

Information for you about your Twin or Multiple pregnancy

Finding out you are expecting more than one baby can be a big surprise. We are sure you will have many questions and we have tried to answer some of them for you.

How common are multiple pregnancies?

- Twins occur in about 1 in 80 pregnancies. Triplets are rare and they occur in about 1 in every 600 births.
- It is likely that you have been informed about your multiple pregnancy at your first antenatal ultrasound scan.

Types of twins

After your first scan we will tell you whether you are carrying mono-chorionic or di-chorionic twins. Mono-chorionic twins are always identical while di-chorionic twins can either be identical or non-identical. Identical twins are from the same egg and will be of the same sex and have the same physical characteristics, but they can be different sizes. Whether your babies share a placenta or not is what will determine your antenatal care and timing of delivery.

1. Most twins are Dichorionic/Diamniotic DCDA. This normally means that each baby has its own placenta (blood supply) and fluid sac around them as they develop as shown in figure 1
2. Other twin pregnancies Monochorionic/Diamniotic MCDA share the placenta and are from one egg, identical and can develop inside different sacs as shown in Fig 2A or the same fluid sac (MCMA-monochorionic-monoamniotic), as shown in figure 2B. This will mean extra checks are needed, so you will have more frequent ultrasound scans. If your twins are MCMA you care will be transferred to BWH(Birmingham Women's Hospital)

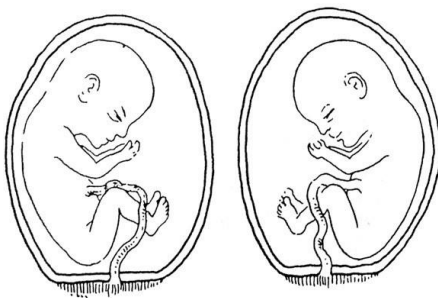


Figure 1

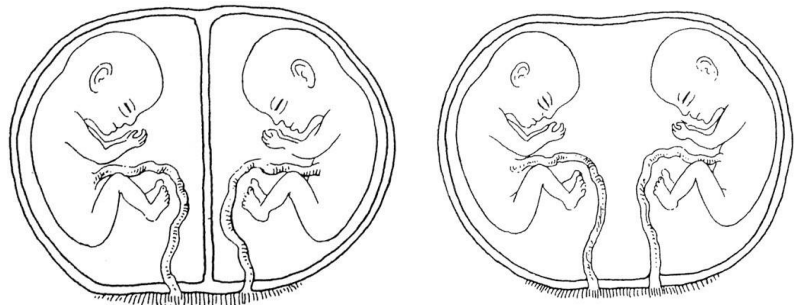


Figure 2 A+B

How will having twins affect me?

- With a multiple birth pregnancy it is quite common to have increased symptoms of pregnancy such as morning sickness, heartburn and constipation and later on backache, varicose veins and ankle-swelling because of the extra weight you will be carrying.
- Talk to your Midwife or G.P. so they can recommend the best and safest way to alleviate these symptoms.

Looking after yourself

Having twins or triplets can make you very tired and it is important for your own health, as well as the health of your babies, that you have enough rest. If you are working you will probably need to stop work much earlier than if you were having just one baby. Make the most of help offered by friends and family both before and after your babies are born.

- Attend all your appointments, and always bring your hand held notes when you come to hospital or see your Midwife.
- Start antenatal classes early.
- It is recommended that you take 5mgs (high dose) folic acid throughout the pregnancy, not just for the first three months.
- Seek advice if you are worried about anything.

ANTENATAL CARE PATHWAY FOR WOMEN WITH UNCOMPLICATED TWIN PREGNANCY (Dichorionic/Diamniotic - two placentas, two sacs) You will have at least 8 appointments of which at least 6 will include scans

