

Women and Children's Care Group Patient Information

Multiple pregnancy



This leaflet gives you information to help you make decisions about your care if you are having more than one baby

Congratulations on your multiple pregnancy

Every year in Shropshire we look after many mothers with multiple pregnancies. It can be both a shock and a delight to find out that you're having more than one baby. Your health professionals will support you and your partner throughout your pregnancy and the first few weeks of parenthood.

The incidence of twins is 1 in 90 pregnancies and triplets 1 in 8100 pregnancies. If you are carrying more than one baby, it's important to know whether your babies share the same placenta or membranes as this will affect your care during pregnancy.

What are dichorionic twins?

Most twins are dichorionic. This means that each baby has its own placenta and two membranes around them as they develop. Dichorionic twins can be identical or non-identical but you won't be able to tell until after your babies are born. However, most dichorionic twins will be non-identical.

What are monochorionic twins?

A much smaller number of twins are monochorionic. This means that they share the same placenta. Sometimes both twins develop inside the same membrane and they are called monoamniotic twins. These twins are always identical and you will need to be seen more often during your pregnancy because the babies can experience problems as they grow. You will be referred to a fetal medicine specialist at around 16 weeks.

Are there any increased risks with having more than one baby?

Your pregnancy may be at increased risk of:

- Anaemia (low blood iron levels)
- One or both babies being small or growing at different rates (you will have more frequent scans to monitor the growth of both twins)
- Premature labour and delivery (before 37 weeks)
- Raised blood pressure
- Pre-eclampsia
- Diabetes in pregnancy

As you are having more than one baby a consultant obstetrician will lead your maternity care. You will still see your community midwife regularly for your routine checks and for advice, but you will also be seen at the hospital antenatal clinic so that your pregnancy can be closely monitored. Your routine antenatal visits are shown in the section for women with more complicated pregnancies in your Pregnancy Health Record.

Screening

All the usual screening tests will be offered to you, including those for Down's syndrome. Please read the booklet 'Screening tests for you and your baby' (given at your booking appointment), which explains what tests are available to



you, how they are done, what the results mean and why some women may be offered further tests.

How common is Down's syndrome in multiple pregnancies?

If the babies are non-identical, then the risk of Down's syndrome for each baby individually is the same as for a single baby. This is around 1 in 800 pregnancies. If they are identical, they have the same genes, so the risk of both babies having Down's syndrome is the same as if you were having a single baby. Around 2% of pregnancies affected by Down's syndrome are twins.

Suitable screening test

The screening process is slightly different in a multiple pregnancy. It is important to know whether the babies are identical or non-identical, and whether they share one placenta, when understanding your options for screening for Down's syndrome.

A blood test alone to screen for Down's syndrome is not currently recommended for multiple pregnancies, because markers in the blood are affected by the presence of more than one baby. The screening test that is recommended is called a 'combined test', and this is explained in 'Screening tests for you and your baby'. (Please note, if you have become pregnant using donated eggs, it is the approximate age of the woman who donated the eggs which will be needed as part of the calculation of the risk for your babies.)

What happens if I am too late for a combined test?

If you are too late for your combined screening test (more than 14 weeks and 1 day) it will not be possible to accurately assess each baby's individual risk of Down's syndrome.

What happens if I have an increased risk result?

If you have an increased risk result, you will be offered a diagnostic test which would tell you definitely whether either of the babies has Down's syndrome or not. 'Screening tests for you and your baby' describes what these tests involve.

If you decide to have a diagnostic test, you will be referred to a specialist fetal medicine unit where the staff have specialist experience in diagnostic tests for women with a multiple pregnancy. The specialist will discuss your care and advise you on which diagnostic test is appropriate for you. Unfortunately, all diagnostic tests carry a risk of miscarriage, and this risk is higher in multiple pregnancies.

What are the possible results from diagnostic tests?

1. The babies do not have Down's syndrome. This is the result that most women get.
2. One baby has Down's syndrome. A small number of women who have a diagnostic test will learn that one baby has Down's syndrome and the other is not affected.



3. More than one baby has Down's syndrome. This will be the case for a very small number of women.

If one or more of your babies is found to have Down's syndrome, you will be given full information about your options and will be supported in your choice by all the healthcare professionals involved. You may decide to continue the pregnancy, or to have a termination.

If just one of the babies has Down's syndrome, you may want to consider selective termination of the affected baby. This can be discussed in detail with the fetal medicine specialist.

Ultrasound scans

Scans for dichorionic twins

As well as a detailed scan at 18-20 weeks, it is recommended you have regular growth scans starting at 24 weeks. Your partner or supporter is welcome to attend these scans. Growth scans measure the size of each baby's abdomen and head 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. The frequency of these scans will be discussed with you.

