

## Birth of twins – what you need to know

Welcome to the Delivery Suite for the birth of your babies where you will be looked after by a multidisciplinary team throughout the three stages of your labour. Your chance of vaginal birth is approximately 55% but twin deliveries are unpredictable and therefore we would like to give you some information in early labour to add to what you will already have learnt during your pregnancy. Please take a few minutes to read this information and if you have any further questions please ask.

### What will happen during the first stage of labour? (*Cervix dilates from 4cm to 10cm*)

During the 1<sup>st</sup> stage of labour your midwife will usually recommend monitoring the heart rate of twin 2 using a monitor attached to your abdomen and monitoring twin 1 by attaching a small clip to the baby's head to ensure both heart rates are monitored.

Your midwife will ask to take blood samples from you and insert a cannula into your vein. The cannula is important in case you bleed heavily, need medication for any reason or need an emergency operation.

You will be seen by the doctor who will supervise delivery of your babies (obstetrician) who will talk to you about the plans for birth. Twin deliveries usually occur in an operating theatre because there is more space and better lighting. However if you have given birth before without complications and your labour progresses normally with your babies in good positions it may be possible for you to deliver in a normal delivery room. The team caring for you will always be planning the safest care for you and your babies and this will be discussed with you. You will be asked to sign a consent form if the delivery is likely to take place in the theatre.

You will also be seen by the doctor who will offer pain relief (anaesthetist). They will explain the benefits of having an epidural sited in twin delivery. Second twins are at increased risk of having their oxygen supply interrupted in labour. Prompt delivery of the second twin can minimise this risk and an effective epidural minimises the time taken to deliver your second baby.



### The second stage of labour (*Cervix 10 cm dilated and pushing the babies out*)

When your cervix is fully dilated and twin 1 has descended into your pelvis, you will begin 'active pushing'. When the head of twin 1 becomes visible, you will be transferred to the operating theatre as discussed above, where the birth will take place. There will be several staff present but we keep these to essential staff only.

The process of delivering the second twin can be complex. 28 out of 100 twins need an instrumental delivery and 6 out of 100 will need a Caesarean section to deliver the second baby, even if the first is born vaginally. Ideally, the second twin should be delivered between 15 and 30 minutes of the 1<sup>st</sup> baby. Sometimes the second twin will need urgent assistance to turn into an appropriate position for delivery. The obstetrician may need to perform special manoeuvres (internal podalic version or breech extraction) to help deliver the baby safely. These can be painful, hence the benefit of an epidural.

### The third stage of labour (*Removing the placenta*)

Prompt delivery of the placenta reduces blood loss (post-partum haemorrhage). We offer medication to help with the separation and delivery of the placenta rather than waiting for it to deliver naturally. Your midwife will talk to you about this earlier in the labour.

Your midwife and doctor will discuss your care with you throughout your birth but please do not hesitate to ask questions. We want this to be a safe and positive experience for you.