Appointment	What should Happen	
Dating scan between 11 and 14 weeks	<p>Your midwife or doctor should give you information about:</p> <ul style="list-style-type: none"> • nutrition and diet, including vitamin D, Iron and folic acid supplements • antenatal screening tests • your pregnancy care pathway • information on twin antenatal classes • specialist multiple support groups – Twins Trust, multiple birth foundation and local multiple groups • parent information pack on multiple pregnancy 	<p>Your midwife or doctor should</p> <ul style="list-style-type: none"> • carry out an ultrasound scan to estimate when the babies are due • tell you what type of multiple pregnancy your pregnancy is • see if you may need additional care or support • plan the care you will get throughout your pregnancy • measure your blood pressure and test your urine • offer you screening tests and make sure you understand what is involved before you decide to have any of them • discuss timing and how you'll give birth and pre term birth <ul style="list-style-type: none"> • advise on use of aspirin if you are at risk of high blood pressure
16 weeks with multiples midwife	<p>Your midwife should give you information about:</p> <ul style="list-style-type: none"> • the ultrasound scan you will be offered at 20 weeks and help with any concerns or questions you have • where to have your baby • breastfeeding and workshops • how the babies develop during pregnancy • exercise, including pelvic floor exercises • maternity benefits 	<p>Your midwife should:</p> <ul style="list-style-type: none"> • discuss and record the results of any screening tests • measure your blood pressure and test your urine • discuss timing and how you'll give birth and pre term birth
20 weeks with	Your midwife or doctor should give you	Your midwife or doctor should:

<p>multiples midwife and team</p>	<p>information about:</p> <ul style="list-style-type: none"> • ante natal classes and book if wanted 	<ul style="list-style-type: none"> • carry out a detailed ultrasound scan to check the physical development of your babies • measure your blood pressure and test your urine
<p>24 weeks with multiples midwife and team</p>	<p>Your midwife or doctor should give you information about:</p> <ul style="list-style-type: none"> • any need for experienced enhanced team referral e.g. physio, mental health • provide a MAT B 1 certificate – medical evidence of your pregnancy for your employer (any time after 20 week scan • importance of babies movements and contact numbers 	<p>Your midwife or doctor should:</p> <ul style="list-style-type: none"> • carry out an ultrasound scan and discuss results • measure your blood pressure and test your urine • carry out a blood test to check for anemia
<p>28 weeks with multiples midwife and team</p>		<p>Your midwife or doctor should:</p> <ul style="list-style-type: none"> • carry out an ultrasound scan and discuss results • measure your blood pressure and test your urine • carry out a blood test • offer first anti-D treatment if you are rhesus D-negative • discuss timing and type of delivery (date for induction or elective caesarean) if not already been discussed <ul style="list-style-type: none"> • discuss and agree birth plan and include in notes • discuss how the placentae will be delivered • discuss breastfeeding checklist • organize a Health Visitor referral
<p>28-30 weeks with multiples midwife (if not already discussed)</p>	<p>Your midwife should give you information about:</p> <ul style="list-style-type: none"> • breastfeeding /postnatal care information and discuss detailed birth plan • Vitamin K • newborn screening tests 	<p>Your midwife should:</p> <ul style="list-style-type: none"> • discuss and record the results of any tests • measure your blood pressure and test your urine
<p>32 weeks with multiples midwife and team</p>		<p>Your midwife or doctor should:</p> <ul style="list-style-type: none"> • carry out an ultrasound scan and discuss results • measure your blood pressure and test your urine

<p>34 weeks with multiples midwife</p>	<p>Your midwife should give you information about</p> <ul style="list-style-type: none"> • discuss any anxieties and postnatal depression. • advise on care provided from multiples midwife once babies are born • what will happen during & after delivery 	<p>Your midwife should:</p> <ul style="list-style-type: none"> • discuss and record the results of any screening tests • measure your blood pressure and test your urine • offer second anti-D treatment (if required) if you are rhesus D-negative
<p>36 weeks with multiples midwife and team</p>	<p>Your midwife or doctor should give you information on:</p> <ul style="list-style-type: none"> • breastfeeding, including hints and tips for success • caring for your newborn babies • vitamin K and screening tests for your newborn babies • your own health after the babies are born 	<p>Your midwife or doctor should:</p> <ul style="list-style-type: none"> • carry out an ultrasound scan and discuss results • measure your blood pressure and test your urine • discuss induction of labour or caesarean procedure • plan for delivery at 37 weeks if not delivered and discuss use of steroids • If planned delivery declined weekly appointments with specialist until delivered
<p>37 no later than 38 weeks with multiples midwife</p>	<p>Your midwife or doctor should: If babies haven't arrived discuss induction of labour or caesarean procedure and discuss course of steroids if necessary.</p>	

ANTENATAL CARE PATHWAY FOR WOMEN WITH UNCOMPLICATED TWIN PREGNANCY (Monochorionic/Diamniotic - one placenta, two sacs) You will have at least 11 appointments which will all include scans

