

Patient information

Multiple pregnancy

Introduction

Multiple pregnancies are becoming more common, mainly due to the increasing use of reproductive technologies. Discovering you are expecting twins or triplets or even more babies is exciting but may also be associated with concerns for you, your partner and family members. This leaflet describes the different types of twin pregnancies, problems which can occur for both mothers carrying twins and the babies themselves, the care you will receive during pregnancy and options for birth.

This leaflet concentrates on twin pregnancies, however much of the information is relevant to multiple pregnancies with more than two babies. If you are carrying more than two babies you will be referred to a more specialised unit for close monitoring of your pregnancy and planning for delivery.

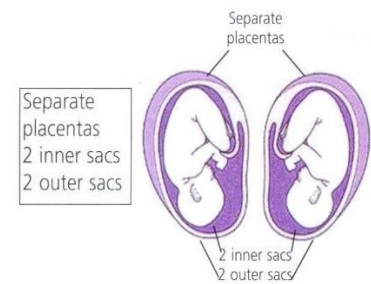
Different types of twin pregnancies

All babies grow within a fluid filled sac which is made up of two membranes - an outer layer called the chorion (which forms the placenta or afterbirth) and an inner layer called the amnion. In a twin pregnancy these layers form differently.

A twin pregnancy occurs when either two eggs are fertilized by two different sperm (di-zygotic or non-identical twins) or a single egg is fertilized by a single sperm but the fertilized egg divides into two (mono-zygotic or identical twins). As a result, the two babies may each have their own placenta and amniotic sac or they may share a placenta with either separate or a shared amniotic sac.

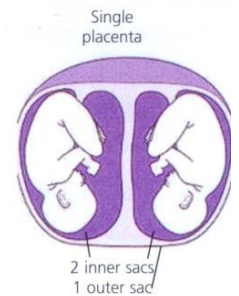
Whether or not the babies share a placenta influence the risks associated with the pregnancy and antenatal care plan that is recommended. Therefore, it is important that the “chorionicity” of the pregnancy is identified by an early scan.

Non-identical twins (*Dizygotic*): These twins arise from two separate fertilised eggs. These types of twins may run in families. These babies will have separate placentas and separate sets of membranes. Two separate amniotic membranes (inner sacs) and two separate chorionic membranes (outer sacs)



These are Dichorionic Diamniotic twins – often written DCDA

Identical twins (*Monozygotic*): These twins arise from the fertilization of one egg by one sperm. In early development, depending on when the fertilised egg divides this will result in different combinations of placental development, sacs and membranes. If the fertilized egg divides within 3 days of fertilization the babies will have separate placentas and membranes (see the picture above).

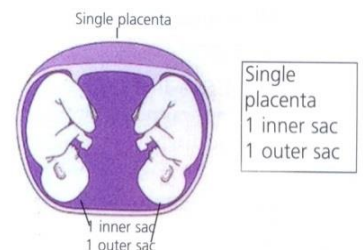


These are Dichorionic Diamniotic twins – often written DCDA

If the fertilized egg divides between 4 – 8 days after fertilization the babies will share a placenta. There is only one chorionic membrane (outer sac) and two amniotic membranes (inner sacs). Although there is only one outer sac the babies will have their own individual sacs and fluid.

These are Monochorionic Diamniotic twins – often written MCDA

If the fertilized egg divides between 8 – 12 days after fertilization the babies share a placenta. There is only one chorionic membrane (outer sac) and one amniotic membrane (inner sac). The babies will both share the same fluid as well.



After 12 days, conjoined (joined together) twins can develop. This is rare but if it did occur you would be referred to a specialist doctor in foeto-maternal medicine.

These are Monochorionic Monoamniotic twins – often written MCMA. MCMA twins are referred to a tertiary level hospital for management and delivery.

Most twin pregnancies have two separate chorionic and amniotic membranes - DCDA.

