

Multiple Pregnancy

Patient Information Leaflet



Multiple pregnancy

Women who are pregnant with more than one baby are described as having a multiple pregnancy. Most multiple pregnancies are normal however; there is an increased risk of complications for you and your babies that means you need to be monitored more closely during your pregnancy.

While you are pregnant you should be offered a series of antenatal appointments to check on your health and the health of your babies. The number of check-ups and scans you are offered will depend on your individual situation, including your type of twin pregnancy.

Who will provide your care

Once your multiple pregnancy is confirmed by ultrasound scan, you should be referred to a specialist antenatal clinic who are experienced in caring for women with multiple pregnancy.

Antenatal appointments during your pregnancy

The number of antenatal appointments you can expect varies depending on the chorionicity of your pregnancy (see Page 3). The chorionicity is usually confirmed by ultrasound scan at the same time, or soon after, it is confirmed that you are carrying more than one baby.

Your doctor or midwife should then discuss with you a management plan for your antenatal care. This includes how often you should have ultrasound scans and how many times you should see the midwife and the doctor in your specialist team. Pages 5 & 6 show how many appointments you should have if your pregnancy is without complications.

Understanding chorionicity

As soon as it is confirmed you are carrying twins or triplets it is important to find out the 'chorionicity' of your pregnancy, which means whether your babies share a placenta (the afterbirth). Finding this out early is important because babies who share a placenta have a higher risk of health problems. If your babies share a placenta they are likely to be identical but they may be non-identical. Most babies who do not share a placenta are non-identical but it is still possible for them to be identical. This is because 30% of identical twins do not share a placenta.

The chorionicity of twins - Twins can be either **dichorionic** or **monochorionic**:

- **Dichorionic** - each baby has a separate placenta and is inside a separate sac which has its own outer membrane, **called a 'chorion'**.
- **Monochorionic** - the babies share a placenta and chorion (which means they are identical).

The chorionicity of triplets - For triplet pregnancies there are more possible combinations:

- **Trichorionic** - each baby has a separate placenta and chorion.
- **Dichorionic** - two of the three babies share a placenta and chorion and the third baby is separate.
- **Monochorionic triplets** - all three babies share a placenta and chorion.

Amnionicity

It is possible for twins and triplets to share an amniotic sac as well as a placenta and chorion. These are the highest risk pregnancies but they are also very rare. If your babies share an amniotic sac you should be referred to a specialist with experience in caring for women with this type of pregnancy.

Your first appointment with the specialist team

At your early appointments your doctor or midwife should talk to you about what to expect during your pregnancy. They should give you information which should include when and how you will give birth to your babies (see page 11).

Your doctor or midwife should encourage you to talk to them about any of these issues during your antenatal appointments.

Appointments in later pregnancy

Page 6 shows you your planned antenatal care if your pregnancy progresses normally, this plan may be changed according to your individual needs. You will also be offered more scans than women with singleton pregnancies because this is the only way to check that babies in a multiple pregnancy are growing normally.

Antenatal appointments with your specialist team

TWINS

Twins who share a placenta (monochorionic) - Your antenatal appointments and scans

You should have 9 appointments with your specialist team. You should have:

- an appointment plus an early scan between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due and test for Down's syndrome if requested.
- an anomaly scan between 18 weeks and 20 weeks 6 days (this scan may be timed to fit into one of your appointments)
- appointments plus growth scans every two weeks from 16 weeks.

Twins with separate placentas (dichorionic) - Your antenatal appointments and scans

You should have 8 antenatal appointments with your specialist team. You should have:

- an appointment plus an early scan between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due and test for Down's syndrome if requested.
- an anomaly scan between 18 weeks and 20 weeks 6 days (this scan may be timed to fit into one of your appointments)
- appointments plus growth scans every four weeks from 20 weeks - you should also be offered extra appointments without a scan at 16 and 34 weeks.

TRIPLETS

Triplets where one placenta is shared by two or three of the babies(dichorionic or monochorionic)

You should have 11 antenatal appointments with your specialist team. You should have:

- an appointment plus an early scan between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due to be born.
- an anomaly scan between 18 weeks and 20 weeks 6 days (this scan may be timed to fit into one of your appointments)
- appointments plus growth scans every two weeks from 16 weeks.

Triplets with separate placentas (trichorionic)

You should have 7 appointments with your specialist team. You should have:

- an appointment plus an early scan between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due to be born.
- an anomaly scan between 18 weeks and 20 weeks 6 days (this scan may be timed to fit into one of your appointments)
- appointments plus growth scans every four weeks from 20 to 32 weeks and a scan at 34 weeks - you should also be offered an extra appointment without a scan at 16 weeks.

SCREENING FOR DOWN'S SYNDROME

Early in your pregnancy you should be offered screening tests to check whether any of your babies are likely to have Down's syndrome. Your doctor or midwife should tell you more about Down's syndrome, the tests you are being offered, what the results might mean and the decisions you might need to think about. You have the right to choose whether to have all, some or none of these tests. Screening tests can only indicate a possibility that a baby has Down's syndrome. Down's syndrome testing is most accurate between approximately 11 weeks and 13 weeks 6 days. Women who are carrying twins should be offered the combined test (an ultrasound scan and blood test) for Down's syndrome. It is not possible to offer a screening test for Down's syndrome for women having triplets.

