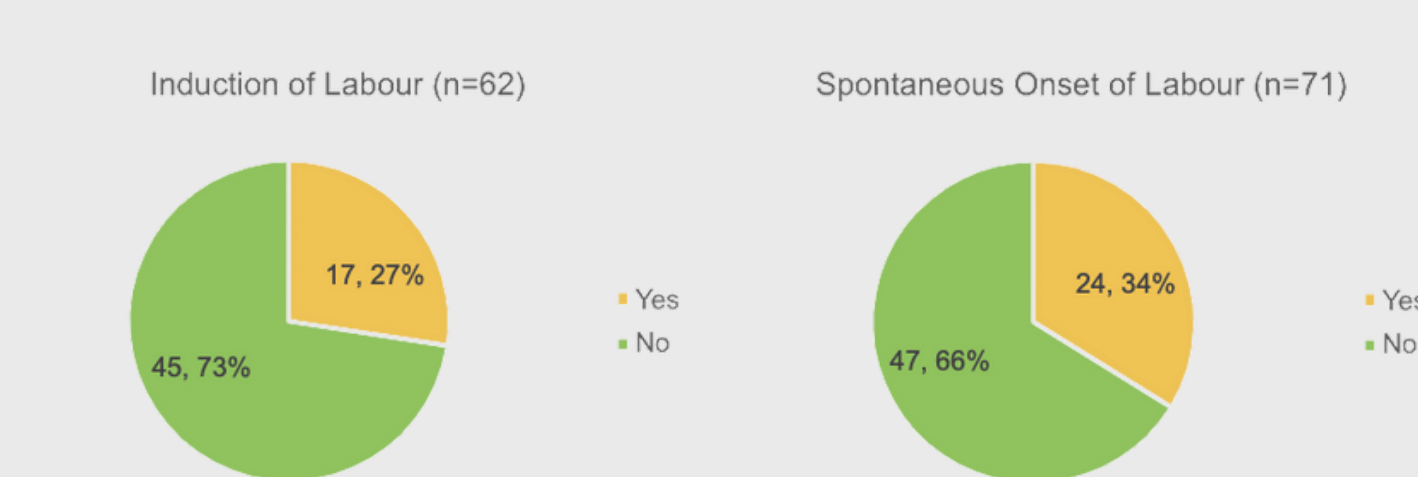


Figure 4: Labour onsets across all pregnancies

37% women delivered after 37 weeks. 66% women had a caesarean birth. Antenatal spontaneous single fetus demise diagnosed in 2 (3%) cases. There were 3 cases (4%) of neonatal sepsis. and 2 cases (3%) of neonatal death. There were no cases of maternal deaths.



