

## Multiple Pregnancy

Are you expecting twins or more babies?



*Obstetrics & Gynaecology*

patient**information**

**NHS**

The Rotherham  
NHS Foundation Trust

## Bring your medicines when you come into hospital

Prescription medicines

Medicines you have bought

Alternative & herbal medicines

Inhalers



Hearing about your experience of our services is very important as it means we can pass compliments on to our staff and make improvements where necessary. Tell us what you think by emailing us at: [your.experience@nhs.net](mailto:your.experience@nhs.net)

### Slovak

Ak vy alebo niekto koho poznáte potrebujete pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

### Slovensky

### Kurdish Sorani

کوردی سۆرانی  
نەگەر تۆ یان کەسێک کە تۆ دەناسی پێویستی بەیارمەتی هەبێت یۆ نەو دی لێم بەلگەنامە بە تێبگات یان بێخوێنتێتەو، تکایە پەیوەندیمان پێوە بکە لەسەر ناو ژمارەییە سەرەوددا یان بەو نێماینە.

### Arabic

عربی  
إذا كنت أنت أو أي شخص تعرفه بحاجة إلى مساعدة لفهم أو قراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

### Urdu

اُردو  
اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

### Farsi

فارسی  
اگر جناب عالی یا شخص دیگری که شما او را می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفاً با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

If you require this document in another language, large print, braille, audio or easyread format, please ask our healthcare providers\*

### \*Note to healthcare providers:

Translated / easyread healthcare information can be sourced via the **Easyread websites** listed at the back of this leaflet or via contacting our translation service which can be accessed through the Hub.

### **This leaflet has been written for pregnant women who are expecting more than one baby (multiple pregnancy)**

Firstly, congratulations on your multiple pregnancy. Finding out that you are carrying more than one baby can be exciting but also daunting.

It is normal to have concerns about things when you are having a multiple pregnancy so we have put together this leaflet to inform you about the differences in your care and useful information for you. Please feel free to ask your midwife / doctor any questions that you have.

### **Glossary of terms used and explanations**

Monochorionic	see page 4
Dichorionic	see page 4
Placenta	afterbirth
Sonographer	specialist in ultrasound scanning
Obstetrician	doctor who specialises in care of pregnant women
Multiple pregnancy	A pregnancy of twins or triplets

### What is the difference between the different types of twins / triplets?

At your early scan, the sonographer will have looked at how many babies there are, and whether they are in separate sacs. They will also have checked whether the babies appear to be sharing a placenta (this is known medically as chorionicity). If they share a placenta (afterbirth) then they are at higher risk of complications than those that who are not. Twins that share a placenta are called **Monochorionic twins**. Twins that do not share a placenta are called **Dichorionic twins**.

### Are my twins / triplets identical or not?

People often get confused between the differences between identical / non identical twins and chorionicity (whether they are sharing a placenta).

With triplets they can be a mix of twins with another single baby OR 3 separate babies. During pregnancy the important thing for the staff looking after you is whether any of your babies share the placenta. We appreciate that whether your twins are identical or not may or may not be important.

**Here are some general rules to help you sort this out:**

Twins that share a placenta (**monochorionic twins**) have always arisen from one egg that has split after being fertilised- ie they are **identical**.

Twins that do not share a placenta (**Dichorionic**) **MAY be identical** (have come from one egg that has split ) **OR non identical** (have come from two separate eggs that have been fertilised). If you are pregnant with twins that do not share a placenta, there is no way of telling from scans whether they are identical or not identical.

**My pregnancy is classed as high risk - what does this mean?**

This means that you are more prone to complications and need to be under a consultant care for your pregnancy, but please remember that most women do not necessarily have any complications from carrying multiple babies. It does mean that your pregnancy will be monitored more carefully throughout and that you will need more antenatal visits and different care than if you were carrying only one baby. Some of this care can be shared between the hospital and your local midwife / doctor depending on the type of twins you are carrying.

