



**REVIEWS THE TWINS BIRTH SITUATION
AT NATIONAL HOSPITAL OF
OBSTETRICS AND GYNECOLOGY
IN THE LAST 6 MONTHS OF 2015**

*Nguyen Thi Lan Huong
Nguyen Thanh Phong*

QUESTION

- The twins birth is high-risk pregnancy, causing adverse consequences for mother and fetus.
- Shaaf JM et al (2011): 50% twins are premature birth, 20% birth before 28 weeks.
- Modern medicine with application of assisted reproduction measures to twins rate increased markedly.
- Management of twins birth with different views. The rate of Caesarean is increasing.

OBJECTIVE

1. Identify the twins birth rate in the National hospital of obstetrics and gynecology (NHOG) in the last six months of 2015
2. Comment characteristics, attitude treatment and results twins birth in this time.

STUDY SUBJECTS

1. *Sampling criteria*

- All twins pregnant women, from 23 weeks pregnant or more, born in NHOG from 07/01/2015 to 31/12/2015.
- Medical records have all the necessary information as required by the study.

2. *Exclusion criteria*

- Lack of basic data in the study records.
- Pregnant women born in other places, go to the hospital during the same time period studied.

RESEARCH METHODS

- Cross-sectional descriptive study by method of retrospective data on medical records.
- The sampling:
 - + Get all of the medical records of all twins pregnant women, from 23 weeks pregnant or more, born in NHOG from 07/01/2015 to 31/12/2015.
 - + Total: 618 cases.
- Analysis and processing of data:
 - SPSS 16.0 software.

RESULTS AND DISCUSSION

There are 618 cases of twins birth: Cesarean (504); vaginal birth (114)

Table 1. Percentage of twins birth

Characteristics	%
Twins birth rate/birth total (Birth total in the last 6 months of 2015: 10.839)	5.7
Twins birth rate by means of surgery/cesarean total (Caesarean total in the last 6 months of 2015: 5.931)	8.5
Twins birth rate by vaginal birth/vaginal birth total (vaginal birth total in the last 6 months of 2015: 4908)	2.3

N.M.Nguyet: 1.27% (1996-1997); 1.87% (2006-2007);

N.T.B.Van (1999): 1.19%. N.T.Hanh (2003-2004): 1.79%.

N.T.K.Oanh (2004-2006): 1.88%.

RESULTS AND DISCUSSION

Table 2a. Some characteristics of the study subjects

Characteristics		Number (n=116)	Rate (%)
Age	< 20	10	1.6
	20 – 24	86	13.9
	25 – 29	220	35.6
	30 – 34	209	33.8
	≥ 35	93	15.0
Accommodation	Ha Noi	310	50,2
	Other provinces	308	49,8
Job	Farmer	46	7.4
	Worker	63	10.2
	Officials	193	31.2
	Other	316	51.1

RESULTS AND DISCUSSION

Table 2b. Some characteristics of the study subjects

Characteristics		Number (n=116)	Rate (%)
Birth totals	0	375	60.7
	1	196	31.7
	≥ 2	47	7.6
Gestational age (week)	23 – 27	54	8.7
	28 – 32	65	10.5
	33-37	292	47.2
	> 37	207	33.5

- *N.M.Nguyet: twins birth 33-37 weeks: 47.9% (1996-1997); 43.1% (2006-2007)*
- *Preterm birth rate is high: 66.5%. Martin (2011): 57.3%, an increase of 5.7 times compared to private pregnancies.*

RESULTS AND DISCUSSION

Table 3. Distribution of twins from birth

Characteristics	Fetus 1 (n=618)		Fetus 2 (n= 618)	
	<i>n</i>	%	<i>n</i>	%
Vaginal birth	113	18.2	114	18.4
Foocxep	1	0.2	0	0
Caesarean	504	81.6	504	81.6
Total	618	100	618	100

$p < 0,05$

Rate of caesarean: - N.M.Nguyet: 35.4% (1996-1997); 67.7% (2006-2007).

- N.T.Hanh (2003-2004): fetus 1:47.3%; fetus 2: 47.9%;

- N.T.K.Oanh (2004-2006): fetus 1: 46.8%; fetus 2: 47%;

- Yalcin et al (1998): 52.8%.

