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By [Dr David Moore](#), 15 January 2014



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

Two-thirds of twins result from "double ovulation", or the release of two eggs from a woman's ovaries, and are therefore not another siblings from the same parents. The other one-third result from "splitting" of an egg after fertilisation, and these are identical twins. In obstetric parlance,

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

Interestingly, the rate of identical twinning (1 in 250 pregnancies) has remained stable since the time of Cain & Abel and is uninfluenced by the aforementioned factors.

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

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-identical (girl!). To be a little more precise, if each baby in a twin pair has a placenta, there's a 14% chance that they're identical; if they share a placenta, there's a 25% chance they're identical. Beyond knowing whether to buy matching onesies, this little fact begins to weigh in during testing.



As obstetricians, however, we do tend to fixate a little on us determine just how high- or low(er)- risk a twin pregnancy is. We monitor the babies' development. If you are pregnant, we do ultrasounds to monitor each baby's growth and to watch when they are generally delivered earlier than singleton pregnancies (weeks, depending on the clinical situation), sometimes a caesarean birth is, however, a safe and acceptable option for women whose pregnancy is unfavourable. I have trained in, and developed, twin birth, and am strongly supportive of a woman's choice. A multinational randomised trial of over 2800 mums with one placenta found no difference in outcomes for mums who had a caesarean section and those planning a vaginal birth (3).

twins, I will discuss with you at length all options for delivery (and associated risks and benefits) in your particular case.

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About Dr David Moore



David is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, a Fellow of the Royal Society of Obstetricians and Gynaecologists, Queensland. He is highly skilled in the management of complex and high-risk pregnancies, and has special interests in the management of endometriosis, pelvic floor and incontinence surgery. David has completed a Master of Reproductive Medicine and is currently completing a PhD in the management of fertility problems, and can offer the full range of assisted reproductive treatments. He is a Lecturer at the University of Queensland Medical School, and has published both medical journal and textbook contributions.

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