

A case series of twin delayed interval delivery at a tertiary centre

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Objective

To describe the management and perinatal outcomes when delayed interval delivery (DID) of the second and third fetuses was employed as first option for multiple pregnancies.

Methods

Retrospective chart review of all cases of DID from January to December 2022 at The Ottawa Hospital (TOH), a high-risk pregnancy tertiary centre in Canada. Five cases of DID were identified and reviewed to obtain information on management, maternal and neonatal outcomes. We included all eligible multiples. Data collected include maternal age at delivery, chorionicity, mode of delivery and gestational age, antibiotics received, use of corticosteroids, and newborn outcomes such as weight and duration of hospital stay. Ethics approval was obtained.

Results

This case series describes our experience managing 5 cases of DID, totalizing 4 sets of dichorionic diamniotic twins and one trichorionic triamniotic triplet. Gestational age at admission varied from 17⁺³ to 23⁺² weeks of gestation. Interval delivery ranged between 1 and 36 days. Nine out of 11 twins did not survive the DID. Neonatal mortality was explained due to severe prematurity at the time of delivery. The 2 surviving newborns were born at 23 and 23⁺² weeks, 36 and 6 days after the first twin was born. Both had received full course of steroids. They were admitted to NICU for 111 and 131 days, and discharged with weighing 3594 and 2743g. All DID were spontaneous except for one fetus that required surgical evacuation due to maternal sepsis. Different antibiotic regimens were used as no local protocol has been established for DID practices.

Conclusion

Despite the high risk of maternal, fetal and neonatal morbidity and mortality, management of DID is still individualized. The information collected from this case series adds evidence to the current controversial body of literature regarding DID. Our results strengthened our experience and enabled proper patient counselling and decision making.