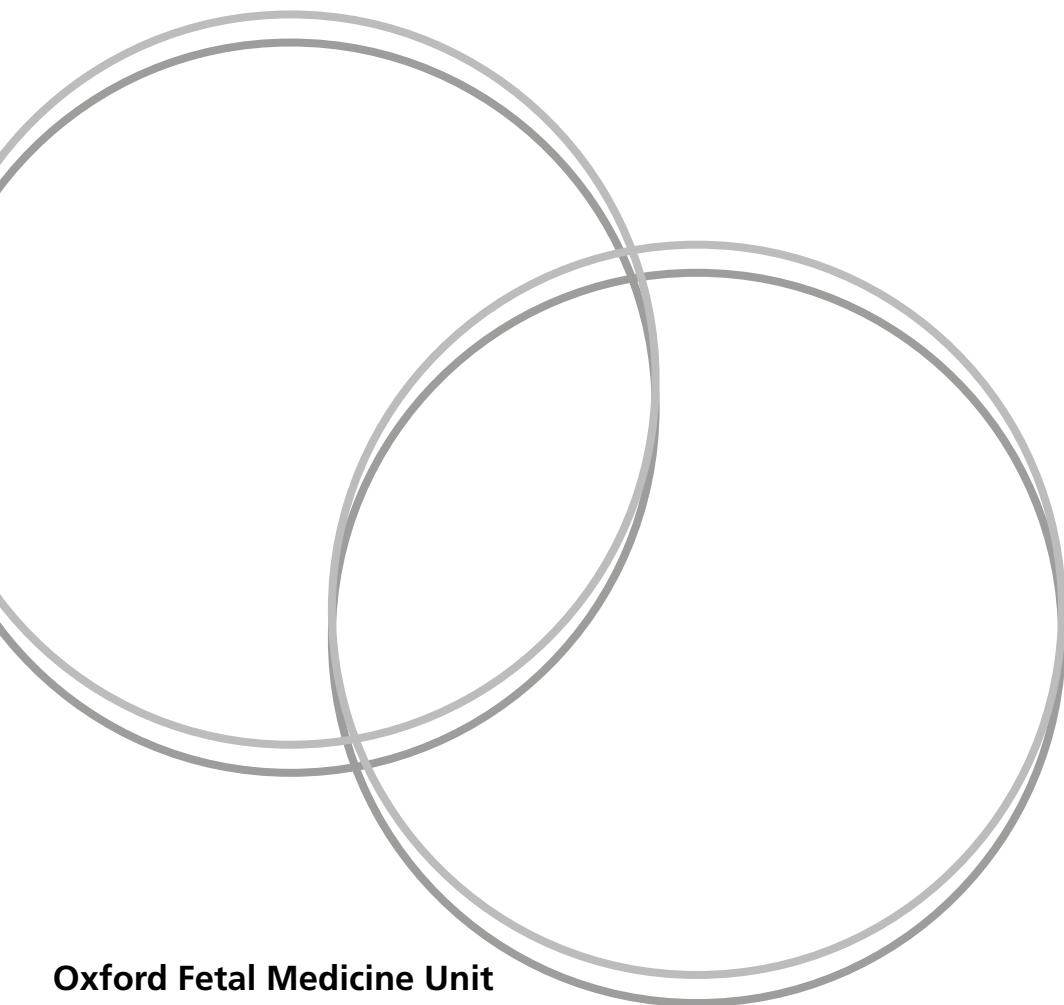


Twins and multiples

Monochorionic twins and higher order multiple pregnancies

Information for parents-to-be



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, at between 10 to 14 weeks of pregnancy. Sometimes a multiple pregnancy is found 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 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 (such as triplets or quadruplets) can be monochorionic (when babies share a placenta) or dichorionic (when babies each have their own placenta).

What are monochorionic diamniotic (MCDA) twins?

These are identical twins which have developed from one fertilised egg. They share a placenta and the outer membrane called the chorion. This means the twins are called monochorionic. They have their own inner membrane called the amniotic sac, which means the twins are also called diamniotic. You may see this written as MCDA in your maternity notes.

What are monochorionic monoamniotic (MCMA) twins?

These are identical twins which have developed from one fertilised egg. They share a placenta and the outer membrane (called the chorion), this means the twins are called monochorionic. They also share the inner membrane called the amnion, this means the twins are also called monoamniotic. You may see this written as MCMA in your maternity notes.

What are higher order multiples?

Higher order multiples are pregnancies of 3 babies or more. These pregnancies develop from one, two or more fertilised eggs and can have a combination of separate or shared placentas (afterbirths).

How will my pregnancy be managed?

Multiple pregnancies can have more complications than a single pregnancy. You will be referred to a consultant obstetrician (hospital doctor) at the Fetal Medicine unit, for specialist care and close monitoring. Close monitoring means we will offer extra checks for you and your babies. 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 and will be carried out by the fetal medicine team at the John Radcliffe Hospital from week 12 of your pregnancy.

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 folic acid and iron tablets to prevent iron levels in your blood from getting too low.

Blood clots in the leg or lung are more common in pregnancy. Your chance of developing a blood clot will be assessed and you may be offered blood thinning injections. This would reduce your chance of developing blood clots during pregnancy and afterwards.

These checks are important, as women who are carrying more than one baby have a higher chance of developing pre-eclampsia (a condition in pregnancy that can cause high blood pressure and affect the kidneys).

Some women will be prescribed 150mg (milligrams) of aspirin to reduce their chance of developing of pre-eclampsia if they have other risk factors. This will be discussed with you by your midwife or consultant (hospital doctor).