Mid Yorkshire Teaching
NHS Trust

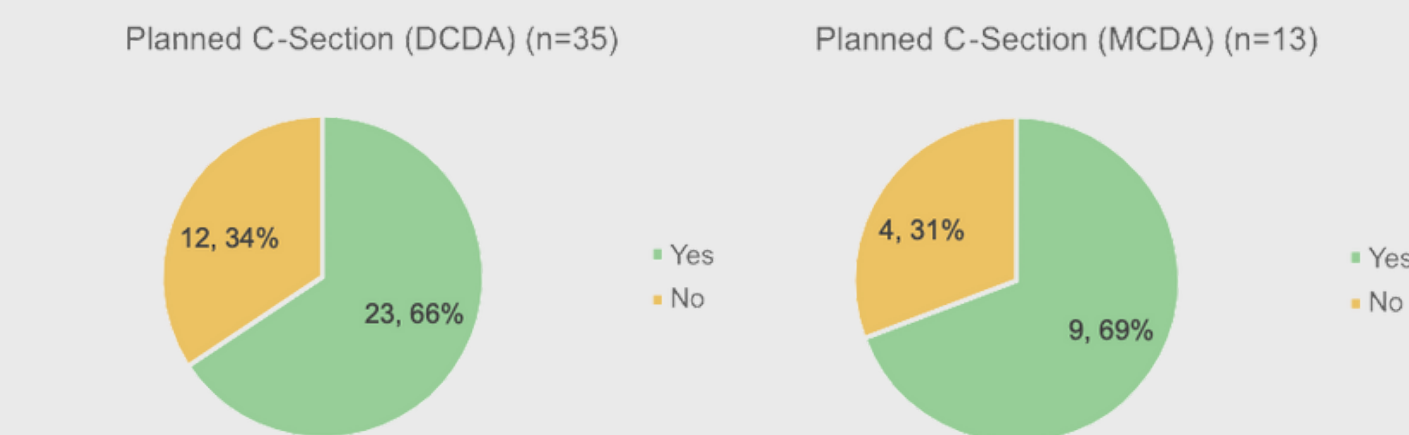


Figure 5: Planned c-section for DCDA and MCDA. In this audit there were two further planned sections. One for DCDA and the other for MCMA twins.

