NHS
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Twins and multiple pregnancies

Multiple pregnancy is when you are carrying two or more babies in your womb. This leaflet is for parents and carers and explains the different types of twin pregnancies.

How common are multiple pregnancies?

Multiple pregnancies account for one in every 80 pregnancies conceived naturally. With fertility treatment, the incidence of multiple pregnancies increases.

Most people discover they have a multiple pregnancy when they attend for a routine dating scan between 11 and 14 weeks gestation. This scan will also help to determine the type of multiple pregnancy you are carrying as this information is very important for the management of your pregnancy.

What are the types of multiple pregnancies?

Twin pregnancies are the most common type of multiple pregnancies accounting for about 1% of all births. Multiple pregnancies with three or more babies (foetuses) are rare. Triplets (three babies) occur in one in every six thousand pregnancies.

There are three types of twin pregnancy. Their description is a combination of two word which describe their placentas or amniotic sacs.

- Monochorionic – the two babies share the same placenta.
- Dichorionic – the two babies have separate placenta each.
- Monoamniotic – the two babies share the same amniotic sac.
- Diamniotic – the two babies have separate amniotic sacs.

You may see the following terms in your notes:

1. DCDA – Dichorionic diamniotic twins – this means your babies have separate placentae and separate amniotic sacs.
2. MCDA – Monochorionic diamniotic twins – this means your babies share the same placenta but have separate amniotic sacs.
3. MCMA – Monochorionic monoamniotic twins – this means your babies share the same placenta and the same amniotic sac.

Dichorionic or DC twins:

Dichorionic twins can be identical or fraternal (non-identical).

Non-identical twins are more common if you are over 35 or have had fertility treatment to conceive. These usually come from two fertilised eggs and are the more common form of twins. They are no more alike than any other siblings and can be of different sexes.

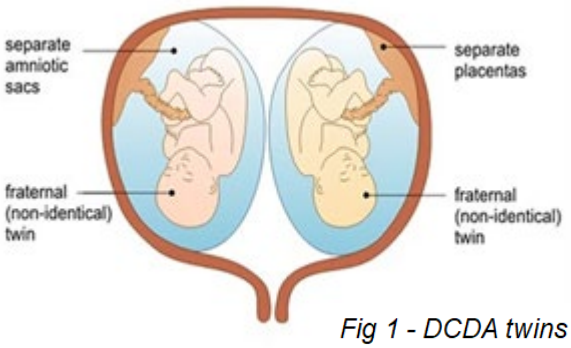

Fig 1 - DCDA twins

If a fertilised egg divides very early in the pregnancy, the identical twins can have their own placenta and sac and are then called a dichorionic pregnancy.

Both these twins are always in separate sacs of fluid and will be recorded in your notes as dichorionic diamniotic (DCDA).

Monochorionic or MC twins:

Monochorionic twins develop from one fertilised egg and are always identical.

Identical twins can also occur within a higher multiple pregnancies such as triplets

Usually, monochorionic twins each have their own sac of fluid (amniotic sac) and are termed diamniotic (DA).

On rare occasions, they are both in the same single sac and are termed monoamniotic (MA). It will often be recorded in your notes as monochorionic diamniotic (MCDA) or monochorionic monoamniotic (MCMA) pregnancy.

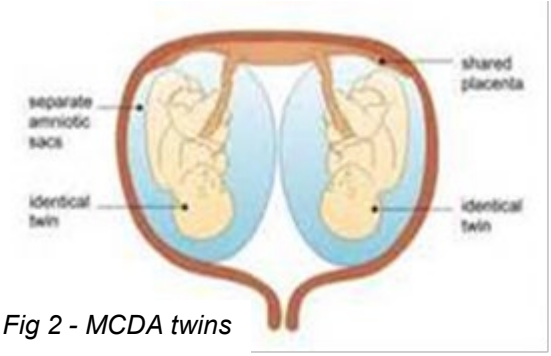

Fig 2 - MCDA twins

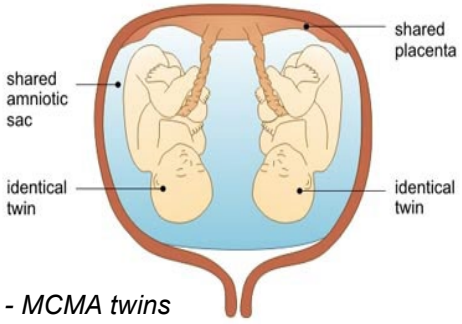

Fig 3 - MCMA twins

Higher order pregnancies (triplets or more):

These come from one, two or more fertilised eggs developing into three or more babies in your womb. They are usually non-identical but if a fertilised egg were to split you could be having identical twins and a non-identical triplet.

What are the complications associated with multiple pregnancies?

The usual pregnancy symptoms such as morning sickness, heartburn, ankle swelling, varicose veins, backache and tiredness can be exaggerated, but this is not always the case.

