

**RUH**

## Patient information: Multiple pregnancy and birth



**This leaflet contains advice and guidance for pregnant women who are expecting twins or triplets**

## Contents

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The aim of this leaflet	3
Identical and non-identical twins	3
Antenatal care	4
Risk of premature birth	5
Adequate rest and stopping work	6
Physiotherapy referral	6
Care in labour	7
Neonatal Intensive Care Unit (NICU)	8
Feeding your babies	9
'Skin to skin' contact	9
Postnatal support	10
Local and national services available to help you	11

Every year we look after many mothers who are expecting twins, and occasionally triplets. We are very aware of the surprise (whether it be delight or total shock) that you may have experienced when you were told that you were expecting more than one baby.

## The aim of this leaflet

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Any unplanned situation has the potential to be more stressful, so this booklet aims to give you that extra information you may need because you are having more than one baby. This information leaflet includes information about:

- identical and non-identical twins
- antenatal care
- care in labour
- special care baby unit
- feeding your babies
- postnatal support

At the end of the booklet you will find a list of local and national services available to help you.

## Identical and non-identical twins

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Most twins are non-identical and occur when two separate eggs are fertilised by two separate sperm. (Dichorionic diamniotic DCDA). They can be the same or different sex and are no more alike than brothers or sisters. There will always be two placentae although they may be joined.

Identical twins occur when one fertilised egg splits during the first 14 days after fertilisation. These twins are always the same sex and have the same genetic make-up and are therefore very similar in appearance. There is usually only one placenta.

These twins may be in separate sacs (monochorionic, diamniotic MCDA) or, more rarely, they may develop in the same sac (monochorionic monoamniotic MCMA)

## Antenatal care

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### Antenatal appointments

As you are having more than one baby the Community Midwife or General Practitioner (GP) will book you under the care of a hospital Consultant. During your pregnancy you will be asked to attend the hospital Antenatal Clinic so that the hospital team can monitor your pregnancy closely.

As well as attending the hospital regularly for antenatal checks your GP and Community Midwife will continue to see you to provide on-going support. They will carry out routine checks that will include taking your blood pressure and testing your urine for protein. Pre-eclampsia, which causes high blood pressure, is a possible complication that is more common in multiple pregnancies.

### Folic acid and iron supplements

Anaemia is more common in a multiple pregnancy due to the extra demands on your iron stores. Many women expecting more than one baby need to take iron supplements. Your community midwife will check your blood iron levels.

### Antenatal screening

All screening tests will be discussed with you in detail by your doctor or midwife. The main screening test offered to mothers with a multiple pregnancy is a detailed scan at 18-20 weeks to check the major physical structures of the babies.

First trimester screening will be offered from 11 weeks and 2 days up to 14 weeks and 1 day, to assess your babies' risk for Down's syndrome. This involves a scan and a blood test and is the screening offered in twin pregnancies. This will be discussed at your booking visit with the midwife and you will be given a leaflet on screening. It is up to you to decide if screening is the right choice for you.

## Scans

As well as a detailed scan at 18-20 weeks, for non-identical twins we recommend regular growth scans from 24 weeks. Your partner or supporter is welcome to attend these scans. We do try to coordinate your scans with your antenatal clinic visits where possible.

Growth scans measure the size of the babies' abdomens and heads to assess their individual growth, and the volume of amniotic fluid (water) around them. The blood flow through the babies' umbilical arteries may also be measured. These scans check that each baby is growing well.

Monochorionic (identical) twins will need more frequent scans than dichorionic (non-identical) twins because of the risk of twin-to-twin transfusion syndrome. Although not common, if this problem does occur, your pregnancy needs to be monitored very closely by a fetal medicine consultant. For more information, please refer to the patient information leaflet on twin-to-twin transfusion syndrome.