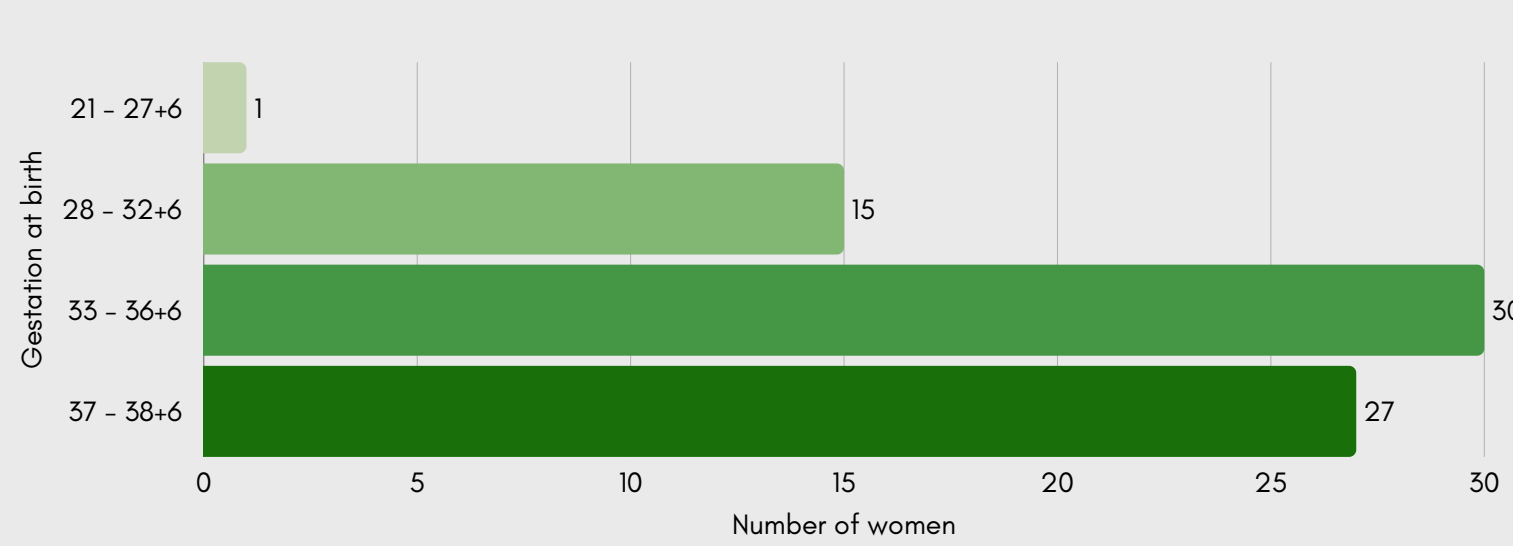
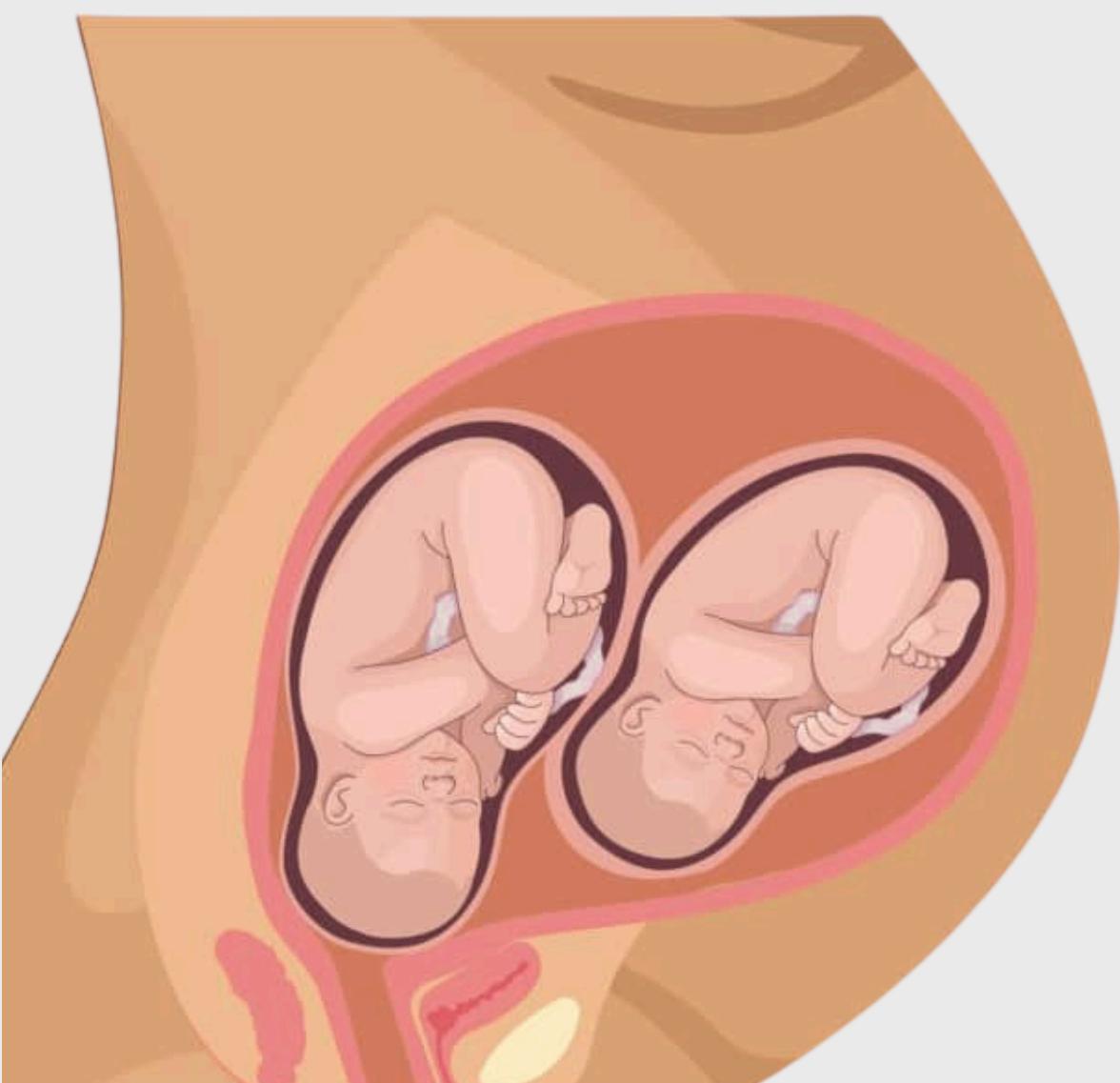


