

## An Unusual Case of Multiple Pregnancy

BY

F. MORLEY SMITH,

M.C., L.R.C.P. (Lond.), M.R.C.S. (Eng.)

*Government Medical Officer, Mtoko, S. Rhodesia*

AND

A. W. HUSBAND, M.B., CH.B. (Cape)

*Government Medical Officer, Harari Maternity Hospital, Salisbury.*

### INTRODUCTION

The ratio of twin pregnancies to single pregnancies in England and the United States of America is reported to be approximately one in eighty. By Hellins Law the incidence of quintuplets is therefore approximately one in 40 million.

Quintuplets in these countries are obviously of extreme rarity. It is known, however, that in Rhodesia the incidence of twins is much higher among the African population and one would, therefore, expect the incidence of quintuplets to be higher.

The incidence of twins is reported to be in the region of one in thirty-five, and by application of Hellins Law the incidence of quintuplets should be approximately one in 1.5 million births.

Quintuplets then must be considered as a rarity even amongst the Africans, and as this case is the only one known to the authors to have occurred in Rhodesia, it was thought to be worth recording.

### THE OBSTETRICAL HISTORY OF JUDITH TANZENI

First pregnancy, a male child which died after three days.

Second pregnancy, a female child, living and at school.

Third pregnancy, a female child, living and at school.

Fourth pregnancy, triplets, all female, all dead.

Fifth pregnancy, triplets, all male; two died soon after birth, one is still alive.

Sixth pregnancy, twins, both female, both dead.

Seventh pregnancy, quintuplets.

### DETAILS OF SEVENTH PREGNANCY

With regard to this last pregnancy, Judith by all accounts was normal throughout, but her

mother and an African woman Bika, who was later destined to act as midwife, observed that she was very large. This was by no means unusual for Judith, as she had previously had a number of multiple pregnancies. Her attendants were not, therefore, unduly perturbed, and at no time during the pregnancy did Judith consult a doctor.

### DETAILS OF CONFINEMENT

The confinement took place in a Native hut in Chief Kowo's district of the Mtoko Reserve, about twenty miles from the village of Mtoko.

The hut is the usual type of Native hut of pole and dagga, eight feet in diameter and furnished with a small fireplace. A fire was kept burning during the night of the confinement in order to provide light by which the midwife could work. The woman who attended Judith during her confinement was an ordinary African woman, untrained in midwifery, who lived at a nearby kraal.

At approximately 10 o'clock on the night of the 21st of June, 1955, Tanzeni, the father, asked the midwife to come to his kraal as his wife was in labour. On arrival at the kraal the midwife found that Judith had already given birth to the first infant, a girl, delivered as a normal vertex. At approximately 1 a.m. on the 22nd of June the second infant, also a girl, was delivered as a vertex, and this was followed shortly afterwards by a boy, also a vertex presentation. At about 5 a.m. a girl which presented as a breech was delivered, and finally at about 6 a.m. a boy was delivered as a vertex.

The placenta was delivered immediately after the birth of the last baby, and its expulsion was accompanied by only a minimal loss of blood.

Judith appears to have stood up to her confinement well and was not unduly exhausted by her efforts.

After delivery the babies were placed on a reed mat and the cords were tied with a strand of cotton.

When the midwife informed the husband that his wife had given birth to quintuplets the husband was so taken aback that he sent for Chief Kowo, who arrived to view the babies. The Chief then directed the father to set off on his bicycle to All Souls Mission to obtain help. Following his arrival at the Mission, a priest and two African nurses set off by car for Tanzeni's kraal. They wrapped the babies in blankets and transported them back to the Mission, where they were placed in cots with

hot water bottles and put into the care of the European Sister.

At this time it was noticed that the smallest baby, a girl, was looking very grey and wrinkled. This baby later vomited a small quantity of blood and died during the night. Its weight was found to be two pounds four ounces.

Next morning, 23rd June, 1955, the four remaining babies were conveyed by car to the Harari Maternity Hospital, Salisbury.

#### HOSPITAL PROGRESS

On admission to hospital, examination of Judith revealed that her general condition was good. The only features of importance were that the uterus was very bulky, the fundus of the uterus being situated about two inches above the umbilicus, while the abdominal wall was very lax. In all other respects Judith appeared normal. The blood pressure was recorded as 115 over 75 mm. Hg. and her pulse rate was 88 per minute. The Wassermann reaction was found to be negative. There was no evidence to suggest that the pregnancy and delivery had exhausted Judith unduly.

