

Multiple Pregnancy

Maternity Department

Patient Information Leaflet

A large, light blue, stylized graphic of a hand with fingers spread, positioned in the background of the lower half of the page.

What is a multiple pregnancy?

A 'multiple pregnancy' is the term used when you are expecting two or more babies at the same time. It occurs in about one in 80 pregnancies. Fertility treatment increases the chances of multiple pregnancy.

This leaflet provides an overview of multiple pregnancy. It focuses

mainly on twins, but it is relevant to any pregnancy where more than one baby is expected. Further information and support are available from your midwife and obstetrician, and from the multiple pregnancy organisations listed at the end of this leaflet.

What are the different kinds of multiple pregnancy?

At your early ultrasound scan, which confirms whether you are carrying twins or triplets, it is important to find out the ‘chorionicity’ of your pregnancy. This is to help identify whether your babies share a placenta, and it is important because babies who share a placenta have a higher risk of complications.

Twins can be:

- **Dichorionic Diamniotic (DCDA)** – if two eggs are fertilised or if one egg splits soon after fertilisation, each baby has its own placenta with its own outer membrane called a ‘chorion’ and its own amniotic sac.
- **Monochorionic Diamniotic (MCDA)** – if the fertilised egg splits a little later, the babies share a placenta and chorion, but they each have their own amniotic sac. These babies are always identical.
- **Monochorionic Monoamniotic (MCMA)** – much less commonly, the fertilised egg splits later still and the babies share the placenta and chorion and are inside the same amniotic sac. These babies are always identical. This is rare and carries additional risks.

Similarly, triplets can be tri-chorionic (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), or monochorionic (all three babies share a placenta and chorion).

If your babies share a placenta, they are identical or ‘monozygotic’.

Most babies who do not share a placenta are non-identical or 'dizygotic'. However, it is possible for babies not sharing a placenta to be identical as well. This is because nearly a third of monozygotic or identical twins will each have their own placenta and will therefore have the same appearance on ultrasound scans as the DCDA (non-identical or dizygotic) twins.

What does a multiple pregnancy mean for you?

Most multiple pregnancies are healthy pregnancies; however, there is a higher risk of some complications and for this reason you will be referred to a consultant obstetrician and extra appointments and ultrasound scans will be recommended in your pregnancy.

Having a multiple pregnancy may increase your chances of developing common pregnancy symptoms such as sickness, heartburn, varicose veins, backache, tiredness and swollen ankles.

It can also increase your risk of conditions that can develop in pregnancy including:

Anaemia – caused by a shortage of iron in your blood. Extra blood tests may be offered and you may be given iron tablets to treat this.

Pre-eclampsia – a condition that causes high blood pressure and protein in your urine. You will have regular blood pressure and urine checks and will be advised to take low dose aspirin from 12 weeks of pregnancy to reduce the risk of developing pre-eclampsia.

Gestational diabetes (diabetes that develops when you are pregnant) – you may require a glucose test in your pregnancy if you are at risk of this.

What does multiple pregnancy mean for your babies?

Prematurity

You are more likely to have your babies early if you are expecting twins or triplets:

- About 60 in 100 sets of twins will be born spontaneously before 37 weeks of pregnancy.
- About 75 in 100 sets of triplets will be born spontaneously before 35 weeks.
- In comparison, only about 10 in 100 women who are pregnant with one baby will give birth before 37 weeks.

Having a baby born early can be worrying and distressing for parents. Your babies are more likely to need special care after birth. Your doctor or midwife will be happy to talk to you about this and can give you information about support groups that you might find helpful.

Problems with growth

Having twins increases the chance of the placenta (or placentas) not working as well as it (or they) should. This can affect the babies' growth and wellbeing.

You will offered extra ultrasound scans to monitor you babies' growth more closely. The frequency of these scan will be depend on whether your babies share a placenta or not.

Twin-to-twin transfusion syndrome (TTTS)

Twins sharing a placenta (monochorionic pregnancies) also share the blood supply. In around 15 in 100 monochorionic twin pregnancies, the blood flow may be unbalanced. We call this twin-to-twin transfusion syndrome (TTTS). One baby, the 'donor', receives too little blood and has a low blood pressure while the other baby, the 'recipient', receives too much blood and has a high blood pressure.

You will be monitored with frequent scans for signs of TTTS. It can be mild and may not require any treatment, or it can be serious, in which case you will be offered treatment in a hospital with specialist expertise.

Can I still have screening for Down syndrome and other abnormalities?

You will be offered a scan at about 12 to 14 weeks to screen for chromosomal conditions such as Down's syndrome. Even in multiple pregnancies, blood tests taken at the same time can be combined with the scan results to assess the risk of one or both of your babies having a chromosome abnormality

For further information, refer to the UK National Screening Committee: <https://www.gov.uk/topic/population-screening-programmes/fetal-anomaly>

You will also be offered another scan at around 20 weeks to look at your babies' development. The chance of these tests finding an abnormality specialist team will be able to offer you advice if the screening shows any potential concerns with your pregnancy.

Where should I have my babies?

You will be advised to give birth in a consultant-led maternity unit with a Neonatal Unit so that you and your babies can be cared for by Specialists

When should my babies be born?

