

Multiple Pregnancy

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ABSTRACT

Women have the right to receive respectful maternity care in all healthcare systems around the world. Women's experiences with maternity caregivers can either be empowering and comforting or inflict lasting damage and deep emotional trauma. Either way, memories of childbearing experiences can stay with women throughout their lifetimes. Respectful Maternity care is a care which is provided during labour and child birth. According to the WHO It is not a help or our duty it is a human right of the lady or women, but according the many studies some of lady are not got Respectful Maternity care during that time due to that reason the mortality and morbidity rate is not reduce in rural areas and some urban areas also. So there is the need to take care of that ladies or women which is not got right treatment and Respectful care during labour or childbirth.

Keywords: Human Right, Labour, World health Organization, Morbidity, Mortality, Healthcare system.

INTRODUCTION

A multiple pregnancy is a pregnancy where you're carrying more than one baby at a time. If you're carrying two babies, they are called twins. Three babies that are carried during one pregnancy are called triplets. You can also carry more than three babies at one time (high-order multiples). There are typically more risks linked to a multiple pregnancy than a singleton (carrying only one baby) pregnancy.

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Causes

1. *Heredity.* A family history of multiple pregnancy raises the chances of having twins.
2. *Older age.* Women older than 30 have a greater chance of multiple conception. Many women today are waiting to have children until later in life. They may have twins as a result.
3. *High parity.* Having 1 or more previous pregnancies, especially a multiple pregnancy, raises the chances of having multiples.
4. *Race.* African-American women are more likely to have twins than any other race. Asian and Native Americans have the lowest twinning rates. White women, especially those older than 35, have the highest rate of higher order multiple births.

How do Multiple pregnancy happen?

There are two main ways that a multiple pregnancy can happen:

1. One fertilized egg (ovum) splits before it implants in the uterine lining.
2. Two or more separate eggs are fertilized by different sperm at the same time

Signs of a Multiple Pregnancy

1. Severe nausea and vomiting (morning sickness).
2. Rapid weight gain in the first trimester of pregnancy.
3. Sore or very tender breasts.
4. High human chorionic gonadotrophin (hCG) levels this hormone is made during pregnancy and is what a pregnancy test picks up.
5. High amounts of the protein alpha-fetoprotein in your blood.

Complication

- *Premature labor and birth:* The most common complication of multiple births is premature labor. If you're pregnant for multiples, you are more likely to go into premature labor (before 37 weeks) than a woman carrying only one baby. The goal for many moms of multiples is to complete 37 weeks. This is considered term in a twin pregnancy and reaching this week of gestation increases the chance the babies will be born healthy and at a good weight. Babies that are born prematurely are at risk of another complication of multiple births low birth weight.
- *Preeclampsia or gestational hypertension (high blood pressure):* High blood pressure is called hypertension. During pregnancy, your healthcare provider will watch your blood pressure carefully to make sure you don't develop gestational hypertension (high blood pressure during pregnancy). This can lead to a dangerous condition called preeclampsia. Complications related to high blood pressure happen at twice the rate in women carrying multiples compared to women pregnant with only one baby. This complication also tends to happen earlier in pregnancy and be more severe in multiple pregnancies than single pregnancies.
- *Gestational diabetes:* You can develop diabetes during pregnancy. This happens because of the increased amount of hormones from the placenta. The size of the placenta can also be a factor in this condition. If you have two placentas, there's an increased resistance to

insulin.

- *Placenta abruption:* This condition happens when the placenta detaches (separates) from the wall of your uterus before delivery. This is an emergency situation. Placenta abruption is more common in women who are carrying multiples.
- *Fetal growth restriction:* This condition can also be called intrauterine growth restriction (IUGR) or small for gestational age (SGA). This condition happens when one or more of your babies is not growing at the proper rate. This condition might cause the babies to be born prematurely or at a low birth-weight. Nearly half of pregnancies with more than one baby have this problem.

Management of Multiple Pregnancy

1. Increased nutrition
2. More frequent prenatal visits
3. Referrals
4. Increased rest
5. Maternal and fetal testing
6. Tocolytic medications
7. Corticosteroid medications
8. Cervical cerclage

REFERENCES

1. Eunice Kennedy Shriver National Institute of Child Health and Human Development. 12 July 2013. Archived from the original on 19 March 2015. Retrieved 14 March 2015.
2. Lippincott Williams & Wilkins. 2012. p. 438. ISBN 978-1-4511-4801-5. Archived from the original on 10 September 2017.
3. Eunice Kennedy Shriver National Institute of Child Health and Human Development. 12 July 2013. Archived from the original on 26 February 2015. Retrieved 14 March 2015.
4. Eunice Kennedy Shriver National Institute of Child Health and Human Development. 19 December 2013. Archived from the original on 19 March 2015. Retrieved 14 March 2015.
5. John Wiley & Sons. p. 406. ISBN 978-0-470-65845-1. Archived from the original on 10 September 2017.
6. Eunice Kennedy Shriver National Institute of Child Health and Human Development. 30 November 2012. Archived from the original on 2 April 2015. Retrieved 14 March 2015.
7. An evidence-based guideline for unintended

- pregnancy prevention". *Journal of Obstetric, Gynecologic, and Neonatal Nursing*. 40 (6): 782-793. doi:10.1111/j.1552-6909.2011.01296.x. PMC 3266470. PMID 22092349.
8. Eunice Kennedy Shriver National Institute of Child Health and Human Development. 12 July 2013. Archived from the original on 2 April 2015. Retrieved 14 March 2015.
 9. Keats EC, Haider BA, Tam E, Bhutta ZA (March 2019). "Multiple-micronutrient supplementation for women during pregnancy". *The Cochrane Database of Systematic Reviews*. 3 (3): CD004905. doi:10.1002/14651858.CD004905.pub6. PMC 6418471. PMID 30873598.