Figure 6: Gestations at time of delivery

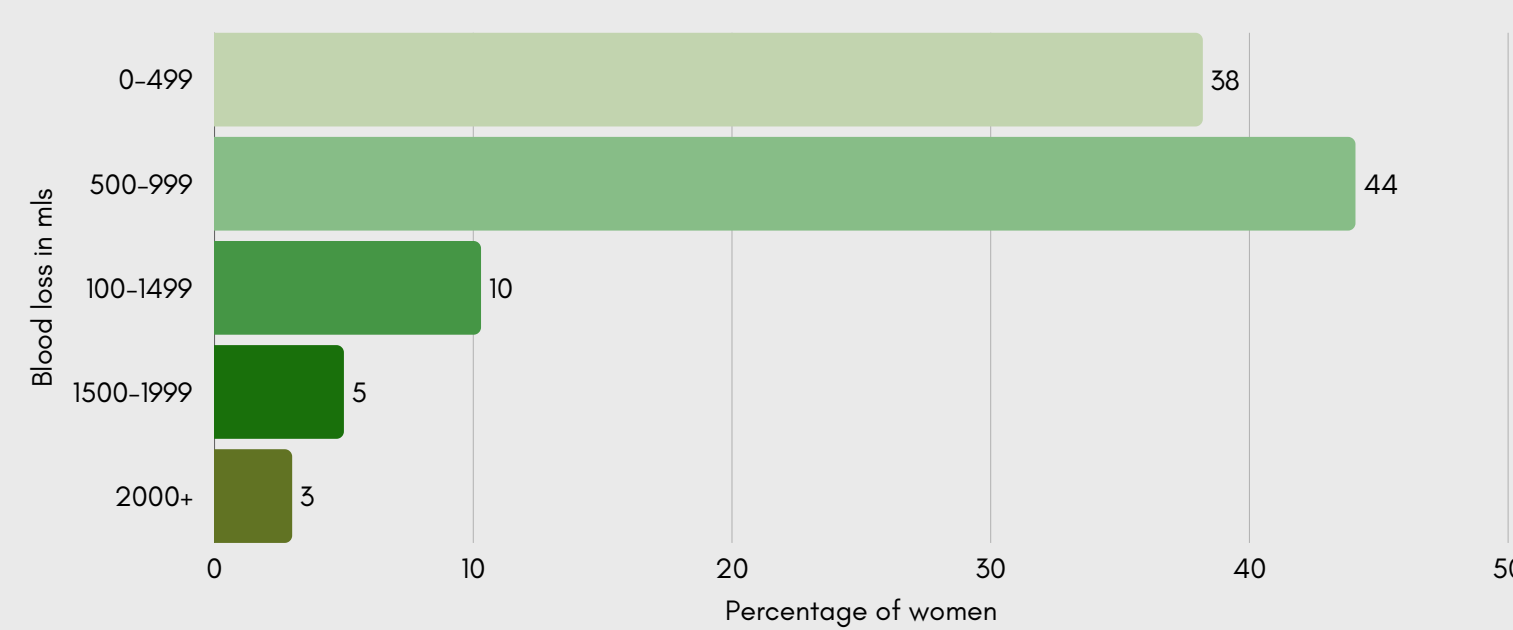


Figure 8: Volume of EBL in women who delivered.