Before you have your tests, your doctor or midwife should explain that if your babies share a placenta it may be possible only to work out their combined risk of Down's syndrome instead of each baby's risk. They should also explain that:

- The risk of a chromosomal abnormality is higher in multiple pregnancies than in singleton pregnancies
- The chance of a 'false positive' result (where the test shows that a baby is at high risk of Down's syndrome but they are found not to have the condition) is higher in multiple pregnancies
- You are more likely to be offered an invasive test for Down's syndrome such as amniocentesis (where a needle is used to extract a sample of amniotic fluid) or chorionic villus sample (where a needle is used to extract a sample of placental tissue) than women with singleton pregnancies, and there is a higher risk of complications from the test.
- If any of your babies have a high risk of Down's syndrome you should be referred to a fetal medicine specialist.

Ultrasound scans

If you had an early pregnancy scan you will be offered a dating scan between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due. You will be scanned to confirm the chorionicity of your pregnancy. This scan also forms part of a screening test for Down's syndrome. If it is not possible to see the chorionicity of your pregnancy at your first scan you should be referred to a specialist as soon as possible.

If your first visit to a healthcare professional about your pregnancy happens after you are 14 weeks pregnant, you should be offered a scan as soon as possible to find out the chorionicity of your pregnancy because it becomes more difficult to tell after this stage.

During your second trimester (weeks 14 to 28 of your pregnancy) you should be offered another scan, called the anomaly scan, to check for structural problems in your babies. This takes place between 18 weeks and 20 weeks 6 days and may last for up to 45 minutes.

- Monitoring for twin-to-twin transfusion syndrome (TTTS)
- Twin-to-twin transfusion syndrome only occurs in monochorionic pregnancies (where babies share a placenta; see page 3). It happens when problems in the blood vessels in the placenta lead to an unbalanced flow of blood between the babies. This can cause serious complications in both babies. If your pregnancy is monochorionic you should be monitored for signs of TTTS at your fortnightly ultrasound scans between 16 weeks and 24 weeks. If there are early signs that TTTS may be developing, you should have weekly scans and should be referred to a fetal medicine specialist. Monitoring for TTTS is not carried out until 16 weeks of pregnancy.

YOUR HEALTH DURING PREGNANCY

Pre-eclampsia

Pre-eclampsia is a type of high blood pressure that only happens in pregnancy and can cause complications for you and your babies. Women carrying more than one baby are at higher risk of developing pre-eclampsia. The risk is also higher if any of the following apply:

- this is your first pregnancy
- you are aged 40 or older
- your last pregnancy was more than 10 years ago
- you are very overweight (your BMI is over 35)
- you have a family history of pre-eclampsia.

If you are at higher risk of pre-eclampsia, your doctor should advise you to take 75 mg of aspirin once a day from 12 weeks of pregnancy until you give birth. At each antenatal appointment your blood pressure should be checked and your urine checked for the presence of protein (a sign of pre-eclampsia).

Anaemia

Anaemia is often caused by a lack of iron and is more common in multiple pregnancies than in single pregnancies. You should therefore be offered an extra blood test for anaemia compared with women with single pregnancies. This should be between 20 and 24 weeks and you should be offered an iron supplement if needed.

Preterm Labour

- Because there is a risk of going into labour early you need to contact the delivery suite if you think labour is starting. You start having painful contractions.
- You think your waters have gone.

You need to contact the midwife on delivery suite if you are concerned about your health or your babies but especially if you have:-

- A reduction in your babies movements.
- You have any bleeding
- You think your waters have gone
- You have constant abdominal pain
- You are experiencing contractions
- You have a headache, flashing lights in front of your eyes
- You have a sudden increase in abdominal size
- You suffer shortness of breath
- You have palpitations
- You are just concerned

Planning your birth

Early in your third trimester (from 29 weeks) your doctor or midwife should talk to you about when and how you may give birth to your babies. They should explain that women with multiple pregnancies usually go into labour earlier than women with singleton pregnancies, and that babies who are born early are more likely to need care in a specialist neonatal unit. Your doctor or midwife should explain all the risks and benefits of the possible options when planning your delivery. If your pregnancy has been without complications, you should be offered delivery from the following times depending on your pregnancy:

- 37 weeks if you are carrying dichorionic twins
- 36 weeks if you are carrying monochorionic twins
- 35 weeks if you are carrying triplets.

Having your babies at these times is not thought to increase the risk of health problems for your babies. You can choose not to have your babies at the times recommended here; however, continuing your pregnancy for longer may increase your risk of complications, including stillbirth. You will need to be monitored regularly to check that you and your babies are healthy. You should be offered weekly appointments with an obstetrician and should have a scan at each appointment (the babies' growth will be measured every 2 weeks on the scan).

If you are having an elective section before 37 weeks you will be offered a course of steroids (by injection) before your delivery. Steroids help to mature the lungs of premature babies, and reduce breathing problems after they are born.

More information - Multiple Births Foundation, 020 3313 3519 www.multiplebirths.org.uk; Twins and Multiple Births Association (TAMBA), 0800 138 0509 www.tamba.org.uk

Options available

If you'd like a large print, audio, Braille or a translated version of this booklet then please call **01253 655588**

Patient Relations Department

For information or advice please contact the Patient Relations Department via the following:

Tel: **01253 655588**
email: **patient.relations@bfnh.nhs.uk**

You can also write to us at:
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Whinney Heys Road
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Further information is available on our website: **www.bfnh.nhs.uk**

Travelling to our hospitals

For the best way to plan your journey to any of the local hospitals visit our travel website: **www.bfnhospitals.nhs.uk/departments/travel/**

Useful contact details

Hospital Switchboard:
01253 300000

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References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:
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01253 303397**



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