Antenatal care for women who are pregnant with twins or triplets

Information for the public
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About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information is about antenatal care (care during pregnancy) for women who are pregnant with twins or triplets (known as a multiple pregnancy). This information is set out in NICE clinical guideline 129.

Pregnancy is measured in weeks so we have referred to your pregnancy in weeks (and days where appropriate).

Does this information apply to me?

Yes, if you are pregnant with twins or triplets (confirmed by ultrasound).

It does not cover women who:

- are pregnant with 4 or more babies

- have a monochorionic pregnancy (where 2 babies share a placenta) and who are suspected to have feto-fetal transfusion syndrome (where 2 babies sharing a placenta receive an unequal amount of blood); these women should receive care from a team of specialists
- are looking for information about the type of delivery women with twin and triplet pregnancies might have, or their care during labour or after birth.

Your care

If you think that your care does not match what is described in this information, please talk to a member of your healthcare team.

In the NHS, patients and healthcare professionals have rights and responsibilities as set out in the NHS Constitution (http://www.dh.gov.uk/en/DH_132961). All NICE guidance is written to reflect these. You have the right to be involved in discussions and make informed decisions about your treatment and care with your healthcare team. Your choices are important and healthcare professionals should support these wherever possible. You should be treated with dignity and respect.

To help you make decisions, healthcare professionals should explain multiple pregnancy and antenatal care. They should cover possible benefits and risks to you and your babies related to your personal circumstances. You should be given relevant information that is suitable for you and reflects any religious, ethnic, or cultural needs you have. It should also take into account whether you have any physical or learning disability, sight or hearing problem or language difficulties. You should have access to an interpreter or advocate (someone who helps you put your views across) if needed.

Your family and carers should be given their own information and support. If you agree, they should also have the chance to be involved in decisions about your care.

You should be able to discuss or review your care. If you have made an 'advance decision' about any treatments that you do not wish to have, your healthcare professionals have a legal obligation to take this into account.

All treatment and care should be given with your informed consent. If at any time you are not able to make decisions about your care, your healthcare professionals have a duty to talk to your family or carers unless you have specifically asked them not to. Healthcare professionals should follow the Department of Health's advice on consent (http://www.dh.gov.uk/en/DH_103643) and the code of practice for the Mental Capacity Act. Information about the Act and consent issues is available

from http://www.nhs.uk/CarersDirect/moneyandlegal/legal. In Wales healthcare professionals should follow advice on consent from the Welsh Government (http://www.wales.nhs.uk/consent).

In an emergency, healthcare professionals may give treatment immediately, without obtaining your informed consent, when it is in the best interests of you or your babies.

Multiple pregnancy

Women who are pregnant with more than 1 baby are described as having a multiple pregnancy. The NICE guideline on multiple pregnancy covers antenatal care for women with twin and triplet pregnancies but not for women carrying 4 or more babies – these types of pregnancy are very rare and always need specialised care.

Most multiple pregnancies are normal and healthy and you can follow much of the same advice as women with singleton pregnancies (pregnant with 1 baby). However, there is an increased risk of complications for you and your babies that means you need to be monitored more closely during your pregnancy.

While you are pregnant you should be offered a series of antenatal appointments to check on your health and the health of your babies. The number of check-ups and scans you are offered will depend on your individual situation, including your type of pregnancy (see Type of pregnancy and antenatal appointments with your specialist team).

NICE has also produced information for the public on routine antenatal care for healthy pregnant women that covers women with healthy singleton pregnancies (see Other NICE guidance).

Who will provide your care

Once your multiple pregnancy is confirmed by ultrasound scan, you should be referred to a team of doctors, midwives and sonographers (who perform ultrasound scans) who are experienced in caring for women with multiple pregnancy. The same doctors and midwives in this team should monitor and support you throughout your pregnancy. A doctor who specialises in the care of pregnant women is called an obstetrician.