Care of monochorionic twins

Monochorionic (identical) twins will need more frequent scans than dichorionic (non-identical) twins because of the risk of twin-to-twin transfusion syndrome. This is where one baby gets more blood and nutrients than the other and, if this problem does occur, your pregnancy needs to be monitored very closely.

Twin to Twin Transfusion Syndrome (TTTS) occurs in around 1 in every 10 sets of monochorionic twins. The twin who gets more of the blood supply gets bigger and to get rid of the excess fluid, the baby will pass more urine which increases the amniotic fluid in the sac around the baby. The other twin gets less blood and passes less urine so it has less amniotic fluid. It is important that women who have monochorionic twin pregnancies are scanned frequently to look for any signs of TTTS developing.

Ultrasound scans of a monochorionic twin pregnancy will usually be carried out by a consultant specialising in fetal medicine who can decide if any treatment is required. This condition can develop very quickly and it is very important for a mother carrying monochorionic twins to watch for her abdomen suddenly feeling much bigger and becoming more uncomfortable. Mothers may also experience an increased thirst. If this happens, it is very important to contact the hospital so that you can be seen as quickly as possible.



Looking after yourself during your pregnancy

Many women expecting twins or triplets suffer from anaemia. Your blood iron levels will be checked regularly during your pregnancy and you may need to take iron supplements. It is also recommended that you take folic acid, often in the form of multivitamins formulated for pregnant women, throughout the pregnancy.

It is also common to have increased symptoms of pregnancy, such as morning sickness, heartburn, constipation, backache, varicose veins and ankle-swelling. Your community midwife can discuss the best way for you to cope with these symptoms. It is also very important that you remember to do your pelvic floor exercises regularly because of the extra weight you are carrying.

Having twins or triplets can make you very tired and it is important for your own health, as well as the health of your babies, that you have enough rest. If you are working you will probably need to stop work much earlier than if you were having just one baby. Make the most of help offered by friends and family both before and after your babies are born.

Risk of premature birth

The risk of preterm birth is higher in multiple pregnancies. About 60% of twins are born by 37 weeks and 10% before 32 weeks, and 75% of triplets are born by 35 weeks.

You need to have your bags packed 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.

The signs of possible premature labour are:

- Frequent and regular tightenings (more than the usual Braxton Hicks)
- Ruptured membranes
- Unusual or strong backache (or other unusual pain)
- A 'show'

If there is a suspicion of premature labour, or if your babies need delivering early, you will be offered steroid injections if time allows. These are two injections, given 12 hours apart, which help to mature your babies' lungs and so reduce the risk of breathing difficulties after birth.

Mothers with a multiple pregnancy sometimes need to be transferred to another regional hospital for delivery if the babies are very premature and/or the local neonatal unit is full. The babies can then be transferred back to the Telford Neonatal Unit as soon as possible and will usually need to stay there until near your due date.



Where time allows, you will be able to speak to staff from the Neonatal Unit before your baby is born. There is information about our Neonatal Services in Your Pregnancy Information Book and you can get more information and support from the organisations listed at the end of this leaflet.

What are my options for birth?

If you are expecting more than one baby there is a higher risk of complications occurring during your delivery. Therefore, you will be advised to give birth on the Consultant Led Delivery Suite at the new Women and Childrens Centre, Princess Royal Hospital in Telford. Specialist medical staff and equipment are available to deal with any unforeseen emergencies.

An individualised plan for your babies' birth and the best time for you to deliver will be made following a discussion with your consultant during the later stages of your pregnancy.

Your consultant will discuss with you the risks and benefits of having a vaginal or a caesarean birth. Having a vaginal birth does greatly depend on the position of your babies before labour. If the lowest baby is head down and there have been no other complications during your pregnancy, then you will be encouraged to try for a vaginal birth.

Approximately one in two (50%) women carrying twins will have a successful vaginal delivery. The main benefit of a successful vaginal twin delivery compared with a caesarean section is that you recover more quickly and will be able to care for your babies more easily. There is a possibility that you will need forceps or ventouse to deliver one or both twins but this is not much higher than if you were expecting one baby. The second twin may be born by breech delivery. This carries a slightly higher risk of complications such as cord prolapse and distress to your baby but with careful management can usually be avoided. There is also the risk that you may not achieve a vaginal delivery if your cervix does not dilate or if one of the babies becomes distressed. At this point we would advise an emergency caesarean section.

If the lowest baby is not head down then you will be advised that an elective caesarean section is probably the safest option to deliver both your babies as there are higher risks for your first baby having a breech delivery.

Information on elective (planned) caesarean section and assisted birth (forceps and ventouse), including risks and benefits, can be found in your Pregnancy Information Book. After any twin delivery we will observe you carefully as there is an increased risk of bleeding.

