Care schedule for women with a twin pregnancy

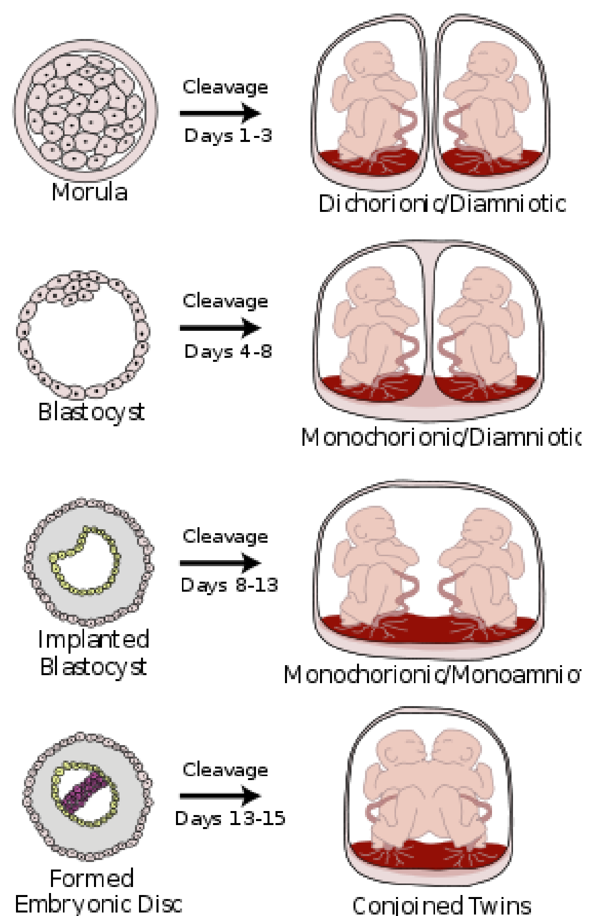
Congratulations on being pregnant with twins. This information sheet is intended to outline the schedule of scans, treatments and appointments for you.

Scans

Women carrying twins need more than the usual two scans booked for women carrying one baby, as you are more likely to have your babies early and to experience common pregnancy-related health problems.

At your scan around 11-13 weeks it is usually possible to identify if the babies are sharing a placenta (called monochorionic or MC), or have one each (dichorionic, DC). Twins can come from two fertilised eggs (always DC type), or from one which splits in two within days of fertilisation (can be either DC or MC types).

See diagrams for more information, source www.obmd.com/content/get_content/infos/76



Babies who share a placenta need more scans more often, as they may develop twin to twin transfusion syndrome. This rare condition affects only 1 in 6 pregnancies[1] where the twins share a placenta but needs close monitoring.

Mothers with MC twins should have scans every two weeks from 16 weeks onwards.

Mothers with DC twins need scans every four weeks from 20 weeks onwards.

More frequent scans may be offered on the advice of the obstetrician (doctor specialising in pregnancy and birth), if there is a medical need.

Premature (early) birth

All mothers carrying twins have an increased chance of giving birth early [2]:

- 1 in 10 sets of twins are born between 20 and 28 weeks of pregnancy.
- 1 set in 3 are born between 29 and 34 weeks.
- 8 out of ten sets are born by 37 weeks.

For this reason, we recommend a short course of steroid tablets at 24+ to 26 weeks into pregnancy, taken as just two doses 12 hours apart on one occasion. The steroids are for the babies' benefit to allow them to make a substance called surfactant which helps to open up their lungs when they take their first breath. There is an information sheet about steroid therapy (available from the maternity section of the hospital website www.royalberkshire.nhs.uk/maternity or your midwife).

If you have any concerns that you may be going into premature labour, such as noticing more frequent tightening/contractions or your waters breaking, please phone us on 0118 322 7304. The line is staffed 24 hours a day by an experienced midwife specifically to support enquiries from women who think they are going into labour.

Birth of twins

We recommend that twins are born in hospital where there are facilities for prompt care of possibly premature babies, and for Caesarean or breech delivery as both are more common in twin births.

If the twin lowest in the pelvis (known as twin 1) is coming head first (cephalic) then, provided the monitoring of both babies' heartbeats is normal, vaginal delivery is both safe and possible. If twin 1 is a breech baby (bottom or foot first) or lying sideways across the uterus, then Caesarean is the safest option. The vast majority of mothers whose first twin is born vaginally will deliver their second baby the same way, although many second twins are born as breech babies even if the first was head first.

We will advise early delivery if there is concern about your health, or that of either baby. In these circumstances, you may be advised to have an induction or Caesarean delivery.

In healthy twin pregnancies, you will be offered the opportunity for induction of labour around 37+ to 38+ weeks. Only about two mothers in every 100 with twins go beyond 38 to 39 weeks of pregnancy. There is an information sheet about induction of labour.

If you are admitted for an induction of labour, you will be looked after in a side room on the Delivery Suite until you are contracting regularly.

Both babies will be scanned before we monitor their heartbeats. Heartbeats will be recorded on a computer and there are tools on the system to ensure they are split to be seen clearly and separately. The midwife will 'score' each baby's heartbeat every hour, and this will be independently checked by a second midwife.

Most twin births are completed in the obstetric theatre suite. The suite has bigger rooms, and as both more staff and equipment are needed, it is the most appropriate place. There

will be at least one midwife, but usually two, a senior obstetrician (doctor specialising in pregnancy and birth), their junior colleague, an anaesthetist and a theatre technician at the very minimum. If the babies are either premature or being delivered by Caesarean section, then at least one paediatrician (doctor specialising in child health) will also be present. We will also need a team of theatre nurses if a Caesarean is required. All these members of staff have very specific roles in your care, and no-one's presence is unnecessary.

Postnatal care

If the babies are well and old enough to suck for themselves (more than 35 weeks usually), they will be transferred to the postnatal beds on Iffley Ward with you. There are both midwives and nursery nurses on this ward to help you establish feeding and care routines.

If your babies need to go to the Neonatal Unit (Buscot Ward) for any reason (usually prematurity) you may be transferred to a postnatal bed on Marsh Ward. The midwives there will care for you and ensure you spend as much time as possible with your babies in the Neonatal Unit.

We are able to offer mothers whose babies need special care up to a five day stay in the Maternity Unit, and there is a pre-discharge flat on Buscot Ward for both parents if your babies need a long stay in hospital so that you can spend a couple of days 'rooming in' before they come home. In the time between, we do not have facilities to stay in or near the hospital as a matter of routine.

References

1. Wee, L.Y. and Fisk N. M. 2002. The twin-twin transfusion syndrome. Semin Neonatol.7 (3):187-202.
2. RBFT Maternity Services annual report data: twin births at each week of pregnancy 1998-2010

This document can be made available in other languages and formats upon request.

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