Understanding chorionicity

As soon as it is confirmed you are carrying twins or triplets it is important to find out the 'chorionicity' of your pregnancy, which means whether your babies share a placenta (the

afterbirth). Finding this out early is important because babies who share a placenta have a higher risk of health problems. If your babies share a placenta it means they are identical ('monozygotic'). Most babies who do not share a placenta are non-identical ('dizygotic'), but it is still possible for them to be identical. This is because 30% of monozygotic twins do not share a placenta.

The chorionicity of twins

Twins can be either **dichorionic** or **monochorionic**:

- **Dichorionic** – each baby has a separate placenta and is inside a separate sac which has its own outer membrane, called a 'chorion'.
- **Monochorionic** – the babies share a placenta and chorion (which means they are identical).

The chorionicity of triplets

For triplet pregnancies there are more possible combinations:

- **Trichorionic** – each baby has a separate placenta and chorion.
- **Dichorionic** – two of the three babies share a placenta and chorion and the third baby is separate.
- **Monochorionic triplets** – all three babies share a placenta and chorion.

Amnionicity

It is possible for twins and triplets to share an amniotic sac as well as a placenta and chorion. These are the highest risk pregnancies but they are also very rare. If your babies share an amniotic sac you should be referred to a specialist with experience in caring for women with this type of pregnancy.

Antenatal appointments during your pregnancy

The number of antenatal appointments you can expect varies depending on the chorionicity of your pregnancy (see Understanding chorionicity). The chorionicity is usually confirmed by ultrasound scan at the same time, or soon after, it is confirmed that you are carrying more than 1 baby.

Your doctor or midwife should then discuss with you preparing a care plan that details your care during pregnancy. This includes how often you should have ultrasound scans and how many times you should see the midwife and the doctor in your specialist team. The section on Type of

pregnancy and antenatal appointments with your specialist team shows how many appointments you should have if your pregnancy is without complications.

Your doctor or midwife should organise your antenatal appointments so that your care happens as close to your home as possible.

Your first appointment with the specialist team

At your first appointment your doctor or midwife should talk to you about what to expect during your pregnancy. They should give you information which should include eating healthily during and after your pregnancy, planning where, when and how you will give birth to your babies (see Planning your birth), how to spot signs of early labour, and how to feed and care for your new babies. They should also ask whether you have been feeling down, depressed or anxious during your pregnancy and should make sure you are aware of signs of 'baby blues' and postnatal depression once you have given birth.

Your doctor or midwife should encourage you to talk to them about any of these issues during your antenatal appointments.

For more about the information and routine tests you should be offered at your first antenatal appointment, see NICE's information for the public on routine antenatal care for healthy pregnant women (see Other NICE guidance).

Appointments in later pregnancy

The rest of your antenatal appointments should be tailored to your individual needs and your care plan. They should include some more routine tests that are used to check for certain conditions or infections (see Your health during pregnancy). You will also be offered more scans than women with singleton pregnancies because this is the only way to check that babies in a multiple pregnancy are growing normally.

Type of pregnancy and antenatal appointments with your specialist team

Twins

Twins who share a placenta (monochorionic)

You should have 9 appointments with your specialist team (at least 2 of these should be with an obstetrician). You should have:

- an appointment plus an early scan between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due and test for Down's syndrome
- an anomaly scan between 18 weeks and 20 weeks 6 days (this scan may be timed to fit into 1 of your appointments)
- appointments plus growth scans at 16, 18, 20, 22, 24, 28, 32 and 34 weeks.

Twins with separate placentas (dichorionic)

You should have 8 antenatal appointments with your specialist team (at least 2 of these should be with an obstetrician). You should have:

- an appointment plus an early scan between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due and test for Down's syndrome
- an anomaly scan between 18 weeks and 20 weeks 6 days (this scan may be timed to fit into 1 of your appointments)
- appointments plus growth scans at 20, 24, 28, 32 weeks and 36 weeks – you should also be offered extra appointments without a scan at 16 and 34 weeks.