Management of a twin pregnancy

You will be under the care of a specialist obstetric team at the hospital. The management of your pregnancy will depend on the chorionity of your pregnancy (number of placentas). A care plan will be agreed with you at your first antenatal clinic

appointment and will outline the frequency of ultrasound scans you should receive, discussions you will have surrounding your pregnancy and timing and type of delivery

Having twins means you will need more frequent antenatal clinic appointments at the hospital with extra ultrasound scans to monitor the growth and wellbeing of your babies, these scans will last between 30 and 40 minutes.

For babies with their own placentas (DCDA twins) ultrasound scans are recommended every 4 weeks from 20 weeks gestation.

For babies with a shared placenta you will be referred to the fetal medicine unit in Cambridge for a scan at 16 weeks and then 2 weekly scans until delivery. These scans may be at the West Suffolk or in combination with the fetal medicine unit or it may be recommended your care is provided solely by the fetal medicine unit. This is because of the unique complications having a shared placenta may cause.

The risks of twin pregnancy and delivery

Twin pregnancies do have higher risk factors and complications are more likely to occur, which is why you will need additional appointments. Sometimes these risks are greater to the mother and at other times it is the babies that are more at risk. So, when it comes to making decisions about your pregnancy, we will have to weigh up the risk factors for yourself and your babies against the complications that present.

Risks to the you.

Minor problems of pregnancy such as morning sickness, heartburn, swollen ankles, varicose veins, backache and tiredness, are more common in twin. Many pregnancy complications are more common for mothers carrying twins. These include:

- anaemia – you will have your iron levels checked in early pregnancy and be offered iron supplements if needed. Your blood count (haemoglobin) is also checked at 24 and 28 weeks and later if required.
- pre-eclampsia – a condition that causes high blood pressure (BP) and protein in your urine. It may be recommended that you take aspirin 150mg from 16 weeks until delivery to reduce this risk. Your BP and urine will be checked at every antenatal visit.
- bleeding after delivery (postpartum haemorrhage) is more common with a possible need for blood transfusion. It will be recommended you have an injection when the babies are born to aid in delivery of your placenta(s) and a hormone drip for 4 hours afterwards to reduce this risk.

- a Caesarean section or assisted vaginal delivery

Risks to the babies' prematurity

You are more likely to have your babies early if you are expecting twins or triplets:

- about 60 in 100 sets of twins will be born spontaneously before 37 weeks of pregnancy about 75 in 100 sets of triplets will be born spontaneously before 35 weeks
- in comparison, only about 10 in 100 women who are pregnant with one baby will give birth before 37 weeks.
- babies born earlier than 37 weeks of pregnancy have an increased risk of problems, particularly with breathing, feeding and infection. The earlier your babies are born, the more likely this is to be the case. They may need to be looked after in a neonatal unit. You will be supported to spend as much time as you can with them and you will be encouraged to breastfeed.
- having a baby born early can be worrying and distressing for parents. Your babies are more likely to need special care after birth. Your doctor or midwife will be happy to talk to you about this and can give you information about support groups that you might find helpful.

Growth

Having twins increases the chance of the placenta not working as well as it should. This can affect the babies' growth and wellbeing.

Twin-to-twin transfusion syndrome (TTTS): Twins sharing a placenta (monochorionic pregnancies) also share the blood supply. In around 15 in 100 monochorionic twin pregnancies, the blood flow may be unbalanced. We call this twin-to-twin transfusion syndrome (TTTS). One baby, the 'donor', receives too little blood and has a low blood pressure while the other baby, the 'recipient', receives too much blood and has a high blood pressure. You will be monitored with frequent scans for signs of TTTS. It can be mild and may not require any treatment, or it can be serious, in which case you will be offered treatment in a hospital with specialist expertise.

When should my babies be born?

You may go into labour early with multiple pregnancy. Even if you don't, you will probably be advised to have your babies before your due date (elective birth). This is done either by having labour started off (induced) or by having a caesarean section. The exact timing of delivery for multiple pregnancy depends on individual

circumstances; however, if your pregnancy has been uncomplicated, it is advised that you should be offered elective birth from:

- 37 weeks of pregnancy if you are carrying dichorionic twins (babies having separate placentas)
- 36 weeks if you are carrying monochorionic twins (babies sharing a placenta)
- 35 weeks if you are carrying triplets.

