Prospective risk of stillbirth and neonatal complications for monochorionic and dichorionic twins after 24 weeks’ gestation
F Yu, A Mak, CF Poon, SL Kwok, T Ma, KY Leung. O&G, Queen Elizabeth Hospital, HKSAR, China

Objective
To determine the prospective risk of intrauterine fetal death (IUFD), neonatal death (NND) and neonatal intensive care unit (NICU) admission rate after 24 wks for monochorionic (MC) and dichorionic (DC) twins

Methods
- A retrospective cohort study of all twins at ≥24 wks who were delivered at a public hospital (2011-2018).
- Managed or supervised by MFM subspecialist in a Multiple Pregnancy Clinic with standardized protocols.
- IUFD, NND, perinatal death (PND) and NICU admission rates at 24-33 wks, 34-36 wks, and >=37 wks were compared by chorionicity.
- Gestational age-specific rates were also compared after 34 wks by Chi-square test.

Results
- A total of 668 DC and 207 MC twins
- The risk of IUFD was greater in MC than DC twins (5.8% vs 1.2%, p< 0.001).

Conclusion
MC and DC twin deliveries should be timed to avoid stillbirths.

Fig 1: Risks vs gestation
- The risk of IUFD was greater before 34 wks (9.8%) than at late preterm (2.9%) or term (3.1%) (p=0.015) for MC twins, but was similar before and after 34 wks for DC twin.
- The risk of IUFD increased after 37 weeks in DC twins while the nadir of the risk occurred at 34-36 weeks in MC twins (Fig 1).
- As expected, NND and NICU admission rates decreased with gestational age in both MC and DC twins (Fig 1).