Triplets

Triplets where 1 placenta is shared by 2 or 3 of the babies (dichorionic or monochorionic)

You should have 11 antenatal appointments with your specialist team (at least 2 of these should be with the specialist obstetrician). You should have:

- an appointment plus an early scan between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due and test for Down's syndrome

- an anomaly scan between 18 weeks and 20 weeks 6 days (this scan may be timed to fit into 1 of your appointments)
- appointments plus growth scans at 16, 18, 20, 22, 24, 26, 28, 30, 32 and 34 weeks.

Triplets with separate placentas (trichorionic)

You should have 7 appointments with your specialist team (at least 2 of these should be with an obstetrician). You should have:

- an appointment plus an early scan between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due and test for Down's syndrome
- an anomaly scan between 18 weeks and 20 weeks 6 days (this scan may be timed to fit into 1 of your appointments)
- appointments plus growth scans at 20, 24, 28, 32 and 34 weeks – you should also be offered an extra appointment without a scan at 16 weeks.

Advice about diet and lifestyle

There is no evidence that women with multiple pregnancies have greater nutritional needs than women with singleton pregnancies.

You should follow the same advice about diet, lifestyle and nutritional supplements during your pregnancy as other pregnant women.

More information about diet and lifestyle can be found in NICE's information for the public on routine antenatal care for healthy pregnant women (see Other NICE guidance).

However, you may be more likely to need an iron supplement for anaemia (see Your health during pregnancy).

Questions to ask your doctor or midwife

- Please can you tell me more about what chorionicity and zygosity mean?
- When can I find out the chorionicity of my pregnancy?

- Why do I need to have so many ultrasound scans?
- Can you help me to plan for the birth of my babies?
- Can I breastfeed my babies if I want to?
- How can my partner or family help to support me during my pregnancy?
- Can you provide a leaflet or other information about multiple pregnancy?

Screening and tests

Routine tests

The information about screening is specific to multiple pregnancy. However, you should also be offered the routine tests for infections and medical conditions recommended for all pregnant women in NICE's information for the public on routine antenatal care for healthy pregnant women (see Other NICE guidance).

Early in your pregnancy you should be offered a number of tests to check on your health and the health of your babies. Your doctor or midwife should tell you about the purpose of any test you are offered, and explain what the results might mean. You do not have to have a particular test if you do not want it. However, the information from these tests may help your team to provide the best care possible during your pregnancy.

There may be difficult choices for you to make depending on the outcomes of the tests, particularly if the results show that you have a higher risk pregnancy. Your specialist team should offer you counselling and advice before and after each screening test.

If the screening shows there are any problems in your pregnancy, you may need to be referred to a specialist in fetal medicine who is experienced in caring for women with complications in multiple pregnancy.

Ultrasound scans

You should be offered a scan between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due. For some women, this scan is the first time they find out that they are carrying more than 1 baby. The sonographer should also confirm the chorionicity of your pregnancy

(see Understanding chorionicity). This scan also forms part of a screening test for Down's syndrome (see Screening for Down's syndrome).

If it is not possible to see the chorionicity of your pregnancy at your first scan you should be referred to a specialist as soon as possible.

If your first visit to a healthcare professional about your pregnancy happens after you are 14 weeks pregnant, you should be offered a scan as soon as possible to find out the chorionicity of your pregnancy because it becomes more difficult to tell after this stage.

If it is difficult for the sonographer to see inside your uterus (womb) (for example, because you are overweight or you have a retroverted uterus – a common condition where the uterus is tilted backwards) you may be offered a transvaginal ultrasound scan. For this scan, a small probe is inserted into the vagina (this should not be painful).

During your second trimester (weeks 14 to 28 of your pregnancy) you should be offered another scan, called the anomaly scan, to check for structural problems in your babies. In women with singleton pregnancies this takes place between 18 weeks and 20 weeks 6 days. However, you may be offered a slightly later scan to give your babies more time to grow. Your anomaly scan may last for up to 45 minutes.

You should also be offered growth scans to check that your babies are growing normally. The number of growth scans you are offered depends partly on your type of pregnancy (see Type of pregnancy and antenatal appointments with your specialist team). Your growth scans may last for up to 30 minutes.