You may go into labour early with multiple pregnancy. Even if you don't, you will probably be advised to have your babies before your due date (elective birth). This is done either by having labour started off (induced) or by having a caesarean section.

The exact timing of delivery for multiple pregnancy depends on individual circumstances. However, if your pregnancy has been uncomplicated, it is advised that you should be offered elective birth from:

- **37 weeks** of pregnancy if you are carrying DCDA twins.
- **36 weeks** if you are carrying MCDA twins
- **32- 34 weeks** if you are carrying MCMA twins
- **35 weeks** if you are carrying triplets.

However, if there are any concerns about the babies, the doctor may suggest delivery earlier than usual. If you have any concerns about having your babies born at these recommended times, you should talk to your healthcare professional, as continuing the pregnancy beyond these dates increases the risk of harm to your babies.

Preterm birth

In preparation for a planned or unplanned early (preterm) birth of twins or triplets, we recommend that you receive **steroid injections** to help prepare your babies' lungs for birth.

We will encourage you to express some **Colostrum** (the first breast milk produced during pregnancy and immediately after the birth). Colostrum is extremely rich in growth and protective factors, which can help to protect your babies from infection and complications of preterm birth.

Breast milk is best for newborn babies, and your body should produce enough milk for your babies. If you encounter difficulties, our midwives and infant feeding specialists are available to offer you the advice and support you need.

What are my birth options?

You will be able to discuss your birth plan with your midwife and obstetrician. The advice given on whether to have a vaginal birth or a

caesarean section will depend on several factors, including the position of the placenta(s), how the babies are growing and whether you have had a previous caesarean section.

Twins

If the baby nearest to the neck of the womb (often called the presenting twin) is head-down and you have no other complications, then you should be able to have a vaginal birth if you wish.

The position of your second twin can change after the first baby is born and should not influence how you choose to give birth.

If the baby nearest to the neck of the womb (cervix) is bottom-down (breech) towards the end of the pregnancy, a caesarean section is usually recommended.

Both vaginal birth and caesarean section have benefits and risks, and it is important to consider the options carefully and to talk about your individual situation with your healthcare professionals.

If you have decided to have a caesarean section but go into labour naturally, you should go straight to hospital. The operation will be done as soon as possible. However, occasionally labour may be too advanced, and it may be safer for you and your babies if they are born vaginally. If you go into labour very early in the pregnancy, you may be advised that it would be better for your twins to be born vaginally.

Triplets, quadruplets and mono-amniotic twins

These babies are usually delivered by caesarean section unless you are in very premature labour or you give birth to the first baby very quickly.

Your own preference is important and you should be given enough time to consider all of the relevant information before deciding what suits you best.

Labour and birth

Monitoring your babies' heartbeats during labour is recommended as it shows how well they are coping. However, it may make it less easy for you to move around. Your first baby's heartbeat may be monitored by applying a clip onto your baby's head via your vagina.

You may wish to have an epidural for pain relief. This can be helpful if any complications arise and your babies need to be delivered by caesarean section, forceps or suction cup (vacuum/ventouse). It is not essential and the alternatives should be discussed with you.

After your first baby is born, the cord will be clamped and cut in the usual way, but the placenta will stay inside the womb until your second baby has been born.

Your midwives and doctors will check whether your second baby is coming head-first or bottom-first by feeling your tummy, doing an internal examination and by carrying out an ultrasound scan. As your second baby comes down the birth canal, the second bag of waters may be broken. A normal birth usually follows within about 30 minutes to an hour.

Although it is uncommon for the first twin to be born vaginally and the second to be born by caesarean section, it can occur if the second baby needs to be delivered urgently and/or a vaginal birth would be unsafe. This can happen in anywhere between two and 10 in 100 vaginal twin births.

The delivery room may seem crowded when your twins are being born. There will be at least one midwife, but two are often present. An obstetrician will be in the delivery room or close at hand. Doctors and nurses specialising in the care of newborn babies may also be present, and an anaesthetist might be there to make sure that your pain is controlled. The staff can help you and answer any questions you have.

When to seek advice

The following symptoms before 37 weeks of pregnancy could be signs that you are about to go in to labour:

- An increase in pelvic pressure within the vagina or rectum.
- An increase in discharge or gush/ trickling of fluid, which could mean your waters have broken.
- Bleeding or losing your mucous plug.
- Period type pains in your abdomen or lower back.

How will I cope with two babies at once?

Twins often come early, and you will have a bigger bump than if you were having just one baby. You might consider stopping work early, possibly at around 28 weeks.

When the babies are born, it will be a very busy time for any household, but it is made much easier if you are supported and accept help when it is offered. Establishing a routine as early as possible will help. Look out for activities and support groups in your local area.

Further information

Twins & Multiple Births Association (TAMBA): www.tamba.org.uk

The Multiple Births Foundation: www.multiplebirths.org.uk

National Institute for Health and Care Excellence (NICE): Multiple pregnancy: Antenatal care for twin and triplet pregnancies: www.nice.org.uk/guidance/cg129/informationforpublic

UK National Screening Committee: www.gov.uk/topic/population-screening-programmes/fetal-anomaly

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

The Antenatal Clinic

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/maternity/maternity-information-leaflets/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

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