Objective
It is not uncommon for DCDA twins to have discordant growth, where one baby is severely growth restricted while the other is healthy. This places the smaller twin at risk of death at the expense of the healthier one. The dilemma comes in with regard to the timing of delivery as early intervention could jeopardise the survival of the healthy twin in an attempt to save the sick sibling. We evaluate the most appropriate parameters to use in delivery decisions for DCDA twins with single fetal growth restriction.

Methods
We reviewed the outcomes of DCDA twins in our unit, where one twin was growth restricted and analysed the parameters used to make delivery decisions.

Results
A total of 63 DCDA pairs were reviewed. Of these 14 (22%) had discordant growth defined as a difference in estimated fetal weight of more than 20%. The median gestational age of delivery for the discordant twins was 34 weeks (29-38). Abnormal umbilical artery doppler informed delivery decision in 7 pairs, all of whom survived. The ductus venosus was used to inform decision in 2 sets of twins, of which only one baby survived. Two twins with early onset discordance (<22 weeks) and abnormal umbilical artery had no intervention taken, leading to the demise of the smaller twin and survival to term of the bigger fetus with good outcomes.

Conclusion
There is a dearth of evidence on the optimal timing of deliver of discordant DCDA twins with growth restriction in one fetus. Reliance on ductus venosus deterioration may prolong the pregnancy but jeopardise survival while the use of umbilical artery doppler may improve outcomes. There however need for a robust prospective study to address this issue.