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Original Research Article

TO STUDY THE DIFFERENT COMPLICATIONS DURING ANTEPARTUM, INTRAPARTUM AND POSTPARTUM PERIODS WITH POSSIBLE MEASURES TO MANAGE TWIN PREGNANCY

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Abstract

Background: The present study of twins was done among the patients admitted in the department of Obstetrics and Gynecology at Sri Aurobindo Medical College and Post Graduate Institute, Indore.

Method: Blood sample from the mother was collected for estimation of hemoglobin percentage to diagnose anemia, ABO & Rh typing for blood transfusion if necessary. Urine examination for albumin, sugar & acetone. Special investigations like USG done whenever possible. In maximum cases ultrasonography was done to detect or confirm presence of twins, their lie, maturity, gestational age, rule out congenital anomaly & to note any IUGR, Discordant growth. Amount of liquor also noted.

Result: 143 (85.10%) babies were LBW. The main factors responsible for LBW were IUGR and prematurity. Intrauterine growth retardation affected 42 cases (24.41%) while prematurity affected 42 cases (24.41%) and 8 (9.3%) cases aborted. Intrauterine death was more common in first baby, because of malpresentations. Asphyxia was found to be slightly more in second baby in our study. Congenital anomalies were found in total 3 cases (1.78%). In one case, baby-2 was Anencephalic and in the other case baby-2 had fetal ascites. In one case baby-1 had multiple congenital anomalies with imperforate anus. Cord prolapse was present in one case. In one case (Case No. 17) first baby was presented by footling with cord prolapse LSCS was done, baby had SBA and died 1 day after birth. There were 8 abortions. All were second trimester abortions (12 weeks and 22 weeks).

Conclusion: In the present study, incidence of various antepartum and intrapartum complications were less in booked cases, which shows that availability of antenatal care to more patients will further reduce their incidence and thus will decrease maternal morbidity.

Keywords: Complications, Antepartum, Intrapartum & Postpartum.

Introduction

The clinical administration of these wonders of nature incorporate better antepartum and intrapartum care, avoidance of preterm birth, handiness of ultrasound for ahead of schedule and precise determination, better administration of work confusions of twins, babies and remarkable prerequisites of post pregnancy time of the mother[1].

Twinning is known to have 2 variations. Twins creating from various ova are binovular/friendly/dizygotic twins. They are not actually twins biologically[2]. They are essentially two hatchlings by chance considered at about a similar time In other assortment, one ovum is partitioned into two early stage plates and these are genuine twins organically. They share a similar sex and are indistinguishable, geno and phenotypically with complete lenience for complementary tissue grafts[3]. Such twins are known as indistinguishable uniovular monozygotic twins. A mystery of nature is the deficient partition of undeveloped plate prompting the advancement of Siamese or conjoined twins.

The origination, development and work of plural pregnancy is surely a test. The result of which is controlled by excellent intercession in antepartum, intrapartum and postparturn period[4].

Material & Method

The present study of twins was done among the patients admitted in the department of Obstetrics and Gynecology at Sri Aurobindo Medical College and Post Graduate Institute, Indore, from December 2018 to November 2019.

Methods

1. Detailed History of Patients
2. Examination of patients.
3. Nature, duration and complications of pregnancy and labour.
4. Management of pregnancy and labour.
5. Fetomaternal outcome.

Obstetric Examination

1. Abdominal shape, size, any scar mark was recorded.

2. Uterus whether over distended, presence or absence of any excessive liquor. by palpating multiplicity of fetal parts detected & presentation, position & attitude of both fetuses were ascertained.

3. Fetal heart sounds located at its maximum intensity, noting their rate & regularity. Presence of two distinct fetal heart sounds with difference of at least 10 beats/minute was taken as diagnostic of twins.

4. Pervaginal examination: done -specially noting dilatation & effacement of cervix, formation of bag of water, presenting part & its relationship with the pelvis. Assessment of pelvic capacity was done by internal examination pervaginal examination repeated after rupture of membranes to exclude cord prolapsed.

Investigations

Blood sample from the mother was collected for estimation of hemoglobin percentage to diagnose anemia, ABO & Rh typing for blood transfusion if necessary. Urine examination for albumin, sugar & acetone. Special investigations like USG done whenever possible. In maximum cases ultrasonography was done to detect or confirm presence of twins, their lie, maturity, gestational age, rule out congenital anomaly & to note any IUGR, Discordant growth. Amount of liquor also noted.