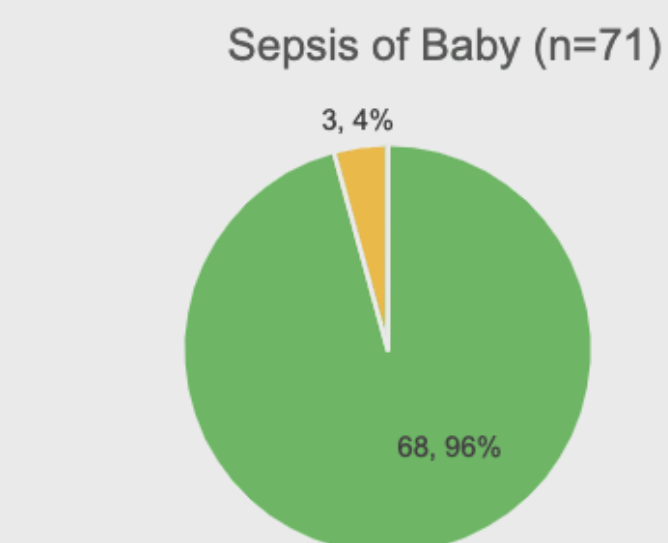


Figure 10: Neonatal sepsis

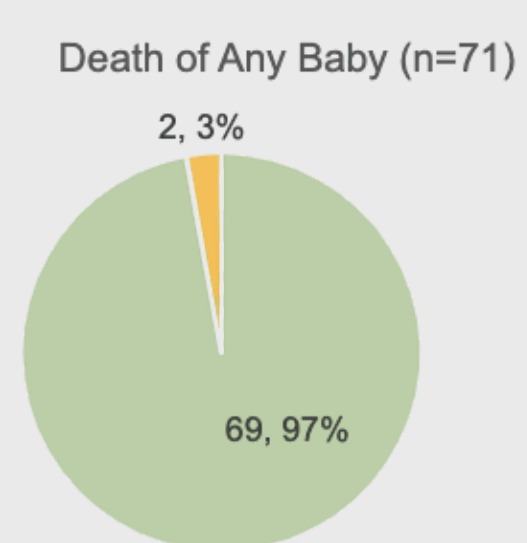


Figure 11: Neonatal deaths

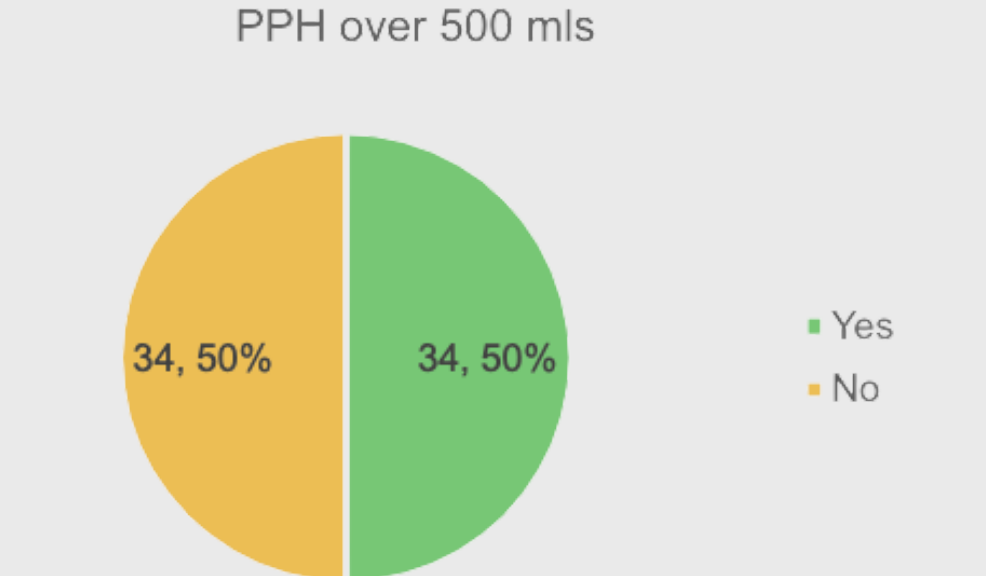


Figure 7: Percentage of women who had a PPH

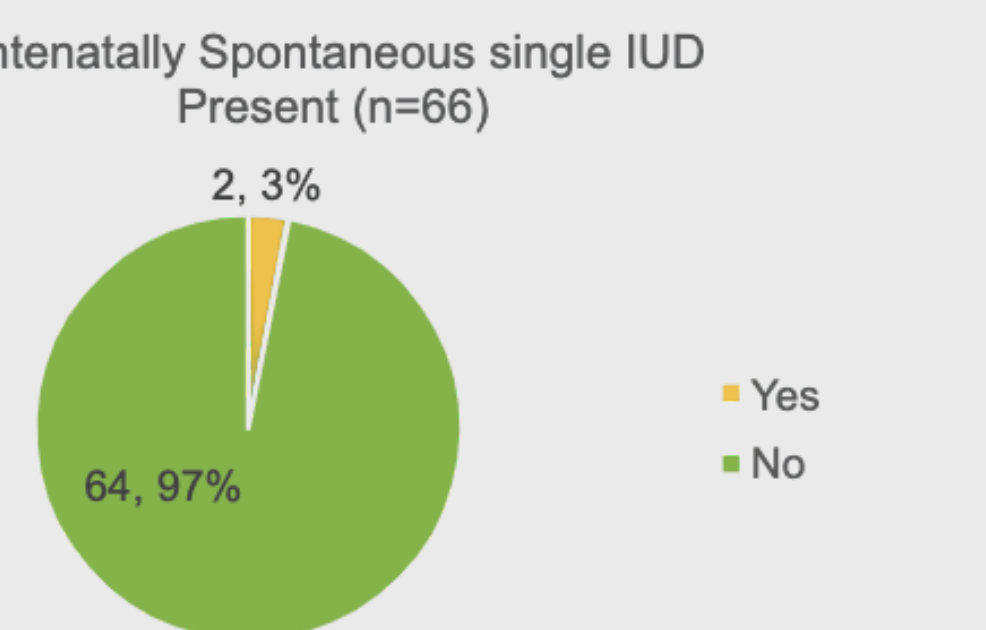


Figure 9: IUD incidence

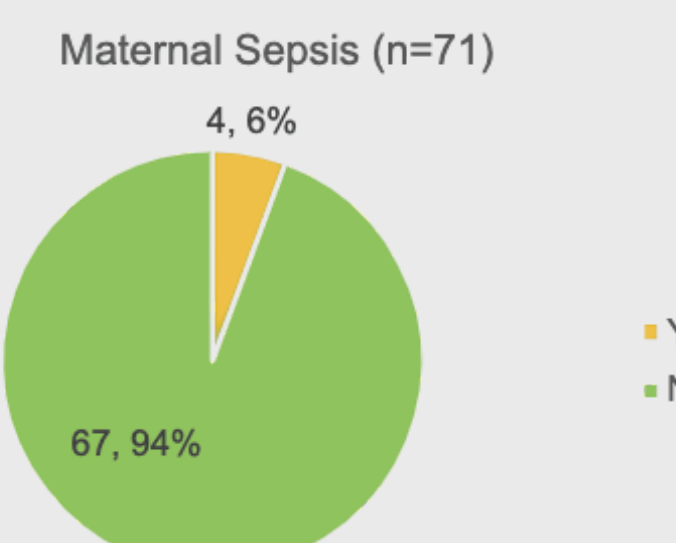


Figure 12: Incidence of maternal sepsis

ANALYSIS & DISCUSSION



- Good adherence to the national and local guidelines.
- The diagnosis of multiple gestation was done promptly before 14/40
- A majority of patients were seen in the twins clinic by the consultant (97%)
- The timing and mode of delivery was discussed in 99% of cases
- All the MCDA pregnancies were scanned as per guidelines
- Almost all (98%) DCDA pregnancies were scanned as per guidelines
- TTTS was identified in 100% and referred appropriately to FMU
- Discordance in growth (above threshold for action) , if any , was identified in all the pregnancies- 11 (16%) patients identified for further action.
- There was higher caesarean section rate where twin 2 was presenting as breech.

