

Multiple pregnancy

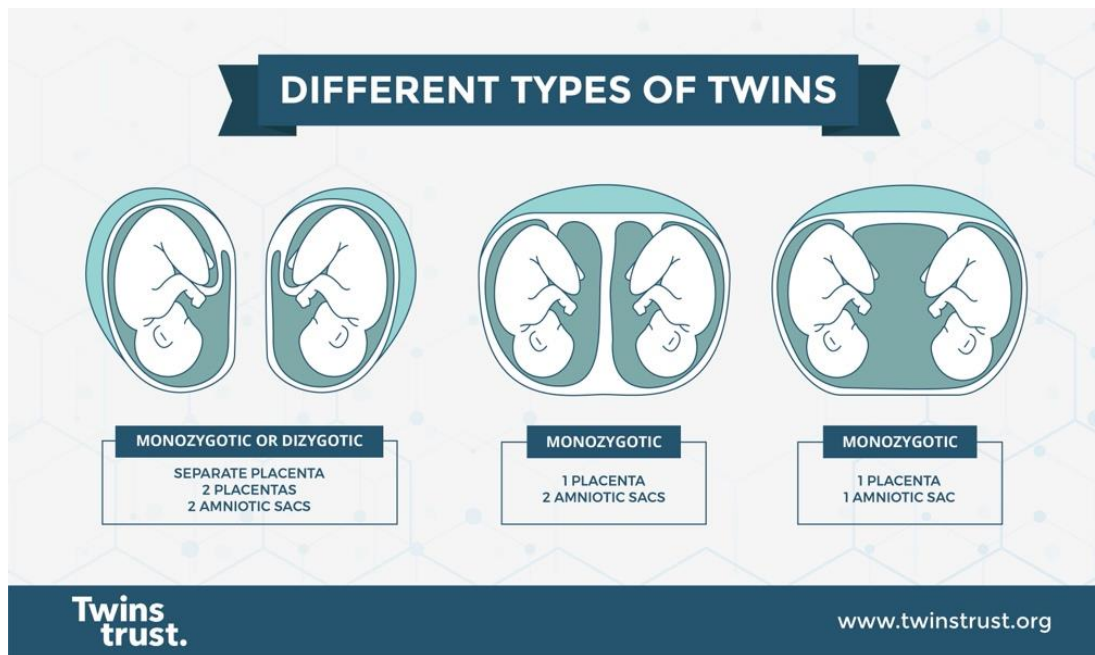
Maternity Information

Finding out you are having twins, triplets or even quadruplets can be exciting, but it may also bring worries and concerns for you, your partner and family members. If you are expecting more than one baby, it is important that you are well prepared for the changes that will take place both during your pregnancy and after the babies' birth. We hope this leaflet will help.

Types of twin pregnancy

It is important to understand the type of twins that you are carrying, if your babies share a placenta or an amniotic sac this can come with additional risks. Twin pregnancies 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 some additional risks.
- Twins can also be classified as **dizygotic** (non-identical), meaning two eggs are produced at the same time and each fertilised by different sperm, or **monozygotic** (identical, accounting for 1/3 of all twins), where a single egg is fertilised by a sperm then splits in to two.



What does a multiple pregnancy mean for me?

It is important to know that most women with multiple pregnancies have healthy pregnancies and healthy babies. However, there is a higher risk of some complications and for this reason you will be referred to a consultant obstetrician and have extra appointments and ultrasound scans 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. You will need to have an extra blood test and might require iron tablets if your iron levels are low.
- **Pre-eclampsia** – a condition that causes high blood pressure and protein in your urine. For this reason, you will have regular blood pressure and urine checks and will be advised to take aspirin if you are at a higher risk of 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.

During and after your delivery, a multiple pregnancy may increase your risk of:

- Needing a caesarean or assisted vaginal birth to help deliver your babies
- Post-partum haemorrhage, which is heavier than usual bleeding after the birth



What does it mean for my babies?

Your babies may have a higher risk of the following:

- **Prematurity** – your babies are more likely to be born early. Approximately 60 in 100 twin pregnancies result in spontaneous birth before 37 weeks and most of these will be born between 34 and 37 weeks. This can increase their risk of problems with breathing, feeding and infection. They may need to be looked after in a neonatal unit. If we are anticipating that your babies will be born early, you may be offered steroids to help your babies' lungs mature.
- **Problems with growth** – approximately 20-30% of twins may have restricted growth. For this reason, you will have more frequent scans to monitor their growth and you may be referred to a specialist unit (St Michael's Hospital, Bristol) if there are any concerns.
- **Twin to Twin Transfusion Syndrome (TTTS)** – this is only a risk associated with twins who share a placenta (monochorionic twins). 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.

If you have monochorionic twins, you will be monitored for Twin to Twin Transfusion Syndrome and other complications with frequent scans. You will be looked after by the specialist Fetal Medicine Unit (FMU) at St Michael's Hospital in Bristol until you are at least 28 weeks. You will have access to a specialist midwife based at St Michael's Hospital.

