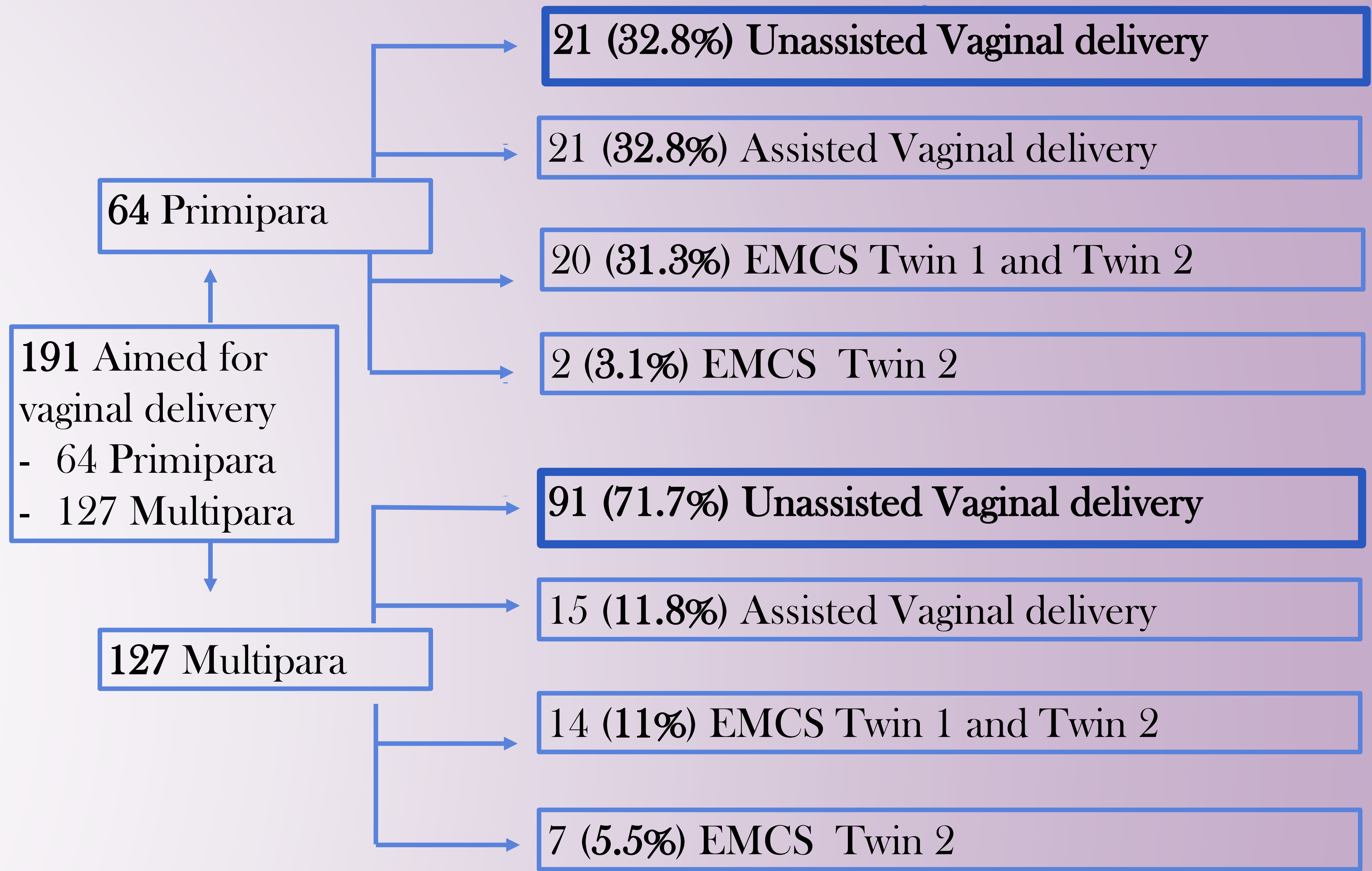