### **What should I expect will be different in my antenatal care?**

#### **Antenatal appointments**

You will need more appointments during your pregnancy and the number will depend on the type of your multiple pregnancy and whether your pregnancy is progressing normally. Most of the appointments at the hospital will have a scan appointment at the same time. You may also need appointments in between with your local midwife / doctor.

As a general rule, twins that share a placenta / triplets are seen every 2 weeks from 16 weeks pregnant at the hospital. Twins that are not sharing a placenta are seen at the hospital every 4 weeks from 20 weeks pregnant and seen in between times by their local midwife / doctor at least every 2 weeks.

#### **Screening for Downs Syndrome?**

This is more difficult in twins/more babies and it is important that you are given the offer of seeing one of our antenatal midwives / doctors that can explain the differences to you. They will then give you a special leaflet about such testing in twins and as with any woman it will then be your choice whether you wish to undergo the tests. We appreciate that every pregnancy is individual and will support you throughout this decision making and respect your wishes.

#### **Nutrition, Exercise, General advice etc**

This advice is the same as for a mum carrying one baby.

## Multiple Pregnancy

### Scans

These will be much more often as described in this leaflet.

### **I have heard that there are more complications when you are carrying twins/ triplets is this true?**

This is true and we will detail some of those risks below.

**Please remember though that the majority of patients carrying twins/ multiple pregnancies have a normal outcome with a healthy mother and babies.** There are a lot of things that can be done to reduce these risks by the care you receive both antenatally and during /soon after your delivery. There are also things that we will ask you to watch out for happening that would mean that you should see somebody sooner than your next planned appointment - we will explain these below:

### **Anaemia**

It is important to eat a balanced diet which is rich in iron. Iron rich foods include lentils, haricot beans, wholemeal bread, red meat, baked beans, dark green vegetables and breakfast cereals fortified with iron. Symptoms may include feeling tired, breathless or appearing pale.

You may also be advised to take iron supplements, which may cause constipation/ diarrhoea/ nausea and can colour your bowel motion black. The tablets / syrup should be taken between meals (ideally with some orange juice if you can tolerate it). You should not take iron tablets at the same time as milk/ tea/ chapatti flour

## Multiple Pregnancy

as these can reduce how well the iron is absorbed. There are however several varieties of iron tablets and your doctor/ midwife may be able to recommend one that is less likely to give you side effects. You can also help prevent constipation by eating plenty of fibre and drinking lots of fluids.

If your iron levels (haemoglobin) in your blood remain low we may need to do further blood tests and may recommend other ways of being given iron e.g. through a drip.

We will advise testing your haemoglobin levels at booking, at 20-24 weeks and at 28 weeks.

## More severe symptoms of pregnancy

You should consult your midwife/ doctor if you are suffering from these as extra treatment - most of which is simple can be given/advised.

## Miscarriage

Unfortunately, we cannot change this risk. And it is important for you to know that if you have any bleeding you should consult the hospital via the early pregnancy unit (if less than 16 weeks pregnant), the antenatal clinic/ triage/ delivery suite (after 16 weeks) OR via the accident and emergency department if either are closed / the bleeding is heavy. Although the risk is increased the chance is still that 8-9 out of 10 pregnancies will be OK.



### **Abnormalities in the baby / risk of a low-lying afterbirth (medical term: placenta praevia)**

All expectant mothers are offered a scan at 18-20 weeks pregnant to look at the baby's structure. The risk of a baby having a major problem in a mother carrying one baby is 2-3 in a 100. In twins / more babies this risk increases slightly to 4-5 in 100. This means that 95 out of a 100 will not have an abnormality seen on scan. It is important to say that scans do not pick up 100% of problems anyway as not all things can be seen on scan and not all things are visible at 18-20 weeks i.e. they have limitations. However, if your scan does not show anything abnormal it is reassuring.

Because with twins/triplets, there will be more afterbirth (compared with a single pregnancy) it is more likely that some of it will be lying low in the womb. This will be looked for on your 18-20 weeks scan. If there is a problem, we will give you more details about it then.

