

Vaginal delivery of non-cephalic second twin: neonatal outcomes in our experience

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Objective. The aim of our study is to evaluate neonatal outcomes of the second twin in diamniotic pregnancies enrolled for vaginal delivery, related to the presentation at birth: cephalic *versus* non cephalic in which we performed obstetrical maneuverers of breech extraction.

According with current literature vaginal birth should be proposed for diamniotic twins in which the presenting twin is cephalic, regardless of the presentation of the second twin, if a skilled obstetrician in vaginal breech delivery is available.

Materials and Methods. This is a retrospective study of women undergoing delivery of diamniotic twins in our maternal-medicine practice (July 2022-August 2024).

We selected this time interval that coincides with the employment of a skilled obstetrician and the beginning of practical exercises to train staff.

Data were analysed using the Fisher exact test.

A two-tailed P-value of < 0.05 was considered statistically significant.

Results. 34 women with a vertex presenting first twin were admitted to labour, 3 with first twin in breech presentation (6:MCDA; 31:BCDA).

Presentations at labour were: 14 cephalic/cephalic, 20 cephalic/non-cephalic, 3 breech/non-cephalic.

There were no statistically significant differences in the following neonatal outcomes of the second twin: arterial PH (< 7.0 *vs* > 7.0 : P-value = 0.79); APGAR score (I minute: < 7 *vs* > 7 : P-value = 0.80; V minute: < 8 *vs* > 8 : P-value = 0.89); need for reanimation (P-value = 0.79); admission in NICU (P-value = 0.94); need for respiratory support (P-value = 0.83); jaundice (P-value = 0.32); days of hospitalisation (> 10 *vs* < 10 : P-value = 0.90), even when corrected for gestational age (> 34 weeks: P-value = 0.85); successful-breastfeeding (P-value = 0.69).

Conclusions. Vaginal delivery of the second twin in breech presentation is not associated with adverse neonatal outcomes. Skilled operators should train staff.