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

You will be offered more frequent scans to check the wellbeing and growth of your babies. These will be every two weeks between 16 and 24 weeks of your pregnancy and as a minimum, every 3 weeks until you have your babies.

You will also be offered an internal ultrasound scan to check the length of your cervix (neck of the womb) at around 20 weeks. This is to assess your chance of going into labour early and allow the team caring for you to offer you treatment options to make early birth less likely.

Twin to twin transfusion syndrome (TTTS)

As monochorionic twins share a placenta, they also have connections in their blood circulation. This can cause a rare but serious condition known as twin to twin transfusion syndrome or TTTS. This can develop due to uneven sharing of the blood flow between the babies. In twin to twin transfusion syndrome part of the blood flow is diverted from one twin (known as the donor) to the other twin (known as the recipient). The donor twin gets less blood supply, so is smaller and has less amniotic fluid than normal (called oligohydramnios).

Having more blood can make the recipient twin larger and they may have more amniotic fluid surrounding them than normal (called polyhydramnios) which can put a strain on the baby's heart. All women with monochorionic and higher order multiples pregnancies will be offered a detailed fetal heart scan at around 20 weeks of pregnancy, to check on how the babies' hearts are developing.

The fetal medicine obstetric consultant will manage your care. If there are any signs of TTTS present, they will discuss the findings with you and will explain how they will monitor your babies during the rest of your pregnancy.

Signs and symptoms of TTTS

You will have regular ultrasound scans in the Fetal Medicine Unit, which will monitor the growth of your babies, the amniotic fluid levels and the blood flow. Symptoms of TTTS that you may notice are:

- sudden weight gain
- feeling your bump become suddenly bigger in a short space of time
- feeling short of breath
- palpitations
- tightening of the skin across your bump.

If you experience any of these symptoms, please contact the Fetal Medicine Unit or the Maternity Assessment Unit straight away (please see the end of this leaflet for contact details). Treatment for TTTS is available and your consultant will discuss the different options with you.

Other problems that may affect monochorionic twins

The shared placenta may cause other problems, including slow growth. How this could affect your babies and the treatment that is available will be discussed with you by your doctor.

Labour and birth

Your consultant will discuss with you your birth plan, the timing and way that you give birth to your babies. Induction of labour (starting labour artificially) is usually offered at 36 weeks for monochorionic diamniotic twins with no complications, and between 32 to 34 weeks for monochorionic monoamniotic twins.

If the plan is for your babies to be born early, then a course of two steroid injections given 12 to 24 hours apart may be recommended. This helps the babies' lungs to mature in preparation for birth and reduces the chance of breathing difficulties that can happen when babies are born early.

It is often possible to have a vaginal birth if the first baby is coming down head first. The second baby can then be born either head first or breech (bottom first). If you are expecting triplets or higher multiples you will usually be offered a caesarean section. We may also recommend that you have a caesarean section if there have been complications during your pregnancy. You will have an opportunity to discuss this with your hospital doctor.

Vaginal birth

You may go into labour naturally yourself or your waters may break. Multiple pregnancies often go into labour earlier than expected. If this happens, or you are unsure, **please contact the Maternity Assessment Unit at the John Radcliffe Hospital (please see the end of this leaflet for contact details).**

You will be offered a choice of pain relief during labour. Information about the different options available to you will be discussed at your antenatal classes and also with your midwife, so you can make your own 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.

Whilst you are in labour, you and your babies will be closely monitored to ensure both your and their wellbeing. The babies' heart rates will be monitored continuously using a machine that records their heartbeats and your contractions.

When you are ready to give birth you will most likely remain in your birthing room though sometimes it may be recommended to relocate to the theatre on the delivery suite. Your birth partner can also be present.

It is likely that there will be more people present for the birth than if you were having one baby including at least one midwife and the senior obstetricians (hospital doctors). There may also be a specialist nurse or midwife to care for the babies, an anaesthetist (anaesthetic doctor) and a paediatrician (baby doctor). However, you can still give birth in the way you prefer and with privacy.

Postnatal care

After your babies are born you will be cared for on the delivery suite or the observation ward, depending on your care needs, until the midwives feel you are ready to be transferred to the postnatal ward. Your babies will stay with you unless they are premature or require care in the Neonatal (newborn) 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 offer you help with feeding and general baby care. You may need to stay in hospital slightly longer 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 or if you are getting used to feeding more than one baby. Breastfeeding twins or more is rewarding and beneficial for both mother and babies, but it requires a little more support 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 and multiples (see the further information section in this leaflet for details).

Contact numbers

Maternity Assessment Unit

John Radcliffe Hospital

Tel: **01865 220 221**

(calls will be answered 24 hours a day)

Fetal Medicine Unit

John Radcliffe Hospital

Tel: **01865 221 716**

Monday to Friday, 9am to 5pm

Further information

Twins Trust

Twinline: **0800 138 0509**

(Monday to Friday, 10am to 1pm and 7 to 10pm)

Email: asktwinline@twinstrust.org.uk

Website: www.twinstrust.org

Multiple Births Foundation

Tel **0208 383 3519** or
0203 313 3519

Email: imperial.mbf@nhs.net

Website: www.multiplebirths.org.uk

The National Childbirth Trust

Tel: **0808 109 9782**

Website: www.nct.org.uk

Further information

Please speak to the department where you are being seen if you would like an interpreter. You will find their contact details on your appointment letter. Please also ask them if you would like this information leaflet in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronically
- in another language.

We have tried to make this information meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They will be happy to help.

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June 2021

Review: June 2024

Oxford University Hospitals NHS Foundation Trust

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