Screening for Down's syndrome

Early in your pregnancy you should be offered screening tests to check whether any of your babies are likely to have Down's syndrome.

Your doctor or midwife should tell you more about Down's syndrome, the tests you are being offered, what the results might mean and the decisions you might need to think about. You have the right to choose whether to have all, some or none of these tests. Screening tests can only indicate a possibility that a baby has Down's syndrome.

Down's syndrome testing is most accurate between approximately 11 weeks and 13 weeks 6 days. If you do not visit a healthcare professional until after you are 14 weeks pregnant, you should still

be able to have Down's syndrome screening, but the tests are less accurate when carried out in the second trimester.

Women who are carrying twins should be offered the combined test (an ultrasound scan and blood test) for Down's syndrome. Women who are carrying triplets should be offered the nuchal translucency test (an ultrasound scan), which is used along with your age to work out the risk of Down's syndrome.

Before you have your tests, your doctor or midwife should explain that if your babies share a placenta it may be possible only to work out their combined risk of Down's syndrome instead of each baby's risk. They should also explain that:

- the risk of a chromosomal abnormality is higher in multiple pregnancies than in singleton pregnancies
- the chance of a 'false positive' result (where the test shows that a baby is at high risk of Down's syndrome but they are found not to have the condition) is higher in multiple pregnancies
- you are more likely to be offered an invasive test for Down's syndrome such as amniocentesis (where a needle is used to extract a sample of amniotic fluid) than women with singleton pregnancies, and there is a higher risk of complications from the test.

If any of your babies have a high risk of Down's syndrome you should be referred to a fetal medicine specialist.

Monitoring for intrauterine growth restriction

Intrauterine growth restriction means that an unborn baby is smaller than expected for its age. This may lead to problems for the baby, including increasing the risk of stillbirth. To monitor for it, your babies' size should be measured at every ultrasound scan you have from 20 weeks, and your scans should not be more than 28 days apart. If any of your babies develop intrauterine growth restriction you should be referred to a fetal medicine specialist.

Your midwife or doctor should not try to predict your babies' risk of intrauterine growth restriction by using abdominal palpation (feeling your belly from the outside) or measurements of your uterus (called symphysis–fundal height measurements).

Monitoring for feto-fetal transfusion syndrome

Feto-fetal transfusion syndrome (FFTS), also known as twin-to-twin transfusion syndrome, only occurs in monochorionic pregnancies (where babies share a placenta, see Understanding chorionicity).It happens when problems in the blood vessels in the placenta lead to an unbalanced flow of blood between the babies. This can cause serious complications in both babies. If your pregnancy is monochorionic you should be monitored for signs of FFTS at your fortnightly ultrasound scans between 16 weeks and 24 weeks. If there are early signs that FFTS may be developing, you should have weekly scans and should be referred to a fetal medicine specialist. You should not have monitoring for FFTS in your first 16 weeks of pregnancy.

Your health during pregnancy

Anaemia

Anaemia is often caused by a lack of iron and is more common in multiple pregnancies than in single pregnancies. You should therefore be offered an extra blood test for anaemia compared with women with single pregnancies. This should be between 20 and 24 weeks and you should be offered an iron supplement if needed.

Pre-eclampsia

Pre-eclampsia is a type of high blood pressure that only happens in pregnancy and can cause complications for you and your babies. Women carrying more than 1 baby are at higher risk of developing pre-eclampsia. The risk is also higher if any of the following apply:

- this is your first pregnancy
- you are aged 40 or older
- your last pregnancy was more than 10 years ago
- you are very overweight (your BMI is over 35)
- you have a family history of pre-eclampsia.

If you are at higher risk of pre-eclampsia, your doctor should advise you to take 75 mg of aspirin once a day from 12 weeks of pregnancy until you give birth. At each antenatal appointment your blood pressure should be checked and your urine checked for the presence of protein (a sign of pre-eclampsia).

For more information see NICE's information for the public about high blood pressure in pregnancy (see Other NICE guidance).

Other common problems during pregnancy

There is more information about common problems that affect all pregnant women in NICE's information for the public on routine antenatal care for healthy pregnant women (see Other NICE guidance).

