East and North Hertfordshire
NHS Trust

Patient Information

Multiple Pregnancy
Twins or Triplets

Women's Services

Contents

Introduction

This booklet provides information for women and their families to help understand about the care provided for women with twin and triplet pregnancies. You will have the opportunity to discuss the contents of this and other leaflets throughout your pregnancy with your consultant and/or midwife.

Please note, this booklet does not provide information on the care provided for women carrying four or more babies – these types of pregnancy are very rare and always need specialised care.

Multiple Pregnancy

Women who are pregnant with more than one baby are described as having a multiple pregnancy.

Most multiple pregnancies are normal and healthy, and you can follow very much of the same advice as women with singleton pregnancies (one baby). However, there is an increased risk of complications for you and your babies that means you need to be monitored more closely during your pregnancy.

While you are pregnant you will be offered a series of antenatal appointments to check on your health and the health of your babies. The number of check-ups and scans you are offered will depend on your individual situation, including your type of pregnancy.

The antenatal care provided at East and North Hertfordshire NHS Trust follows NICE[1] guidance. NICE has also produced advice about antenatal care for women with healthy singleton pregnancies (see www.nice.org.uk/guidance/cg62). You may find it useful to read it alongside this booklet.

[1]National Institute for Health and Care Excellence (NICE)

Understanding Chorionicity

As soon as it is confirmed you are carrying twins or triplets it is important to find out the **chorionicity** of your pregnancy, which means whether or not your babies share a placenta (the afterbirth).

Finding this out early is important because babies who share a placenta have a higher risk of health problems. If your babies share a placenta it means they are identical (**monozygotic**). Most babies who do not share a placenta are non-identical (also known as fraternal - **dizygotic**), but it is still possible for them to be identical. This is because 30% of monozygotic twins do not share a placenta.

The Chorionicity of Twins

Twins can be either **dichorionic** or **monochorionic:**

- **Dichorionic** – each baby has a separate placenta and is inside a separate sac, which has its own outer membrane called a 'chorion'.
- **Monochorionic** – the babies share a placenta and chorion, which means they are identical.

The Chorionicity of Triplets

For triplet pregnancies there are more possible combinations:

- **Trichorionic** – each baby has a separate placenta and chorion.
- **Dichorionic** – two of the three babies share a placenta and chorion and the third baby is separate.
- **Monochorionic**— all three babies share a placenta and chorion.

Amnionicity

It is possible for twins and triplets to share an amniotic sac as well as a placenta and chorion. These are the highest risk pregnancies but they are also very rare. If your babies share an amniotic sac you will be referred to a specialist with experience in caring for women with this type of pregnancy.

Antenatal appointments during your pregnancy

The number of antenatal appointments you can expect varies depending on the chorionicity of your pregnancy. The chorionicity is usually confirmed by ultrasound scan at the same time or soon after it is confirmed that you are carrying more than one baby.

Your doctor or midwife will then discuss with you a care plan that details your care during pregnancy. This includes how often you should have ultrasound scans and how many times you should see the midwife and the doctor in your specialist team. Your doctor or midwife will organise your antenatal appointments so that your care happens as close to your home as possible.

Your first appointment with the specialist team

At your first appointment your doctor or midwife will talk to you about what to expect during your pregnancy. You will be given information which will cover eating healthily during and after your pregnancy; planning where, when and how you will give birth to your babies; how to spot signs of early labour, and how to feed and care for your new babies.

Your doctor or midwife will also ask whether you have been feeling down, depressed or anxious during your pregnancy and will make sure you are aware of signs of ‘baby blues’ and postnatal depression once you have given birth. They will encourage you to talk to them about any of these issues during your antenatal appointments.

Appointments in later pregnancy

The rest of your antenatal appointments will be tailored to your individual needs and your care plan. They will include some more routine tests that are used to check for certain conditions or infections. You will also be offered more scans than women with singleton pregnancies because this is the only way to check that babies in a multiple pregnancy are growing normally.

Additional staff you may be referred to see

During your pregnancy care the core team of healthcare professionals looking after you may need to refer you to any of the following who also have experience and knowledge relevant to twin and triplet pregnancies:

- an anaesthetist;
- a perinatal mental health professional;
- a women's health physiotherapist;
- an infant feeding specialist;
- a dietician.

