Objective
To review the maternal and fetal outcomes and intrapartum management of twin pregnancies delivered over a period of a year in a tertiary care centre.

Methods
A retrospective review of the data of maternal and fetal outcomes of twin pregnancies delivered over a year (between January 2018 and December 2018) in Hospital Universitario Reina Sofia from Córdoba was analysed. We have excluded twin pregnancies affected by selective foeticide and those that miscarried.

Results
2.17% were twin pregnancies. A total of 67 twins were managed and delivered over a period of one year, of which 52 (77.61%) were diamniotic dichorionic twins (DADC) and 15 (22.39%) were diamniotic monochorionic twins (DAMC) pregnancies and there were no monoamniotic twin pregnancies. 38 (56.72%) of these were conceived spontaneously and 29 (43.28%) secondary to IVF. Out of all the twin births, for 41 (61.19%) it was their first labor, for 18 (26.87%) their second labor, for 7 (10/45%) their third and for 1 their fourth (1.49%). The mean age of the women was 32.9 years. Out of all the twin pregnancies, 7 women developed hypertensive disorders and 4 women developed gestational diabetes. On the DAMC, 2 were diagnosed with twin transfusion syndrome, 1 had twin reversed arterial perfusion and 4 developed selective fetal growth restriction. Mean period of gestation at delivery was 35 weeks for the DADC twins and 34 for the DAMC twins. The pregnancy outcomes were good in the DADC twins with baby survival being 51 whilst 1 pregnancy had a single fetal demise. Amongst the DAMC, both twins survived in 15 women. Delivery: out of 67 cases, 13 women underwent elective caesarean section (19.40%), whilst 54 women (80.6%) aimed for vaginal delivery. Vaginal delivery was achieved in 16 patients (23.89%), 10 of those were induced and 37 patients (55.22%) required an emergency caesarean section. Only one patient who delivered twin 1 vaginally subsequently required an emergency caesarean section to deliver twin 2.

Conclusion
Twin pregnancies are at higher risk of complications and preterm delivery than single pregnancies. Usually, DADC twins are at higher risk than DAMC. Twin pregnancies are at increased risk of intrapartum complications, such as fetal heart rate abnormalities and complications related to malpresentation. That is why the caesarean rate of twin pregnancies is bigger than vaginal birth.