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.

**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)
- Contraction 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
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

7. Legislation/Regulations related to this guideline

Not applicable

8. Appendices

Not applicable.

Please ensure that you adhere to the below disclaimer:

PGP Disclaimer Statement
The Royal Women’s Hospital Clinical Guidelines present statements of ‘Best Practice’ based on thorough evaluation of evidence and are intended for health professionals only. For practitioners outside the Women’s this material is made available in good faith as a resource for use by health professionals to draw on in developing their own protocols, guided by published medical evidence. In doing so, practitioners should themselves be familiar with the literature and make their own interpretations of it.

Whilst appreciable care has been taken in the preparation of clinical guidelines which appear on this web page, the Royal Women’s Hospital provides these as a service only and does not warrant the accuracy of these guidelines. Any representation implied or expressed concerning the efficacy, appropriateness or suitability of any treatment or product is expressly negated

In view of the possibility of human error and/or advances in medical knowledge, the Royal Women’s Hospital cannot and does not warrant that the information contained in the guidelines is in every respect accurate or complete. Accordingly, the Royal Women’s Hospital will not be held responsible or liable for any errors or omissions that may be found in any of the information at this site.

You are encouraged to consult other sources in order to confirm the information contained in any of the guidelines and, in the event that medical treatment is required, to take professional, expert advice from a legally qualified and appropriately experienced medical practitioner.

NOTE: Care should be taken when printing any clinical guideline from this site. Updates to these guidelines will take place as necessary. It is therefore advised that regular visits to this site will be needed to access the most current version of these guidelines.