Twins and higher order pregnancies are at risk of developing:

- Anaemia (low iron or folic acid).
- Pre-eclampsia (high blood pressure with protein in urine).
- Gestational diabetes (pregnancy related diabetes).
- Ante-partum and postpartum haemorrhage (bleeding during pregnancy and after delivery)
- Fetal growth restriction (one or more babies being small).
- Preterm labour (before 37 weeks) and preterm birth.
- Problems associated with babies being born prematurely.
- Monochorionic twins have other complications particular to them e.g., Twin to Twin Transfusion Syndrome (more information at the end of this leaflet).

Planning your antenatal care

Multiple pregnancies can have more complications compared to singleton (single baby) pregnancies. Your pregnancy will be monitored closely to ensure that any complications are detected and treated as early as possible.

The majority of your antenatal care will be provided in the hospital by a medical multi-disciplinary team of obstetricians and midwives. You will have a designated obstetric consultant.

Screening tests:

You will be offered the standard combined screening for Edward's, Patau's and Downs' syndromes and infectious diseases which follows the standards set by the UK National Screening Committee. A routine scan will also be offered between 18 and 22 weeks to screen for fetal abnormalities. Please read the booklet 'Screening tests for you and your baby' for more detailed information on routine screening tests in pregnancy. This is sent with your first appointment letter and is also available online at http://fetalanomaly.screening.nhs.uk/leafletsforparents

At your antenatal visits, routine checks to determine your babies' and your general wellbeing will be carried out. These include:

- Monitoring your blood pressure and testing your urine for protein.
- Blood tests to check for anaemia and glucose tolerance are recommended at specific stages of your pregnancy and will be planned and explained by your doctor or midwife.
- You will be offered iron and folate tablets as required throughout your pregnancy.
- To check that your babies are growing well, you will be offered a series of scans, which will be co-ordinated with your antenatal clinic visits when possible.

Scans will be arranged according to your individual needs but are generally recommended every two weeks from around 16 weeks if you are carrying monochorionic twins and every four weeks from 20 weeks if you are carrying dichorionic diamniotic twins.

If needed, you will be referred to our fetal medicine team of doctors for further scanning and assessment.

Uncomplicated triplet pregnancies and monochorionic monoamniotic twin pregnancies will receive shared care between Fetal Medicine Team at RBH and Fetal Medicine Unit at John Radcliffe Hospital, Oxford.

Information on threatened preterm labour

Threatened preterm labour' is the term used for when you experience symptoms, such as contractions, before your expected due date, which may lead to your baby being born prematurely (early). We can provide you with a leaflet which will explain what preterm labour is, how to recognise symptoms and what you can do during pregnancy to reduce the likelihood of preterm labour happening. Type in "Threatened preterm labour" into the search by term box on the Trust website here https://www.royalberkshire.nhs.uk/leaflets-catalogue/ or ask for a copy.

Twins and triplets have a higher risk of being born prematurely (before 37 weeks) and having a low birthweight. Most twins and triplets are born prematurely. Around 6 in 10 twins are born before 37 weeks. Almost 8 in 10 triplets are born before 35 weeks. It is important to know what preterm labour can feel like and what can be done to reduce the chance of it happening.

https://www.nhs.uk/pregnancy/your-pregnancy-care/antenatal-care-with-twins

Planning your birth

You will be advised to give birth in the hospital, where you will have access to a specialist team of midwives, obstetricians, anaesthetists and paediatricians and resources (including the special care baby unit and operating theatre, if needed).

Your obstetrician and midwife will discuss and help you to plan your birth depending on the type of multiple pregnancy and how your pregnancy is progressing.

Does having a multiple pregnancy affect when I'll give birth?:

The timing of your birth will depend on your personalised care and will be discussed with you and the guidance explained so you have an informed choice about what is best for you and your babies. As a guide we fine that:

- Uncomplicated triplet pregnancies are usually considered for Caesarean birth at 35 weeks.
- Uncomplicated monoamniotic twins are usually considered for Caesarean birth between 32 weeks and 33 weeks+6 days.
- Monochorionic twins are usually considered for birth around 36 weeks
- Dichorionic twins are usually considered for birth around 37-38 weeks
- You may go into labour naturally on your own or may be offered induction of labour at the appropriate time. If your waters break or you think you may be in labour contact the Triage line (**0118 322 7304**) as soon as possible.

Does having a multiple pregnancy affect how I'll give birth?

The recommended type of birth is something you will discuss with your obstetrician and midwife in the antenatal period, and is dependent on the position of the babies, your personal care plan and needs and wishes amongst other factors.

- If the baby closest to your cervix (twin 1) is coming head first, it is considered best to have a vaginal delivery.
- If twin 1 is not presenting head first at the time of delivery, then a Caesarean birth may be recommended as the safest option and discussed with you.
- If you are expecting triplets or have monoamniotic twins Caesarean birth section will usually be recommended.

Pain management

There are different types of pain management available and these will be discussed with you, so that you can decide which method is best for you.

For multiple pregnancies, epidural is often recommended for pain relief in labour in preparation for the birth of the second baby who may need to be helped into a better position for delivery, this also reduces delays if twin 2 needs to be delivered with assistance or transferred for a Caesarean birth.

