Twin-singleton early-life survival in sub-Saharan Africa

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Twin–singleton early-life survival in sub-Saharan Africa

One in five twins born in sub-Saharan Africa dies before age 5 years, and this estimate is likely to be conservative. This is the important message from Christiaan Monden and Jeroen Smits on the basis of their pooled analysis of 90 Demographic and Health Surveys for 30 sub-Saharan African countries taken between 1995 and 2014. The under-5 mortality is three times higher among twins than among singletons and for neonatal mortality it is five times higher. Still, only half of women pregnant with twins had medical assistance at birth. As emphasised by Monden and Smits, this calls for an improvement in both prenatal, intrapartum, and postnatal twin care.

In sub-Saharan Africa, increased focus should be on recognising twin pregnancies during antenatal care to prevent and treat potential complications. If available, antenatal ultrasound has an important role in diagnosing twin pregnancies and currently WHO recommends an early scan before 24 weeks of gestation. Mothers carrying twins should be referred for delivery to specialised centres, where advanced obstetric care is available, and receive proper prenatal counselling. By improving the mother’s understanding of possible complications related to twinning, delays in seeking medical care can be avoided. As Monden and Smits point out, many hospital arrivals in sub-Saharan Africa occur at a late pregnancy stage due to obstetric problems (eg, obstructed labour), which increase mortality. Hospitals where the twin deliveries take place should be adequately provisioned to do caesarean sections if needed and the staff should be trained in neonatal resuscitation and care for premature neonates. The development in high-income countries shows the possibilities for progress in twin health and survival: Danish twins born between 1870 and 1900 had higher early-life mortality rates than twins born in the late 20th century and contemporary sub-Saharan twins, with about 40% under-6 mortality (double the risk for singletons at that time). Today, this risk is cut to about 2%. Furthermore, there is some evidence that twin cohorts with high early-life mortality can also have long-term health disadvantages compared with singletons. Best documented is the cognitive disadvantage of twins being born in the first part of the 20th century—a disadvantage that has vanished in more recent twin cohorts. Therefore, a continued progress in twin early-life survival in sub-Saharan Africa is likely to also have a positive impact in the future with better later-life health for twins, making increased attention to
mothers of twins and the health care of their infants in sub-Saharan Africa even more pertinent. In this context, WHO should consider including twins specifically in the recommendations for postnatal care, which is currently not the case.

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We declare no competing interests.

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