

ABNORMAL DELIVERY OF THE SECOND TWIN (EXCLUDING SPONTANEOUS OR ASSISTED BREECH)

ASIS KR. CHATTERJEE • S. SENGUPTA

SUMMARY

Normal vaginal delivery of the 1st twin is no guarantee for the same of the 2nd one for a variety of reasons. In a retrospective study from D. S. P. Hospital, 26 cases of twins (Out of a series of 421 twins) where the 2nd was delivered by some abnormal way (excluding breech) were studied and analysed in this paper. The most important finding is that the still birth rate among these abnormally delivered 2nd twins was 4 times higher than that of the 2nd twins in general. The authors humbly like to point out that a thought should be given towards adopting C. S. for the 2nd twin itself rather than attempting complicated and rare obstetric manoeuvres (like in the West) for a better perinatal outcome.

INTRODUCTION

Normal vaginal delivery of the 1st twin is no guarantee for the same of the 2nd one, since :

1. The Cervix may be incompletely dilated, or
2. The 2nd baby may be heavier and bigger than the 1st one, or
3. Malpositions and malpresentations of the 2nd baby are very common (Munro Kerr, 1956; Chatterjee and Sengupta 1990).

Excluding BREECH delivery (spontaneous or assisted) of the 2nd twin which is very common (Munro Kerr, 1956; Chatterjee and Sengupta 1990) the other types of abnormal deliveries of the 2nd twin presents a fascinating subject for discussion.

In the present study, which is a retrospective only, the abnormal deliveries of the 2nd twins in Durgapur Steel Plant Hospital spanning almost 16 years (1972-88) are discussed.

MATERIAL AND METHODS

Records of all twin deliveries where the 1st twin was born vaginally and the 2nd by some abnormal way excluding Breech (spontaneous or assisted) were collected, Details of Type of

Dept. of Obst. & Gyn. D. S. P. Hospital, Durgapur, West Bengal.

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delivery, indications for such delivery, birth weight of the two fetuses and the still birth rate were analysed and presented here.

RESULTS

- (1) There were 421 twins amongst 37,412 deliveries (1 in 89, 1.12%).
- (2) Of these 421 twins, the 2nd twin was delivered by some abnormal way (excluding breech) in 26 cases (6.17%).
- (3) Different abnormalities found are :
 - i) Internal Podalic Version followed by Breech extraction = 13 cases (50%)
 - ii) Face-to-pubis delivery for Persistent Occipito posterior (POP) = 6 cases (23.1%)
 - iii) Forceps = 3 cases (11.5%)
 - iv) Vacuum extraction = 2 cases (7.6%)
 - v) Spontaneous Face delivery = 2 cases (7.6%)
- (4) The 2nd twin was heavier in 65.3% cases than the 1st one in these abnormal deliveries, while in general (in the present series of 421 twins) the 2nd twin was heavier in only 43.7% of cases.
- (5) Still birth picture (Table - II)
 - i) Of these 26 cases, 5 were still born (all Fresh still born), the incidence being 19.2%, this is 4 times higher than the still birth rate of the 2nd twin in general in the present series of 421 twins (4.9%).
 - ii) Of the 5 cases, 3 were after Internal Podalic Version - Breech extraction and 2 were after forceps delivery.
 - iii) In the present series of 421 twins, the still birth rate in general is as follows :
 - a) Total still birth = 40/421

(9.5%)

- b) 1st baby still born = 9/421 (2.1%)
- c) 2nd baby still born = 21/421 (4.9%)

- iv) One interesting point is that, among the abnormal deliveries, all 5 still born 2nd twins were heavier than the 1st one.

DISCUSSION

- 1) In the present study, the commonest type of abnormal delivery of the 2nd twin was Internal Podalic Version followed by breech extraction, chiefly for Transverse lie.
- 2) Still birth rate among these abnormally delivered 2nd twins (= 19.2%) was 4 times higher than that for the 2nd twins delivered by vertex or breech (4.9%).
- 3) It is of some interest that in the present series, the still birth rate of the 2nd twin in general is higher than that of the 1st one (4.9% vs. 2.1%).
- 4) No caesarian section were performed for the 2nd twin in this series.

In the West, there is a growing tendency towards C. S. for the 2nd twin (Samra et al, 1990), the chief aim is to improve perinatal outcome.

The indications cited include CPD, Brow, Face, Compound presentations, contracted and unresponsive cervix, presence of uterine rupture, failed extraction, high breech and persistent transverse lie. Lack of properly trained obstetricians who can confidently perform complicated obstetric manoeuvres like Internal Podalic Version is also an important factor. Besides, increased incidences of litigation against medical professionals also is a contributing factor.

Anyway, the general view is that, increased number of C. S. for the 2nd twin itself will

Table I

Showing the type of abnormal deliveries of 2nd TWIN

Type of abnormal delivery	No. (% age)	Indications of the type of abnormal delivery with No. (% age)	Heavier baby		Status of 2nd Twin	
			1st	2nd	Alive	Still born
Int. Pod. Version + breech extraction	13	i) Trans. lie only = 9 (69.2%)	2	11	10	3
		ii) Trans. lie with Hand prolapse = 1(7.6%)				
		iii) Compound Presentation (Head, Hand & Foot) = 2(15.3%)				
		iv) Locked Twin (Breech + Trans.) = 1(7.6%)				
Total = 13						
Face to Pubis	6 (23.1%)	P. O. P.	3 (50%)	3 (50%)	6 (100%)	Nil
Face (Spontaneous)	2 (7.6%)	Mento-anterior Face presentation	2 (100%)	Nil	2 (100%)	Nil
Forceps	3 (11.5%)	i) DTA = 1(33.3%) (Kielland Forceps)	Nil	3 (100%)	1 (33.3%)	2 (66.6%)
		ii) Vertex with cord prolapse = 1(33.3%)				
		iii) Face with cord prolapse = 1(33.3%)				
Vacuum extraction	2 (7.6%)	Vertex with non progress with partially dilated cervix = 2(100%)	2 (100%)	Nil	2 (100%)	Nil

Table II
Still Birth Picture

Sl. No.	Type of abnormal delivery	Still born baby
1.	Int. Pod. Version + Breech Extraction in Trans. lie only.	Fresh still born 2.00 kg., Heavier of the two
2.	- do -	Fresh still born 1.8 kg., Heavier..
3.	Int. pod. version + breech extraction in Trans. lie with Hand prolapse.	Fresh still born
4.	Forceps delivery in Face with cord prolapse admitted as such with loss of cord pulsation.	Fresh still born 2.2 kg., Heavier.
5.	Forceps delivery in Vertex with cord prolapse.	Fresh still born 3.5 kg., Heavier.

result in better perinatal out come.

The present study also points towards a much higher still birth rate for 2nd twins delivered by some abnormal way. This may, hopefully, provoke some thought in this matter.

CONCLUSION

1. The present paper presents an indepth study of this rather unattended subject.
2. A much higher still birth rate among the abnormally delivered 2nd twins as compared to the normally delivered ones (by vertex or breech) raises the question of more inclination towards C. S. for the 2nd twin itself for a better perinatal outcome.

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MATERIAL AND METHODS
Present series consisted of 100 labouring

INTRODUCTION
Pain of labour is one of the severest type
of pain and it does not occur any medical
purpose. From time immemorial obstetricians
are trying various methods to alleviate the pain