“Ductus Venosus Doppler at 11 to 13 Weeks of Gestation in the Prediction of Outcome in Twin Pregnancies”
(Maiz N, Staboulidou I, Leal AM, Minekawa R, and Nicolaides KH)
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1. What was the study design? What are the limitations of this type of study design? Discuss the composition of the study sample. Was it population-based?

2. How was the ductus venosus measurement obtained? Were the sonographers trained? How generalizable are the findings of the measurement? Do you feel comfortable performing this measurement?

3. How were the ductus venosus measurements blinded to the clinicians? Would knowledge of these measurements create a bias in the study?

4. The authors report a statistically higher rate of adverse outcomes in twins with a reversed a-wave in the ductus venosus at 11 to 13 weeks. Yet, of those with reversed a-wave, 75% of dichorionic and 40% of monochorionic twins have normal outcome. How do you reconcile these findings?

5. Do the authors’ results alter your approach to twins? If so, how will your approach change? If not, why will your approach not change?