

## Fetal Medicine

# Monochorionic twin pregnancies

This leaflet provides information on antenatal care and delivery for parents who are expecting identical twin babies.

### What are identical twins?

Identical twins are also called monochorionic twins and they occur when one fertilised egg splits and develops into two babies. This means, they look alike and are the same sex. The babies share one placenta, the majority of which have their own amniotic sac (bag of waters around the baby) and are called monochorionic diamniotic twin pregnancies. It is rare to have both babies in the same sac (monoamniotic twins).

### How are identical twins diagnosed?

They are usually diagnosed by an ultrasound scan in early pregnancy between 11 and 14 weeks of pregnancy, where a single placenta with a thin wispy dividing membrane is seen. In monoamniotic twins, no dividing membrane is seen.

### What complications are more common in identical twins?

Women who are expecting more than one baby are at increased risk of a number of pregnancy complications. The more babies a woman is carrying at once, the greater her risk.



### **Common complications that may develop include:**

**Pre-term birth:** Approximately 15% of twin pregnancies will go into labour before 32 weeks pregnant. Women pregnant with Monochorionic twin pregnancies usually have the birth scheduled between 36-37 weeks gestation.

**Low birth weight:** More than half of all twins are born with low birth weight (less than 5½ pounds or 2500grams). A low birth weight can result from premature birth and/or poor fetal growth.

Babies born before 32 weeks of pregnancy with a low birth weight will need to go to the neonatal unit and are at increased risk of developing health problems in the newborn period as well as lasting disabilities such as visual difficulties, hearing problems.

**Selective growth discordant problems:** As identical twins share a placenta, there is about 25-40% chance that one of the twins may not grow as well as its co-twin. This can occur at any stage of pregnancy. Severe cases can result in the loss of one twin, and this may result in health complications for the normal co-twin.

**Twin to twin transfusion syndrome (TTTS):** About 15% of identical twins develop this complication. It occurs when a connection between the two babies' blood vessels in the placenta causes one baby to get too much blood flow and the other too little. This problem can occur at any stage but more commonly occurs between 16 and 26 weeks of pregnancy. It is diagnosed by a detailed ultrasound scan, which detects excess fluid around one twin and reduced fluid around the other twin, along with blood flow changes in the vessels. Regular ultrasound examinations are required as in severe, untreated cases; this can result in the loss of both babies.

TTTS is usually treated with laser surgery to seal off the connections between the babies blood vessels. Mild cases can be treated with serial (repeated) amnio drainage to drain off the excess fluid. Amnio drainage is a procedure used to withdraw amniotic fluid from around the fetus by inserting a long thin hollow needle through the abdominal and uterine wall.

## Patient Information

**Pre-eclampsia:** Mothers who are expecting twins are twice as likely as mothers with a singleton pregnancy to develop this complication. It is characterised by high blood pressure, protein in the urine, and generalised swelling. In some cases, the babies must be delivered early to prevent serious complications.

**Musculoskeletal:** Excessive stretching of the abdomen, usually towards late pregnancy can put strain on the muscles supporting the spine resulting in chronic backache or leg pains. We may refer you to a physiotherapist if there is no relief with analgesics such as paracetamol.

- Sometimes, women may experience irregular painful contractions of the womb called false labour pains. Reducing physical activity and resting usually provides some relief.

## What special care is needed?

- Women will need to visit their healthcare providers more frequently to help prevent, detect and treat any of the complications mentioned above. All multiple pregnancies have involvement from the complex continuity team. An explanation about this team will be given to you at your first appointment between 14-16 weeks gestation.
- You will also require close monitoring by having fortnightly ultrasound scans from the time of diagnosis of twin pregnancy, to watch for signs of discordant growth and TTTS (16 weeks to 26 weeks). These will be carried out by the fetal medicine consultant in the fetal medicine department.
- In addition, a detailed scan will be performed at 20-22 weeks of pregnancy to check that both babies are developing normally.
- At 26 weeks gestation your care will be transferred to the Antenatal clinic where you will continue to have fortnightly scans

## What signs and symptoms should I watch for?

You are advised to watch for signs of:

- **Preterm labour:** This includes painful frequent uterine tightening with or without fluid loss or blood stained vaginal discharge. If you are in preterm labour, you may receive injections to delay labour

## Patient Information

giving time for the babies' lungs to mature which helps to reduce the risk of developing breathing problems after birth.

- **Pre-eclampsia:** Sudden onsets of a headache, or excessive sickness or visual disturbances are important signs. A blood pressure measurement, urine protein check and blood tests are performed to confirm the diagnosis and medications may be prescribed to reduce the blood pressure.
- **TTTS:** You are advised to contact us if you notice sudden increases in abdominal size or breathlessness as it may be due to accumulation of extra fluid in the sac of one of the twins. Sometimes, it may also present as signs of miscarriage or preterm labour.

In this situation, an ultrasound scan will be performed to check whether both babies are producing equal amounts of urine and have normal blood flow pattern.

**If you have any of these signs, you must report to the labour ward at University Hospital for assessment and advice.**

**Telephone 024 7696 7333**

### **Can I try for vaginal birth?**

The chance of having a caesarean birth is slightly higher in twins than in singleton births. Identical twins are usually delivered around 36-37 weeks of pregnancy in order to reduce the risk of complications. However, you have a good chance of having a normal vaginal delivery if both babies are in a head down position and there are no other complications.

If you have any queries, please contact Miss Soma Mukherjee, Lead Consultant for Fetal Medicine or Louise Clarke, Lead Midwife and ACP on the following numbers:

Miss S. Mukherjee's secretary: 024 7696 7387

Louise Clarke: 07824 472674

Fetal Medicine reception: 024 7696 6572

Obstetric ultrasound reception: 024 7696 7348

**Further information may be obtained from the following sources:**

**Twins and Multiple Births Association:**      [www.tamba.org.uk](http://www.tamba.org.uk)

**The Multiple Birth Foundation:**              [www.multiplebirths.org.uk](http://www.multiplebirths.org.uk)

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7387 and we will do our best to meet your needs.

The Trust operates a smoke free policy

**Document History**

Department:	Fetal Medicine
Contact:	27387
Updated:	October 2019
Review:	October 2022
Version:	7.1
Reference:	HIC/LFT/998/10