



MATERNAL MORBIDITY AND PERINATAL OUT COME IN MULTIPLE PREGNENCY

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ABSTRACT **INTRODUCTION:** Multiple Pregnancies Are Considered As High Risk Pregnancies Overall The Rate Of Multiple Pregnancies Are Increasing Due To Ovulation Induction Drugs Like Clomiphene Citrate And Letrozole.more So Ever Due To Assisted Reproductive Techniques.this Is A Universal Fact That Multiple Pregnancies Are Associated With Adverse Maternal And Neonatal Out Come As Compared To Singelton Pregnancy. Among The Multifetal Gestations Twins Are The Commnent And So On. **AIMS AND OBJECTIVES:** The Study Was Aimed To Find Out The Incidence And Possible Maternal And Perinatal Outcomes Of Multiple Pregnancies. **MATERIALS AND METHODS:** This Was A Descriptive And Prospective Conducted In The Department Of Obs And Gyne At Ngmc Kohalpur Teaching Hospital. A Total Of 50 Cases Of Multifetal Pregnancy After 28 Weeks Of Gestation Was Included During The Study Period From April 2014 To May 2015 Who Fulfilled The Inclusion Criteria. DATA COLLECTED WAS BASED UPON CERTAIN CRITERIAS WERE FOLLOWS:-

1. Age
2. Obstetrics History
3. No. Of Fetuses,
4. Mode Of Delivery
5. Indication For Lscs Either Elective Or Emergency
6. Foetal Out Come
7. Maternal Complications

EXCLUSION CRITERIA

1. Pregnant Women With Previous Lscs
2. Cephalo-pelvic Disproportion
3. Multiple Birth Of Those Mother Who Are Not Willing Participate.

RESULT: In This Study 50 Cases Of Multifetal pregnancy Were Analysed. The Hospital Based Study Was 2.1 % . Among Them 92% Were Twins And 6 % Were Triplets, 2% Multiple Pregnancy. The Multiple Pregnancies Werw Common In 32-36 Yrs Of Age Group(40%). Mutilpe Pregnancies Were Seen More In Mutligravidae(58%). The Main Matrenal Adverse Outcomes Were Preterm Labor(64%), Followed By Anaemia(42%), Premature Rupture Of Membrane(40%), Pih(29%), Pph(26%), Perpulalsepsis, Aph, Gdm. The Mean Gestattional Age In The Study Was 37 Weeks And 35 Weeks In Twins And Triplets. The Most Common Mode Of Delivery Was Vaginal(60%) Whereas All The Triplets Were Delivered By Ceasern Section. The Most Common Indication For Lscs Was Malpresentation(63%) And The Most Common Fetal Presentation Was Cephalic-cephalic For Twins And Cephalic-breech-breech For Triplets. The Most Common Neonatal Complication Was Prematurity And Neonatal Sepsis. The Overall Prenatal Mortality Rate In Our Study Was 26% An Perinatal Mortality Was Higher In Second Twin(30%) Compared To First Twin(20%). No Moratlity Was Observed Among Triplets.

CONCLUSION: Multiple Pregnancy have high maternal and neonatal complication mainly preterm delivery that increases the risk of neonatal morbidity and mortality.

KEYWORDS : Perinatal Outcome, Maternal complication, Mutlple Pregnancy

INTRODUCTION

Mutlpe Pregnancies arises from the fertilization of 1,2 or more ova and division of one or more fertilized ova, with the result of multiple pregnancy that is simultaneously dizygous and monozygous(1). Among multiple births, twin births are commonest form, then triplets and much rarer quadrruplets or higher.(2)

Twin pregnancy occurs either due to fertilization of 2 separte ova,in which cases twins are called as dizygotic,or from the division of 1 Fertilized ovum into 2 separte embryos, which are thus dizygotic or monozygotic. Monozygotic twins are always of same sex, whereas dizygotic only have fraternal resemblance.(3)

The outcome of monozygotic twining process when division occurs.If zygotes divides within the first 72 hours after fertilization, two embryos, two amnions and two chorions develops forming diamniotic dichorionic twins. Two distinct placenta or fused single placenta may develop.If division occurs between 4th and 8th day it forms diamniotic and mono chorionic twins.If division occurs after 8th day it results in monoamniotic mono chorionic twins.Conjoined twins occurs if twining initiates later.(4)

Superfecundation refers to fertilization of two or more ova during the same menstrual cycle by sperm from separate act of sexual intercourse. Superfecundation is the fertilization of two or more ova(eggs) during different menstrual cycles(4).

METHODOLOGY

this was a descriptive and prospective conducted in the department of

obs and gyne at ngmc kohalpur teaching hospital. a total of 50 cases of multifetal pregnancy after 28weeks of gestation was included during the study period from april 2014 to may 2015 who fulfilled the inclusion criteria.

data collected was based upon certain criterias as follows:- age, obstetrics history, no of fetuses, 4 mode of delivery. 5 indication for lscs either elective or emergency. 5 foetal out come. 6 maternal complications.

Data was processed and analysed by SPSS version 20. Descrippitive stastics such as mean, standard deviation were computed. Parson Chi square and Fisher's Exact test was carried out for testing the significance. The p value was considered significant if it was <0.05.

RESULT

A total of 2500 deliveries were conducted ad NGMC Teaching Hospital Kohalpur, during 12 months period out of which 62 cases of multiple pregnancy were found. The incidence of multiple pregnancy was found to be 2.48%.

DISTRIBUTION ACCORDING TO NUMBER OF MULTIPLES

NO.OF Multiples	NO.OF Cases	Percent
Twins	46	92%
Triplets	3	6%
Multiple	1	2%
Total	50	100

INCIDENCE OF MULTIPLE PREGNANCY ACCORDING TO AGE

Age (in years)	No.of Cases	Percent
15-20	12	24%
21-25	08	16%
26-30	14	28%
31-35	16	32%
Total	50	100

DISCUSSION

In this study 50 cases of pregnant women with multiple pregnancy selected at random who attended NGMC, Kohalpur, during the period of 12 months. Detailed analysis has been done and results have been compared with the statics available from Nepal and other authors from the world. Certainly multiple pregnancies associated with numerous potential challenges and complications which required highly skilled intervention.

AGE

According to the present study the age group 31-35 yrs has the highest incidence of multiple pregnancies (32%).

GRAVIDITY

According to the present study, the incidence of multiple pregnancies in multi gravida(55%) and primae garvida (45%).

NUMBER OF MULITPLES

In our study, Twins were recorded as 92%, Triplets were 6%, Multiple 2%.

CONCLUSION

Multiple Pregnancy have high maternal and neonatal complication mainly preterm delivery that increses the risk of neonatal morbidity and mortality.

Incidence of multiple pregnancy is more common in multi gravida(55%) as compared to primae(45%).

Most common mode of delivery was vaginal.

Most common age group was 31-35 yrs of age.

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