

## Maternity

# Monochorionic twin pregnancies

This information is for parents who are expecting identical twin babies.

### What are identical twins?

Identical twins happen when one fertilised egg splits into two babies. They look alike and are the same sex. The babies share one placenta and usually have their own amniotic sac (bag of waters around the baby). This is called a monochorionic diamniotic twin pregnancy. It is rare to have both babies in the same sac. These are called monoamniotic twins.

### How are identical twins diagnosed?

Doctors usually diagnose using ultrasound scan in early pregnancy (between 11 and 14 weeks). They can see one placenta with a thin dividing membrane. In monoamniotic twins, no dividing membrane is seen.

### Are there more risks with identical twins?

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

## Common complications

### Pre-term birth

Around 15 in 100 (15%) of twin pregnancies are born early, before 32 weeks pregnant. For women pregnant with Monochorionic twins, doctors usually plan the birth around 36-37 weeks.

### Low birth weight

More than half of all twins are born small (weighing less than 5½ pounds or 2500grams). This can happen because they are born early or do not grow well in the womb. Very small babies may need special care in the neonatal unit and can have health problems, like trouble hearing or seeing.



## Patient Information

### **Selective growth discordant problems**

As identical twins share a placenta, there is about a 25-40 in 100 (25%) chance that one of the twins may not grow as well as the other. This can happen at any stage of pregnancy. In very serious cases, one baby may die, which can also cause health complications for the other twin.

### **Twin to twin transfusion syndrome (TTTS)**

About 15 in 100 (15%) of identical twins have this complication. It happens when one baby gets too much blood and the other gets too little. This can happen at any stage but is more common between 16 and 26 weeks of pregnancy.

Doctors find this using ultrasound scans to detect extra fluid around one twin, reduced fluid around the other twin, and blood flow changes in the vessels. If not treated, it can be very serious and 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.

### **Pre-eclampsia**

Mothers who are expecting twins are twice as likely to have this complication. It causes high blood pressure, swelling, and protein in the urine. Sometimes the babies need to be born early to prevent serious complications.

### **Musculoskeletal**

As the belly stretches, especially later in pregnancy, it can cause back pain or leg pain. We may refer you to a physiotherapist if pain medicine like paracetamol doesn't help.

### **False labour pains**

Sometimes, women have irregular painful womb contractions called false labour pains. Resting and slowing down usually helps.

### **What special care is needed?**

- You will need to see doctors and midwives more often. This helps them spot problems early and treat them if needed. The complex continuity team look after all multiple pregnancies, and this team will be explained at your first appointment, between 14-16 weeks gestation.
- You will have ultrasound scans every 2 weeks to check for signs of discordant growth and TTTS. These scans usually happen between 16 and 26 weeks, in the fetal medicine department.
- A detailed scan is done around 20-22 weeks of pregnancy to make sure both babies are developing properly.
- From 26 weeks gestation, your care will be transferred to the Antenatal clinic, with scans every 2 weeks.

### **What signs and symptoms should I watch for?**

- **Early labour (preterm):**

This can feel like painful, frequent, uterine tightening, with or without leaking fluid, or blood stained vaginal discharge. If this happens, doctors may give you injections to delay labour, so the babies' lungs have more time to grow. This helps reduce the risk of developing breathing problems after birth.

- **Pre-eclampsia:**

Signs include bad headaches, lots of sickness, swelling, or blurry vision. Doctors check blood pressure, urine for protein, and blood tests, and may prescribe medicine to help.

- **TTTS:**

If your tummy suddenly gets bigger or breathing becomes difficult, it could mean extra fluid in the sac of one of the twins. Sometimes, it may be a sign of miscarriage or preterm labour.

Doctors will do an ultrasound to check if both babies are making the same amounts of urine and have normal blood flow pattern.

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

**Telephone: 024 7696 7333**

### Can I try for a vaginal birth?

Twin births are a little more likely to need caesarean than single baby births. Identical twins are usually born around 36-37 weeks of pregnancy to reduce the risk of complications.

However, if both babies are head down and there are no other problems, a normal vaginal birth is often possible.

### Who can I contact for help?

For support, contact Miss Soma Mukherjee, Lead Consultant for Fetal Medicine, or Louise Clarke, Lead Midwife and ACP on:

- Miss S. Mukherjee's secretary: 024 7696 7387
- Louise Clarke: 07824 472674
- Fetal Medicine reception: 024 7696 6572
- Obstetric ultrasound reception: 024 7696 7348

### More information

- 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

### Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service. Have your say. Scan the QR code or visit:

[www.uhcw.nhs.uk/feedback](http://www.uhcw.nhs.uk/feedback)



Document History	
Department:	Fetal Medicine
Contact:	27387
Updated:	February 2026
Review:	February 2029
Version:	8
Reference:	HIC/LFT/998/10