What to expect in labour

The management of labour with multiple pregnancy is much the same as for a singleton pregnancy (up to the birth of twin one). There are recommendations that will be discussed with you:

- Continuous electronic monitoring of the babies heartrates is recommended. This may involve a small clip being attached to the head of the baby presenting first.

- An intravenous cannula, to allow for delivery of fluids or medication may be attached to your arm, via a needle into your vein.
- Vaginal examinations are recommended four hourly to check your progress. However if you would prefer to not have vaginal examinations please record this in your birth plan and tell your midwife.

What to expect at the birth

You will either be birthing in one of our Gemini Suites or a delivery suite with enough room. If medical intervention is needed, for example forceps or a ventouse you will be moved to a theatre environment. Theatres are also where you will give birth if you have a caesarean birth. There will be at least two midwives, two doctors and two members of the neonatal team, or more if you are having triplets or more – this allows a team for each of your babies.

During a vaginal birth a scan will be performed immediately after the birth of the first baby to check the position of the second baby. There is a rare possibility that a Caesarean birth may be required for the delivery of your second baby even if your first baby is born vaginally. This may be due to Twin 2being in a position not ideal for vaginal delivery or an abnormality in the heart tracing, requiring urgent delivery.

After your babies are born you have the third stage of labour. This involves delivery of the placenta(e) and membranes. You will be advised to have an injection (oxytocic) into your leg to help control the bleeding in this stage.

Once the third stage is complete the doctor or midwife will check to see if any stitches are required.

What will happen after giving birth?

- If the babies are well and breathing normally without any complications they will remain with you in the birthing room. This ‘golden hour’ is an ideal time for skin to skin and first feeds if you are choosing to breastfeed. Your midwife can help you to do this safely.
- If they need any assistance or special monitoring they may be taken to the baby care unit for closer observation. You will be reunited with your babies for skin to skin nurturing as soon as possible.

Will I be able to breastfeed my babies?

Yes! Breastfeeding twins, triplets or more is definitely possible, but can seem daunting and with the right support to establish breastfeeding from the early days, this can be the most convenient option, and is very beneficial for you and your babies’ health. Talk to your midwife about breastfeeding multiple babies, they can sign post you to resources so you are fully informed about the value of breastmilk, which is especially important if your babies are born prematurely. It is a myth that you will not be able to produce sufficient milk for your babies as milk is produced on a supply and demand principle, so it is important to stimulate the receptors in your breasts by feeding babies as soon as possible, ideally within the first hour after birth. If this is not possible for any reason, it is advisable to hand express your milk as soon as you can and ask your midwife to show you how to give this to your babies. You may also have expressed colostrum, which is the ‘golden’ liquid full of nutrients and immune properties, antenatally. This can be given by you, your partner or midwives following the birth. It can take time to feel confident with feeding both babies at the same time, but breastfeeding is a learnt skill, so sometimes takes patience, time and support.

Should your babies need to go straight or soon after birth to our neonatal ward (Buscot), we can help you with expressing your milk for them or discuss human donor milk which can be ordered from the Human Milk Bank.

However, you choose to feed your babies, we provide online infant feeding classes, which we recommend you attend before the birth so that you are informed in your choices. The staff on the postnatal wards provide support and infant feeding specialists can be consulted if there are specific challenges. Your midwife will also be able to provide more information on infant feeding and breastfeeding support in the community.

Going home

Your length of stay in hospital will depend on how well you and your babies are after the birth. You will require a slightly longer stay in hospital if you have a Caesarean birth.

Bringing your babies home is a happy and exciting time. However, being a parent to any baby, but especially to twins, triplets or more can be overwhelming. Your partner and family members and friends can provide practical and emotional help and support, but remember there are resources available to help you. Postnatal depression can affect any new parent, and it is very important that you tell your midwife, GP or health visitor if you are feeling low, so that they can support you.

Additional information about monochorionic twins

What is Twin to Twin Transfusion Syndrome (TTTS)?

In monochorionic twins, there is a connection between the babies' circulation system because they share a placenta. Occasionally, there is an imbalance and one twin gets more of the blood supply than the other. The twin who gets most of the blood supply (the recipient) gets bigger. The other twin (the donor twin) gets less blood and this may affect the donor twin's health and growth. Once TTTS is suspected or diagnosed, a referral to our Fetal Medicine Unit will be made by the fetal medicine team.

Further information

The Twins and Multiple Births Association (TAMBA) is an organisation which can provide lots of help and information. You can visit the website www.tamba.org.uk for more information.

The Multiple Births Foundation also provides help and information. You can visit the website www.multiplebirths.org.uk for more information.

Please feel free to ask any non-urgent questions when you see your midwife or obstetrician at your scheduled appointments. If you need to speak to someone between appointments, please contact your named midwife.

To discuss or change an appointment please call the appointments office on **0118 322 8964**.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Author: Miss S Bisht, Consultant Fetal Medicine & Obstetrician, February 2023
Amended: March 2024, C Bell, Compliance & Quality lead for Maternity & Gynaecology
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Our Maternity Strategy and Vision

'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'

You can read our maternity strategy here