Advice about diet and lifestyle

There is no evidence that women with multiple pregnancies have greater nutritional needs than women with singleton pregnancies, so you should follow the same advice about diet, lifestyle and nutritional supplements during your pregnancy as other pregnant women. However, you may be more likely to need an iron supplement for anaemia.

For more information, please refer to NICE guideline "1.3 Lifestyle considerations" - www.nice.org.uk/guidance/CG62.

Antenatal appointments with your specialist team
Twins

Type of twin pregnancy	Your antenatal appointments and scans
Twins	
Twins who share a placenta (monochorionic)	You will be offered **nine** antenatal appointments with your antenatal team (at least two of these should be with an obstetrician*). You should have: • an appointment plus an early scan between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due and test for Down's syndrome • an anomaly scan between 18 weeks and 20 weeks 6 days (this scan may be timed to fit into one of your appointments) • appointments plus growth scans at 16, 18, 20, 22, 24, 26, 28, 30, 32 and 34 weeks.
Twins with separate placentas (dichorionic)	You will be offered **eight** antenatal appointments with your antenatal team (at least two of these should be with an obstetrician*). You should have: • an appointment plus an early scan between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due and test for Down's syndrome • an anomaly scan between 18 weeks and 20 weeks 6 days (this scan may be timed to fit into one of your appointments) • appointments plus growth scans at 20, 24, 28, 32 and 36 weeks – you should also be offered extra appointments without a scan at 16 and 34 weeks.

* An obstetrician is a doctor who specialises in the care of pregnant women

Antenatal appointments with your specialist team
Triplets

Type of triplet pregnancy	Your antenatal appointments and scans
Triplets	
Triplets where one placenta is shared by two or three of the babies (dichorionic or monochorionic)	You will be offered **11** antenatal appointments with your antenatal team (at least two of these should be with an obstetrician*). You should have: • an appointment plus an early scan between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due and test for Down's syndrome • an anomaly scan between 18 weeks and 20 weeks 6 days (this scan may be timed to fit into one of your appointments) • appointments plus growth scans at 16, 18, 20, 22, 24, 26, 28, 30, 32 and 34 weeks.
Triplets with separate placentas (trichorionic)	You will be offered **seven** antenatal appointments with your antenatal team (at least two of these should be with an obstetrician*). You should have: • an appointment plus an early scan between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due and test for Down's syndrome • an anomaly scan between 18 weeks and 20 weeks 6 days (this scan may be timed to fit into one of your appointments) • appointments plus growth scans at 20, 24, 28, 32 and 34 weeks – you should also be offered an extra appointment without a scan at 16 weeks.

* An obstetrician is a doctor who specialises in the care of pregnant women

Screening and Tests

The information about screening in this booklet is specific to multiple pregnancy. However, you will also be offered the routine tests for infections and medical conditions recommended for all pregnant women. For further information about this and the routine tests you will be offered at your antenatal appointments, please refer to NICE guideline on routine antenatal care at www.nice.org.uk/guidance/cg62.

Routine tests

Early in your pregnancy you will be offered a number of tests to check on your health and the health of your babies. Your doctor or midwife will tell you about the purpose of any test you are offered, and explain what the results might mean. You do not have to have a particular test if you do not want it, however, the information from these tests may help your team to provide the best care possible during your pregnancy.

There may be difficult choices for you to make depending on the outcomes of the tests, particularly if the results show that you have a higher risk pregnancy. Your specialist team will offer you counselling and advice before and after each screening test. If the screening shows there are any problems in your pregnancy, you may need to be referred to a specialist in fetal medicine who is experienced in caring for women with complications in multiple pregnancy.

Ultrasound scans

You should be offered a scan between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due. For some women, this scan is the first time they find out that they are carrying more than one baby.

The sonographer (a medical specialist who performs the scan) will also confirm the chorionicity of your pregnancy (whether or not your babies share a placenta). If it is not possible to see the chorionicity of your pregnancy at your first scan you will be referred to a

specialist as soon as possible. This scan also forms part of a screening test for Down's syndrome.

If your first visit to a healthcare professional about your pregnancy happens after you are 14 weeks pregnant, you will be offered a scan as soon as possible to find out the chorionicity of your pregnancy because it becomes more difficult to tell after this stage.

If it is difficult for the sonographer to see inside your uterus (womb), for example, because you are overweight or you have a retroverted uterus (a common condition where the uterus is tilted backwards), you will be offered a transvaginal ultrasound scan.

