Indomethacin, Cervical Length Evaluation Up Birth Weight in Twins

Reno, Nev.

The rate of very low birth weight twins pregnancies can be reduced safely with a plan of care that includes cervical length evaluation at 23-25 weeks and long-term indomethacin therapy for women with a short, funneled cervix, Theodore Peck, M.D. reported in a poster session at the annual meeting of the Society for Maternal-Fetal Medicine.

The rate of very low birth-weight twins fell significantly from 11.5% during 1989-1993 to 6.89% during 1999-2003 at Gun-dersen Lutheran Medical Center in LaCrosse, Wis., where Dr. Peck practices maternal-fetal medicine.

In contrast, the national rate of very low birth-weight infants from twin pregnancies was 10.1% during 1989-1993 and 10.2% during 1999-2003.

The percentage of very low birthweight twins born at the Wisconsin medical center because of premature rupture of membranes or preterm labor also fell significantly, from 91% to 32%.

During the more recent time period, women pregnant with twins underwent cervical evaluation by vaginal ultrasound at 23-25 weeks’ gestation. Women with cervical lengths less than 3 cm and cervical funnelling were instructed to take 25 mg of indomethacin q.i.d. They were not placed routinely on activity restriction, and no cerclages were done.

Fetuses were monitored with amniotic fluid assessment and periodic growth determinations, and indomethacin dosages were adjusted accordingly.

Women were excluded from indomethacin therapy if they had premature rupture of membranes, oligohydramnios, asymmetric intrauterine growth retardation, indication for delivery, or they had attained 33 weeks’ gestation.

—Robert Finn