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Risks and Pregnancy Outcomes in Dichorionic Twin Pregnancies Following Fetal Reduction

Fahman Khan*

Department of Department of Science & Public Health, Centre of Disease Research, Canada

Abstract

Compared to singleton pregnancies, twin pregnancies have a greater chance of congenital and structural defects, as well as pregnancy problems such miscarriage, stillbirth, and intrauterine foetal death. Carrying a foetus with severe abnormalities or sabnormal karyotype exposes the remaining healthy foetus at an even higher risk of unfavourable outcome and pregnancy problems. Increased risks for the mother and the babies might result from twin pregnancy and maternal medical issues or a difficult obstetric history. To our knowledge, no prior research have assessed and contrasted the outcomes of all dichorionic twin pregnancies, contrasted the outcomes of reduced twins with those of nonreduced and main singletons in a national cohort, or done a comparison of reduced twins with nonreduced twins. When counselling couples regarding foetal reduction and its effects, these findings are crucial for physicians.

Keywords: Physicians; Obstetric; Miscarriage; Pregnancy

Introduction

2% of all pregnancies are twin pregnancies. Twin pregnancies provide higher maternal and foetal risks than singleton pregnancies. Contrary to other disorders, such as congenital abnormalities and chromosomal defects, which normally only impact 1 foetus, twin pregnancies are more likely to result in miscarriage, preeclampsia, and premature delivery, affecting both babies. As a result of higher preterm birth rates and perinatal morbidity that are directly associated to the kind and degree of the abnormality, discordant foetal illness is a risk factor for unfavourable outcomes in the healthy co-twin. Fetal Reduction (FR) has been recommended to reduce risks and enhance pregnancy outcomes in Dichorionic (DC) twin pregnancies that are discordant for foetal abnormalities or serious mother medical problems. Preterm delivery, intrauterine death, and miscarriage are risks associated with all invasive procedures during pregnancy, including FR. Because most studies suffer from selection bias and lack proper comparators, the rates of negative outcomes associated with FR that have been reported in the past are inconsistent. Very few studies none to date have reported on national data included both maternal and foetal risk variables [1].

In Denmark, FR of twin pregnancies is only permitted in cases of serious foetal anomalies or mother illnesses, and it needs board approval. This national study sought to compare the findings with information from the same study period for all nonreduced DC twin pregnancies and a sizable cohort of singleton pregnancies in order to estimate the risk of pregnancy complications and adverse outcomes related to all FRs performed in DC twin pregnancies in Denmark over a period of 11 years [2-4].

DC twin pregnancies with two viable babies at the combined first-trimester risk assessment between 11 and 14 weeks of gestation met the inclusion criteria for this study. A "lambda sign" of the intertwin membrane or the presence of two distinct placentas were used to determine if an embryo was dichorionic. Computerized random selection was used to choose a cohort of singleton pregnancies from the same national cohort and research period for comparison [5].

Discussion

Quantitative variables were examined for consistency, and in the event of significant outliers or uncertainties, a correction was performed using information from electronic medical records, when available, or eliminated from further investigation. Regardless of foetal abnormalities or the predicted risk from the combined first-trimester risk assessment, all DC twin pregnancies were included. Regardless of foetal abnormalities or the predicted risk from the combined first-trimester risk assessment, all DC twin pregnancies were included. Monochorionic twins, higher-order multifetal pregnancies, and all miscarried pregnancies were all disregarded. Analysis excluded singletons and non-reduced DC twins with undetermined outcomes [6, 7].

Conclusion

FR is a safe technique that improves the result of the surviving co-twin and lowers the risk of pregnancy difficulties when one foetus is abnormal or in cases with a problematic maternal history. According to this national survey, it is performed in 1 of 63 of all DC twin pregnancies in Denmark. When the reduction is carried out before 14 weeks, the risk of an unfavourable pregnancy outcome and premature delivery is at its lowest, giving the reduced pregnancy roughly the same likelihood of at least 1 live birth as singleton or nonreduced twin pregnancies. When discussing foetal reductions, especially twin-to-singleton operations, ethical considerations are essential [8].

Fetal reduction is a contentious procedure that is still up for debate as to whether it is morally acceptable, as well as when, if ever, it should be addressed with patients. When weighing the advantages and hazards of reducing twins to a singleton, the rationale for the reduction, whether medical, psychological, economical, or social, should be discussed and taken into account. One may contend that reducing from a higher order multifetal pregnancy is preferable because

***Corresponding author:** Fahman Khan, Department of Department of Science & Public Health, Centre of Disease Research, Canada, E-mail: fah.k@lpl.ca

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the potential gain is greater and the clinical outcome is significantly improved after reduction, whereas reducing twins to a singleton only slightly improves pregnancy outcomes, in a manner that may not justify reducing one of the twins. The ACOG committee on ethics involving multifetal pregnancy reduction came to the conclusion that the patient alone should decide the appropriate course of action for her particular circumstances by weighing the relative relevance of the medical, ethical, religious, and economical issues. This study, along with others, offers crucial information for properly counselling the patients, especially when thinking about the reduction of a non-anomalous twin. The chance of premature birth before 37 gestational weeks is decreased by foetal reduction from twin to singleton pregnancy, but not for more severe maternal and postnatal problems. Due to the possibility that our sample size is to blame, bigger cohorts are required to fully assess these correlations. However, the expecting couple should at least be informed of the possibility of foetal reduction from twins to a singleton and given the opportunity to weigh the risks and advantages against the available management options [9, 10].

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None

Conflict of Interest

None

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