بسم الله الرحمن الرحيم

شبكة المعلومـــــات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

﴿ قـــسـم ﴾

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد اعدت دون آية تغيرات

يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of
15 – 25c and relative humidity 20-40 %

بعض الوثائق الأصلية تالفة

بالرسالة صفحات

لم ترد بالأصـــل

MULTIPLE PREGNANCY

Essay

Submitted for the partial fulfillment of the

Master Degree in Obstetrics and Gynecology

By

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1993

بسم الله الرحمن الرحيم

لِلَّهِ مُلْكُ السَّمَاوَاتِ وَالأَرْضِ
يَخْلُقُ مَا يَشَاءُ يَهَبُ لِمَن
يَشَاءُ إِنَاثًا وَيَهَبُ لِمَن يَشَاءُ
الذُّكُورَ * أَو يُزَوِّجُهُمْ
ذُكْرَانًا وَإِنَاثًا وَيَجْعَلُ مَن
يَشَاءُ عَقِيمًا إِنَّهُ عَلِيمٌ قَدِيرٌ.

صدق الله العظيم

سورة الشورى ، الآيتين ٤٩ ، ٥٠

To.....

My family

With love.

ACKNOWLEDGMENT

I would like to express my deep thanks to ***Professor Dr. Hassanein Aly Marey Makhlouf****, Professor of Obstetrics and Gynecology, Ain Shams University, for his advice and supervision.*

I shall always feel grateful to ***Professor Dr. Maged Mohamed Ramadan Abou Seeda****, Assistant Professor of Obstetrics and Gynecology, Ain Shams University, for his kind faithful help, valuable suggestions and supervision throughout this work.*

CONTENTS

ABBREVIATIONS

%	Percent
AA	Artery to artery
AV	Artery to vein
BPD	Biparietal diameter
DiDi	Diamniotic dichorionic
DiMo	Diamniotic monochorionic
dl	Deciliter
DZ	Dizygotic
ET	Embryo transfer
FSH	Follicle stimulating hormone
g	Gram
G_6PD	Glucose-6-phosphate dehydrogenase
GIFT	Gamete intrafallopian transfer
hCG	Human chorionic gonadotropin
hMG	Human menopausal gonadotropin
hPL	Human placental lactogen
IGg	Immunoglobulin g
IM	Intramuscular
IPC	Intrauterine pressure catheter
IUGR	Intrauterine growth retardation
IVF	In-vitro fertilization
IVH	Intraventricular hemorrhage

KCl	Potassium chloride
Kg	Kilogram
L/S	Lecithin/sphingomyelin
Lbs	Pounds
LH	Luteinizing hormone
mEq	Milliequivalent
MFGs	Multifetal gestations
mg	Milligram
mg/dl	Milligram per deciliter
ml	Milliliter
mm	Millimeter
mm^3	Cubic millimeter
MOM	Multiples of the median.
MoMo	Monoamniotic monochorionic
MSAFP	Maternal serum alpha fetoprotein
MZ	Monozygotic
PaO_2	Arterial oxygen partial pressure
pH	Inverted log of hydrogen concentration
TTS	Twin transfusion syndrome
UAM	Uterine activity monitoring
VV	Vein to vein

Introduction and Aim of Work

INTRODUCTION

Multiple pregnancy is one of the most interesting events in obstetrics. It refers to gestations in which there are two or more fetuses (*Alvarez and Berkowitz,* 1990).

Multiple gestations constitute less than 1% of all births (*Kovacs et al.,* 1989). Dizygotic twins occur when two separate ova are fertilized by two separate spermatozoa. The incidence of dizygotic twins is influenced remarkably by race, heredity, maternal age, parity and especially fertility drugs (*MacGillivray,* 1986).

On the other hand, monozygotic twins result from fertilization of a single ovum that subsequently divides. Depending upon the time interval between fertilization and cleavage of the embryo, different placental membrane relationships may result. Monozygotic twinning seems to occur at a fairly constant ratio throughout the world at between 3–5 per 1000 births (*Benirschke,* 1990).

Since the early 1970s, however, the incidence of multiple gestation has increased dramatically as a result of the growing use of ovulation induction agents as clomiphene citrate and human menopausal

gonadotropins. The use of in-vitro fertilization (IVF) and embryo transfer (ET) has further increased the incidence of multiple pregnancies (*Hickok and Hollenbach,* 1990).

Several studies have suggested that twin gestations impose greater demands on maternal physiologic systems than do singleton pregnancies. It is generally believed that an increase in the occurrence of many of the maternal complications of pregnancy is a consequence of this increased burden on the maternal adaptive capacity (*Yeast,* 1990).

Multiple gestations of any order are associated with increased maternal and neonatal morbidity. Among the common maternal complications are spontaneous abortion, preeclampsia and preterm delivery. Also common fetal complications are intrauterine fetal death, intrauterine growth retardation, twin-to-twin transfusion syndrome and most importantly prematurity with its sequelae (*Gibb and Greenough,* 1991).

Optimal obstetric management of multiple pregnancies begins with early diagnosis. One clear value of early diagnosis is that it allows the patient to be informed and educated in advance about the multitude of potential problems with twins. In addition, the warning signs and