

Adolescent triplet pregnancy

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Summary: The occurrence of spontaneous triplet pregnancy among teenagers is a rare event. The present communication describes two cases encountered at the Mt. Hope Maternity Hospital since its inception in 1981.

CASE REPORTS

Case 1: An 18 year old primigravida was referred at 24 weeks amenorrhea with a diagnosis of a «large-for-date» pregnancy. There was no family history of multiple pregnancy. She was normotensive and not anaemic. The fundal height was found to be compatible with 36 weeks gestation; there was polyhydramnios and multiple fetal poles were palpable. Ultrasonography revealed a triplet pregnancy of uniform growth and at the lower limit of the normal range.

At 28 weeks, the patient was admitted to the antenatal ward because of threatened preterm labour. Vaginal examination revealed a closed and uneffaced cervix. Management consisted of bed rest in the left lateral position, oral Salbutamol 4 mg eight hourly and oral Phenobarbitone 30 mg nocte, for eight weeks. Iron and folic acid tablets were also prescribed. At 36 weeks, she was discharged to the antenatal clinic and was booked for an elective Caesarean section at 38 weeks. She returned two days later with spontaneous rupture of the membranes and was delivered by emergency Caesarean section of live female infants of birthweights ranging from 2020 to 2120 grams.

The condition of the fetuses was satisfactory at birth (table).

Their postnatal course was uneventful. The infants are now six years old and are developmentally normal.

Case 2: A 17 year old primigravida was referred at 34 weeks gestation with an ultrasound diagnosis of twin pregnancy. There was a maternal family history of twins. She had anaemia in this pregnancy for which she was transfused elsewhere. Her blood pressure was normal. At 35 weeks, she came to the emergency department in preterm labour and was admitted for bed rest. Uterine contractions subsided spontaneously and she was discharged 5 days later. At 36 weeks, she presented in established labour and had a spontaneous vaginal delivery of three live infants, all in cephalic presentation, with birthweights of 1700, 1480 and 2340 grams, respectively. Triplet B had a partial cleft palate, and was referred for plastic surgery.

The postnatal course of the mother and infants was uneventful. The infants are now one year old and are developmentally normal.

DISCUSSION

The remarkable features of these cases are their spontaneity, primiparity, adolescence and excellent fetal outcome. However, better neonatal survival rates of triplets have been recorded among patients in whom ovulation had been induced (Holcberg et al., 1982) and among older and parous mothers than among primigravidae (Daw, 1978; Ron-el et al., 1981; Sogbanu, 1981).

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Table. — Neonatal features of triplets.

Case	Triplet	Birthweight (grams)	Sex	Presentation	Apgar score	
					1 min.	5 mins.
1	A	2020	♀	Breech	7	9
	B	2060	♀	Cephalic	7	9
	C	2120	♀	Cephalic	7	9
2	A	1700	♀	Cephalic	6	9
	B	1480	♀	Cephalic	7	9
	C	2340	♂	Cephalic	6	8

The prolongation of pregnancy to 36 weeks was perhaps the most significant factor contributing to our good perinatal results, an achievement which was probably due to bed rest and/or tocolytic therapy, as recommended by Ron-el et al (1981). By contrast, hospitalized bed rest was found to be ineffective in prolonging multiple pregnancies (Hartikaren-Somi and Jouppila, 1984) and the management of triplet pregnancy on an out-patient basis employing ambulatory perinatal nursing had proved successful (Newman, et al., 1989).

There is no internationally-accepted policy regarding the mode of delivery for triplets. Although Caesarean section confers greater safety to the infants (Newman et al., 1989), careful selection of cases may result in successful vaginal delivery as demonstrated in Case 2. A prospective randomized trial is needed to define more clearly the factors responsible for the improvement in fetal outcome.

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