

APPENDIX G

The Delivery of Twins

If you are having twins, the following explains possible events and risks related to your labor and delivery.

TIMING OF DELIVERY

- About 40 percent of twin pregnancies begin labor early.
- Sometimes, medical problems require an early delivery.
- Almost all women with twins give birth before or by their due dates.

ROUTE OF DELIVERY

The recommended route of delivery depends in large part on how the babies are presenting.

- Both heads are down: vaginal delivery for both babies.
- The first baby is not head down: cesarean is most often recommended.
- The first baby is head down, the second baby is buttocks down or sideways, the options are:
 - cesarean delivery of both twins;
 - vaginal delivery of the first baby, attempt to turn the second baby for vaginal delivery;

- vaginal delivery of the first baby, breech vaginal delivery of the second baby; or
- vaginal delivery of the first baby, cesarean delivery of the second baby (uncommon).

Each option has risks.

- Vaginal delivery poses risks for the second baby, including birth trauma (rare).
- A cesarean includes the risk of bleeding, infection, and surgical injury to the bowel or bladder.

Vaginal breech delivery of the second twin is not recommended when:

- the second baby is estimated to be much larger than the first,
- the mother's pelvis is judged to be too small to allow the baby to deliver safely, or
- the baby is very small (less than 4 pounds) or very early (less than 32 weeks).

Authorization for the Delivery of Twins

- I have read *The Delivery of Twins*.
- I understand what has been discussed with me, including this form. I have been given the chance to ask questions and have received satisfactory answers.
- No guarantees or promises have been made to me about expected results of this pregnancy.
- I know that anesthesiologists, pediatricians, resident doctors, and other clinical students/staff may help my doctor or midwife.
- I retain the right to refuse any specific treatment.
- All of my questions have been answered.

I understand that some of the procedures described above may occur. I retain the right to refuse any specific treatment. Ongoing discussion(s) about my current status and the recommended steps will be a part of my care.

Patient Name (print)

DOB or Patient ID#

Patient Signature

Date

Time

Clinician Name (print)

Clinician Signature

Date

Time