A 'transvaginal' ultrasound means 'through the vagina'. For this scan, a small ultrasound probe with a sterile cover, not much wider than a finger, is gently passed into the vagina, and images are transmitted to a monitor. Internal examinations may cause some discomfort, but don't usually cause any pain and shouldn't take very long.

During your second trimester (weeks 14 to 28 of your pregnancy) you will be offered another scan, called the anomaly scan, to check for structural problems in your babies. In women with singleton pregnancies this takes place between 18 weeks and 20 weeks 6 days. However, you may be offered a slightly later scan to give your babies more time to grow. Your anomaly scan may last for up to 45 minutes. You will also be offered growth scans to check that your babies are growing normally. The number of growth scans you are offered depends partly on your type of pregnancy. Your growth scans may last for up to 30 minutes each.

Screening for Down's syndrome

Early in your pregnancy you will be offered screening tests to check whether any of your babies are likely to have Down's syndrome.

Your doctor or midwife will tell you more about Down's syndrome, the tests you are being offered, what the results might mean and the decisions you might need to think about.

You have the right to choose whether to have all, some or none of these tests. Screening tests can only indicate a possibility that a baby has Down's syndrome.

Down's syndrome testing is most accurate between approximately 11 weeks and 13 weeks 6 days. If you do not visit a healthcare professional until after you are 14 weeks pregnant, you will still be able to have Down's syndrome screening, but the tests are less accurate when carried out in the second trimester.

Women who are carrying twins are offered the combined test (an ultrasound scan and blood test) for Down's syndrome. Women who are carrying triplets are offered the 'nuchal translucency' test (an ultrasound scan), which is used along with your age to work out the risk of Down's syndrome.

Before you have your tests, your doctor or midwife will explain that if your babies share a placenta it may be possible only to work out their combined risk of Down's syndrome instead of each baby's risk. They will also explain that:

- the risk of a chromosomal abnormality is higher in multiple pregnancies than in singleton pregnancies;
- the chance of a 'false positive' result (where the test shows that a baby is at high risk of Down's syndrome but they are found not to have the condition) is higher in multiple pregnancies;
- you are more likely to be offered an invasive test for Down's syndrome such as amniocentesis (where a needle is used to extract a sample of amniotic fluid) than women with singleton pregnancies, and there is a higher risk of complications from the test.

If any of your babies have a high risk of Down's syndrome you should be referred to a fetal medicine specialist.

Monitoring for intrauterine growth restriction

'Intrauterine growth restriction' means that an unborn baby is smaller than expected for its age. This may lead to problems for the baby, including increasing the risk of stillbirth. To monitor for it, your babies' size will be measured at every ultrasound scan you have from 20 weeks, and your scans should not be more than 28 days apart. If any of your babies develop intrauterine growth restriction you will be referred to a fetal medicine specialist. Your midwife or doctor will not try to predict your babies' risk of intrauterine growth restriction by using abdominal palpation (feeling your belly from the outside) or measurements of your uterus (called symphysis–fundal height (SFH) measurements).

Monitoring for feto-fetal transfusion syndrome

Feto-fetal transfusion syndrome (FFTS), also known as twin-to-twin transfusion syndrome, only occurs in monochorionic pregnancies (where babies share a placenta). It happens when problems in the blood vessels in the placenta lead to an unbalanced flow of blood between the babies. This can cause serious complications in both babies. If your pregnancy is monochorionic you will be monitored for signs of FFTS at your fortnightly ultrasound scans between 16 weeks and 24 weeks. If there are early signs that FFTS may be developing, you will have weekly scans and will be referred to a fetal medicine specialist. You will not have monitoring for FFTS in your first 16 weeks of pregnancy.

Your health during pregnancy

Anaemia

Anaemia is often caused by a lack of iron and is more common in multiple pregnancies than in singleton pregnancies. You will therefore be offered an extra blood test for anaemia compared with women with singleton pregnancies. This will be between 20 and 24 weeks (with a repeat test at 28 weeks) and you will be offered an iron supplement if needed.

Pre-eclampsia

Pre-eclampsia is a type of high blood pressure that only happens in pregnancy and can cause complications for you and your babies. Women carrying more than one baby are at higher risk of developing pre-eclampsia. The risk is also higher if:

- this is your first pregnancy;
- you are aged 40 or older;
- your last pregnancy was more than 10 years ago;
- you are very overweight (your BMI is over 35);
- you have a family history of pre-eclampsia.

