

# Multiple Pregnancy - Interval Birth Delivery



## 1. Purpose

This document outlines the guideline or procedure details for the management of women with multiple pregnancy in selected cases where there is a delay between the births of the babies, typically due to the preterm birth of one or more babies, at the Women's.

## 2. Definitions

**Interval delivery:** Premature birth/delivery in multiple gestation is common. Both infertility and in vitro fertilisation are independent risk factors for preterm delivery. There are exceptional circumstances in which the birth/delivery of a second twin can be delayed after the preterm birth/delivery of the first. This also may apply to triplets and quadruplets under exceptional circumstances. Typically, all of the fetuses of a multiple gestation are delivered within a short interval of one another. However, in selected cases, the preterm birth of one sibling may not require delivery of the other fetus(es), who may remain in utero for an extended period, thereby improving their chance of survival and decreasing morbidity among the survivors. These are referred to as delayed-interval deliveries<sup>1</sup>.

**Endoloop:** The Endoloop is a detachable nylon loop snare that is placed over a lesion and then tightened with a one way silicone rubber stopper to form a haemostatic ligature. The Endoloop is becoming widely accepted as the most effective method of mechanical haemostasis, it also has a wider application for other haemostatic purposes such as ligation of the umbilical cord in these circumstances. The Endoloop can be accessed by contacting the nurse in charge in the Operating Suite by telephoning extension 3331.

## 3. Responsibilities

Obstetric medical staff are responsible for the medical management of women/fetus in these circumstances.

Midwifery staff are responsible for midwifery care of the woman and fetus/baby

Neonatal staff are responsible for the neonatal care of the baby

## 4. Guideline

### 4.1 Indications for interval birth/delivery

- The placenta(e) of the remaining fetus(es) must be separate from the delivered fetus(es)
- Contractions must cease after the delivery of the fetus(es)
- Absence of infection
- Absence of bleeding
- Absence of suspected fetal compromise in the retained fetus(es)
- Prior to 28 weeks gestation only.

### 4.2 Technique of interval birth/delivery

- Adequate analgesia/anaesthesia
- High ligation of the umbilical cord. Consider using an Endoloop
- Postoperative vaginal douche with antiseptic solution
- Broad spectrum antibiotic coverage until results of cervical microbiology are available
- Corticosteroids to be administered at fetal viability
- Maternal and fetal monitoring for evidence of infection
- No evidence for the use of:
  - cervical cerclage
  - tocolysis

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- o empiric antibiotics if cervical microbiology normal.

### 5. Evaluation, monitoring and reporting of compliance to this guideline

Compliance to this guideline will be monitored, evaluated and reported through clinical incident reporting.

### 6. References

1. [Delayed Interval Delivery in Multifetal Pregnancies](#)
2. Knight, R, Craig, S, Bethune, M, Umstad, MP. Delayed delivery of the second twin after premature previsible delivery of the first twin. Aust N Z J Obstet Gynaecol 1997; 37:470.
3. Zhang, J, Hamilton, B, Martin, J, Trumble, A. Delayed interval delivery and infant survival: a population-based study. Am J Obstet Gynecol 2004; 191:470.

### 7. Legislation/Regulations related to this guideline

Not applicable

### 8. Appendices

Not applicable.

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