Type of delivery

Because of the higher risks associated with twin pregnancies it is recommended that deliveries should take place in a Maternity Obstetric Unit.

The options for delivery are either vaginal delivery or caesarean section. The type of delivery will be greatly influenced by how the babies are lying and any other complications which may be present.

Twins: If the baby nearest to the neck of the womb (often called the presenting twin) is head-down and you have no other complications then you should be able to have a vaginal birth if you wish. The position of your second twin can change after the first baby is born and should not influence how you choose to give birth.

If the baby nearest to the neck of the womb (cervix) is bottom-down (breech) towards the end of the pregnancy, a caesarean section is usually recommended.

Both vaginal birth and caesarean section have benefits and risks, and it is important to consider the options carefully and to talk about your individual situation with your healthcare professionals.

If you have decided to have a caesarean section but go into labour naturally, you should go straight to hospital. The operation will be done as soon as possible. However, occasionally labour may be too advanced and it may be safer for you and your babies if they are born vaginally. If you go into labour very early in the pregnancy, you may be advised that it would be better for your twins to be born vaginally.

Triplets, quadruplets and monoamniotic twins: These babies are usually delivered by caesarean section unless you are in very premature labour or you give birth to the first baby very quickly. Your own preference is important and you should be given enough time to consider all of the relevant information before deciding what suits you best.

Labour and birth

- The babies' heartbeats will be continuously assessed with electronic fetal monitoring. Your first baby's heartbeat may be monitored by applying a clip onto your baby's head via your vagina.
- Epidural anaesthesia is often recommended for labour for pain relief and in case any intervention is required.
- After your first baby is born, the cord will be clamped and cut in the usual way but the placenta will stay inside the womb until your second baby has been born. Usually a Syntocinon drip will be commenced to ensure good contractions for your second baby.

The delivery itself is carried out in the operating theatre in case of the need for immediate caesarean section.

- Your midwives and doctors will check whether your second baby is coming head-first or bottom-first by feeling your tummy, doing an internal examination and by carrying out an ultrasound scan. As your second baby comes down the birth canal, the second bag of waters may be broken. A normal birth usually follows within about 30 minutes to an hour.
- Although it is uncommon for the first twin to be born vaginally and the second to be born by caesarean section, it can occur if the second baby needs to be delivered urgently and/or a vaginal birth would be unsafe. This can happen in anywhere between two and ten in 100 vaginal twin births.
- Additional staff will be present at the delivery, due to the number of babies being born and the likelihood of complications. This could include midwives' paediatricians, obstetrician(s), and an anaesthetist.
- After delivery of the babies a hormonal (Syntocinon) drip is given for a few hours to prevent bleeding. It may also be used prior to this if your contractions are not effective.

Caesarean section

There are no studies to base strong recommendations for delivery by caesarean section as opposed to a vaginal delivery. (*RCOG 2006*)

However, a caesarean section would be advised if the following situations were present:

- Single amniotic membrane (single inner sac)

- Placenta praevia (where the placenta covers the cervix)
- Significant growth problems with the babies
- Usually if the first twin is breech
- Other complications of pregnancy, such as severe pre-eclampsia
- Twins that are joined together (rare)

Finally

Emphasising the risks makes it easy to forget that giving birth to twins is one of the most exciting and satisfying of experiences when all goes well. We would wish to involve you and your partner as much as possible in making decisions about your delivery, so please ask your midwife or obstetrician if you have any concerns.

Further information

Twins & Multiple Births Association (TAMBA): www.tamba.org.uk

The Multiple Births Foundation: www.multiplebirths.org.uk

National Institute for Health and Care Excellence (NICE): Multiple pregnancy: Antenatal care for twin and triplet pregnancies:

www.nice.org.uk/guidance/cg129/informationforpublic

UK National Screening Committee: www.gov.uk/topic/populationscreening-programmes/fetal-anomaly

References

RCOG November 2016

Multiple Pregnancy RCOG Study Group 2006 Consensus Views Smith et al (2007)

British Medical Journal, pages 334:576

TAMBA <http://www.tamba.org.uk/>

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)

<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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