If you are at higher risk of pre-eclampsia, your doctor will advise you to take 75mg of aspirin once a day from 12 weeks of pregnancy until you give birth. At each antenatal appointment your blood pressure will be checked and your urine checked for the presence of protein (a sign of pre-eclampsia). For more information about high blood pressure in pregnancy, see the NICE guideline at www.nice.org.uk/guidance/cg107

Other common problems during pregnancy

For information about common problems that affect all pregnant women, see the NICE guideline on routine antenatal care at www.nice.org.uk/guidance/cg62

Planning your birth

Early in your third trimester (from 29 weeks) your doctor or midwife will talk to you about when and how you may give birth to your babies. We want you to be involved in any decision making and your choice is also an important factor.

You will be given information on the risks and benefits of different modes of delivery to support planning for birth.

The risks and benefits of different modes of delivery will depend on whether there are any pregnancy complications, the type of multiple pregnancy, the position of the babies, any past pregnancy details, past operations or illnesses.

You will be given the opportunity to discuss the agreed birthing plan including the place, time and mode of delivery and care in labour.

Early labour

Women with multiple pregnancies usually go into labour earlier than women with singleton pregnancies - 60% with twins go into labour before 37 weeks, 75% with triplets before 35 weeks. Babies who are born early are more likely to need care in a baby unit.

Predicting and preventing early labour

Because there is a risk of going into labour early, women are sometimes advised to try bed rest or are offered cervical cerclage (a stitch to keep your cervix closed), intramuscular or vaginal progesterone or oral tocolytics (drugs to prevent labour). However, there is no evidence that these methods can prevent early labour so you will not be offered them. Because it is not possible to prevent early labour, it is not helpful to try predicting whether your labour will start early. You will not be offered tests to try to predict early labour.

Elective birth

'Elective birth' means you and your specialist team have agreed when your babies will be delivered. If your pregnancy has been without complications, you will be offered an elective birth from the following times depending on your pregnancy:

- 37 weeks if you are carrying dichorionic twins (where the babies have separate placentas);
- 36 weeks if you are carrying monochorionic twins (where the babies share a placenta);
- 35 weeks if you are carrying triplets.

Having an elective birth at these times is not thought to increase the risk of health problems for your babies. You can choose not to have an elective birth at the times recommended here; however, continuing your pregnancy for longer may increase your risk of complications, including stillbirth. Your doctor or midwife will explain all the risks and benefits of the possible options when planning your delivery.

If you are having an elective birth for triplets at 35 weeks or for monochorionic twins at 36 weeks, you will be offered a course of steroids (usually given by injection) before your delivery. Steroids help to mature the lungs of premature babies, and reduce breathing problems after they are born. You will only be offered steroids if your delivery is planned or likely to happen soon; it is not thought helpful to have one or more courses of steroids before your delivery if it is imminent.

If you choose not to have an elective birth at the times recommended above, you will need to be monitored regularly to check that you and your babies are healthy. You will be offered weekly appointments with an obstetrician and will have a scan at each appointment (the babies' growth will be measured every two weeks on the scan).

Information on labour and vaginal delivery

Caesarean section is generally only recommended when the benefits to the mother or babies is thought to outweigh the risks. Caesarean section is recommended for **all triplet** pregnancies.

If the agreed plan for a twin pregnancy is to aim for a vaginal delivery, labour may start itself or be induced. If labour is to be induced you will be given an additional leaflet with information about that process. We recommend that the babies' heartbeats are monitored continuously throughout labour with a cardiotocograph (CTG) machine, to ensure that both babies are coping well with the labour.

You can find out more information about your choices for managing the pain of labour in a leaflet that will be given to you at around 28 weeks of pregnancy.

During the labour there may be several people involved in your care. A midwife will be supporting you and your partner through your labour, and checking on the wellbeing of your babies. You may be asked if you agree to a student midwife being present to give you extra support and to assist the midwife. A senior obstetrician will be advising on the progress of your labour, and may come in the room to check on you and the babies through your labour. An anaesthetist will attend if you request an epidural, or if you need a caesarean section.

Vaginal birth

At the time of delivery there will be several people in the room. A midwife will remain with you, and will be joined by another midwife who will help with the birth and the immediate care of the babies. An obstetrician may also be present for the birth. If the birth is pre-term, or if there is concern about the babies' wellbeing, a neonatologist (baby doctor) and a staff member of the special care baby unit will enter the room for the birth. An anaesthetist and senior obstetrician will be available on the labour ward.

