

Multiple gestations are high risk pregnancies from both the maternal and neonatal perspective.

Neonatal morbidities include complications from:

- Prematurity - they account for 17% of all preterm births (before 37 weeks of gestation), 23% of early preterm births (before 32 weeks of gestation)
- Low birth weight - they account for 24% of low birth weight infants (< 2,500 g), and 26% of very low birth weight infants (< 1,500 g)
- Congenital anomalies - overall 2-4 times the rate of singleton gestations, especially with monozygotic twins
- Aneuploidies - because either 1 or both fetuses in a twin pair could have Down syndrome (for example), the ultimate risk of Down syndrome in a twin pregnancy carried by a 33 year old woman is the same as the risk in a singleton pregnancy carried by a 35 year old woman
- Cerebral Palsy - when matched for gestational age at delivery, infants from multifetal pregnancies have a nearly 3 fold greater risk of cerebral palsy

Maternal morbidities more commonly seen in multiple gestations include:

- Preeclampsia, HELLP and fatty liver disease
- Gestational Diabetes
- Thrombosis and thromboembolism
- Placental Abruption
- Postpartum Hemorrhage
- Pyelonephritis
- Hyperemesis
- Increased rate of Cesarean Delivery

Therefore, co-management of multiple gestations with a maternal fetal medicine specialist is advised.