Planning your birth

Early in your third trimester (from 29 weeks) your doctor or midwife should talk to you about when and how you may give birth to your babies. They should explain that women with multiple pregnancies usually go into labour earlier than women with singleton pregnancies, and that babies who are born early are more likely to need care in a baby unit.

Predicting and preventing early labour

Because there is a risk of going into labour early, women are sometimes advised to try bed rest or are offered cervical cerclage (a stitch to keep your cervix closed), intramuscular or vaginal progesterone or oral tocolytics (drugs to prevent labour). However, there is no evidence that these methods can prevent early labour so you should not be offered them.

Because it is not possible to prevent early labour it is not helpful to try predicting whether your labour will start early. NICE recommends that you should not be offered tests to try to predict early labour.

Elective birth

'Elective birth' means you and your specialist team have agreed when your babies will be delivered. If your pregnancy has been without complications, you should be offered an elective birth from the following times depending on your pregnancy:

- 37 weeks if you are carrying dichorionic twins (where both babies have separate placentas)
- 36 weeks if you are carrying monochorionic twins (where the babies share a placenta)
- 35 weeks if you are carrying triplets.

Having an elective birth at these times is not thought to increase the risk of health problems for your babies. You can choose not to have an elective birth at the times recommended here; however, continuing your pregnancy for longer may increase your risk of complications, including stillbirth.

Your doctor or midwife should explain all the risks and benefits of the possible options when planning your delivery.

If you are having an elective birth for triplets at 35 weeks or for monochorionic twins at 36 weeks, you should be offered a course of steroids (usually given by injection) before your delivery. Steroids help to mature the lungs of premature babies, and reduce breathing problems after they are born. You should only be offered steroids if your delivery is planned or likely to happen soon: it is not thought helpful to have 1 or more courses of steroids before your delivery is imminent.

If you choose not to have an elective birth at the times recommended above, you will need to be monitored regularly to check that you and your babies are healthy. You should be offered weekly appointments with an obstetrician and should have a scan at each appointment (the babies' growth will be measured every 2 weeks on the scan).

Questions to ask your midwife or doctor

- Can you explain more about how many scans and antenatal appointments I will need and where they will take place?
- What will happen if 1 of the scans or tests finds a problem with 1 of my babies?
- When is my labour likely to start?
- What are the risks to my babies if my labour starts early?
- My labour started early in a previous pregnancy: does that mean it will be early this time too?
- What are the risks if I choose not to have an elective birth at the time you have recommended?

More information

The organisations below can provide more information and support for women with multiple pregnancy. NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- Multiple Births Foundation, 020 3313 3519, www.multiplebirths.org.uk
- Twins and Multiple Births Association (TAMBA), 0800 138 0509, www.tamba.org.uk
- National Childbirth Trust (NCT), pregnancy and birth helpline 0300 33 00 700, details of local branches 0844 243 6000, www.nct.org.uk

You can also go to NHS Choices (www.nhs.uk) for more information.

Other NICE guidance

NICE has published other information for the public about guidelines on pregnancy and birth:

- Caesarean section (see http://publications.nice.org.uk/IFP132)
- Helping pregnant women make the best use of antenatal care services (see http://publications.nice.org.uk/IFP110)
- High blood pressure in pregnancy (see http://publications.nice.org.uk/IFP107)
- Induction of labour (see http://publications.nice.org.uk/IFP70)
- Diabetes in pregnancy (see http://publications.nice.org.uk/IFP63)
- Routine antenatal care for healthy pregnant women (see http://publications.nice.org.uk/IFP62)
- Care of women and their babies during labour (see http://publications.nice.org.uk/IFP55)
- Mental health problems during pregnancy and after giving birth (see http://publications.nice.org.uk/IFP45)
- Care of women and their babies in the first 6–8 weeks after birth (see http://publications.nice.org.uk/IFP37)
- Quitting smoking during pregnancy and after childbirth (see http://publications.nice.org.uk/PH26)

Accreditation