If the first baby is head first, he/she will usually be delivered by the midwife caring for you, unless you require a suction delivery (ventouse) or forceps, which the obstetrician will conduct the delivery. After delivery of the first baby, the midwife or obstetrician will check the position of the second twin with a portable ultrasound scanner, if necessary.

If the second baby is in a difficult position, the doctor will advise that they try to turn the baby before it is born. This is usually performed by pushing on your tummy, but sometimes requires internal examination. A drug usually needs to be administered to help the uterus to continue to contract between the delivery of each baby.

The time delay between delivery of the first and second baby is usually less than 30 minutes. If delivery of the second twin is not imminent 30 minutes after delivery of the first twin, delivery may need to be expedited by caesarean section. There is a 5% risk chance that Twin 2 will need to be delivered by caesarean section after a vaginal delivery of Twin 1.

After delivery of both babies, the placenta needs to be delivered. There is an increased risk of losing a lot more blood than usual after your birth, so it is recommended that you have active management of the third stage of labour. This involves having an injection that helps your womb to contract, and the placenta being delivered by gentle pulling. You will also be advised to have an infusion that lasts four hours, and keeps your womb contracted, to reduce the risk of haemorrhage (losing too much blood).

General Information on Caesarean Section Delivery

Overall, 50-60% of twin pregnancies are delivered by caesarean section, and generally all triplet pregnancies.

If the agreed plan for delivery is to have a caesarean section, this usually occurs before labour starts and is called an elective (planned) caesarean section. The risks of caesarean section are detailed on the consent form, which you will be given separately. You will also be given the leaflet 'Preparing for a Caesarean Section', and will see the anaesthetist in the antenatal clinic.

If you require an emergency caesarean section, the reason for that will be discussed with you at that time.

As there is a higher risk of requiring an emergency caesarean section, we recommend that you read the caesarean section information leaflet and the consent form during the pregnancy. You can then ask your midwife or doctor if you have any questions about this.

Postnatal

Breastfeeding

If you choose to breastfeed, your body will make as much milk as your babies need - twice the stimulation, twice the milk supply. There are a variety of positions that you can use if you want to feed two of the babies at the same time. However, you may find the babies have different appetites and they may not be hungry at the same time.

When you are in the postnatal ward please ask for help each time you are feeding the babies, so the staff can help you with positioning and attachment until you are confident to do it by yourself. This will reduce the chance of you developing sore nipples, and will help the babies to feed efficiently.

If the babies are premature and need to stay in the Neonatal Unit, the staff there will help you with feeding, which could mean expressing your breast milk until the babies are able to feed directly from the breast.

There are breastfeeding support midwives who can help you with feeding, please ask the midwives or neonatal nurses to refer you to them. There are also other organisations who can provide support with breastfeeding, please see the information sources on the next page.

Going home

It's important that you have lots of support available when you go home. You'll benefit from help with practical chores, such as washing, bathing the babies and nappy changing.

Remember to rest yourself when the babies are sleeping!

You may find it helpful to make contact with the local twins club to speak to other parents who have twins or triplets. Please see details of the website on the next page.

Useful websites for more information

National Institute for Health and Care Excellence (NICE)
Clinical guidance for the NHS and public related to maternity care and other conditions.
www.nice.org.uk/guidance/conditions

Twins and Multiple Births Association
www.tamba.org.uk

Multiple Births Foundation
www.multiplebirths.org.uk

Information about single sac pregnancy
www.monoamniotic.org

NCT (National Childbirth Trust)
www.nct.org.uk

Details of local twinsclubs for parents of twins and multiples
www.twinsclub.co.uk

NHS Choices
www.nhs.uk/conditions/pregnancy-and-baby

Further reading

There are other maternity information leaflets you may wish to read. These are available on our East & North Herts website:

www.enherts-tr.nhs.uk/patient-information/

Useful contact telephone numbers

Antenatal Clinic, Lister Hospital	☎ 01438 314333 ext.4070
Consultant Led Unit, Lister Hospital	☎ 01438 284124 (24 hours)
Multiple Pregnancy Midwife	☎ 07876 230683

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You and your baby are important to us –
Thank you for choosing East and North Herts NHS Trust

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You can request this information in a different format or another language.