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OBJECTIVE

To describe the sonographic findings of twin pregnancies and their outcomes.

METHODS

Cross-sectional, retrospective and descriptive study, with a quantitative approach, through analysis of medical records of patients with twin pregnancies who progressed to delivery in the period from January to December 2019 in a reference maternity hospital in high-risk pregnancies and who previously underwent obstetric ultrasonography.

RESULTS

The frequency of twin pregnancies was 2.7%, being the most found chorionicity of the dichorionic-diamniotic type (49.1%) and the most found complications were pre-eclampsia (42.2%) and fetal growth restriction (37.9%). Most pregnancies presented normal amniotic fluid volume and Dopplerfluxometric indices. Cesarean section was the main route of delivery and most newborns were premature (72.4%) and of low birth weight (80.2% of fetuses 1 and 75.0% of fetuses 2). We also observed that 6.9% of pregnancies evolved with fetal or neonatal death immediately after delivery of one or both twins.

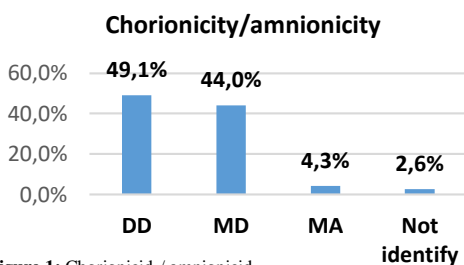


Figure 1: Chorionicity / amnionicity.

DD: Dichorionic diamniotic / MD: Monochorionic diamniotic / MA: Monochoriionic monoamniotic

| Childbirth | n | % |
|--------------------------------------|-----|------|
| Cesarean section | 110 | 95 |
| Normal birth | 6 | 5 |
| Gestational age | | |
| Extreme preterm newborn (<28w) | 3 | 2,6 |
| Very preterm newborn (28w-31w6d) | 3 | 2,6 |
| Moderate preterm newborn (32w-33w6d) | 12 | 10,3 |
| Late preterm newborn (34w-36s6d) | 66 | 56,9 |
| Early term newborn (37w-38w6d) | 16 | 13,8 |
| Complete term newborn (39w-40w6d) | 12 | 10,3 |
| Late term newborn (41w-41w6d) | 4 | 3,5 |
| Weight difference | | |
| Less 15% | 75 | 64,7 |
| Between 15-24,9% | 26 | 22,4 |
| More than 25% | 15 | 12,9 |

Table 2: Gestationals outcomes.

| Pre-eclampsia | n | % |
|-----------------------------------|-----|------|
| No | 67 | 57,8 |
| Yes | 49 | 42,2 |
| Fetal growth restriction | | |
| No | 72 | 62,1 |
| Yes - one fetus | 34 | 29,3 |
| Yes - both fetus | 10 | 8,6 |
| Twin-to-twin transfusion syndrome | | |
| No | 115 | 99,1 |
| Yes | 1 | 0,9 |
| Congenital anomalies | | |
| No | 113 | 97,4 |
| Yes | 3 | 2,6 |
| Perinatal death | | |
| No | 108 | 93,1 |
| Stillbirth - 1 fetus | 4 | 3,4 |
| Stillbirth - 2 fetuses | 1 | 0,9 |
| Neonatal death - 1 fetus | 1 | 0,9 |
| Neonatal death - 2 fetuses | 2 | 1,7 |

Table 1: Complications.

| | Fetus 1 | | Fetus 2 | |
|---|---------|------|---------|------|
| Newborn weight | n | % | n | % |
| Less than 500g | 1 | 0,9 | 0 | -- |
| Extreme low weight newborn (500 - 999g) | 3 | 2,6 | 7 | 6,0 |
| Very low weight newborn (1000-1499g) | 10 | 8,6 | 8 | 6,9 |
| Low weight newborn (1500-2499g) | 79 | 68,1 | 72 | 62,1 |
| Underweight newborn (2500-2999g) | 18 | 15,5 | 23 | 19,8 |
| Suitable weight newborn (3000-3999g) | 5 | 4,3 | 6 | 5,2 |

Table 3: Perinatal outcome.

CONCLUSIONS

The association of twin pregnancy with pre-eclampsia, fetal growth restriction, cesarean section, prematurity and low newborn weight was frequent. This study ratifies the association of twin pregnancies with increased risk of complications and unfavorable outcomes, corroborating the need for further research on this theme.

KEYWORDS: Twin pregnancy, Ultrasonography, Epidemiology.