



# Multiple Pregnancy

## Patient information Leaflet

July 2020

### **What is a multiple pregnancy?**

Multiple pregnancy is when a woman is carrying two or more babies in her uterus.

A multiple pregnancy is usually found at your dating scan, which is normally between 11 and 14 weeks. This ultrasound scan also tells the doctor important information about the type of multiple pregnancy which will help decide the management plan for the rest of your pregnancy.

### **How common is a multiple pregnancy?**

Your chance of having having twins when you have conceived naturally is around 1 in every 80 pregnancies.

The chance is approximately 1 in every 60-74 pregnancies if you have received fertility treatment.

### **What are the types of twin pregnancy?**

There are two types of twin pregnancy – the first type is where both babies have their own placenta (or afterbirth) and are each in their own separate bags of amniotic fluid. This type is called a dichorionic diamniotic or DCDA twin pregnancy. The other type is where both babies share one placenta, usually still each in their own bag of amniotic fluid – this is called a monochorionic diamniotic or MCDA twin pregnancy. Rarely, twins who share a placenta can be together in the same bag of amniotic fluid. This is called a monochorionic monoamniotic MCMA twin pregnancy and can be more complicated. Women with this type of twin pregnancy may be transferred to Saint Marys Hospital and you will be offered a planned caesarean birth between 32+0-33+6 weeks

MCDA twins always develop from one fertilised egg, which splits to form two babies early on in development. If you have an MCDA or MCMA twin pregnancy your babies will be identical twins – they will share identical genetic material.

DCDA twins can develop either when two separate eggs are fertilised and implant in the womb at the same time, or if one fertilised egg splits to form two babies early on. If you have this type of twin pregnancy your babies may either be identical or non-identical.

If the babies are of different sexes, they cannot be identical. If they are the same sex, there is a 1 in 3 chance that they will be identical. If your babies are not identical they share no more genetic information than siblings do. This is the most common type of twin pregnancy.

The term multiple pregnancy also includes higher order pregnancies where a woman carries three or more babies in her uterus. This is the result of one, two or more fertilised eggs implanting in the uterus and can result in all babies being identical, or a mixture of non identical and identical babies. Tameside Hospital will refer triplets and higher orders to Saint Marys Hospital for care.

### **Management of your pregnancy**

Pregnancy with more than one baby can be more complicated than pregnancy involving one baby, so your care will be led by the Maternity Unit at Tameside Hospital. This is so that we can take good care of you and your babies, detecting any problems or complications early and treating them as necessary. You will also

see your community midwife for some of your antenatal care.

At one of your early appointments you will have the opportunity to discuss the following with the obstetric team:

- Your wellbeing before and after the birth
- Nutrition during the pregnancy
- Premature labour and delivery and possible need to transfer care
- Options and timing of delivery
- Pain relief during labour/caesarean
- Monitoring your babies in labour
- Care after the birth of your babies including the possible need for blood transfusion
- Breastfeeding
- Parenting

### **Down's Syndrome Screening**

It is most likely that you will find out that you are expecting twins at your dating scan between 11+2 and 14+1 weeks. This is also the period when we offer you the opportunity to have combined screening for Down's Syndrome and/or the rarer chromosomal abnormalities Edwards and Patau Syndrome. The combined test looks at the measurement of the nuchal translucency at the back of the babies' necks and also 2 markers in your blood. The test gives a result as either a high or low risk that one or both of your babies have Down's Syndrome. It is important to know that, because you are carrying twins, you will have an increased chance of receiving a high risk result from the screening test. This does not necessarily mean one or both of your babies have a diagnosis of Down's Syndrome but if the result was high risk for one or both of your babies we would then offer you amniocentesis (taking fluid from the womb with a fine needle) which can tell us whether or not your baby has Down's Syndrome. The amniocentesis test does have a risk of miscarriage associated with it, which is unfortunately higher in a multiple pregnancy.

If during your scan it was not possible to check the nuchal translucency or you booked after 14+1 weeks, we can offer you a blood test alone called a quadruple test. This can only test for Down's Syndrome. For Dichorionic twins the quadruple test is not as sensitive at detecting Down's Syndrome as it is in singleton pregnancies and Monochromic twins.

If you are considering Down's screening we suggest you have a detailed discussion prior to testing with the Specialist Screening Midwife or your doctor.

### **Antenatal Care**

At your antenatal appointments we will perform routine checks to ensure you and your babies are doing well. We will check your blood pressure, look at your urine sample and check for signs of anaemia. You will also have regular scans to check that your babies are growing and to look for any complications. As far as is possible these will be scheduled to be at the same time as your antenatal appointments

- For women with DCDA twins (separate placentas), scans and visits will be offered every 4 weeks from 20 weeks gestation. These are mainly to assess the growth and well-being of your babies - your midwife or obstetrician will

discuss your individualized care plan in more detail. You will also be offered additional visits without a scan at 16 and 34 weeks.

