

Study finds planned C-sections provide no advantage over planned vaginal birth of twins

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In a study to be presented on February 14 at the Society for Maternal-Fetal Medicine's annual meeting, The Pregnancy Meeting, in San Francisco, researchers will report findings that suggest that planned birthing of twins at 32-38 weeks by cesarean section does not decrease perinatal or neonatal death compared to planned vaginal birth.

This randomized study The Twin Birth Study: a multicenter RCT of planned cesarean section and planned [vaginal birth](#) for [twin pregnancies](#) 320 to 386/7 weeks, should help women understand that a planned vaginal birth is as safe as a planned cesarean section as long as the first twin is situated head first.

"The results of the study show that vaginal birth is safe and should continue to be offered to women who are pregnant with twins," said Dr. Jon Barrett of Sunnybrook Health Science Centre, University of Toronto, Women and Babies Program, and one of the study's authors. "There's no evidence that a cesarean section is better for the babies or you."

Researchers studied more than 2800 women from 26 countries; and compared 1398 planned C-section births to 1406 planned vaginal births. Vaginal births were induced, and only twins 32-38 weeks—with the first twin situated head first—were eligible.

Their research reveals no advantage in choosing [cesarean births](#) in these types of twins. In fact, planned cesarean birth does not decrease—or increase—neither perinatal/[neonatal death](#) nor serious [neonatal morbidity](#) versus planned vaginal birth.

"My advice to a woman pregnant with twins is that she should attempt to find an OBGYN that is

trained in vaginal birth, as there is no harm," said Barrett.

More information:

www.smfmnewsroom.org/wp-content/uploads/2013/01/1-8.pdf

Provided by Society for Maternal-Fetal Medicine

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