

MULTIPLE PREGNANCIES - A RISKY AFFAIR FOR MOTHERS AND BABIES

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Introduction

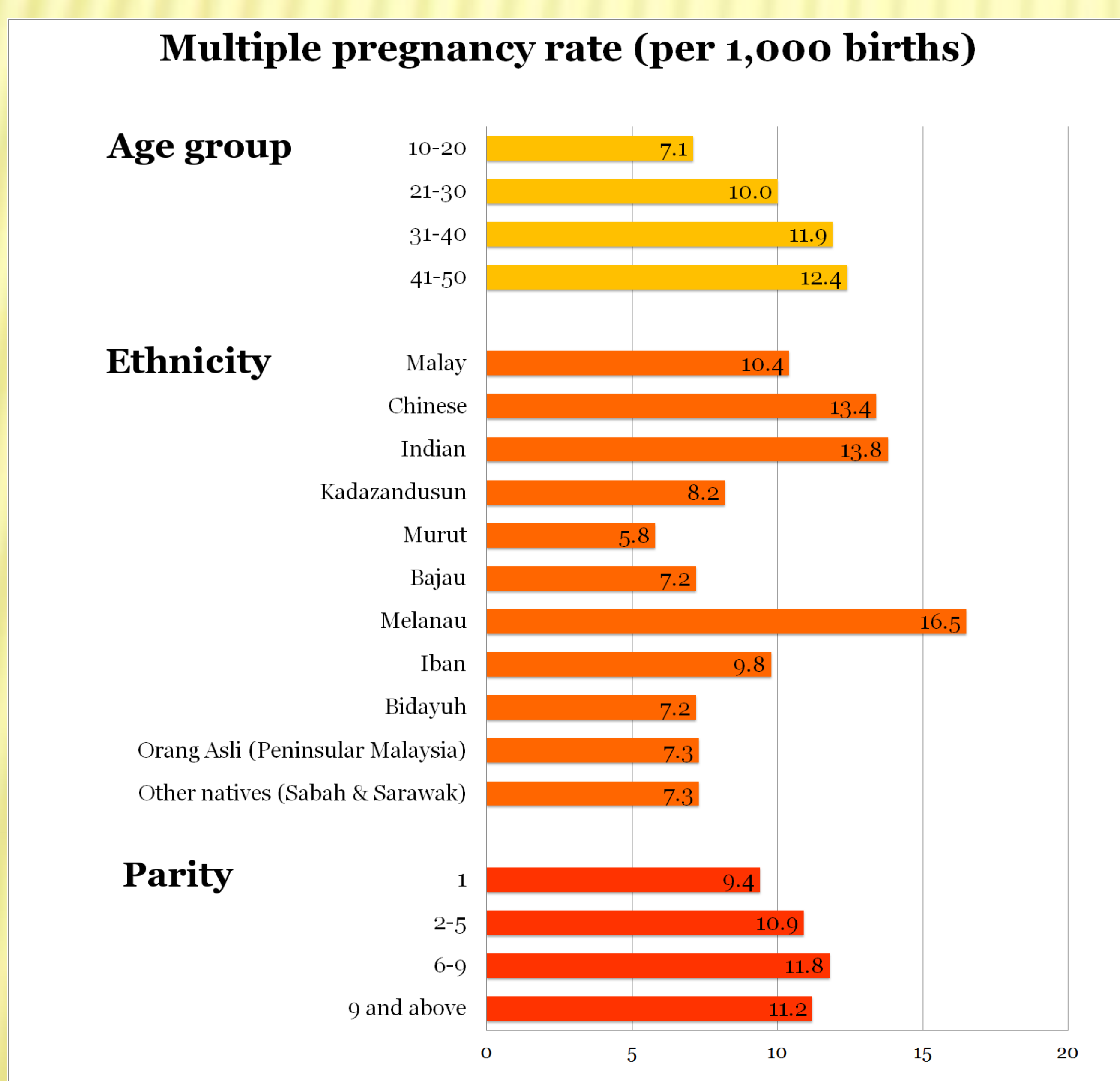
Multiple pregnancies are associated with increased risks throughout pregnancy to both the mother and fetus, and problems may extend into the postnatal period.

Methodology

The National Obstetrics Registry is a web-based database which compiled obstetrics data from 14 state hospitals across Peninsular Malaysia and East Malaysia. Relevant data for year 2010 was analysed to identify demographic factors which influence multiple pregnancy rates, and complications associated with such pregnancies.

