

Discordant twin growth in dichorionic twin pregnancies and mode of delivery University Hospital Split – three year experience

Marko Vulić^{1,2}, Luka Vulić², Damir Roje^{1,2}, Zdeslav Benzon^{1,2}, Zoran Meštrović^{1,2}
1.Department of Gynecology and Obstetrics, University Hospital Split,
2.School of Medicine, University of Split, Croatia

Objective:

We aimed to determine does discordant twin growth have impact on mode of delivery in dichorionic pregnancies

Materials and methods:

We conducted a retrospective study that included dichorionic twin pregnancies in period 01.01.2013. - 31.12.2015. Stillbirths, aneuploidy and pregnancies with one or both twins with congenital anomaly were excluded from the study. Chorionicity was determined by ultrasonography during first trimester or histopathological study. Discordant twin growth was defined as difference >20% in birth weight between twins. The percentage is calculated with formula $(A-B)/A$ where A stand for larger and B for smaller twin. Investigated variables were maternal age (years), parity, body mass index – BMI (kg/m^2) and mode of delivery (vaginal and SC). Statistical analysis was performed using the Student t-test and Chi square test. The p values < 0,05 were considered statistically significant.

Results:

	Discordant fetal growth N (%)	Concordant fetal growth N (%)	p value
Age (Years)	31,4 ±5,6	30,93 ±4,83	NS*
Primiparas	37 (67,27)	102 (62,96)	**p=0.56
Multiparas	18 (32,73)	60 (37,04)	$\chi^2=0.331$
***BMI (kg/m^2)			
18.5 - 24.9	10 (18,18)	22 (13,58)	**p=0.51
25 - 29.9	11 (20)	43 (26,54)	$\chi^2=1.321$
≥30	34 (61,82)	97 (59,88)	
Cesarean Section	44 (80)	126 (77,78)	**p=0,73**
Vaginal delivery	11 (20)	36 (22,22)	$\chi^2=0,119$

*Student t-test

**Chi square (χ^2) test

***BMI – Body mass index

Conclusion:

Discordant twin growth in dichorionic pregnancies has no impact on mode of delivery.