## Risk of premature birth

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The average length of a pregnancy is 37 weeks for twins and 33 weeks for triplets. We recommend that you prepare your bags to bring into hospital for you and your babies by 34 weeks (or 28

weeks if carrying triplets) in case you go into labour early.

Steroid injections will be recommended to help mature your babies' lungs if you show any signs of premature labour or if your consultant thinks your babies may need early delivery. These injections reduce the risk of breathing difficulties after birth.

Many twins born before 36 weeks need admission to a Neonatal Intensive Care Unit (NICU). Mothers with a multiple pregnancy sometimes need to be transferred to other local or regional hospitals for delivery if the babies are very premature and/or the local NICU is full. The babies are often then transferred back to the local NICU as soon as possible and will usually need to stay there until near your original due date.

## Adequate rest and stopping work

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Adequate rest is very important if you have a multiple pregnancy. Many women feel ready to stop work between weeks 26-30. You may want to try to arrange some time in the day for a rest to help you cope with possible tiredness, breathlessness, backache and swollen ankles. If you have other children, it might help to draw up a list of people who could help you care for them.

If you don't have family or friends locally, try to find time to meet other mums through a local playgroup, mother and toddler group or twins club. Your health visitor will have a list of local groups.

## Physiotherapy Referral

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Backache and pelvic joint discomfort are common in multiple pregnancies because of increased hormone activity and the rapidly increasing weight you are carrying. Information leaflets are available in the hospital antenatal clinic. If your problems are becoming severe, it is important that you discuss them with your midwife or doctor as you may need to see a physiotherapist.

It is important to remember to do your pelvic floor exercises. The extra weight you are carrying puts added strain on the pelvic floor muscles and if they are not strengthened by exercise they may become weak and allow leakage from your bladder.

## Care in labour

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Towards the end of your pregnancy the obstetric team in charge of your care will decide with you the best time for you to have your babies. This will depend on how your pregnancy is progressing. You may go into labour naturally or you may be offered induction of labour after 37/38 weeks. Induction may be offered because you will probably be carrying much more weight than most mothers at 40 weeks.

Many mothers having twins will give birth vaginally but there is a chance that you may need to have a caesarean section. You will have plenty of opportunity to discuss the options for the birth of your babies at your hospital clinic visits. If the first baby (twin 1) is coming head first, it is usual to recommend to try for a vaginal birth. However, if twin 1 is breech (bottom first) or in any position other than head first at the time of delivery, then a caesarean section will be recommended as the safest option. Your consultant will discuss this with you.

Due to the very big risks involved with labour and vaginal delivery for each of the babies, a caesarean section will usually be advised for identical twins sharing the same sac or for triplets.

When you think you are in early labour or if your waters have broken, you are advised to contact the hospital at the earliest opportunity. It is recommended that your babies' heartbeats are monitored closely throughout labour to check that both are coping well with the contractions.

There are different types of pain relief that are available and these will be discussed with you. Epidurals are often recommended in labour in preparation for the birth of your second baby, who may need to be helped into a better position for delivery. There will be extra midwives and medical staff in your labour room at the time of delivery to help look after you, your partner and your babies.

At the time of the birth you may need to have a hormone drip in your arm (an intravenous infusion). The hormone is called oxytocin and makes your womb contract. This will ensure your contractions remain strong for the birth of your second baby and will help prevent heavy blood loss afterwards.

There is a very small chance that a caesarean section will be necessary for the delivery of your second baby even if your first baby is born vaginally.

## Neonatal Intensive Care Unit (NICU)

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Babies are admitted to the NICU for several reasons, the most common being:

- The babies have been born prematurely: this means being born before 36 weeks. The babies' organs may not be fully mature and this can sometimes mean that they find breathing, feeding and keeping warm more difficult initially. Extremely premature babies may be transferred to a neighbouring unit with Neonatal Intensive Care facilities. However, in most cases mothers will be transferred before the birth occurs.
- The babies are smaller than they should be for their age: small babies (less than 2 kg at birth) often find feeding an effort and are admitted to be fed by intravenous drip or naso-gastric tube.