Screening tests and scans in your pregnancy

Like all women, you will be offered a scan at about 11–14 weeks (in the first trimester) to screen for chromosomal conditions such as Down syndrome. In twin pregnancies, this screening is available in the same way as in other pregnancies. The risks are calculated using a measurement of the fluid at the back of each babies' neck. It also considers your age and the results of a blood test from you. This first ultrasound scan also aims to confirm the number of fetuses, how many placentas there are, and whether they are in separate chorionic and amniotic sacs.

If you have not been able to have screening for Downs syndrome before 14+1 weeks and you would like to consider it, please discuss this with your midwife and obstetrician who will give you more information and discuss the potential options.

You will also be offered a scan between 18 weeks and 20 weeks and 6 days which is often called the 'anomaly scan.' In this scan we will check the anatomy of your babies in more detail to check for any abnormalities or conditions. At this time, we can also try to identify the gender of your babies if you would like. This scan cannot identify all abnormalities, but aims to identify significant anomalies.

In addition to these screening tests, you will be offered extra scans at regular intervals throughout your pregnancy (depending on your type of multiple

pregnancy) to assess your babies' growth and the amount of amniotic fluid surrounding them.

Where will I have my babies?

You will be advised to give birth in a consultant-led maternity unit (in hospital). If any complications arise you are in the safest environment possible. This will enable you and your babies' to be treated appropriately by our team of midwives, obstetricians, paediatricians and anaesthetists. It also means you are close to the theatres and special baby care unit if these are needed.

When will I have my babies?

The average length of a pregnancy depends on how many babies you are expecting and on the babies' growth and your health. In an uncomplicated pregnancy:

- a single baby usually arrives at around 40 weeks
- twins usually arrive around 36 -38 weeks
- triplets usually arrive at around 33 weeks

Labour can either start spontaneously or be started artificially (induction of labour). Spontaneous labour often starts earlier in multiple pregnancies. In uncomplicated multiple pregnancies, national recommendations suggest that your obstetrician should offer elective birth (either induction of labour or a planned caesarean birth):

- from 36 weeks if you have monochorionic twins
- from 37 weeks if you have dichorionic twins
- from 35 weeks if you have triplets (depending on how many placentas the triplets have)

It may be advisable to offer you induction or perform a caesarean before these timing guidelines, if your babies' or your health would be at risk by continuing with the pregnancy.

The planned timing of your birth will depend on your individual circumstances, but you will be able to discuss your birth plan and preferences with your midwife and obstetrician.

How can I birth my babies?

Your decision to have a vaginal birth or a caesarean will depend on several factors, including the position of the babies and the placentas, how the babies are growing, and if you have had a caesarean or other surgery previously.

It is possible to have a normal vaginal birth; however with a multiple pregnancy there is a higher chance of requiring some intervention (such as forceps, ventouse or caesarean birth). If the first baby is head first then it is often recommended to try for a vaginal birth. If the first baby is breech (i.e. bottom first) at the time of birth

then a caesarean may be recommended. There is a very small chance (less than 1 in 20) that the second baby may be delivered by a caesarean even if the first baby was birthed vaginally. This may be because it is difficult to birth your baby in the position it is in, or because the electronic tracing of your baby's heart is abnormal. There is currently no evidence to suggest that a planned caesarean birth is any safer for you or your babies compared to a planned vaginal birth (as long your babies are head first, you have not had a caesarean previously and there are no other complications).

If you have a vaginal birth:

- We will recommend that you have a drip inserted in your arm, in case you need any extra fluids or a hormone drip (to help increase your contractions and prevent blood loss after the babies have been born)
- It is also recommended that your babies' heart rates are continuously monitored-using electronic fetal monitoring, during your labour and birth. This helps midwives and medical staff manage your labour and birth safely.
- There are lots of different options available for pain relief during your labour, including gas and air, medications such as pethidine, and an epidural. These options can all be discussed with you in more detail before and during your labour.
- After the birth of your first baby, a midwife or an obstetrician may hold your abdomen firmly to help keep the second baby in a good position (head or bottom down, rather than lying across your uterus)
- Once you have birthed your babies, we would recommend active rather than natural birth of your placenta(s). This means giving an injection of oxytocin into your muscle shortly after birth to help contract the uterus and expel the placenta. This helps reduce the risk of blood loss.
- There is an increased risk that a caesarean may be needed in labour, and this may be prompted by several possible scenarios, such as your babies moving into difficult positions, concerns about the monitoring of your babies, slow progress in labour, or if assisted birth (forceps or ventouse) doesn't work.