Appointment	What should happen	
Booking appointment between 11 and 14 weeks	Your midwife or doctor should give you information about: <ul style="list-style-type: none"> • nutrition and diet, including vitamin D, Iron and folic acid supplements • antenatal screening tests • your pregnancy care pathway • information on twin antenatal classes • specialist multiple support groups – Twins Trust, multiple birth foundation and local multiple groups • parent information pack on multiple pregnancy 	Your midwife or doctor should: <ul style="list-style-type: none"> • carry out an ultrasound scan to estimate when the babies are due • tell you what type of multiple pregnancy your pregnancy is • see if you may need additional care or support • plan the care you will get throughout your pregnancy • measure your blood pressure and test your urine • offer you screening tests and make sure you understand what is involved before you decide to have any of them • discuss timing and how you'll give birth and pre term birth • advise on use of aspirin if you are at risk of high blood pressure
16 weeks with multiples midwife	Your midwife or doctor should help with any concerns or questions you have	Your midwife or doctor should: <ul style="list-style-type: none"> • carry out an ultrasound scan and discuss the results • measure your blood pressure and test your urine
18 weeks with multiples midwife and team		Your midwife or doctor should: <ul style="list-style-type: none"> • carry out an ultrasound scan and discuss the results • measure your blood pressure and test your urine
20 weeks with multiples midwife and team	Your midwife or doctor should give you information about: <ul style="list-style-type: none"> • parent craft classes and book if wanted 	Your midwife or doctor should: <ul style="list-style-type: none"> • carry out a detailed ultrasound scan to check the physical development of your babies • measure your blood pressure and test your urine
22 weeks with multiples midwife and team	Your midwife or doctor should help with any concerns or questions you have	Your midwife or doctor should: <ul style="list-style-type: none"> • carry out an ultrasound scan and discuss results

		<ul style="list-style-type: none"> • measure your blood pressure and test your urine
24 weeks with multiples midwife and team	<p>Your midwife or doctor should give you information about:</p> <ul style="list-style-type: none"> • any need for experienced enhanced team referral e.g. physio, mental health • provide a MAT B 1 certificate – medical evidence of your pregnancy for your employer (any time after 20 week scan) • importance of babies 	<p>Your midwife or doctor should:</p> <ul style="list-style-type: none"> • carry out an ultrasound scan and discuss results • measure your blood pressure and test your urine • carry out a blood test • talk to you about the risks/symptoms of early labour
26 weeks with multiples midwife and team		<p>Your midwife or doctor should:</p> <ul style="list-style-type: none"> • carry out an ultrasound scan and discuss the results • measure your blood pressure and test your urine
28 weeks with multiples midwife and team	<p>Your midwife or doctor should give you information about:</p> <ul style="list-style-type: none"> • breastfeeding /postnatal care information 	<p>Your midwife or doctor should:</p> <ul style="list-style-type: none"> • carry out an ultrasound scan and discuss results • discuss and record the results of any tests • discuss labour, birth and coping strategies (birth plan) • measure your blood pressure and test your urine
<p><u>Between 28-30 weeks</u> Your midwife will discuss a detailed birthplan and breastfeeding and postnatal information</p>		
30 weeks with multiples midwife and team		<p>Your midwife or doctor should:</p> <p>Your midwife or doctor should:</p> <ul style="list-style-type: none"> • carry out an ultrasound scan and discuss the results • measure your blood pressure and test your urine
32 weeks with multiples midwife and team	<p>Your midwife should give you information about:</p> <ul style="list-style-type: none"> • Vitamin K • newborn screening tests 	<p>Your midwife or doctor should:</p> <ul style="list-style-type: none"> • carry out an ultrasound scan and discuss results • measure your blood pressure and test your urine • carry out a blood test
34 weeks with multiples midwife	<p>Your midwife should give you information about:</p> <ul style="list-style-type: none"> • discuss any anxieties and postnatal depression. • advise on care provided from multiples midwife once babies are born • breastfeeding, including hints and tips for success • caring for your newborn 	<p>Your midwife should give you information about:</p> <ul style="list-style-type: none"> • discuss any anxieties and postnatal depression. • advise on care provided from multiples midwife once babies are born • breastfeeding, including hints and tips for success • caring for your newborn

	<p>babies</p> <ul style="list-style-type: none"> • vitamin K and screening tests for your newborn babies • your own health after the babies are born • what will happen during & after delivery 	<p>babies</p> <ul style="list-style-type: none"> • vitamin K and screening tests for your newborn babies • your own health after the babies are born • what will happen during & after delivery -Book your delivery for 36 weeks
36 weeks with multiples midwife and team	<p>Your midwife or doctor should:</p> <ul style="list-style-type: none"> • If babies haven't arrived discuss induction of labour or caesarean procedure and offer course of steroids 	

Antenatal care

- As you are having more than one baby we advise that a Consultant Obstetrician leads your maternity care and your clinic appointments will be on Monday afternoons.
- You will still see your Community Midwife regularly for your routine checks and for advice, but you will also be seen at the hospital Antenatal Clinic so that your pregnancy can be closely monitored because of the increased risk of complications.

