



# Birth with Multiples

## *Planning for the big day*

**Even though you have entered the world of high-risk pregnancy, the births of your babies will be a special and memorable event. We look forward to this big day with you. You can be confident that your health and the health of your babies is always our top priority.**

The birthday of your children will be a day you will recall many years into the future. It is the day you meet your children face-to-face. What happens on their day of birth becomes one of those precious family stories you will tell and retell over the years.

If your babies are born preterm, the event may be overwhelming, with a lot of medical equipment and staff involved. If your babies are born full term at 37 or more weeks, less medical equipment and fewer staff may be involved. Either way, it is a wonderful day to be remembered with joy – the day your babies arrived in the world!

Sometimes medicines are given to *induce* labor for a mother expecting multiples. Inducing labor means helping the uterus to start contracting. Labor is most often induced if your health care provider is concerned about your or your babies' health, or thinks that you are "overdue" to deliver.

Your care team may use medicines such as Cervodil and Pitocin to begin the labor process. We monitor your babies and your uterus very carefully if you are given these medicines. Before labor is induced, your care providers may do an *amniocentesis* to find out if your babies' lungs are developed enough for them to be able to breathe on their own.

### **Vaginal Birth or Cesarean Section**

The potential for assisted vaginal birth and *Cesarean-section* (also called C-section) birth is higher in women expecting multiples. If you are pregnant with triplets or more, the birth of your babies most likely will be by Cesarean section.

If you are pregnant with twins, there is about a 60% chance that they will be born by Cesarean section and about a 40% chance they will be born vaginally. This rate may vary by hospital and care provider. It is very rare to have a vaginal birth of one twin and a Cesarean section birth of the other twin.

## Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Perinatal Education Program:  
206-598-4003

Maternal and Infant Care Clinic:  
206-598-4070

Labor and Delivery:  
206-598-4616

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## Delivery of Twins

How twins are delivered also depends on the *presentation* (position) of your babies in the uterus. Talk with your care provider about whether you are a candidate for vaginal birth.

Here are some possible birth plans for twins, based on the babies' positions. In these descriptions, baby A is the baby closest to your cervix:

- If baby A is not in a head-down position, most care providers will plan to deliver both babies by Cesarean section.
- If both baby A and baby B are head down (*vertex* position), delivery will most likely be vaginally.
- If baby A is head down, and baby B is not head-down, some care providers will plan to deliver both babies by Cesarean section. Sometimes this decision is based on baby B being estimated on ultrasound to be larger than baby A.

Other care providers may plan to wait and see if baby B will move into a head-down position after baby A is born – the mother could then push baby B out. If baby B does not move into a head-down position, most care providers would assist baby B out by using a delivery method called a *breech extraction*. In this method, an experienced care provider very slowly and very carefully assists baby B out of the uterus through the vagina in a *breech* (feet-first) position. This method of delivery allows mothers to deliver their twins vaginally, if that is their goal.

## Epidural Anesthesia

Most care providers recommend *epidural anesthesia* for a mother who is laboring and expecting a vaginal birth of her twins. Anesthesia is a medicine that blocks pain. Epidural anesthesia is given through a very small tube that is inserted into the epidural space just outside the spinal column.

Epidural anesthesia provides pain relief for the labor and head-down vaginal births of both twins, as well as for the potential of a breech extraction vaginal birth of twin B. It can also be changed quickly to supply the anesthesia needed for the rare delivery where a Cesarean-section birth of twin B is needed after twin A has already been born vaginally.

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