The four remaining infants were weighed and placed in incubators. Their weights were found to be as follows:—

Maria, female, three pounds seven ounces.

Sophia, male, three pounds six ounces.

Alois, male, two pounds six ounces.

Pauline, female, three pounds seven ounces.

The children had been christened at All Souls Mission, and the names given them were adhered to throughout their stay in hospital.

On admission, all the children appeared to be in a satisfactory condition and there was every hope of all four surviving.

The body temperatures of all four were slightly below normal on admission, but all rapidly regained normal temperatures in the incubators.

The initial treatment was confined to keeping the children in the incubators with a continuous supply of oxygen, while feeding was instituted at three-hourly intervals.

With the exception of Alois the children were considered to be fit enough to dispense with the continuous oxygen after three days. From this time until they were two weeks old, oxygen was only administered after feeds for a period of about fifteen minutes. Alois, however, had to be kept on continuous oxygen from admission until the time of his death.

Since the children had received no feeds prior to admission, it was decided to institute tube feeding immediately. All the children were started, therefore, on quarter strength expressed breast milk in quantities of from six to eight drachms at three-hourly intervals. The quantity of the feed was altered according to the size of the child and its response.

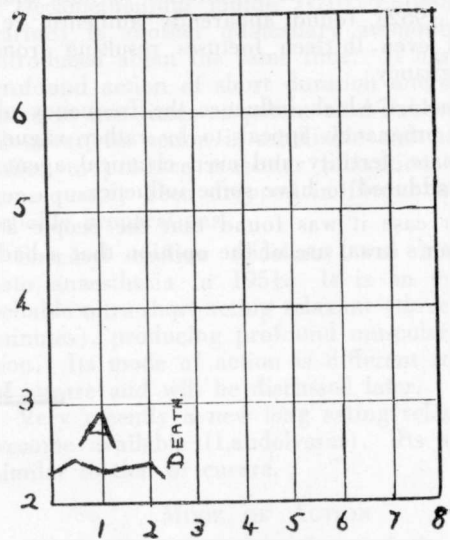
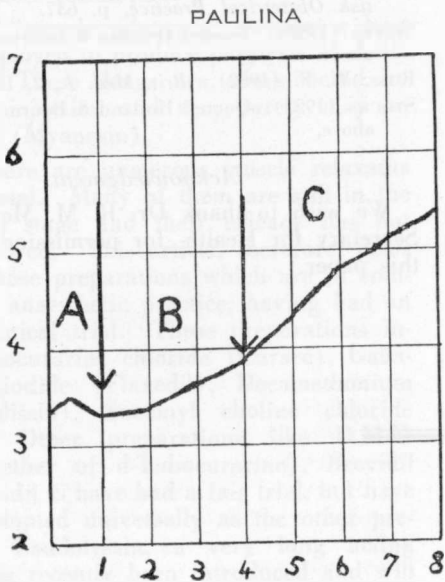
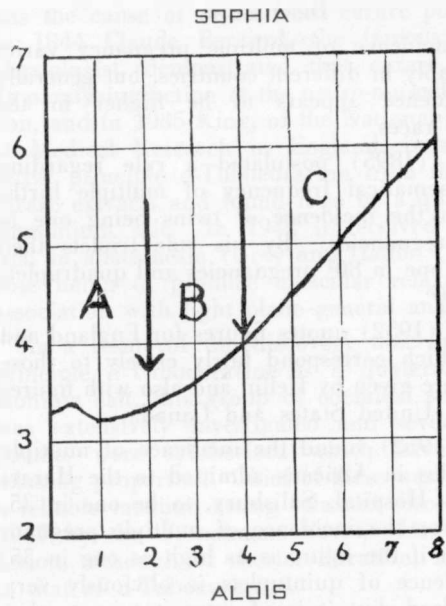
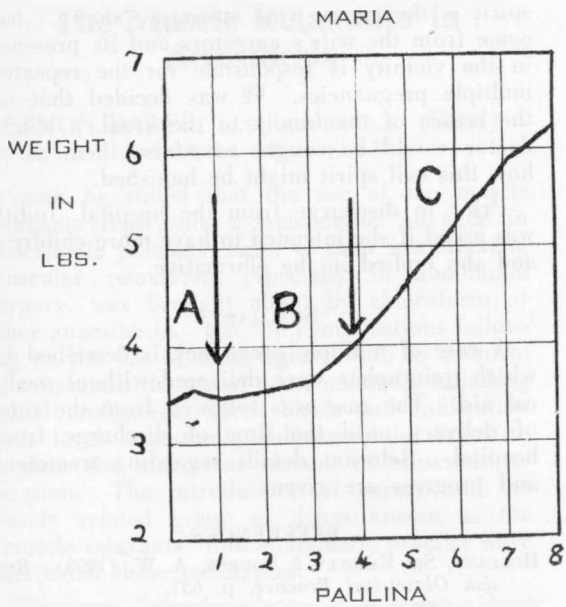
With the exception of Alois the children were later moved on to bottle feeds of expressed breast milk. This was done as the children gained strength and exhibited the ability to suck. The quantity of each feed was gradually increased until approximately two ounces were being taken from the bottle. At this stage the children were placed on the breast and test-weighed. It was found, however, that Judith could not feed all three adequately, and complementary feeds of expressed breast milk had to be given.

