Multiple Births

A Parent Information Leaflet
What will happen when you first discover you are expecting twins or more?

If you are expecting two or more babies at one time this is called a multiple pregnancy. This happens to about 1 in 65 women. This leaflet will help you and your partner understand more about your multiple pregnancy and help you make informed choices about the care you will receive in your pregnancy. This leaflet mostly refers to twin pregnancies as these are more common, but the issues are relevant to any multiple pregnancies (triplets, quadruplets).

What will happen at my Dating Scan?

The sonographer (the person performing the scan) will be checking to see:
1. How many babies you are carrying
2. If your babies are in separate or singlesacs
3. Whether they share a placenta (this is important as it will influence your antenatal care)
4. How many weeks into your pregnancy you are.

You will be given a booklet on options for screening specifically for multiple births.

What Screening will I be offered?

As part of your antenatal care you will be offered a number of specialist screening and diagnostic tests to check for abnormalities in your babies. Please read the leaflet; ‘Screening for Down’s syndrome in twin pregnancies’ which was given to you by the sonographer. If you have any further questions please speak with your midwife or contact our specialist screening midwife on 07876 357423.

A copy of the leaflet can be downloaded on the trust website mypregnancymatters.org.uk
If you are booked to have your babies at the Royal Sussex County Hospital (RSCH).
You will be asked to go to the Maternity Day Assessment Unit which is located on Level 11 in the Tower Block. Here you will be given the ‘Multiple Birth Information Pack’ containing useful information regarding a multiple pregnancy and given an appointment to return to see one of the consultants to discuss your care at the next available opportunity. This will be before you are 16 weeks pregnant.

If you are booked to have your babies at the Princess Royal Hospital (PRH).
You will be given the ‘Multiple Birth Pack’ given an appointment to return to see the one of the consultants to discuss your care at the next available opportunity, this will be before you are 16 weeks pregnant.

Are my babies identical or non-identical (Chorionicity)?

It is important to find out the ‘chorionicity’ of your pregnancy, which means whether your babies share a placenta. Finding this out early is important because babies who share a placenta may have a higher risk of health problems.

Monochorionic:

This situation occurs when a single egg is fertilised by a single sperm and then divides into two separate babies. These babies are genetically identical and share a placenta. They are called Monochorionic because there is a single outer sac (chorion) around both babies.

If your Monochorionic twins each have their own inner sac (amnion) the pregnancy is referred to as Monochorionic Diamniotic (MCDA). In rare cases monochorionic twins share the same amnion and are referred to as Monochorionic Monoamniotic (MCMA). Triplets and Quadruplets can also be Monochorionic.
**Dichorionic:**

This is when a woman has produced two eggs at the same time and they both get fertilised by separate sperm. These are called Dichorionic Diamniotic (DCDA) because each twin lies inside its own separate outer chorion and inner amnion and separate placentas. They are no more similar to each other than any other brothers or sisters.

In a triplet pregnancy if each baby has their own placenta there will be three chorions and three Amnions they will be referred to as Trichorionic triamniotic (TCTA).

While most DCDA twins are non-identical, the minority will be identical, having come from a single egg and sperm.

**Monochorionic: Identical twins**

- Single egg and sperm
- Divides
- Identical chromosome
- Common Placenta

**Dichorionic: Fraternal twins**

- Single egg and sperm
- Different chromosome
- Separate Placenta
- Possible Combinations

**What can I expect for Antenatal Care?**

At your first appointment with your consultant, a care pathway will be discussed and agreed with you, this will include your appointments and the number of scans you have to check the growth of your babies.
Your care will depend on whether your babies are either Monochorionic or Dichorionic.

**Monochorionic twins:** You will be seen by a consultant obstetrician and scans to monitor your babies’ growth will be offered at 16, 18, 20, 22, 24, 28, 32 and 36 weeks.

**Dichorionic twins:** You will be seen by a consultant obstetrician and scans to monitor your babies growth will be offered at 24, 28, 32 and 36 weeks.

**Three or more Babies:** You will be seen by a consultant obstetrician and scans to monitor your babies growth will be offered at 16, 18, 20, 22, 24, 28 and 32 weeks.

What are the possible concerns and complications in a multiple pregnancies?

The majority of multiple pregnancies have a happy outcome, but the chance of complications is higher compared to pregnancies with one baby. The possible complications are listed below.

