

We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact:

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Approvals:
Maternity Guidelines Group: V3 Feb 2014/May 2014/Oct 2014, V4 Oct 2017
Directorate Board: V3 Mar 2014, V4 Nov 2017
BMF/Healthwatch: V3 Jul 2014, V4 Dec 2017
Equality Impact Assessment: Dec 2012, V4 Dec 2017
Patient Experience Group: V3 Dec 2014

Division of Women, Children & Sexual Health Services

How can I help to reduce Healthcare Associated Infections?

Infection control is important to the wellbeing of our patients, and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the main entrance of the hospital and at the entrance to every clinical area before coming into and after leaving the clinical area or hospital. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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Issue date: February 2018
Review date: February 2022
Version: 4

Twins and Multiple Pregnancy

Dichorionic Diamniotic Twins (DC)

Patient Information Leaflet

If you require a translation or alternative format of this leaflet please contact your midwife

Safe & compassionate care,

every time

How common are multiple pregnancies?

Multiple pregnancies are where a mother is expecting twins or triplets (or, rarely, more babies).

For couples who conceive naturally, about 1 pregnancy in every 80 is a multiple pregnancy.

For couples having fertility treatment, multiple pregnancies are much more common. It can be as high as 1 in every 4 pregnancies.

How will I find out if I am pregnant with more than one baby?

You will usually find out when you have your first scan at 10-14 weeks. You may find out sooner if you have an earlier scan to check for problems such as bleeding or pain.

The ultrasound scan will show various other things:

- there are different sorts of multiple pregnancy, such as identical and non-identical twins. If we can work out what sort you have it helps us plan your care
- once we can tell your babies apart, we can monitor each of them individually. With two babies we usually refer to them as Twin 1 and Twin 2.

Non-identical (Dichorionic Diamniotic) twins

These are the more common form of twins. Two eggs are each made fertile by a sperm. Twins can be different sexes and they won't look more alike than any other brothers and sisters. If you are over 35 years old or having fertility treatment, you are more likely to have non-identical twins.

Problems in multiple pregnancies

There can be all sorts of complications when you are pregnant. Having more than one baby makes this a bit more likely.

The most common complications are:

- morning sickness, heartburn, ankle swelling, varicose veins, backache and tiredness
- low iron (anaemia)

your babies and if you want to breast feed your babies they will support you with this.

Some babies need to go to the Neonatal Unit. This is usually because your babies have been born early. The Midwives will care for you on the ward and make sure you spend as much time as possible with your babies in the Unit.

Mothers of twins and triplets are more likely to get postnatal depression. It is very important that you and your partner tell your Midwife, GP or Health Visitor if you are feeling low.

Further information

If you have any further questions or need further advice on any issues covered in this leaflet, please ask your Midwife or Obstetrician at your clinic appointment. You can also contact us directly on any of these numbers:

Stoke Mandeville Hospital:

Antenatal Clinic Sister: 01296 316128

Screening Co-ordinators: 01296 316269

Labour Ward: 01296 316103

Wycombe Hospital:

Antenatal Clinic Sister: 01494 425575

Screening Co-ordinators: 01494 425575

TAMBA – Twins and Multiple Births Association, 2 The Willows, Gardner Road, Guildford, Surrey GU1 4PG.
Tel (twinline) 01483 304442 (10am-1pm & 7pm -10pm daily)
Tel (office) 01483 302 483 Web: www.tamba.org.uk

Multiple Births Foundation, Hammersmith House, Level 4, Queen Charlotte's & Chelsea Hospital, Du Cane Road, London W12 0HS Tel 0208 383 3519
Web: www.multiplebirths.org.uk

The UK Twin to Twin Transfusion Syndrome Association
Web: www.twin2twin.org.uk

The decision on how you give birth will depend on where the babies are in your womb.

So, if you have twins and the one lowest is coming head first (cephalic) you may be able to give birth through your vagina as long as both babies' heartbeats are normal. But if this twin is lying bottom first (breech) or lying sideways (transverse), a caesarean is the safest option.

If your first twin is born through your vagina it is likely your second baby will be born the same way. But there is a small chance that you will need a caesarean for the second baby. This is either because the second baby's position isn't suitable to be born through your vagina or because the baby is showing signs of distress.

Sometimes a clip may be attached to the first baby before it is born to check it is well.

If your babies are being induced, you will be looked after in a side room on the labour ward until you have regular contractions. The babies will have a scan and their heartbeats will be monitored throughout labour using an electronic monitor.