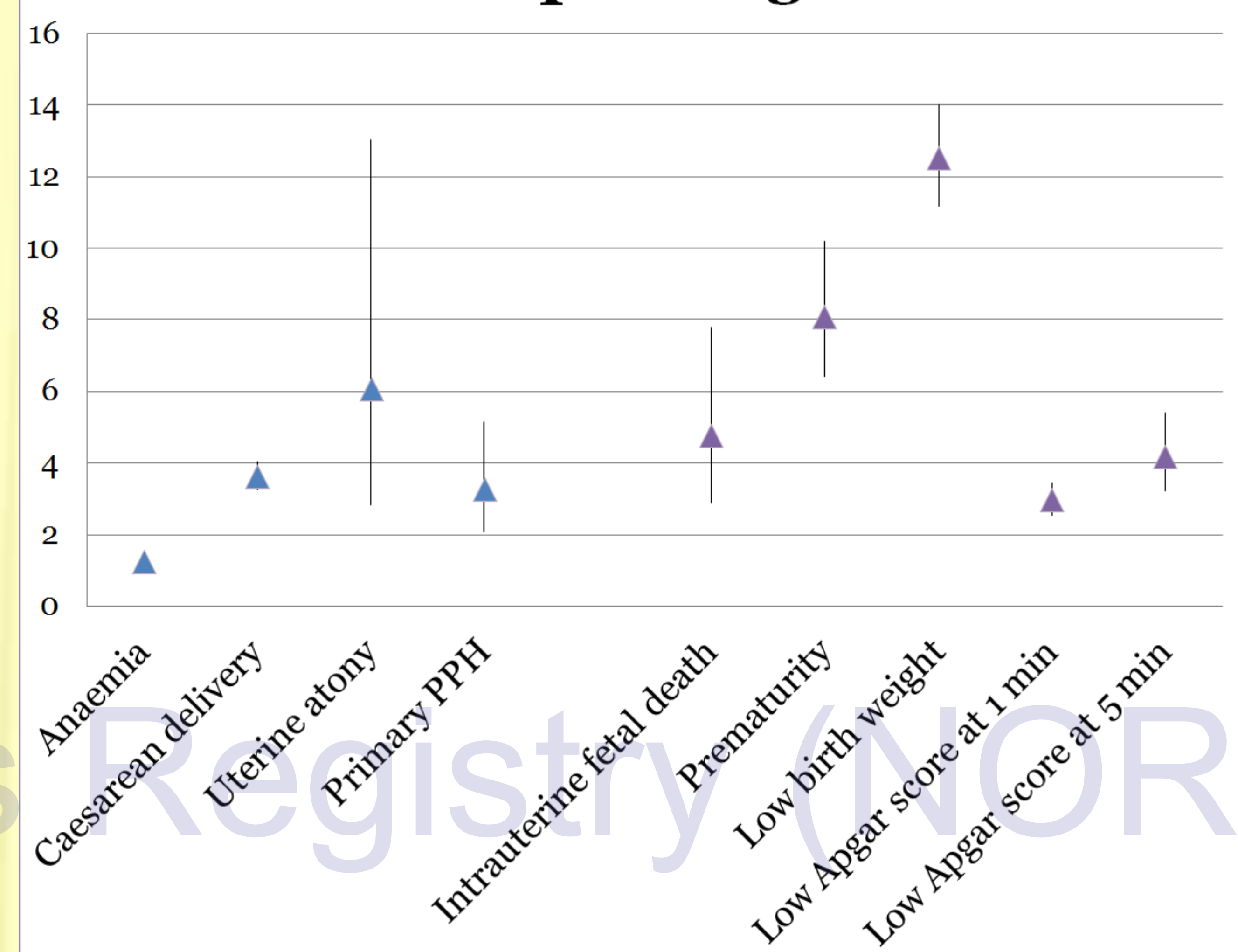
Results

Of the 136,856 deliveries studied, there were 1395 twins, 29 triplets, and 2 higher order pregnancies, giving a multiple pregnancy rate of 10.4 per 1000 deliveries (1.04%).



The highest rates of multiple pregnancies occurred in the 41-50 years old age group (12.4 per 1,000 births) and the grandmultiparas (parity 6-9; 11.8 per 1,000 births). The Melanaus, Indians and Chinese had higher multiple pregnancy rates than other ethnicities (16.5, 13.8 and 13.4 per 1,000 births).

Odd's ratio (OR) of Complications associated with Multiple Pregnancies



Multiple pregnancies were significantly ($p < 0.001$) associated with anaemia at booking (OR 1.24, 95% CI 1.11-1.39), caesarean delivery (OR 3.62, 95% CI 3.26-4.03), uterine atony (OR 6.07, 95% CI 2.82-13.05) and primary post-partum haemorrhage (OR 3.28, 95% CI 2.09-5.14). Fetal and neonatal morbidities were significantly increased as well: intrauterine fetal death (OR 4.77, 95% CI 2.91-7.79), prematurity (OR 8.09, 95% CI 6.41-10.21), low birth weight (OR 12.53, 95% CI 11.19-14.02), low Apgar scores at one and five minutes (OR 2.95, 95% CI 2.53-3.44 and OR 4.17, 95% CI 3.21-5.41).



Conclusion

Efforts should be taken to reduce multiple pregnancies resulting from assisted reproductive techniques. Increased antenatal and intrapartum surveillance is required to improve the outcome of these high risk pregnancies.