- **Raised blood pressure and Pre-eclampsia.** Both of these are more common in multiple pregnancies and that is why each time you see your midwife or consultant your blood pressure will be checked and your urine will be checked for protein.

- **Pre-term labour.** It is more likely that you will deliver your babies early. More than half of twin pregnancies and almost all triplets are born early (at or before 36 weeks) and have more complications of prematurity.

- **Obstetric cholestasis.** This is a liver condition where there is a build-up of bile salts in the blood. It occurs in approximately 1 in 100 pregnancies in the UK, although it is more common for women with multiple pregnancies. The main symptom is severe
itching often on the hands and feet. It is more likely to occur in your third trimester. If you are concerned please speak with your consultant or your midwife.

- **Gestational diabetes.** This is where a woman temporarily develops diabetes during her pregnancy and results in her blood sugar levels being higher than usual. A blood test will be offered at 28 weeks to check for this. The higher risk may be due to the effect of increased hormones in a multiple pregnancy.

- **IUGR (Intra uterine growth restriction).** This is when one of your babies or both babies do not grow as big as expected due to a reduction in the placenta’s ability to provide oxygen and food to your developing babies. It is more common in twin pregnancies. For this reason, you will be offered extra ultrasound scans as the pregnancy progresses to monitor their growth. The fluid around each baby will also often be measured together with the blood flow in each baby’s cord as an indicator of their health.

- **Feto-fetal transfusion syndrome (FFTS),** Monochorionic twins can develop this syndrome, also known as twin-to-twin transfusion syndrome (TTTS). It only occurs in monochorionic pregnancies, and is rare. It happens when problems in the blood vessels in the placenta lead to an unbalanced flow of blood between babies. This can cause serious complications in both babies. If your twins are monochorionic your consultant will monitor for signs of FFTS by having regular scans and consultant appointments at 16, 18, 20, 22, 24, 28, 32 and 36 weeks.

- **Anaemia.** This is one of the most common conditions to develop in pregnancy, and is usually because of a lack of iron. This is partly because your developing babies use up a lot of iron. We would recommend an iron rich diet. Your iron level will be checked at booking and between 20-24 weeks, and then repeated at 28 weeks. Iron or folic acid supplements are often necessary.
Minor problems and overall symptoms of pregnancy such as morning sickness, heartburn, swollen ankles, varicose veins, backache and tiredness are more common in multiple pregnancies. Please refer to the leaflet Multiple Pregnancies: Advice on lifestyle (included in the Multiple Information Pack).

Many conditions can be detected early, and they will be controlled and monitored throughout your pregnancy.

If it is anticipated that your babies may require specialist neonatal treatment due to prematurity (mainly before 34 weeks), IUGR, TTTS, fetal abnormalities or if you are having triplets or more babies. It may be recommended that your delivery is at RSCH rather than at PRH, due to the Intensive Care facilities available.

**Timing and place of delivery**

You are more likely to go into labour early if you have a multiple pregnancy. The usual natural timings of labour and the birth weights of the babies are shown below:

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<thead>
<tr>
<th></th>
<th>Average Timing of Labour</th>
<th>Average Birth Weight</th>
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<tbody>
<tr>
<td>Single baby</td>
<td>40 weeks</td>
<td>3.5 kg</td>
</tr>
<tr>
<td>Twins</td>
<td>37 weeks</td>
<td>2.5 kg</td>
</tr>
<tr>
<td>Triplets</td>
<td>34 weeks</td>
<td>1.8 kg</td>
</tr>
<tr>
<td>Quadruplets</td>
<td>32 weeks</td>
<td>1.4 kg</td>
</tr>
</tbody>
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Your doctor will advise you to give birth before your due date, either by having your labour induced or by having a caesarean. Most doctors advise delivery of uncomplicated Dichorionic twins at 37 weeks gestation and uncomplicated monochorionic twins at 36 weeks as this does not appear to be associated with an increased risk of serious adverse outcomes. However, continuing your pregnancy beyond 38 weeks has shown to increase the risk of fetal death.
What If I decline an elective birth?

If you choose to decline an elective birth, we would recommend you attend weekly appointments with a consultant obstetrician to ensure your babies and your health is monitored more closely.

What if my babies are born early?

