Information for patients

Information for mothers expecting twins

Jessop Wing
Congratulations! You may have found it a shock when you were told that you are going to have twins. Finding out that you are having twins can be both exciting and stressful.

The discovery you are expecting twins is often made quite early in pregnancy after you have a routine ultrasound scan. This leaflet has been written to give you some information about what having a twin pregnancy might involve.

How common is multiple pregnancy?

A woman who is pregnant with two or more babies is known as a multiple pregnancy.

In the UK:

- about one in 80 births resulting from natural conception is a multiple
- one in four births after IVF result in either twins or triplets
- twins account for about 1.5 per cent of all pregnancies

The number of multiple pregnancies has increased dramatically in the last two decades in the UK and in many other developed countries across the world.

One reason for this increase is that older women are more likely to conceive a multiple pregnancy naturally than younger women. Another, and probably more significant, factor is that 'older' couples are more likely to use fertility drugs and treatments such as IVF (in vitro fertilisation) to assist conception.
What are the different types of twins?

Non-identical twins (dichorionic or DC)

The most common is non-identical twins (also called dizygotic or fraternal). The babies come from two different eggs (zygotes) and are fertilised by two different sperm. So they are genetically as similar as siblings from different pregnancies, and can be of different sexes.

Non-identical twins each have their own amniotic sac, and are described as dichorionic, diamniotic (DCDA).

Identical twins (or monochorionic or MC)

With identical twins, one egg from the mother is fertilised by one sperm from the father, and then very early in development the embryo splits and two fetuses grow. Also called monozygotic where, each baby has the same genetic information.

Usually identical twins each have their own sac of fluid (amniotic sac) and are called diamniotic (DA). Rarely both babies are in the same single amniotic sac, and are called monoamniotic (MA).

How can you tell the type of twin?

The early scan (dating scan) can usually show you which type of twins you are having. The ultrasound measures the thickness of the membranes between the babies.
What are the complications of a twin pregnancy?

Women expecting twins may notice their pregnancy signs sooner, or they may be more intense, due to the increase in pregnancy hormones.

Symptoms, signs and common problems of a single pregnancy, such as vomiting in early pregnancy, heartburn, backache, ankle swelling, piles and varicose veins, may be worse in a twin pregnancy. You may feel more tired and achy due to the size and weight of your uterus.

- Most complications that occur in pregnancy (e.g. high blood pressure, and gestational diabetes, and anaemia (low iron)) are more common when there are twins.
- The babies can grow at different rates (fetal growth restriction) so you will have more scans.
- Twins are often born earlier than expected, and may have to spend more time in hospital after birth. Multiple pregnancies are much less likely to carry to full term than singleton birth, due to the limited size of the mother's womb.
- Twins usually weigh less than a single baby.

Monochorionic twins have a higher risk of fetal growth restriction, caused by a lack of blood supply, due to sharing a placenta.

Rarely, monochorionic twins can develop twin-to-twin transfusion syndrome. This condition means that blood from one twin is being diverted into the other twin. One twin, the 'donor' twin, is small and anaemic (lack of red bloods cells), the other, the 'recipient' twin, is large and
polycythaemic (too many red blood cells). If this condition affects your pregnancy, you will have frequent hospital appointments, to monitor your babies.

**Is there anything different that I should do?**

You will almost certainly feel more tired and need to rest more, and may need to stop working earlier than you had planned. Two babies make more demands on your body so you are more likely to need to take iron tablets. Eat a good balanced diet, full of fruit and vegetables; try not to eat for 2- or even 3! Try to drink at least eight glasses of water a day. Remember to do your pelvic floor exercises.

**How will my pregnancy be managed?**

To be sure that any complications are detected and treated as soon as possible, you will be seen more frequently than in a singleton (single baby) pregnancy. You will be booked for shared care between community midwives and an obstetrician. Your doctor (obstetrician) will recommend you deliver your babies in the hospital, to have access to doctors and resources (such as the special care baby unit), if they are needed.

To make sure that both babies are growing, several ultrasound scans will be performed throughout the pregnancy. When you’re having identical twins, you will be offered more frequent ultrasound scans from 16 weeks. If you are having non-identical twins you will have more regular scans from 28 weeks, to observe the babies growth and levels of amniotic fluid around each baby.

So there will be plenty of opportunity to ask more questions of the doctors and midwives.
Labour and delivery

Your obstetrician will discuss with you the best method and appropriate timing for your babies to arrive. This will depend on how your pregnancy is progressing. You may go into labour naturally, or you doctors may feel it is appropriate to offer induction of labour.

If your waters break or you think you may be in labour contact the hospital triage number your community midwife will give you.

How are twins delivered?

It may be possible to have a vaginal birth; however twin deliveries are more likely to require intervention with vacuum, forceps or caesarean section. If the first baby is head down and there are no other problems, it is likely that you may try for a vaginal delivery for both babies. Sometimes the second baby may change its position after the first baby has been born, and sometimes a Caesarean section is necessary for the birth of the second baby (as the safest option).

If the first baby is breech (bottom first), a planned Caesarean section will be advised.

Monoamniotic twins, who share an amniotic sac, are usually delivered by Caesarean section whatever the position of the babies.

What happens at the birth?

• A midwife at the consultant-led end of Labour ward will look after you.
• An IV (intravenous) cannula (plastic tube) will be sited, usually into the back of your hand and a blood sample sent.

• We will monitor both babies' heartbeats all the time, which may make it less easy to move around, and you will not be able to use the pool.

• An epidural is often recommended as the best form of pain relief in labour, and also in preparation for the birth of the second baby who may need to be helped into a better position for delivery.

• There will usually be quite a lot of staff including paediatricians (baby doctor) in the room at the birth as we have to look after the baby born first and get ready for the birth of a second baby.

• Doctors will be there with a scanning machine to check on the position of the second baby.

• Sometimes the contractions go off after the first baby is born, and you may need some medicine via an IV drip to make them stronger.

• The second baby will be in its own sac of waters, and this will not be broken until you are pushing again.

• Usually there is a gap of 30-45 min between the births.

• After the second baby is born the placenta will be delivered.

• You will be given medicine to keep the womb contracted for a few hours after the birth as it will have been stretched and you may bleed more than with a single birth.
Where can I get more information?

Parent education sessions specifically for multiple pregnancy are run at the Jessop Wing. You will be given information on how to book these classes.

See your local support group in Sheffield:

www.sheffield-twins-multiples.co.uk
www.tamba.org.uk
Tamba Twinline 0800 138 0509