



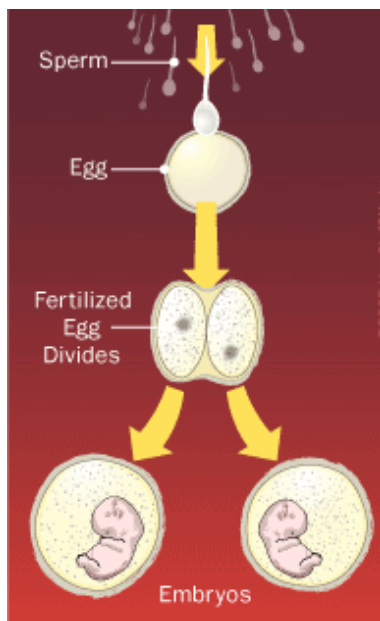
PATIENT INFORMATION

Monochorionic Twin Pregnancy

Congratulations!!

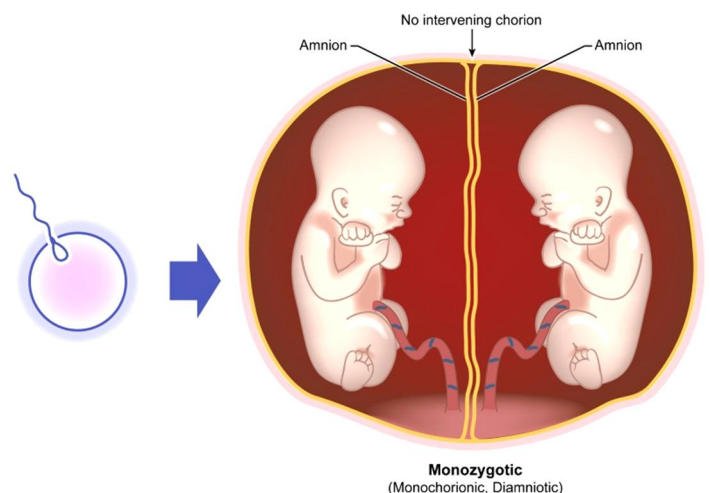
You are expecting twins. About 1 in 80 pregnancies conceived are twin, what is special about your twins is that they appear to be monochorionic.

What are monochorionic twins?



About a 1/3 of twin pregnancies are monochorionic. These twins occur when one sperm fertilizes one egg which then splits into two babies (embryos).

The babies share the same afterbirth (placenta) and outer sac (placental chorionic membrane) but usually have their own inner sac (amniotic membrane).



What does this mean to me?

Most women with twin pregnancies progress normally. But there is an increased risk of having problems than if this was a single pregnancy or if your babies did not share the same placenta (dichorionic). Occasionally it may not be possible to be sure whether your pregnancy is monochorionic or dichorionic. These pregnancies would be managed as a monochorionic pregnancy.

You may experience the common discomforts of pregnancy earlier, such as:

- Sickness and tiredness in early pregnancy.
- Heartburn, backache, swollen ankles and haemorrhoids in later pregnancy.
- Anaemia – blood tests will be taken at 12, 28 and 34 weeks to check for this.

The main complications with twin pregnancies are:

- Smaller babies and/or excessive fluid around the babies (polyhydramnios)
 - We will scan your babies regularly to assess their growth and the amount of fluid around them.
- Premature labour – half of all twins will deliver early.
 - If you go into labour before 32-34 weeks you may need to be transferred to a hospital with neonatal intensive care facilities.
- Developing pre-eclampsia
 - your blood pressure and urine will be checked regularly at each visit with your midwife or at the hospital from 24 weeks.
 - A condition called twin to twin transfusion syndrome (see below).
 - Needing to stop work earlier.

It is important that you contact delivery suite on 01803 654631 if you develop any signs of early labour such as backache, pubic pain or abdominal discomfort.

What is twin to twin transfusion syndrome?

In all monochorionic twins there is a connection between the babies blood circulation systems in the shared placenta. In about 15% of these pregnancies the blood flow through these blood vessels becomes unbalanced. This results in one twin receiving more blood flow than the other, causing it to produce more urine than the smaller one which causes an unbalance in the amount of amniotic fluid surrounding the twins. This can cause problems for the babies and so the pregnancy will be closely monitored by regular scans. Twin to twin transfusion syndrome is not an inherited or genetic condition. It is also not caused by anything you or your partner has done or not done. The condition and its consequences will be discussed with you at your early appointment with the consultant.

Screening for Downs syndrome

At Torbay Hospital we offer all pregnant ladies screening for Downs syndrome to see if they have an increased chance of having a baby with this condition.

This screening is known as the nuchal test (NT). It takes place between 11 and 14 weeks of pregnancy and requires an ultrasound scan and blood tests. You will be given the national screening committee booklet about screening for Down's syndrome in a twin pregnancy.

How will I be cared for?

You will be cared for by a Consultant obstetrician and your team midwife. You will need to make the appointments with the team midwife, if you are unsure how to do this please contact the team.

