



## P124. MULTIFETAL PREGNANCY: MATERNAL AND PERINATAL OUTCOME IN DR. SARDJITO TEACHING HOSPITAL 2011 - 2015

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### Context

Multifetal pregnancy is one of the high-risk pregnancies and associates with increased morbidity and mortality of the mothers and foetuses, also can evolve into complications that may endanger mothers and foetuses/neonates, yet less studies problem in Indonesia.

### Objective

This study was conducted to determine the obstetrics and perinatal outcomes in multifetal pregnancy at a teaching hospital in Yogyakarta, Indonesia.

### Methods

Observational study. Samples are obtained using total sampling during five years period (2011-2015). Datas were obtained from the hospital medical record department and the birth certificate. It includes demographic details, complications of pregnancy and maternal and neonatal outcomes. The data was expressed as frequencies, percentages, and mean.

### Patients

All women admitted between January 2011 to December 2015 having multifetal pregnancy and deliver her neonates in Dr. Sardjito Teaching Hospital Yogyakarta, Indonesia.

### Main Outcome Measures

Gestational Age at Delivery, Maternal Complications and Death, Delivery Methods, Fetal Birthweight, APGAR Score, Fetal Complications and Anomaly, Twin-to-twin Transfusion Syndrome, Fetal Death.

### Results

There are 273 multifetal deliveries and 556 babies(264 are twins, 8 were triplets, and one was quadruplet). Mean maternal age is 29 years old for twins and triplets, 31 years old for quadruplet. Most of the subjects were multigravids (55.3%) and nulliparous (48.7%), followed by primigravids (44.6%) and primiparous (38%). Main antepartum maternal complications are preterm delivery (54.6%), anaemia

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(6.2%), premature rupture of membrane (5.1%), and preeclampsia (4.3%). Uterine atony (1.09%) leads to the cause of postpartum haemorrhage (1.82%). Caesarean section dominates the methods of delivery (48.3% followed by spontaneous vaginal delivery (47.2%). No record on maternal death. Half of the babies in this case are low birthweight (50.1%), followed by normal birthweight (25.5%), and very low birth weight (15.1%). Also, 79.6% of them diagnosed with neonatal asphyxia. Birthweight discordance in this case is 10.6% and associated with twin-to-twin transfusion syndrome (7.9%). Forty one babies are diagnosed with fetal death (7.3%) and 85.3% of them are caused by twin-to-twin transfusion syndrome, followed by acardiac twins (2.4%).

#### Conclusion

Multifetal pregnancy have high maternal and neonatal complications, mainly preterm delivery that increase the risk of neonatal morbidity and mortality.