Twin pregnancies
Dichorionic diamniotic twins
How common are multiple pregnancies?

Women who are pregnant with more than one baby are said to be carrying a multiple pregnancy. This occurs in 1 in every 80 pregnancies and as often as 1 in every 4 pregnancies for women who have had fertility treatment. Twin pregnancies are the most common type of multiple pregnancy. Carrying more than two babies (higher order multiples) is much rarer.

Confirming your multiple pregnancy

This is usually confirmed when you have your first scan, between 10-14 weeks. Sometimes this is identified earlier if you have reasons to have an earlier scan (such as bleeding or pain). This scan helps us to find out what type of multiple pregnancy you have.

What are the types of multiple pregnancies?

When a multiple pregnancy is found, it is important to find out if the babies share a placenta (afterbirth). This is called ‘chorionicity’ and we can check this using ultrasound scanning. It is important that we know this information so that we can plan your care during your pregnancy. Twin pregnancies or higher order multiples (triplets, quadruplets, etc.) can be monochorionic (share a placenta) or dichorionic (each have their own placenta).

What are dichorionic diamniotic twins?

This is the most common type of multiple pregnancy, particularly in women who have had fertility treatment. These babies can develop from either one fertilised egg or two separate fertilised eggs, so can be identical and the same sex, or non-identical and possibly different sexes. These babies have their own placenta (dichorionic) and amniotic sacs (diamniotic). These details may be written in your notes as ‘DC/DA twins’. 
How will my pregnancy be managed?

Multiple pregnancies can have more complications than a single pregnancy. For this reason you will be referred to a Consultant Obstetrician. Your care will be shared between the hospital, your community midwife and GP.

Antenatal care

It is important that we closely monitor both you and your babies’ health when you are expecting more than one baby. This is known as antenatal care. We will check your blood pressure, urine and carry out general wellbeing assessments at every appointment. We will also take regular blood tests to check different levels of vitamins and minerals in your blood. You may be prescribed folate tablets (folic acid) and iron tablets to prevent iron levels in your blood from getting too low.

These checks are important, as women who are carrying more than one baby are at a higher risk of developing pre-eclampsia; a condition in pregnancy that can affect blood pressure and the kidneys.

Common problems that occur in most pregnancies can be more troublesome in multiple pregnancies; such as morning sickness, tiredness, swollen ankles, backache, pelvic girdle pain, varicose veins and anaemia. Your midwife and GP can give you advice and support you with these common problems. They can also refer to you to other professionals if required, such as the physiotherapist.

You will have more frequent scans to check the health and growth of your babies. Dichorionic twins are scanned every 4 weeks from about 28 weeks.
Labour and birth

Your consultant will discuss with you the timing and way that you give birth to your babies. We will offer you induction of labour (when labour is started artificially) at 37 weeks, if you have not already gone into labour.

Multiple pregnancies often go into labour earlier than expected. If you think your waters have broken or you are starting to have contractions, please contact the Maternity Assessment Unit at the John Radcliffe Hospital or the Delivery Suite at the Horton General Hospital at any time and ask for advice.

Vaginal birth

It is normal to have a vaginal birth if the first baby is coming down head first. The second baby will come either head first or breech (bottom first). It is very unusual for any complications to arise with the second baby being born, such as the need for a Caesarean section, even if they are breech.

If the plan is to deliver your babies early, then it may be necessary to give you a steroid injection. This helps the babies’ lungs to mature in preparation for birth and reduces the risk of breathing difficulties that can happen when babies are born early.

The choice of pain relief during labour is your own. You will be given information about the different options at your antenatal classes and also by your midwife, so you can make an informed choice. An epidural is recommended only if you request to have one, but you are no more likely to need one than if you were having one baby. We do not recommend that epidurals are used any more often with twin births than with single babies.

Whilst you are in labour, you and your babies will be watched closely to monitor both your and their wellbeing. The babies’ heart rates will be monitored using a machine that records their heartbeats and your contractions.
When you are ready to give birth you will remain in the birthing room or be taken to the theatre on the delivery suite. It is likely that there will be more people present for the birth than if you were having only one baby. Your partner can be present and there will be at least one midwife and the senior obstetricians. There may also be a specialist nurse/midwife to care for the babies, an anaesthetist and a paediatrician (baby doctor). However, this should not mean that you cannot give birth naturally and with privacy.

**Post-natal care**

After your babies are born you will be cared for on the delivery suite or the observation ward (if you have had a Caesarean section) until the midwives feel you are well enough to be transferred to the postnatal ward. Your babies will remain with you unless they are premature or require care in the Special Care Baby Unit.

Most women need support and help after having a baby and are likely to need extra help when there is more than one baby to care for. Whilst you are in hospital the midwives, maternity support workers and nursery nurses will help you with feeding and general baby care. You may need to stay slightly longer in hospital if your babies are small or born before 37 weeks.

Once at home, your partner, family or friends are likely to be keen to help. This can be very useful when you are tired, need to recover from the birth and are getting used to breast feeding more than one baby. Breastfeeding twins is rewarding and beneficial for both mother and babies, but requires a little more support, help and organisation.

Your midwife will see you regularly after you go home, to help with any questions you may have. There are also other organisations that can offer support and advice about caring for twins (see the back of this leaflet for details).
Contact numbers

**Maternity Assessment Unit**
John Radcliffe Hospital
Tel: 01865 220 221
(24 hours)

**Delivery Suite**
Horton General Hospital
Tel: 01295 229 459
(24 hours)

Further information

**TAMBA – Twins and Multiple Births Association**
Twinline: 0800 138 0509 (10am-1pm and 7-10pm daily)
Email: asktwinline@tamba.org.uk
Website: www.tamba.org.uk

**Multiple Births Foundation**
Tel 0208 383 3519 or 0203 313 3519
Email: mbf@imperial.nhs.uk
Website: www.multiplebirths.org.uk

**The National Childbirth Trust**
Tel: 0300 33 00 772
Website: www.nct.org.uk
If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call 01865 221 473 or email PALSJR@ouh.nhs.uk