

DEVELOPMENTAL DEFECTS AND MORTALITY RATE OF FETUSES AND NEWBORNS FROM MULTIPLE PREGNANCIES

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The analysis of 682 newborns indicated that developmental defects accounted for 0.44% of the overall perinatal mortality of twins. The 3.7% higher mortality rate for second twins is frequently due to abnormal presentation and longer time-interval following the birth of the first twin.

The high mortality rate of fetuses and newborns in multiple pregnancies continues to be a problem in obstetrics: it appears regularly in the literature, thus indicating that it has not yet been solved. It was therefore decided to analyze the material available and look for a correlation between developmental defects and the perinatal mortality rate in newborns from multiple pregnancies.

A total of 682 newborns were analyzed, originating from 338 multiple pregnancies delivered in the First Department of Obstetrics and Gynecology of the Danzig Medical Academy in 1961-1971. There were 668 infants from twin pregnancies, 9 from triplet and 5 from quintuplet pregnancy.

Of the 682 newborns, developmental defects were confirmed in 14, which led to intrauterine death in the case of 5 fetuses. Nine cases of developmental defects were confirmed in live births, the most frequent being CNS disorders (4 cases). Defects of the circulatory system were present in 3 and defective limbs in 2 more children.

Three newborns died during the first days of life as the result of developmental defects, this accounting for 0.44% of the overall perinatal mortality in our twins (11.9%).

This agrees with the results obtained by other authors (Slomko and Kuczynski 1965*a-b*, Sternadel 1968).

The main cause of perinatal mortality is premature delivery and thus premature infants (Graves et al. 1962, Potter 1963, Sternadel 1968).

The second important factor causing high mortality of infants in multiple pregnancies, is trauma following obstetrical manipulations due to abnormal presentation (63%). Results for second twins are undoubtedly worse, their 3.7% higher mortality rate being frequently due to abnormal presentation and longer time-interval following the birth of the first twin.

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