METHODS. A search in PubMed, Embase, Cochrane, reference lists was performed to find articles comparing discordant vs concordant twins. Key words: BWD, twins, neonatal morbidity/mortality. Inclusion criteria: BWD defined as % of (higherBW - smallerBW)/higherBW, both twins alive at birth. Exclusion criteria: articles including complicated pregnancies (twin transfusion syndrome, twin anemia polycythemia sequence, selective fetal growth restriction, twin reversed arterial perfusion sequence). Neonatal morbidity/mortality were stratified according to BWD levels assessed at >15%, >20%, >25%, >30%. PRISMA guidelines were followed. Inter-studies heterogeneity was tested. Pooled odds ratio and 95% Confidence Interval (OR 95%CI) were considered statistically significant if 95%CI did not encompass 1.

RESULTS. Thirteen articles were pooled.

CONCLUSION. The optimal cut-off of BWD to identify twins at risk of adverse outcomes is 20% and is independent on chorionicity.