Pain relief in labour

We will offer you different types of pain relief. We may recommend an epidural for women giving birth to more than one baby. This is because it is more likely that the team will have to use various procedures to monitor the wellbeing of the babies or to help with their delivery.

Care after your babies are born (postnatal care)

Having more than one baby means you will have extra needs after birth. If the babies are well and they are able to feed without help they will be transferred to Rothschild ward with you. This is usually the case if you give birth after 35 weeks. You will be helped there by Midwives, Nursery Nurses and Breastfeeding Support Workers. They will help you care for

- high blood pressure and protein in your urine (pre-eclampsia)
- diabetes which happens when you are pregnant (gestational diabetes)
- bleeding while you are pregnant and after your babies are born
- one or more of your babies is small (fetal growth restriction)
- early birth (premature labour). 6 out of 10 women having twins will give birth before they are 37 weeks' pregnant
- problems caused by babies being born early, such as breathing difficulties.

Care while you are pregnant (antenatal care)

Because complications are more likely, it is best if you are cared for by a Consultant Obstetrician. The obstetrician, who is an expert in pregnancy and childbirth, will work closely with your Community Midwife. This will mean going to a specialist clinic at Stoke Mandeville Hospital, as well as seeing your Community Midwife.

When you have your routine visits to the antenatal clinic, they will check how your babies and you are doing. The checks will include:

- taking your blood pressure, and
- checking your urine for protein, glucose (sugar) and signs of infection.

These routine hospital clinic visits normally take place when you are 12-16 weeks' pregnant, and then at 24, 28, 32, and 36 weeks. You will also see your Community Midwife prior to your first hospital appointment and at 34 weeks as a minimum.

Having a baby uses up more iron and vitamins. This means that you are more likely to get anaemia. Because of this, we will suggest you take iron and folate tablets all through your pregnancy. We will check your red blood cell count at around 20 weeks and 28 weeks.

Having more than one baby also means you are more likely to get blood clots and also a condition known as pre-eclampsia. Early on, your medical team will decide how likely this is. They may suggest you take Aspirin tablets or have injections of a drug called Fragmin through your pregnancy.

Scans

Mothers having just one baby usually have two scans. You will need more than two, because it is more difficult to check on how your babies are growing by simply measuring your stomach.

We will want to do a scan when you are 20 weeks' pregnant and every four weeks after. This means a scan at 20, 24, 28, 32 and 36 weeks. Your doctor or midwife may sometimes want extra scans. The scan at 20 weeks checks that your babies are developing normally; it takes quite a lot longer for mothers with two or more babies than for those women having one baby.

Screening

The measurements and a blood test to calculate the risk of each baby having Down syndrome can still be done the same as if you were pregnant with only one baby. This can be discussed in more detail with your medical team.

When will my babies be born?

The best time to deliver your babies will depend on how your pregnancy is going. Your obstetrician will discuss this with you. Often they will advise the babies are born when you are about 37 weeks' pregnant. Giving birth a bit earlier than the usual 40 weeks should not cause any problems but waiting until after 38 weeks can cause extra difficulties.

Mode of birth will be discussed with you at your appointments, based on your preferences, the growth of your babies and any problems that you may or may not have.

You may also be advised to give birth earlier if the medical staff are worried about your health or the babies' health.

Are you likely to go into natural labour early?

If we think you might go into labour early or if we think giving birth early is best for your babies, we will suggest you have two steroid injections which are given over 24 hours. These will help make your babies' lungs stronger and reduce the risk of breathing difficulties after birth.

It is important to look out for signs your labour may be starting early. These are things like having tightenings (contractions) more often, or your waters breaking. If this happens, please phone the labour ward on 01296 316103. An experienced midwife will answer the phone day or night.

Should I give birth in hospital or at home?

We think it best if women having more than one baby give birth in hospital. Sometimes we will suggest your baby is delivered in an operating theatre used for this purpose. In a theatre you will be looked after by several people, including midwives, obstetricians, anaesthetists and theatre technicians.

If the babies are premature or you are having a caesarean section, then at least one paediatrician (a doctor specialising in the care of children) will also be there. Theatre nurses will also be needed if you are having a caesarean. All these members of staff have very specific roles in your care, so their presence is necessary.

How will my babies be born?

You may be able to give birth naturally through your vagina. But, with multiple births, it is more likely you will need some help. This might be using a form of suction (vacuum/ventouse) or forceps. Or you may need an operation called a caesarean. A caesarean involves a cut in your tummy just below your bikini line and the babies are taken out through the cut.