Having a multiple pregnancy means you are more likely to have a premature delivery. More than half of twin pregnancies, and almost all triplets, are born at or before 36 weeks. If this looks to be a likely outcome for you, you will be offered steroids. These are given as a series of two injections. They help your babies’ lungs to mature and reduce the problems your babies may have with breathing after their birth. Twins and other multiples are more likely than single babies to be admitted to special care baby unit because of problems like prematurity, but most often, they are well enough to stay on the postnatal ward with their mother. If your babies are expected to be premature the neonatal team will come and discuss and plan the care of your babies with you and your partner.

What are my options for childbirth?

You will be advised to give birth in a consultant led Maternity unit, so that if you or your babies need specialist care it is available.

You will get the chance to discuss your plans for giving birth with your midwife and obstetrician during your pregnancy. The doctors are guided by the Brighton and Sussex University Hospital (BSUH) protocol; which can be made available to you upon request.
Your decision to have a vaginal birth or a caesarean will depend upon several factors:

- The position your babies are lying in; if one baby nearest to your cervix is presenting as a breech towards the end of the pregnancy, a caesarean section is usually recommended. The position of your second twin should not have a major effect on your planned mode of delivery.

- Triplets and quadruplets are usually delivered by caesarean section at 32 – 34 weeks.

- Complications in labour are more common if one of your twins has significantly reduced growth. If this is a major concern, your doctor may recommend a caesarean section.

- It has been common practice throughout the UK to deliver monochorionic twins by planned caesarean section at around 36 weeks, although there is no clear evidence for the benefits of caesarean or the risks of vaginal births for monochorionic twins.

We aim for all parents to be given accurate information in order to make a well informed decision around your birth. Your own preference is an important factor; once you have been given enough time to consider all of the relevant information an agreed plan for your labour and birth will be written into your hand-held maternity notes by about the 29th week of your pregnancy.

What if I want a homebirth?

We would not recommend a homebirth as a multiple pregnancy and birth has higher risks than a singleton birth. If you wanted to discuss this further we will arrange for you to meet with a Supervisor of Midwives who will be able to provide you with further information and support you to make an informed decision about where and how to have your babies.
What will happen once my babies are born?

If all is well your babies will be kept on the postnatal ward with you. We would advise you to stay a little longer than most mothers to ensure that you have established feeding. The midwives and staff on the postnatal ward will be there to support and care for you and your babies.

You may have given some thought about how you want to feed your babies already. If you had thought about breast-feeding do not be put off now that you have found out that you are having twins or triplets. It is possible to breast-feed more than one baby and once established it can be very satisfying and rewarding. This will be discussed at your antenatal classes and our specialist infant feeding midwife can also offer you support and advice.
References


Multiples - Advice and lifestyle in multiple pregnancies. Joanna Fitzsimons.


The Royal College of Obstetricians and Gynaecologists publish guidelines relating to monochorionic twin pregnancy in December 2008 as follows: www.rcog.org.uk/womens-health/clinical-guidance/management-monochorionic-twin-pregnancy

Useful websites

www.muliplebirths.org.uk
(MBF Multiple Birth Foundation)

www.tamba.org.uk
(Tamba)

www.bliss.org.uk
(The premature baby charity Freephone 0500 618140)

www.twin2twin.co.uk
(UK twin to twin transfusion syndrome Association).

www.ocsupport.org.uk
(Obstetric cholestasis support worldwide)

www.tommys.org
(Tommy’s)
Further reading

**Twins and Multiple Births**  
The Essential Guide from Pregnancy to Adulthood.  
Author: Dr Carol Cooper

**The Parents’ Guide to Raising Twins.**  
Authors: Elizabeth Friedrich and Cherry Rowland

If you do not understand this leaflet, we can arrange for an interpreter.

إذا كنت لا تستطيع فهم محتويات هذه النشرة فبإمكاننا عمل الترتيبات لتوفير مترجم شفوي لك.

এই প্রচারপুস্তিকাটি যদি আপনি বুঝতে না পারেন, তবে আপনার জন্য আমরা একজন অনুবাদকের ব্যবস্থা করে দিতে পারি.

如你不明白本單張的內容，我們可安排口譯員服務。

如你不明白本传单的内容，我们可安排口译员服务。

اگر مندرجات این جزوه را غیر فهمید، ما میتوانیم مترجم در اختيارتان بگذاریم.

Jeśli masz trudności w zrozumieniu tej ulotki, możemy zorganizować tłumacza.