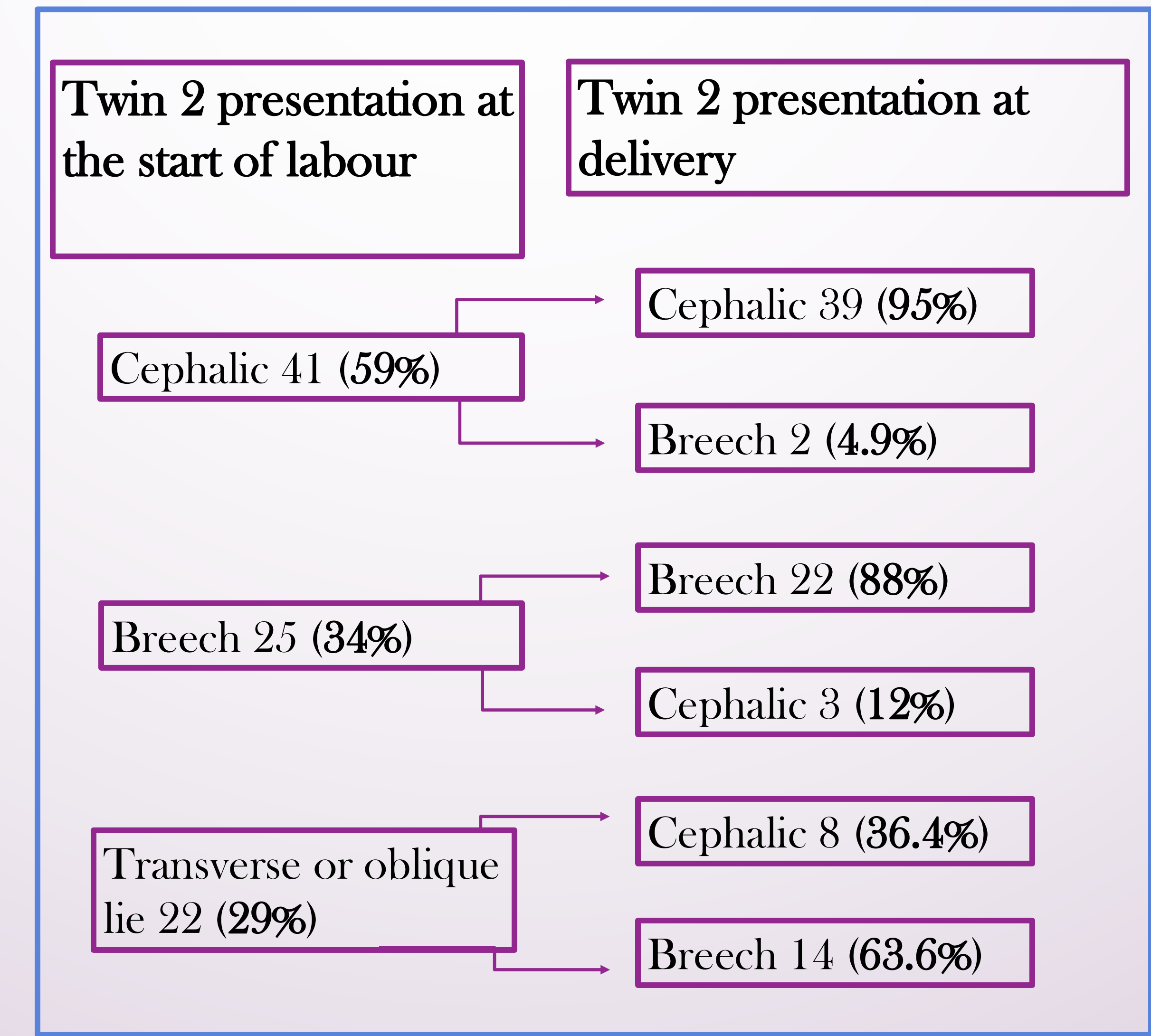
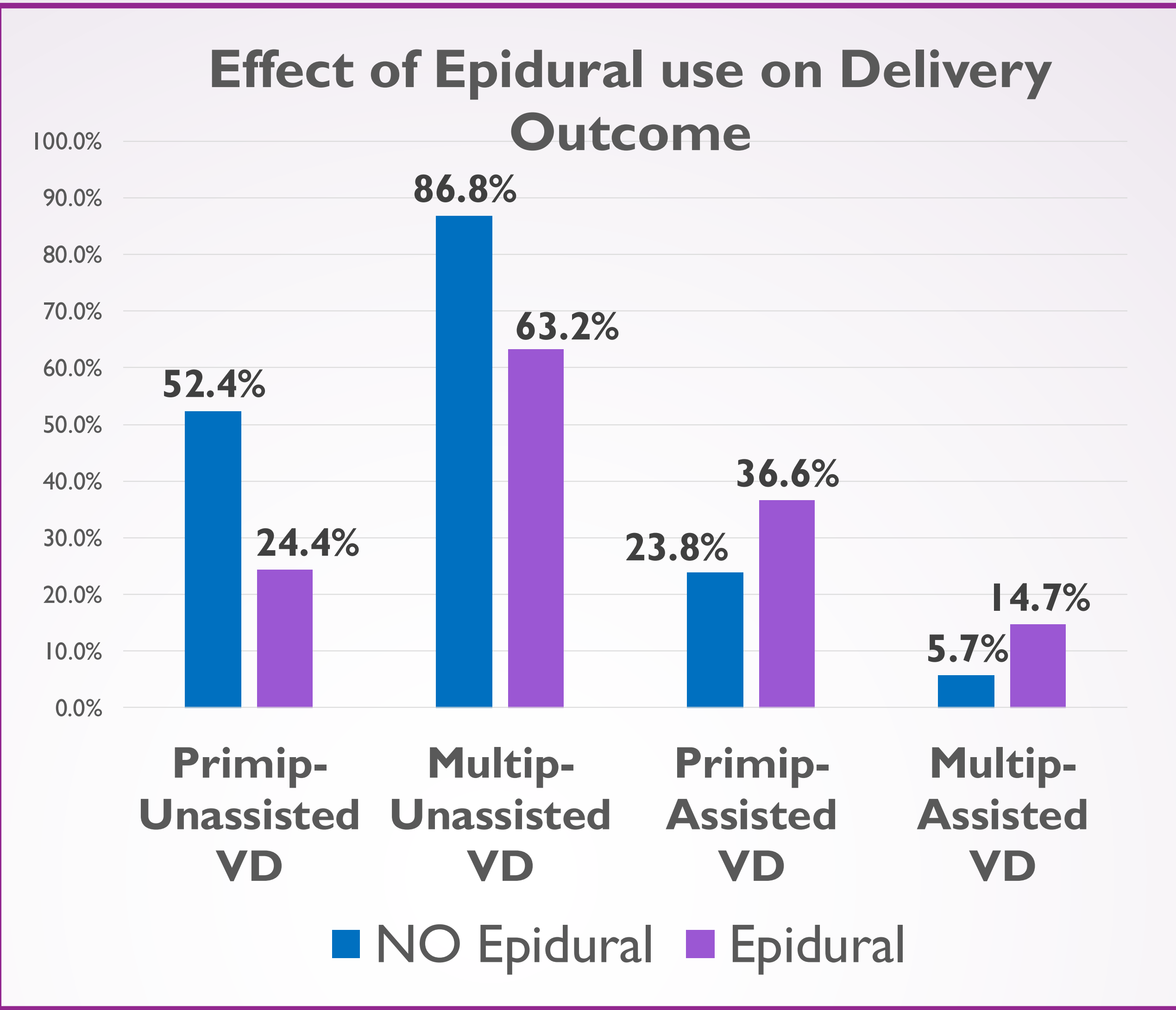