RESULTS AND DISCUSSION

Table 4. The rate of fetal twins

Fetal	Số lượng (n=116)	Tỷ lệ (%)
Head – Head	213	34.5
Head – Buttock	212	34.3
Head – Shoulder	83	13.4
Buttock – Buttock	42	6.8
Buttock – Head	26	4.2
Buttock – Shoulder	24	3.9
Shoulder – Buttock	12	1.9
Shoulder – Head	1	0.2
Shoulder – Shoulder	5	0.8
Total	618	100

*N.M.Nguyet, N.T.B.Van, N.T.Hanh: Head – Head: 47.9%; 47.2%; 53.1%
Head – Buttock: 30.1%; 31.2%; 15.0%.*

RESULTS AND DISCUSSION

Table 5a. The indications for cesarean in twins birth

	Indications	Number (n = 504)	%	
1	Indications by mother	Mother's illness	97	19.2
		Previous caesarean scar	74	14.7
		In Vitro Fertilisation	215	42.7
		The cervix is not progressed	02	0.4
		Narrow pelvis	01	0.2
		Infertility + another reason	30	5.9
		IUI	46	9.1
		Older mothers	05	0.9

p < 0,05

RESULTS AND DISCUSSION

Table 5b. The indications for cesarean in twins birth

	Indications		Number (n = 504)	%
2	Indications by fetus	Abnormal fetal head	44	8.7
		Big fetus	11	2.3
		Fetal distress	09	1.8
		Fetal head does not pass	01	0.2
		Blood transfusion syndrome	10	1.9
		Underdeveloped fetus	04	0.8
3	Indication of pregnancy by subsections	Premature rupture of membranes	120	23.8
		Oligohydramnios	01	0.2
		Previa placenta	04	0.8
		Placenta abruption	02	0.4
		Cord prolapse	03	0.6

RESULTS AND DISCUSSION

Table 5c. The indications for cesarean in twins birth

	Indications	Number (n = 504)	%	
4	Indications by social causes	Please be surgery	02	0.4
		Cesarean+ sterilizations	05	0.9
		Severe obstetric history	02	0.4

($p < 0,05$).

- *The indications for cesarean: IVF: 42.7%; Premature rupture of membranes: 23.8%; Mother's illness 19.2%.*

- *N.M.Nguyet, N.T.Hanh, N.T.K.Oanh: the most frequent cesarean indication is mother's illness (19%; 24.6%; 21.6%).*

RESULTS AND DISCUSSION

Table 6. The prevention and treatment of postpartum bleeding complications

The prevention, treatment complications		Number	%
Vaginal birth (n=114)	Controlling the uterus	104	91.2
	Peel artificial placenta+	3	2.6
	Controlling the uterus		
	Partial hysterectomy	1	1.0
Cesarean (n=504)	Uterine artery ligation	16	3.2
	B-Lynch suture	1	0.2

- Vaginal birth: N.M.Nguyet, N.T.Hanh, N.T.K.Oanh: Controlling the uterus >85%.
- Uterine artery ligation: N.T.Hanh: 3.3%; N.M.Nguyet: 0%; N.T.K.Oanh: 2.2%.

RESULTS AND DISCUSSION

Table 7. Weight in laying pregnant with twins

Weight (gram)	Fetus1 (n=618)		Fetus 2 (n=618)		Total (n=1236)	
	n	%	n	%	n	%
<1000	52	8.4	54	8.7	104	8.4
1000 - <1500	46	7.4	53	8.6	99	8.0
1500 - <2000	97	15.7	104	16.8	201	16.3
2000 - < 2500	215	34.8	204	33.0	419	33.9
2500 - <3000	179	29.0	179	29.0	358	28.9
≥ 3000	29	4.7	24	3.9	53	4.3
The average weight	2099 ± 649.8		2074 ± 655.4		2086 ± 652.5	

$p < 0,05$

Fetus < 2500g: 66.2%. N.T.K.Oanh: 66.2%; Yalcin: 69%.

RESULTS AND DISCUSSION

Table 8. In relation between gestational age and neonatal death

Fetal age	Number	Dead neonatal	
		n	%
23 – 27	108	77	71.3
28 – 32	129	14	10.6
33 – 37	574	16	2.8
> 37	411	2	0.5
Tổng số	1222	109	8.9

- Neonatal death: 8.9%. N.T.K.Oanh (2006):15.5%.
- Neonatal death 23 – 27 weeks: 71.3%.
- Neonatal death 28-32 weeks: 10.6%. N.T.K.Oanh (2006): 46.2%.
N.M.Nguyet: 1996-1997: 50%; 2006-2007: 24.4%.

CONCLUSION

1. The twins birth rate is high (5.7%), but occur more frequently in the preterm twins (66.5%).
2. The rate of Caesarean is high (81.6%), the most is in vitro fertilization pregnancies (42.7%).
3. The mortality rate of neonatal is high (8.9%). No serious complications for the mother.



Special thanks!