Multiple pregnancy (twins)

By Dr David Moore, 15 January 2014

Multiple pregnancies account for 1.6% of pregnancies in Australia, and abou

Two-thirds of twins result from "double ovulation", or the release of two eggs from a woman's ovaries, and are therefore
anyother siblings from the same parents. The other one-third result from "splitting" of an egg after fertilisation, and these
in obstetric parlance,

The chance of woman having twins increases with her age, her height, her number of previous pregnancies, if a first-deg
and, of course, many fertility treatments. Twins are also more common among women of African ethnicity, and less

Interestingly, the rate of identical twinning (1 in 250 pregnancies) has remained stable since the time of Cain & Abel
uninfluenced by the aforementione

As with all pregnancies, most twin pregnancies are uncomplicated, and pregnancy and delivery progress smoothly. Com
twin pregnancy is considered "high risk", as essentially all complications of pregnancy occur more frequently in tw
pregnancy! These include preterm birth, pre-eclampsiaand gestational

A common misconception (no pun intended) is that twins with one placenta are identical and those with two placentas twins who share a placenta will be identical; however, having one placenta each does not guarantee your twins are non-i girl!). To be a little more precise, if each baby in a twin pair hasa placenta, there's a 14% chance that they're identical; if a 25% chance they're identical. Beyond knowing whether to buy matching onesies, this little fact begins to weigh in durir testing.

As obstetricians, however, we do tend to fixate a little on us determine just how high- or low(er)- risk a twin pregna monitor the babies' development. If you are pregnant ultrasounds to monitor each baby's growth and to watch are generally delivered earlier than singleton pregnanci weeks, depending on the clinical situation), sometimes birth is, however, a safe and acceptable option for wome pregnancy are favourable. I have trained in, and develop twin birth, and am strongly supportive of a woman's multinational randomised trial of over 2800 mums wit researchersfound no difference in outcomes for mum caesarean section and those planning a vaginal birth (a twins, I will discuss with you at length all options for delivery (and associated risks and benefits) in your particularcase.

About Dr David Moore

David is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, a Queensland. He is highlyskilled in the management of complex and high-risk pregnancies, and has specia endometriosis, pelvic floor and incontinence surgery. David has completed a Master of Reproductive Medi management of fertility problems, and can offer the full range of assisted reproductive treatments. He is a Queensland Medical School, and has published both medical journal and textbook contributions.

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