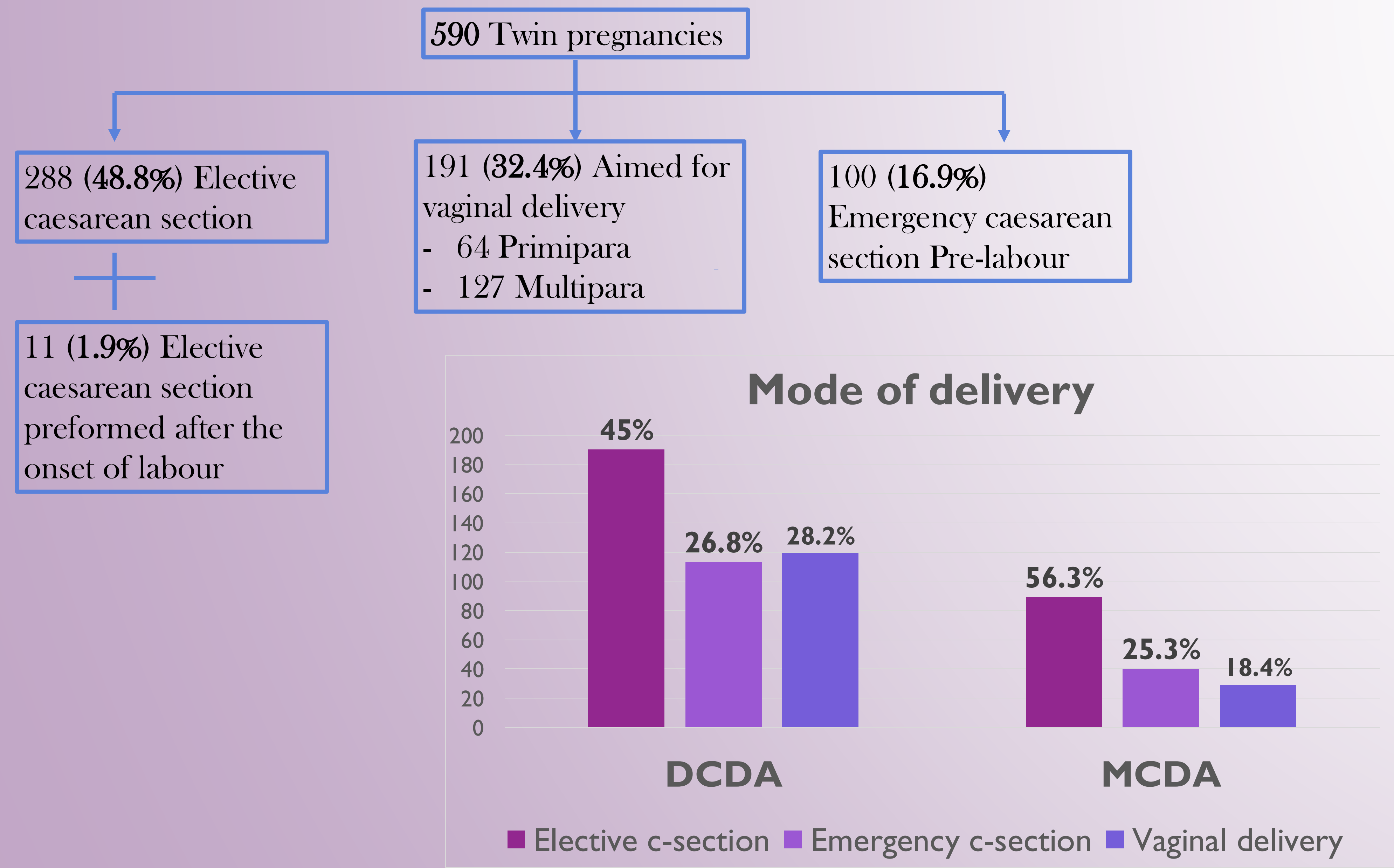


