



Gestational outcomes and obstetric management in uterus didelphys: a literature review

Gestational outcomes and obstetric management in the didelphic uterus: a literature review

Gestational results and obstetric management in the uterus: a bibliographic review

Jaime Marcelo Campana Sevilha¹; Erick Ritty Ribeiro²; Angélica Haefigler Reineri³, Mariana Berti Cecura³ , Anna Carolina Teixeira da Silva⁴

SUMMARY

Uterus didelphys is a rare Müllerian malformation characterized by the presence of two uterine cavities and two independent cervixes, which may be associated with a longitudinal vaginal septum. Although generally asymptomatic outside of pregnancy, it is associated with a

The study highlights the increased risk of obstetric complications, such as spontaneous abortion, premature birth, and intrauterine growth restriction. This study conducted an integrative literature review (2021–2026) in the PubMed and SciELO databases, including seven studies that addressed gestational outcomes and clinical management. The findings indicate that, despite preserved fertility, uterine anatomy poses challenges, such as cervical shortening and a higher incidence of non-cephalic fetal presentations, contributing to high cesarean section rates. However, recent evidence demonstrates that, with early diagnosis and specialized prenatal care, it is possible to achieve favorable maternal-fetal outcomes, including vaginal deliveries in selected cases.

It is concluded that individualized management and rigorous monitoring are fundamental to optimizing the gestational prognosis in women with a didelphic uterus.

Keywords: Didelphic uterus; Pregnancy; Pregnancy complications.

1. INTRODUCTION

Uterus didelphys is a rare Müllerian malformation resulting from the non-fusion of the Müllerian ducts.

characterized by two uterine cavities and two independent cervixes, which may be associated.

to a longitudinal vaginal septum. In current classifications of Müllerian anomalies (ASRM and ESHRE/ESGE), appears as a distinct entity (SOUZA et al., 2025). It is generally asymptomatic.

outside of pregnancy, but it increases the risk of complications throughout the pregnancy and postpartum period.

Correct anatomical diagnosis and the choice of appropriate obstetric procedures have a direct impact on...

Maternal-fetal morbidity and mortality. This work reviews the recent literature on outcomes.

gestational issues and obstetric management in this population.

2. METHODOLOGY

Integrative review in the PubMed and SciELO databases, covering publications from 2021 to 2026.

with the descriptors “Uterus Didelphys”, “Pregnancy” and “Pregnancy Outcome”. Articles were included.

complete studies in English and Portuguese that addressed obstetric outcomes, excluding those

Duplicates. Seven studies comprised the qualitative synthesis.

3. RESULTS AND DISCUSSION

The reviewed literature indicates that a didelphic uterus does not compromise fertility, although it is associated with... Relevant adverse outcomes, such as first-trimester spontaneous abortion, labor of Premature birth and intrauterine growth restriction (IUGR). Anatomy presents challenges. Specifically — early cervical shortening may indicate prophylactic cerclage, and the smallest The volumetric capacity of each hemiuterus favors non-cephalic presentations (breech and (Cormic), which justifies the high cesarean section rates. However, the high route should not be considered. Absolute rule: recent reports document good maternal and neonatal outcomes in childbirth. vaginal examinations conducted with adequate supervision. The main data from the included studies are compiled in Table 1. Individualized management has changed this scenario — the diagnosis Early imaging and thorough high-risk prenatal care substantially alter the prognosis. previously considered unfavorable.

Table 1 – Summary of the reviewed studies on pregnancy outcomes in the didelphic uterus.

Author/Year	Number of Pregnancies	Outcomes and Main Clinical Management
Fedele et al. (2024)	Multiple (Review)	High rates of prematurity and newborns born with low birth weight.
Liu et al. (2025)	1 (Twins)	Asynchronous vaginal deliveries with an interval of 12 weeks; both viable.
Nyagaka; Oindi (2025)	1st pregnancy	Cervical shortening with cerclage necessary; progression towards premature birth.
Sutan et al. (2025)	Multiple (Cohort)	Higher risk of premature birth and restriction of fetal growth.

CONCLUSION

Pregnancy in a didelphic uterus is associated with a higher risk of prematurity and dystocia during labor. childbirth. Individualized management, supported by rigorous monitoring and prophylactic interventions. As indicated on a case-by-case basis, it allows for a safe pregnancy and the achievement of positive maternal outcomes. Favorable fetal outcomes.



REFERENCES

FEDELE, F., et al. Assisted reproductive technology outcomes in women with congenital uterine anomalies: a systematic review. *Archives of Gynecology and Obstetrics*, vol. 310, no. 5, p. 2315–2332, 2024. DOI: 10.1007/s00404-024-07666-0.

LIU, H. et al. Asynchronous twin delivery in uterus didelphys with a 12-week interval: case report and literature review. *BMC Pregnancy and Childbirth*, v. 25, no. 1, p. 736, 2025. DOI: 10.1186/s12884-025-07865-w.

NYAGAKA, F.; OINDI, F. Uterus didelphys bicollis bicolpos - a case report. *International Journal of Gynecology & Obstetrics*, vol. 170, no. 3, p. 1033–1037, 2025. DOI: 10.1002/ijgo.70140.

SOUZA, LRMF, et al. Critical comparison of American and European classifications of müllerian anomalies: pros and cons. *Brazilian Radiology*, v. 58, e20240096, 2025. DOI: 10.1590/0100-3984.2024.0096-en.

SUTAN, S. et al. Obstetrical outcome in pregnant women presenting with congenital uterine anomalies. *Pakistan Journal of Medical Sciences*, vol. 41, no. 4, p. 1078–1081, 2025. DOI: 10.12669/pjms.41.4.10793.