After approximately one week it was found possible to dispense with the complementary feeds, and from this stage until the children were discharged from hospital they were fed entirely on the breast.

Alois presented a rather special problem and was treated accordingly. On admission his condition appeared to be satisfactory, but he was considerably smaller than the other three and looked a less robust infant. Initially he appeared to be doing well, but after three days it was found that, unlike the others, he could not thrive without continuous oxygen. Nevertheless he showed a similar initial gain in weight over the first few days, although by the seventh day his weight was back to that found on admission.

After twelve days he had gained only half an ounce, and on the twelfth day vomited immediately after some of his feeds. Treatment was continued and his condition was unchanged until after the fifteenth day, by which time he had gained one ounce in weight. On the evening of the fifteenth day it was noticed that the limbs twitched intermittently and he was then taken off his tube feeds and given subcutaneous injections of saline at six-hourly intervals and sedated with chloral.

His condition deteriorated rapidly and, despite coramine injections, oxygen given through a face mask and subcutaneous saline, he died at 10.45 a.m. on the sixteenth day. A *post-mortem* examination was carried out, but the only abnormal finding was a partial atelectasis of one lung.



AGE IN WEEKS

LEGEND:

- A= TUBE FEEDING.
- B= BOTTLE FEEDING IN INCUBATOR.
- C= BREAST FEEDING OUT OF INCUBATOR.

The relevant details are summarised as follows:

Date of admission to hospital: 23rd June, 1955. Date of discharge: 16th August, 1955.

*Weights on Admission—*

- Maria: three pounds seven ounces.
- Sophia: three pounds six ounces.
- Paulina: three pounds seven ounces.
- Alois: two pounds six ounces.

*Weights on Discharge—*

- Maria: six pounds five ounces.
- Sophia: six pounds two ounces.
- Paulina: five pounds seven ounces.
- Alois (at time of death): two pounds five ounces.

## DISCUSSION

The incidence of multiple pregnancy varies considerably in different countries, but generally the incidence appears to be higher in the coloured races.

Hellin (1895) postulated a rule regarding the mathematical frequency of multiple births based on the incidence of twins being one in eighty pregnancies. By his rule triplets then occur in one in  $80^2$  pregnancies and quadruplets one in  $80^3$ .

Stocks (1952) quotes figures for England and Wales which correspond fairly closely to those which were given by Hellin and also with figures from the United States and Canada.

Ross (1952) found the incidence of multiple pregnancies in Africans admitted to the Harari Maternity Hospital, Salisbury, to be one in 35.

Whatever the incidence of multiple pregnancies, even if the figure is as high as one in 35, the incidence of quintuplets is obviously very small indeed, but it is of interest to note that Mayer (1952) found apparently authentic records of even thirteen foetuses resulting from one pregnancy.

The factors which influence the frequency of multiple pregnancy appear to be rather vague, and climate, fertility and even chemical agents may be adduced to have some influence.

In our case it was found that the people at the mother's kraal are of the opinion that a bad

spirit is the cause. This spirit, a "shawe," has come from the wife's ancestors and its presence in the vicinity is responsible for the repeated multiple pregnancies. It was decided that on the return of the family to the kraal, a witch-doctor would be sought to advise them as to how this evil spirit might be banished.

Prior to discharge from the hospital, Judith was asked if she intended to have more children, and she replied in the affirmative.

## SUMMARY

A case of multiple pregnancy is described in which quintuplets were delivered without medical aid. The case was followed from the time of delivery until the time of discharge from hospital. Relevant details regarding treatment and progress are given.

## REFERENCES

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