- For women with MCDA twins (sharing one placenta), these scans will be every 2 weeks from 16 weeks gestation, again to assess the growth and well-being of your babies. MCDA twins can sometimes develop complications unique to them including twin-twin transfusion syndrome (TTTS). If your scan show that one of your twins is getting larger and or has more fluid around it than the other your obstetrician will discuss your individualized care plan in more detail.

At around 20 weeks you will be offered an anomaly scan which is a detailed scan of your babies to look for structural abnormalities. You will have a longer appointment slot so that the sonographer has enough time to look at both of your babies.

**The following conditions can occur more frequently in multiple pregnancies:**

- Minor problems such as pelvic and back pain, walking difficulties, heartburn, swollen legs and tiredness
  - Paracetamol is safe to take in pregnancy, you can also use warm baths or a warm hot water bottle for this type of pain. Resting with your feet up will help swollen legs and tiredness.
  - If you are working then you may need to stop work earlier than if you were pregnant with one baby. You can take sick leave in pregnancy up until 36 weeks and your employer cannot force you to start your maternity leave.
- Increased nausea and vomiting in pregnancy
  - Try to eat small amounts regularly. If you are very sick fluids are more important than food. If the nausea and vomiting are severe then there are anti sickness medications which we can give you in pregnancy to help.
- Bleeding in early pregnancy
  - If you experience any bleeding in pregnancy then we ask you to contact us for advice. Contact numbers are on your white hand held pregnancy notes.
- Anaemia (low iron levels in the blood)
  - We will prescribe you iron +/- folic acid supplements
- Preeclampsia this is a condition where a woman has high blood pressure and also protein in the urine and can be dangerous for both mum and babies.
  - You will have your blood pressure and urine checked at each visit and will be offered management if we are concerned about pre eclampsia
- Gestational diabetes (diabetes that occurs in pregnancy)
  - If you are found to have gestational diabetes you will be seen by our specialist antenatal diabetes team.
- Fetal Growth Restriction (FGR) (having small babies)

- Having very small babies can be a sign that your placenta/s are not working as well as they should be, if this is detected your doctor will discuss a specialised plan for your pregnancy.
- Premature rupture of membranes and labour and delivery (before 37+0 weeks)
  - Around 60% of twins deliver before 37 weeks, if you think you might be in labour or if you feel your waters may have broken we ask you to contact us straight away via labour ward on 922 6172/6173.
- Problems with premature babies being born with breathing problems.
  - If your babies come early, our paediatric colleagues will be on hand to assess and treat your babies as needed.
- Twin to twin transfusion (TTS). If you have a twin pregnancy where your babies share a placenta, (MCDA) you will be offered scanning every 2 weeks from 16 weeks looking for a condition called Twin to twin transfusion (TTTS). This occurs when blood passes from the circulation of one twin to the other. This can be a serious condition but treatment is available in the earlier stages and you will be advised to contact us urgently if you notice sudden distention of your tummy or feel pressure pains, develop contractions or if your waters break.

### **Labour and Delivery**

We advise that you have your babies in hospital so that if any complications arise you are in the safest environment possible and can be treated appropriately by our team of midwives, obstetricians, paediatricians and anaesthetists. It also means you are close to the theatres and special care baby unit if these are needed.

If you go into labour before 36 weeks, or it is decided that we should deliver the babies around 36 weeks we may offer you steroid injections which help to mature your babies' lungs and reduce the chance of them having breathing problems when they are born.

You will have the opportunity to discuss with your obstetrician when and how we will decide to deliver your babies.

### **When will my babies be delivered?**

This will depend on the obstetrician's assessment of your progress and health. They will offer you the option to plan an elective birth, the timing of which will depend on the type of twins you are expecting.

For DCDA twins we will offer you planned birth from 37 weeks. Going beyond 37 weeks and 6 days increases the risk to your babies.

For MCDA twins we will offer you planned birth from 36 weeks. Going beyond 36 weeks and 6 days increases the risk to your babies.

This is because there is some evidence that the placentas in twin pregnancies can start to work less well earlier than singleton pregnancies and it seems to be safer for your babies to be delivered before this time.

If you choose not to have a planned birth as recommended above, the risk to your baby's increases. You will then be offered more intensive monitoring with weekly scanning.

Even with a planned delivery you may go into labour spontaneously. If you think that your waters have broken or you are in labour contact the central delivery suite on **0161 922 6173/6172**.