Objective
Provide up to date local data on success of vaginal delivery when birthing a twin pregnancy.

Method
Retrospective review review of all deliveries of twin pregnancies after 24 weeks 0 days gestation at Liverpool Women’s Hospital between January 2020 and October 2024 using electronic case notes.

Results
590 cases reviewed

- 288 (48.8%) patients had an elective caesarean section, either obstetrically indicated or maternal request,11 of these were preformed after the start of spontaneous labour. 9 of these were MCMA twin pregnancies
- 100 (16.9%) required an emergency caesarean section (EMCS) before the onset of labour.
- 191. 64 primipara and 127 multipara women aimed for vaginal delivery (VD) following spontaneous onset of labour or induction of labour.



Discussion

- Overall rate of successful VD is high 77.5%, as expected this is higher in Multiparus women
- Assisted vaginal birth rate is higher than singleton births
- Use of an epidural increases rate of assisted birth, particularly in multiparus women
- EMCS of twin 2 is higher in multiparus women. In primipara is it is lower than the often quoted 5%
- Twin 2 will most likely remain in their initial presentation, highlighting the effect of good stabilising after the birth of Twin 1

Conclusion
These results provide the most up-to-date data for our local population, supporting the recommendation of attempting a vaginal twin delivery when possible. This empowers women to make informed, evidence-based decisions regarding the birth of their babies.