Here is a guide to the antenatal appointments and scans you will be offered:

12 weeks	Ultrasound scan (USS) confirms twin pregnancy and offered screening for Downs syndrome
16wks	See community team midwife
16wks	USS with Consultant
18-20 wks	USS with consultant or sonographer
22wks	USS with Consultant
24wks	USS
26wks	See community team midwife
28wks	USS and blood test to check for anaemia
30wks	See community team midwife
32wks	USS
34wks	USS and see community team midwife for prebirth discussion
36wks	USS and discussion with obstetrician to plan delivery of babies
36-37 weeks	Recommended delivery of babies.

Delivery of babies

Vaginal deliveries are possible and we are happy to encourage a vaginal delivery, particularly in women who have had children before, if the first baby is head down (cephalic) and there is no significant difference in the babies' sizes.

Delivering twins has risks and so therefore monitoring the babies closely during labour is essential to detect any problems as soon as possible.

Vaginal delivery would not be recommended if the first twin was bottom first (breech) or in a transverse position. Twins who have very different estimated weights or who are estimated to be larger than average, or are monochorionic twins are known to have a higher risk of complications in labour and emergency caesarean sections.

Timing of delivery

Most twins are born between 34 and 36 weeks. If you go into labour prior to 37 weeks it is recommended that you are delivered in a hospital where there is appropriate paediatric support and are given two steroid injections which help to develop the babies' lungs.

If you have not had your babies by 36 weeks the risk of complications such as stillbirth increases, therefore you will be offered an induction of labour.

Support

Good support in labour is one of the most important factors in helping women cope with the pain of labour and encourages normal births. You may find it helpful to have another birth supporter, as well as your partner with you. You may find it helpful to write and discuss a birth plan taking into account the possibility of an early delivery.

How am I cared for in labour?

- Your obstetrician will recommend that you deliver your babies in hospital. As discussed, the delivery of twins has many extra complications, in hospital medical staff are available to assist you and your babies should the need arise.
- In order to assess your babies' health whilst in labour it will also be recommended to monitor their heart rates continuously once you are in active labour. Listening to the heart beats alone is not enough because it is not possible to tell the difference between the two babies' heart rates when listening in as either babies heart may be heard from all over your abdomen. It is only possible to tell the difference between the two with electronic monitoring that shows a different pattern in the heart rate. This is particularly important to baby 2 who is at greater risk of compromise.
- It is also recommended that a plastic cannula (venflon) is inserted into your vein and blood samples taken for blood tests. This gives instant intravenous access. The cannula will be capped off and a drip may not be needed initially but will be advised later on in labour.

What are my chances for a caesarean section if I go into labour?

Women who labour with twins have at least a 40% chance of emergency caesarean section. There is a 1% to 10% chance that the first baby will be born vaginally, but a caesarean section is required for the second baby. The risk of a caesarean section is lower if both babies are presenting head down and higher if the second baby remains persistently transverse at term.

Where will I deliver?

Generally delivery would be in a normal labour ward room.

If there are no complications the first baby would be delivered by a midwife with little need for other staff to be in the room.

Once the first baby is born, the second baby's position needs to be confirmed. This is done by an obstetric doctor using an ultrasound scan. If the second baby is head down or bottom down and you are having good contractions the doctor will break your waters to encourage the delivery of the baby. If the second twin is not in a favourable position the obstetrician may attempt either external or internal manoeuvres to rotate the baby into a better position. A delay of more than 30 minutes between the babies' deliveries is known to increase the risk of complications for that baby and a need for an emergency caesarean section. Therefore if contractions do not commence a hormonal drip is usually started once a favourable position is confirmed by ultrasound to avoid any unnecessary delay.

What about pain relief?

An epidural is usually recommended for twin delivery for two reasons.

Firstly, any additional manoeuvres needed for the second twin are more easily carried out if the woman is comfortable.

Secondly it may be possible to use the epidural if a caesarean section is required, which will enable you to remain awake and your birth partner to be with you for the birth.

After delivery of the babies

There is a higher risk of bleeding after delivery of twins as the site where the placenta was is larger and the womb has been distended more during the pregnancy. Therefore after delivery a drip containing a hormone which causes the womb to contract and thus prevent excessive bleeding is recommended. Awaiting spontaneous delivery of the placenta without intervention is not recommended because of the higher risk of bleeding.

Can I have a water birth and/or a home birth?

Because of all the increased risks home births or water births are not recommended.

Can I breast feed twins?

Yes, it is possible to breast feed twins.

We have an infant feeding specialist midwife who is available to meet with you during your pregnancy to discuss this.

You can arrange this yourself by phoning infant feeding specialist midwife on 01803 654644

Support groups

Local Twins n Triplets group Tel 01803 526034

Twins and Multiple Births association (Tamba) Tel 01732 868000

The Multiple Birth Foundation Tel 020 8383 3519

Useful websites

www.tamba.org.uk

www.multiplebirths.org.uk

www.twinsclub.co.uk

www.twin2twin.org