

Healthy twins born to woman who was pregnant in each of her two uteruses

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When Kelsey Hatcher's twins share their birth story someday, their tale

will truly be one in a million.

Hatcher, who gave birth at the University of Alabama at Birmingham (UAB), has a rare double uterus and was pregnant with a baby in each one. After 20 hours of labor, she delivered two girls—Baby A on Dec. 19 and Baby B on Dec. 20.

"Never in our wildest dreams could we have planned a [pregnancy](#) and birth like this, but bringing our two healthy baby girls into this world safely was always the goal, and UAB helped us accomplish that," Hatcher said in a UAB news release. "It seems appropriate that they had two birthdays, though. They both had their own 'houses' and now both have their own unique birth stories."

Those stories are far different from those of their three older siblings—all singletons.

"I had already taken care of Kelsey through her third pregnancy and knew she had a double uterus," said her obstetrician, [Dr. Shweta Patel](#), an assistant professor of obstetrics and gynecology at UAB. "But that was only one baby—two babies in two uteri were a true medical surprise."

Hatcher discovered she had a double uterus when she was 17. The condition, called uterus didelphys, occurs when the Müllerian ducts fail to fuse, forming two uterine cavities. Each has one fallopian tube and one ovary. Hatcher also has two cervixes.

When she noticed some bleeding early in the pregnancy, she scheduled an ultrasound, knowing that women with a double uterus are more likely to miscarry. The baby was doing fine, but Hatcher asked Patel to check the second uterus just in case.

"As soon as she moved the wand to the other uterus, I gasped," Hatcher recalled. "Sure enough, there was another baby. We just could not believe it."

While it's not uncommon for a woman with a double uterus to be pregnant with one baby in one uterus, the odds of having a baby in both—a dicavitary pregnancy—are one in a million.

Patel immediately reached out to UAB colleagues who specialize in high-risk and unique pregnancies.

Over the following months, Hatcher rotated between her obstetrics and maternal-fetal medicine teams for checkups and ultrasounds. Though she had more appointments than usual, the pregnancies were routine.

"In a typical twin pregnancy, the twins share one womb, which can limit the amount of space each has, making preterm or early birth a high possibility," explained [Dr. Richard Davis](#), a professor of maternal-fetal medicine at UAB and co-leader of Hatcher's medical team. "With Kelsey's [babies], they each had their own womb, sac, placenta and [umbilical cord](#), allowing them extra space to grow and develop."

Because dicavitary twins are so rare, Patel and Davis had few [case studies](#) to rely on as they planned for Hatcher's delivery. Some of those babies were delivered vaginally, others by [cesarean section](#). In some cases, one uterus went into labor, but the other did not.

Doctors prepared for three possible scenarios: both babies delivered vaginally; one delivered vaginally and the other by c-section; or both babies delivered by c-section.

Though c-sections may be a more controlled choice for high-risk cases like Hatcher's, [doctors](#) were mindful of her successful history of vaginal

delivery from both uteri.

"We also listened to Kelsey's wishes," Patel said in a UAB news release. "She wanted to aim to have the same birth experience for the girls as her other children, if safe and possible."

Doctors hoped Hatcher would go onto labor on her own. When she hadn't at 39 weeks, she was induced. One cervix was already dilated 4 centimeters and the other, 3. She was assigned two nurses—one to monitor each uterus and baby.

Her contractions were like none other.

"They were not consistently together, but were within a few seconds of each other," Hatcher explained. "I felt each side contracting in different areas as well."

Her right uterus—twice pregnant before—began working faster than the left, and the baby's head was lower, so the team broke her water on that side. Hours later, Baby A, named Roxi, was delivered vaginally. She tipped the scales at 7 pounds, 7 ounces.

Everyone cheered, but there was still one baby to go.

"Kelsey was essentially laboring in the left uterus while simultaneously undergoing the postpartum process in the right," Patel recalled. "She was having contractions with Baby B while breastfeeding Baby A."

Doctors continued with an induction on the left side, but Baby B wasn't descending. Just over 10 hours after her sister was born, Baby B, named Rebel, arrived via [c-section](#) on Dec. 20 weighing 7 pounds 3.5 ounces. Roxi's bassinet was nearby, allowing the girls to meet at last.

While Patel and Davis have almost 60 years of combined experience, this was the first time either had delivered dicavitary twins.

"It goes to show that the field of obstetrics is always changing and unpredictable, and you don't always have clear-cut answers," Patel said. "It takes a team of experts from obstetricians to amazing nurses and a skilled anesthesia team to take care of such a rare pregnancy."

So, are the girls actually twins?

Typically, a twin pregnancy is two babies in one uterus during the same pregnancy. Hatcher had one in each [uterus](#).

"I think it is safe to call the girls fraternal twins," Davis said. "At the end of the day, it was two babies in one belly at the same time. They just had different apartments."

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