

TWIN DELIVERY = PI DEM SAB

- P** Preparation
- I** Inform/Involve the patient
- D** Deliver the 1st twin as you would a singleton
- E** External version of the second twin
- M** Monitor the fetal heart
- S** Stimulate the uterus with Syntocinon
- A** Assist delivery of the second twin (if required)
- B** Beware/Be prepared for **B**leeding PPH

P is for **Preparation**

Get extra help

- Another midwife
- Someone to care for the babies
- Alert theatre/ anaesthetist as a GA may be required

IV Line Group and save

Have Syntocinon ready for infusion

Equipment Will require two of everything

I is for **Inform and Involve the Patient**

Tell her what is going to happen

Reassure - “two for the price of one” and not “twice as hard”

D is for **Delivery of the First Twin** as you would a Singleton

Monitor progress of the labour using a partograph

Monitor the wellbeing of both babies by the best means available

Augment contractions if required

Assist the delivery if required (failure to progress or fetal distress)

Clamp the cord twice and cut between the clamps

NB Many authorities recommend Caesarean if the 1st twin is breech

E is for **External Version** of the second twin

During the period of uterine relaxation immediately after the delivery of the first twin

Make the lie longitudinal – breech or cephalic

May require bare hands and a bare abdomen

May require an assistant to hold it there (for amniotomy)

An ultrasound is helpful

M is for **Monitor the Fetus**

Whilst the aim is to deliver the second twin within 20 – 30 minutes of the first...

Everyone agrees that intervention is not required if the fetus is OK

Listen to the fetal heart – preferably with Doppler or CTG

Watch for bleeding, rupture membranes, cord prolapse etc.

S is for **Stimulation of the Uterus** with **Syntocinon**

Delivery of the second twin requires contractions

Use Syntocinon by IV infusion in the usual protocol for 2nd stage augmentation

Use amniotomy cautiously – be prepared to deliver when you do!

Internal podalic version is best done with intact membranes

A is for **Assist the Delivery of the Second Twin**

Ventouse for Cephalic Presentation (if required)

Breech extraction (if required)

- Needs anaesthesia/analgesia
- Is only safe if performed immediately after membranes rupture
- Find a foot (reach inside the uterus if required)
- Bring down a leg to find the other leg
- Keep the back uppermost
- Traction only on the legs or pelvis
- Shoulders delivered by rotation (Lovset manoeuvre)
- Head delivered with one hand over the baby's face and the other over its shoulders with pressure on the occiput (Mauriceau technique)
- Be prepared to resuscitate the baby

Caesarean section is sometimes required

B is for **Beware/Be Prepared for Bleeding (PPH)**

Active management of the third stage

- Give IV Syntocinon 5 IU stat (if you are sure there is not a third baby!)
- Use both cords to provide controlled cord traction

Rub up a contraction and...

Use 20-40 IU Syntocinon per Litre of Saline/Hartmanns for a few hours