If you have a caesarean birth (this will all be discussed with you in advance of your planned operation):

- Standard preparation for a caesarean birth involves avoiding food and drink for several hours. Unless you require a general anaesthetic (which is rare), your birth partner will be able to come with you into the operating theatre. You will need to sign a consent form and will have the opportunity to ask any questions you may have before the operation. A drip will be inserted into your arm or hand so that you can have some fluid and medications during the procedure.
- In most situations, you will be given a spinal anaesthetic which means that you will be awake for the procedure and you will feel touch and pressure but you will not feel pain. A catheter tube will be inserted into your bladder once the anaesthetic is working and this will usually stay in until the anaesthetic has worn off after the birth. A drape will be set up to form a screen so that neither you nor your birth partner can see the operation – although this can be lowered if you wish as your babies' are being born.

- As long as there are no concerns about the babies' wellbeing, we will ensure there is delayed cord clamping (which is beneficial for your babies) and you will have the opportunity for skin-to-skin contact with your babies once they have been checked by the Neonatal Team.

Regardless of how you birth your babies, it is likely that there will be more staff present for the birth than if you were only having one baby. There may be senior midwives and obstetricians present along with an anaesthetist and neonatal doctors and nurses to help look after the babies.

What happens after I have birthed my babies?

After you have birthed your babies, you will either be on the Bath Birthing Centre (delivery suite) or the postnatal ward, where you will be supported with caring for your babies (to include support with your chosen method of feeding). You may like to consider expressing colostrum towards the end of your pregnancy, your midwife will discuss this with you towards the end of your pregnancy. The expressed milk can provide extra milk to babies in the first few days of life if required, please ask your midwife for a collection kit and for more information.

Some babies need to have specialist care from a neonatal unit, this is more likely if they have been born early. Should this be the case, we will support you and make sure that you spend as much time as possible with your babies on the unit. Where possible, we aim to care for you and your babies in our Transitional Care pathway, which enables families to receive this specialist care without being separated. Mothers with twins will need lots of help and support. Your midwife will help make a plan for this with you. Your partner, family and friends are also all good sources of support.

Further information on your multiple pregnancy can be found on the websites given at the end of this booklet.

Further information

The RUH Hospitals Bath can't be held responsible for any material contained on these external websites and we don't accept any liability in connection with any information or services they provide. We can't guarantee that these links will work all of the time and we have no control over the availability of the linked pages.

- <https://breastfeedingtwinsandtriplets.co.uk/> - This link holds pretty much all information you might need and has been put together by Kathryn Stagg, a lactation consultant who had twins herself. She also runs the Breastfeeding Twins and Triplets Facebook page which is a great place to ask questions from peers, breastfeeding supporters and counsellors.
- <https://www.facebook.com/groups/460888727398997> - Breastfeeding Twins and Triplets UK Facebook page
- <https://www.facebook.com/BathTwinsClub> and <https://www.twinsclub.co.uk/clubs/details/bath-multiples-group> - Bath Multiples Group that has weekly meet-ups and Whatsapp group for middle of the night type questions!
- <https://www.facebook.com/groups/1104717583202383> - Bath & West Wiltshire Breastfeeding Peer Support - a place to seek support for any breastfeeding question, however many babies you have! It is run by our local team of Breastfeeding Peer Supporters of which there are a few veteran twin mums in the ranks. A friendly space to share and be together in group discussion, drop-in virtual sessions and the option of 1:1 support.
- <https://twinstrust.org/> - Twins Trust – contains a variety of information, holds education classes, provides discounts and has a special TwinLine for those in need of a chat!

Other resources:

- The Multiple Births Foundation: www.multiplebirths.org.uk
- Tommy's Pregnancy Hub: <https://www.tommys.org/pregnancy-information/im-pregnant/multiple-pregnancy>
- UK National Screening Committee (for further information regarding screening for Down's Syndrome and chromosomal abnormalities): <https://www.gov.uk/topic/population-screening-programmes/fetal-anomaly>

Notes

References

- Twins Trust [Internet]. Accessed on 17th July 2021. Available from: <https://twinstrust.org>.
- Multiple Pregnancy: Having more than one baby [Internet]. Royal College of Obstetricians and Gynaecologists, November 2016. Accessed on 30th July 2021. Available from: <https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-multiple-pregnancy.pdf>
- Twin and Triplet pregnancy (NICE guideline NG137) [Internet]. National Institute for Health and Care Excellence., September 2019. Accessed on 30th July 2021. Available from: <https://www.nice.org.uk/guidance/ng137/chapter/Recommendations#delivery-of-antenatal-and-intrapartum-care>
- Hofmeyr GJ, Barrett JF, Crowther CA. Planned caesarean section for women with a twin pregnancy. Cochrane Database of Systematic Reviews 2015, Issue 12. Art. No.: CD006553. DOI: 10.1002/14651858.CD006553.pub3. Accessed 30 July 2021

This booklet makes recommendations for women and people who are pregnant. For simplicity of language, the document uses the term women throughout, but this should be taken to also include people who do not identify as women but who are pregnant, in labour and in the postnatal period. When discussing with a person who does not identify as a woman their preferred pronouns will be used and clearly documented in their notes to inform all health care professionals.

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Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital. Email ruh-tr.pals@nhs.net or telephone 01225 825656/ 826319.