Possible complications of a multiple pregnancy

Anaemia (*low blood iron levels*)

We will test your blood more frequently compared to singleton pregnancy (at booking , 24 weeks and 28 weeks) and you will be prescribed for Iron tablets/Syrup.

High blood pressure and pre-eclampsia

We will check your blood pressure and test your urine whenever you attend the hospital or see your Midwife.

Small babies

One or both babies can be small and as a result we will scan and review you more often to check their growth

Twin-twin transfusion syndrome (TTTS)

This can be a complication if two babies share a placenta. Usually the blood flow through these vessels is balanced between the babies but sometimes one baby receives too little blood whereas the other baby receives too much blood.

If we see this on a scan you will be referred to a specialist who will decide if treatment is necessary.

Women who develop TTTS may notice that their abdomen has grown quickly, may feel short of breath and have reduced foetal movement. If you experience this please seek medical attention.

Bleeding in pregnancy

If this happens call your midwife or the hospital for advice.

Premature labour (before 37 weeks)

Seek medical advice if your waters break, or you think you are in labour.

Antenatal screening

All screening tests will be discussed with you in detail by your doctor or midwife. You can

choose whether to have screening done to assess your risk of having a baby with Downs Syndrome. It is done with a scan and blood tests. This will be discussed with you in detail by our Specialist Screening Midwife.

Birth

Timing

The birth will be discussed in antenatal clinic. DCDA will be born by 37 no later than 38/40 and MCDA 36 no later than 37 weeks in an uncomplicated pregnancy. Exactly when this is will depend on how well the babies are growing and the type of your twin pregnancy.

- 60% of twin pregnancies will go into labour naturally before 37 weeks
- 75% of triplet pregnancies will go into labour naturally before 35 weeks
- Babies born before 37 weeks (preterm) have a higher chance of needing extra care on a neonatal unit
- In a multiple pregnancy it is usually safer for your babies to be delivered by 38 weeks, as after this time the risks of continuing pregnancy are increase.
- Your obstetric doctor will talk to you more specifically about what is best depending on your pregnancy.

Type of Birth

It may be possible to birth your babies vaginally, or it may be recommended that they are delivered by caesarean section. Which is the best plan for you and your babies depends on many factors, and will be discussed with you in detail by the obstetric doctors based on your pregnancy.

A common reason in considering which type of birth is best for you is how the leading twin is lying in the womb – whether it is head down or breech.

Here are some of the risks and benefits of vaginal and caesarean birth.

	Risks	Benefits
Vaginal birth	<ul style="list-style-type: none"> - Need for emergency caesarean section - Assisted vaginal birth E.g. forceps - Vaginal tears (common) -Difficulty in monitoring babies heart rates in labour -High risk labour 	<ul style="list-style-type: none"> - Shorter stay in hospital - Fewer risks to future pregnancies
Caesarean section	<ul style="list-style-type: none"> - Wound infection - Low placenta in future pregnancies (placenta praevia) - Small scratches to baby (uncommon) - Bowel and bladder injury (very rare) - Hysterectomy (very rare) 	<ul style="list-style-type: none"> - Lower risk of bleeding after birth - A planned caesarean section has fewer risks than an emergency caesarean - Planned time and date

These factors will vary based on your pregnancy, and will be discussed with you in more detail by your midwife and obstetric doctors. If you and your doctors decide upon a vaginal delivery, your babies will be monitored throughout.

Feeding your Babies

Feeding your babies is your choice and you will be supported and offered advice for whichever method you choose. If you wish to breastfeed it is important to know that your body will be able to produce sufficient milk for two or three babies. Our Infant Feeding Specialist will be available to support and advise you.

At home

Once you go home try to make the most of help offered and get as much rest as possible. There are many organizations that can provide information and support for mothers. We have listed some contacts on the back page of this leaflet and your Midwife and Health Visitor may also know of groups near where you live or other mothers of twins or triplets who may be happy to pass on tips about how they coped.

Further information

Twins Trust

01252 332 344

enquires@twinstrust.org

The Multiple Births Foundation (MBF)

0208 383 3519 www.multiplebirths.org.uk

Twin to Twin Transfusion Syndrome Association www.twin2twin.org