Care in labour

When you think you are in early labour or if your waters have broken please contact the Delivery Suite at the earliest opportunity. Your babies' heartbeats should be monitored closely throughout labour to check that they are coping



well with the contractions. If there is any difficulty in picking up the babies' heart beats accurately, the first baby can be monitored using a fetal scalp monitor which is placed on the baby's scalp with a clip. This also helps to distinguish between the two heartbeats. There will be a lot of staff in the delivery room depending on the number of babies you are having and their needs once they are born.

After the birth of the first baby 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.

Sometimes a caesarean section will be necessary for the delivery of your second baby even if your first baby is born vaginally. This may be due to the position of the second baby or if there is a delay in the birth of the second twin.

There are different types of pain relief available to you and these will be discussed when you plan your labour. For many women an epidural is recommended. This is because it provides good pain relief and because it can quickly and easily be topped up to provide sufficient anaesthetic for a caesarean section which minimises delay.

Will my babies need to be looked after on the Neonatal Unit?

Women with multiple pregnancies often go into labour early or need to have their babies delivered early. Twins or triplets are also generally smaller than a single baby and sometimes they may have difficulties with feeding and breathing. Premature babies and those with health problems are usually transferred to the Neonatal Unit within the hospital to receive the special care they need.

If your babies are admitted to the Neonatal Unit, you and your partner will be encouraged to spend as much time as possible with them and you will be kept fully informed about your babies' condition. Sometimes your babies will only require a few hours on the Neonatal Unit but other babies may require several days or even weeks until the medical staff are sure that your babies are able to thrive at home.

Occasionally our Neonatal Unit is full and you may be transferred to another hospital with available cots during labour or shortly after delivery to ensure your babies receive the special neonatal support they require.

Feeding your babies

You will be supported and offered advice for whichever method of feeding you choose. If you wish to breastfeed it is important to know that your body will be able produce sufficient milk for two or three babies.



If your babies are admitted to the Neonatal Unit the staff will encourage you to express your milk as this can be vital in helping your babies get off to the best start possible. Providing breast milk for your baby is your unique contribution to their care. No one else can do this and it may help you to feel closer to your baby.

Breast milk:

- Can protect your babies against the illness to which premature babies are especially vulnerable. It provides antibodies to protect against bacteria and viruses
- Is easier for your babies to tolerate than formula milk
- Can help your babies progress as it is extra rich in growth factors

Even if your ultimate feeding choice is formula milk, the medical or nursing staff will discuss with you the importance of expressing your milk for a short time.

Skin to skin contact/Kangaroo care

This is important for all babies, regardless of how you choose to feed them. After the birth you will be given information about why this is good for babies and support to find a safe and comfortable position if your babies are premature.

Postnatal care

After the birth of your babies, you will need to spend a few days on the postnatal ward particularly if your babies are born by caesarean section, your babies are in the Neonatal Unit or you are establishing breastfeeding. Midwives and support staff are available to help you and provide any information you need.

Your babies will be offered an ultrasound scan of the hips if:

- one or both/all babies is found to be in the breech position at 36 weeks of pregnancy, even if they are not born in that position
- your babies are born before 36 weeks with one or both/all in the breech position

This is because your babies may have a higher risk of hip dysplasia, when the hip joint does not develop properly. Ask for the Neonatal Unit leaflet on 'Hip dysplasia'.

Once you go home, make the most of any help offered and get as much rest as possible. There are many organisations that can provide information and support for mothers. Contact details are included in this leaflet and your midwife and health visitor may also know of local groups or other mothers of twins or triplets who may be happy to pass on tips about coping with more than one baby.



Postnatal depression is more common in mothers who have had a multiple birth so it's very important that you or your family let your GP, midwife or health visitor know if you are feeling low or depressed so that you can be given more support.

Support Groups

Antenatal results and Choices (ARC)

www.arc-uk.org

Twins and Multiple Births Association (TAMBA)

Tel: 01483 304442

www.tamba.org.uk

Twinline: 0800 138 0509 – a confidential listening service for families of twins or more)

Multiple Births Foundation

Tel: 0203 313 3519

www.multiplebirths.org.uk

Bliss – the special care baby charity

Tel: 0207 378 1122

www.bliss.org.uk

Family support line freephone: 0500 618140

Shrewsbury Twins Group

Sure Start Children's Centres, Sunflower House,
Kendal Road, Shrewsbury.

For further details contact Sure Start Children's Centre Admin: 01743 452400

Multiple Birth Groups

Sure Start Children's Centres, Woodside, Wem. For further details contact Jules 07974 393 324 or Laura 01691 688 906

Other sources of information

NHS Choices

The UK's biggest health website, certified as a reliable source of health information: www.nhs.uk

Patient UK

Evidence based information on a wide range of medical and health topics. www.patient.co.uk

Patient Advise and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

Princess Royal Hospital, Tel: 01952 282888

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691

Website: www.sath.nhs.uk

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