Results

Table 1: Gestational Age as Assessed by Pediatrician

Gestational Age (in weeks)	No. of Cases	Percentage (%)
< 28 weeks	17	10.12
28 – 32 weeks	12	7.14
33 – 34 weeks	24	14.29
35 – 36 weeks (borderline term)	33	19.64
≥ 37 weeks (term)	82	48.8

Below 37 weeks – 86 (51.19%).
37 weeks and above – 82 (48.2%)
As assessed by the pediatrician out of 168 babies 86 (51.19%) were having maturity less than 37 weeks while 82 (48.8%) were more than 37 weeks, 35-36 weeks maturity babies are taken as borderline term in our institution. There were 33 (19.64%) babies in this group. So total 115 babies were above 35 weeks gestational age. 17 babies (10.12%) were below 28 weeks, which is taken as the period of viability.

Table 2: Maternal Complications during Pregnancy and labour

Complication	No. of Cases	Percentage (%)
During pregnancy		
a. Hypertensive disorders	27	31.39
Preeclampsia	5	5.81
PIH	20	
Mild	16	18.6
Severe	4	4.65
Eclampsia	1	
Imminent eclampsia	1	
b. Anemia	21	24.41
c. Hydramnios	8	9.30
d. APH	3	3.49
Placenta previa	1	1.16
Abruptio placenta	2	2.32
During labour		
a. Preterm labour	34	39.53
b. PPH	4	4.65
c. PROM	5	5.81

The most common complications during pregnancy were preeclampsia and anemia. One patient had eclampsia. One patient with severe anemia had congestive cardiac failure. During labour most common complications was preterm labour. About 39.53% patients had preterm labour. PROM and PPH were also common.

Table 3: Showing Fetal Complications

Complications	First baby	Second baby	Total	
			No.	%
IUGR	20	22	42	24.41
Prematurity	22	22	42	24.41
Asphyxia	7	14	21	12.2
Moderate	4	12	16	9.3
Severe	3	2	5	2.9
RDS	5	7	12	6.92
IUD	7	3	10	5.91
Septicemia	7	8	15	8.72
Anemia	1	-	1	0.59
Congenital anomaly	1	2	3	1.78
Discordant growth	2	-	2	1.16
Twin-Twin Transfusion	1	-	1	1.16
Cord Prolapse	1	-	1	1.16
Abortions	8	8	8	9.3

143 (85.10%) babies were LBW. The main factors responsible for LBW were IUGR and prematurity. Intrauterine growth retardation affected 42 cases (24.41%) while prematurity affected 42 cases (24.41%) and 8 (9.3%) cases aborted.

Intrauterine death was more common in first baby, because of malpresentations. Asphyxia was found to be slightly more in second baby in our study.

Congenital anomalies were found in total 3 cases (1.78%). In one case, baby-2 was Anencephalic and in the other case baby-2 had fetal ascites. In one case baby-1 had multiple congenital anomalies with imperforate anus.

Cord prolapse was present in one case. In one case (Case No. 17) first baby was presented by footling with cord prolapse LSCS was done, baby had SBA and died 1 day after birth.

There were 8 abortions. All were second trimester abortions (12 weeks and 22 weeks).

Discussion

Our examination tracked down that expanding maternal BMI was related with antagonistic wellbeing results for both the mother and her child. These discoveries are reliable with those of past investigations directed by Kabiru W et al[5], in showing a relationship between expanding maternal BMI and an expanded danger of hypertensive issues of pregnancy, GDM, toxemia, enlistment of work, cesarean area, post pregnancy complexities like injury contamination, Atonic Pph, longer length of maternal stay in clinic and preterm birth.

The mean age among the stout cases was 25± 4.44 and a large portion of them had a place with the lower working (class III). Measurably, a huge affiliation was seen among weight and financial status which is in agreement Dinsa GD et al[6], who led an efficient survey and detailed that maternal heftiness is lopsidedly an issue of the poor at a lower level of monetary turn of events and further exploration needs to the interrelationship among SES and corpulence in non-industrial nations.

The current investigation is in accordance with a forthcoming multicenter study directed by Wiess JL et al[7] in which in excess of 16,000 pregnant ladies who were corpulent were 2.5 occasions and 1.6 occasions bound to create gestational hypertension and toxemia, separately. It has for quite some time been realized that insulin opposition and hyperinsulinemia are trademark highlights of gestational diabetes and heftiness. Fasting and post-absorptive plasma insulin levels are higher in corpulent pregnant ladies. Expanded rate of initiated works and crisis cesarean sections (<0.05). Reasons announced for a medical procedure for the most part incorporate macrosomia related cephalopelvic disparity, fetal misery, and stagnation of incited work. The higher cesarean area rate in large ladies conveys the additional danger of higher perioperative horribleness, including sedative issues, contaminations, blood misfortune, and delayed hospitalization[8].

Conclusion

In the present study, incidence of various antepartum and intrapartum complications were less in booked cases, which shows that availability of antenatal care to more patients will further reduce their incidence and thus will decrease maternal morbidity.

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