### **What different options are there for delivering my babies?**

It is possible to have a normal vaginal delivery; however there is a higher chance of having some intervention (e.g. forceps, ventouse, Caesarean section). You may receive a drip containing hormones to help increase your contractions during labour or after delivery of your first baby to help deliver your second baby.

The choice will also depend on the way your babies are lying in your uterus. If the first baby is lying head first then we will usually advise you try for a vaginal delivery. If the first baby is breech (i.e. bottom first) at the time of delivery then a Caesarean section may be recommended.

There is a very small chance that the second baby may be delivered by Caesarean section even if the first baby was delivered vaginally. This may be because it is difficult to deliver baby in the position it is in, or because we are concerned about your second baby's heart rate monitoring.

If all is going well we will discuss the plan for delivery with you at around 28 weeks.

### **What pain relief is available?**

There are lots of different options available for pain relief during your labour. An epidural will be offered to you as it provides very effective pain relief and is useful if we need to help position your second baby for birth or if you have to go for an emergency Caesarean section. Other options include entonox (gas and air) or pethidine/diamorphine – which are strong pain killers used in labour.

If you have a Caesarean section you will most likely have a spinal, which is slightly different to an epidural as it is just one injection. This means you will be awake during the operation but will not be able to feel any pain below your nipples. Rarely, in an emergency, it is safer to give you a general anaesthetic (where you are asleep) to deliver your baby/babies.

### **What will happen to my babies when they are born?**

The paediatrician will be present at the birth of your babies and will assess your babies once they have been delivered. If your baby needs extra help with their breathing or needs help with feeding then they will be admitted to the special care baby unit (SCBU). If your babies are born prematurely then they may be admitted to SCBU. If this happens then you and your partner can visit them at any point once the obstetrician is happy with your progress after delivery.

### **Can I breastfeed my babies?**

Many mothers successfully breastfeed twins. Some women opt to bottle feed their twins instead. The midwives on the labour ward and postnatal ward will offer you lots of help and support with breastfeeding, and specialist help is available in the Maternity Unit should you require it. There are also several community breastfeeding

drop in sessions available. Your midwife will be able to discuss this further with you.

### **What about postnatal care?**

Mothers with twins will need lots of help and support. Your midwife will help make a plan for this with you. Your partner, family and friends are all good sources of support.

Having twins can be tiring and overwhelming and this can increase some mums chances of developing post natal depression. If you are feeling low in mood it is important that you speak to your midwife, health visitor or GP. Having a plan of support for after the birth can help with this.

### **Further Information**

If you have any questions you can ask your midwife or obstetrician when you come to the antenatal clinic. There is space at the bottom of this leaflet to write down any questions you may have.

The Twins and Multiple Births Association (TAMBA) is an organization which can provide lots of help and information. They also run local twin groups where you can meet up with other families with twins. You can visit the website [www.tamba.org.uk](http://www.tamba.org.uk) (Twins Trust) for more information.

The Multiple Births Foundation also provides help and information. You can visit the website [www.multiplebirths.org.uk](http://www.multiplebirths.org.uk) for more information.

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

If you require an interpreter, please ask an appropriate person to contact our central booking office between Monday to Friday 8am to 5pm on 0161 922 6991 to arrange this for you.

**語言 翻譯及病者支持服務 (LIPS):**

如果閣下需要翻譯員在您的預約當日幫助您的話 請找一名合適的家庭成員 **0161 922 6991** 聯絡本中央預約辦事處來您您安排 我們的辦公時間是星期一至星期五 上午 8 時至下午 5 時

**Językowo Tłumaczeniowa Usługa Pomocy dla Pacjenta ( Language, Interpretation and Patient Support Service LIPS):**

Jeśli potrzebujesz pomocy tłumacza w trakcie swojej wizyty, proszę poprosić odpowiedniego członka rodziny o skontaktowanie się z Centralnym Biurem Zamówień (Central Booking Office), w celu zorganizowania tłumacza pomiędzy poniedziałkiem a piątkiem w godzinach od 08:00 - 17:00 pod numerem **0161 922 6991**.

لینگویج، انٹرنیشنل اینڈپیشنٹ سپورٹ سروس (Lips)

اگر آپ کو اپنی اپائنٹمنٹ کے لئے مترجم کی مدد کی ضرورت ہو تو براہ مہربانی اپنے خاندان کے کسی موزوں فرد سے کہیں کہ وہ ہمارے سنٹرل بنگ آفس سے پیر سے جمعہ 8.00 بجے صبح سے 5.00 بجے شام کے دوران 01619226991 پر فون کر کے اس کا بندوبست کریں۔

Document control information

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