



Multiple births are on the rise!

Over the past 25 years, twin deliveries have almost doubled, while deliveries of higher multiples (triplets, quadruplets, etc.) have nearly quintupled! A partial reason for this is that women are having babies later in life, when chances for conceiving multiples are higher. However, the main reason for the increase stems from the use of fertility-stimulating medicines or procedures like 'in vitro fertilization' (in which eggs are removed from the mother, fertilized outside of the mother, and are then transferred back to her uterus). While the birth of quintuplets or septuplets make for exciting headlines, multiple births of this magnitude are most often complicated by extreme premature delivery, multiple handicaps and costs that can run into millions of dollars. They typically result from transferring several embryos into the uterus at the same time, a practice now discouraged.

Much more common are twin pregnancies. It is fun to watch the reaction of couples when they first learn they are carrying twins, usually an unexpected finding on first ultrasound. It is a mixture of shock, disbelief, joy, and panic. Most couples know little about what to expect.

What are the differences between fraternal and identical twins?

Fraternal twins occur when two separate eggs are fertilized by two separate sperm. They can be two boys, two girls or one of each, and they are no more alike than brothers or sisters born separately.

Identical twins occur when a single fertilized egg splits to form two identical babies. Fraternal twins are four times more common than identical twins.

What are the signs of a twin pregnancy?

Most women do not experience anything out of the ordinary and learn the news with the first ultrasound. But a belly that is growing faster than expected, increased nausea and vomiting or unusual fatigue may be telltale signs.

What are possible complications of twin pregnancy?

Preterm delivery: By far the most common complication of twin pregnancies is preterm labor and delivery. 40% of twins deliver before 37 weeks, 5% before 28 weeks. While

we have not had great success at reducing preterm deliveries, we do have medicines that dramatically improve the prognosis for these babies.

Growth restriction: This occurs when one or both babies do not grow at the rate expected. There are several causes. When one baby is lagging behind the other, this is called *discordant growth*. When growth restriction is detected, bed rest is usually required as well as frequent fetal testing. If signs worsen, early delivery may be required.

Twin-to-twin transfusion syndrome: 14-20% of twins are 'monochorionic' meaning that both babies share a single placenta for nourishment and oxygen. In a quarter of these twins, an abnormal blood vessel can allow blood to be shunted or transfused from one baby to another. Both donor and receiver can suffer severe complications. Good methods to detect and treat this problem are available.

Umbilical cord entanglement: Less than 1% of twins are 'monoamniotic' that is they share, and swim in, the same amniotic sac. In this situation the umbilical cords of the babies can become entangled, possibly causing the death of one or both.

Pre-eclampsia: This is a disorder in which maternal high blood pressure and reduced blood circulation put both mother and baby at risk. Pre-eclampsia develops in about 10 to 20 percent of women carrying twins --- twice the rate in women carrying one baby.

Will I need a cesarean section?

In many cases, twins are delivered vaginally. However, triplets and multiples of higher numbers are commonly delivered by cesarean section. With twins, if the first baby presents any other way than head first, a c-section will usually be required.

Is having twins exciting?

You bet!

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