- The babies have breathing difficulties: sometimes some of the fluid which is in the baby's lungs whilst in the womb is still in there after birth, causing the baby to make grunting noises and require oxygen therapy.

If your babies need admission to the Neonatal Intensive Care Unit you, your partner and any brothers and sisters can visit them at any time and you are encouraged to spend as much time as you can with your babies. You will be given full information on their condition and on any treatment they need. If your babies are transferred to another regional NICU, arrangements will be made for you to accompany them.

Some babies need to stay in NICU for just a few hours and others need to stay for a number of weeks. The babies must be feeding well, able to keep themselves warm in a cot and be gaining weight adequately before they go home. Twins are normally kept together but if they are ready for discharge at very different times, the staff on NICU will help you decide what to do.

## Feeding your babies

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It is up to you to decide how to feed your babies and you will be given advice and support for whichever method of feeding you choose. Your community midwife will give you written information about feeding your babies and will discuss it with you.

## 'Skin-to-skin' contact

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Both breast- and bottle-feeding mothers are encouraged to have 'skin-to-skin' contact with their babies soon after the birth, wherever possible. Even if your babies go to NICU, you can still do this at a later time.

## Postnatal support

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If available, you will be offered a side room or extra space beside your bed on the postnatal ward to give you more room for your babies. Extra help and support with feeding will also be given by the midwifery staff, but the more your partner can be present in the first few days to help you, the better.

It will also be helpful to you if your partner can make sure you are not overwhelmed with visitors for the first few days as it can be a wonderful but very tiring time.

Do let your family and friends know that you may need some help, both before and after the babies arrive. When help is offered, be specific about what help you need. Talking to other mums with multiple births may help to reduce any anxieties you may have, so contact a twins group (see page 11) or ask your midwife if she knows another mum with twins or triplets with whom she can put you in touch.

Postnatal depression is more common in mums with multiple births so it is very important that you or your partner tell your midwife, GP or health visitor if you are feeling low. They will then offer you extra support. Consider paid help, if only short term, particularly if you have no family locally. Health visitors may be able to advise you on other sources of help.

Many mothers of twins and triplets say they feel better if they manage to get out of the house for a short walk with their babies in a pram or buggy each day, weather permitting.

Fatigue can cause you to feel irritable and make you lose your sense of humour. For this reason you are advised to rest when you have the chance. Partners and grandparents can be an enormous support at this time by staying calm and encouraging.

## Local and national services available to help you

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### **Twins Club**

Email: [enquiries@twinsclub.co.uk](mailto:enquiries@twinsclub.co.uk)

### **National Childbirth Trust (N.C.T.) Breastfeeding Line**

8am-10pm, 7 days a week: 0300 3300771

### **Association of Breastfeeding Mothers**

9.30am-10.30pm, 7 days a week: 08444 122949

### **Twins & Multiple Birth Association (TAMBA)**

0870 7703305

[www.tamba.org.uk](http://www.tamba.org.uk) Email: [enquiries@tamba.org](mailto:enquiries@tamba.org)

### **TAMBA Confidential Helpline (Twinline)**

Freephone 0800 1380509

Weekdays 7pm-10pm

Weekends 10.00am-10pm

### **Multiple Birth Foundation**

02083 833519 – only zygosity testing available at present but a range of publications are available at [www.multiplebirths.org.uk](http://www.multiplebirths.org.uk)

### **Twin-to-Twin Transfusion Syndrome Association**

[www.twin2twin.org](http://www.twin2twin.org)

### **Bliss**

0870 7700337 – National Charity for the newborn, specialising in premature births

[www.bliss.org.uk](http://www.bliss.org.uk).

## Contact telephone numbers:

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### **Monday-Thursday 9am-5pm and Friday 9am-1pm:**

- Antenatal clinic 01225 824659
- Antenatal reception 01225 824645