### **Excess fluid around one of the babies (Medical term: Polyhydramnios)**

This is more common in twins sharing a placenta (monochorionic). If you are having monochorionic twins you should report any sudden increase in size or breathlessness to your doctor/ midwife.

## Multiple Pregnancy

### **Pre-eclampsia**

This is a special problem that only occurs in pregnancy and occurs in about 20-30 out of 100 multiple pregnancies. It results in your blood pressure being high and you having protein in your urine. It can cause your babies to be smaller and can be risky to you. This is why it is important to have your blood pressure and urine tested at every antenatal visit.

Symptoms that you might feel if you have pre-eclampsia include: Headache especially over the eyes, nausea, vomiting, sudden swelling of the ankles, hands, face or pain in your upper tummy especially under the right side of your ribs. Pre-eclampsia can be reduced by taking a small dose of Aspirin (75g -150mg) per day and if you have other risk factors you may be advised to do this.

If you have any of these symptoms you should consult a doctor/ midwife that day and get your blood pressure and urine checked. Most ladies who get pre- eclampsia do not have symptoms which is why it is so important to have your antenatal checks. For further information please visit Action on Pre-eclampsia website

**[www.apec.org.uk](http://www.apec.org.uk)**

### **Smaller babies / one twin growing better than the other**

This happens in about 1 in 4 twin / triplet pregnancies. This is why we recommend regular scans to measure your babies growth.

### Delivery problems

#### **Prematurity (early delivery)**

Because of all of the above problems that may occur with the mother/ babies, it is sometimes necessary for doctors to decide to deliver your babies earlier because it is better for you or your babies.

Also, sometimes because your womb is overstretched compared to a mother carrying one baby the pregnancy naturally decides to go into early labour.

Premature delivery (before 37 weeks pregnant) occurs in around 60 out of 100 twins and more so in triplets.

Very early delivery (before 32 weeks pregnant) is still thankfully quite rare but happens in 1 in 10 monochorionic twins and 1 in 20 dichorionic twins. It is more in triplets.

It is important that you know to contact us immediately if you think that you are having contractions / think your waters may have gone.

#### **Stillbirth and death of the baby after delivery (medical term : neonatal death)**

These are both increased in multiple pregnancy but are RARE. The reasons that they are increased are related to the complications that can occur as discussed earlier especially growth problems and prematurity.

**SEE PREPARING FOR THE BIRTH  
for further details on page 14**

### Are there specific risks associated with monochorionic twins?

Yes, and some risks only occur in twins that share a placenta they are:

- Twin-to-Twin transfusion syndrome
- Cord entanglement

### What is twin-to-twin transfusion syndrome (TTTS)?

This is rare complication that **only affects twins that share a placenta (monochorionic twins)**. It affects only 10-15% of these types of twins i.e., 85-90% of these twins will not be affected.

It happens when the twins share their blood supply and when one twin takes more of the blood supply than the other. This results in the twin receiving more of the supply (recipient) getting larger and having potential problems with heart strain, and the smaller twin (donor) becoming smaller and anaemic due to not having enough blood supply. It can also result in uneven amounts of fluid around the babies, with the donor twin having too little fluid (oligohydramnios) and the recipient twin having too much (polyhydramnios).

At your scan at 10-13+6 weeks the ultrasonographer will have looked to see whether your twins/ triplets are monochorionic. If they are you will be offered scans every 2 weeks from 16 weeks to try and pick up TTTS. If we suspect that your twins have TTTS then a senior doctor, usually a consultant obstetrician will see you and explain what this may mean and the possible

## Multiple Pregnancy

treatments available. If this happens, we will also refer you for a second opinion at a Specialist Center. The Twin-to-Twin Transfusion Syndrome Foundation has lots of information available on its website at **[www.ttsfoundation.org](http://www.ttsfoundation.org)** should you need further information.

### Cord entanglement

This **only** occurs when the twins actually share a **single sac** (monoamniotic twins), which is very rare. Only 1% of twins that share a placenta also share a sac and this will have been looked at your scan at 10-13+6 weeks. For this reason, it is recommended that these sorts of twins are delivered early to avoid the continuing risk of cords becoming entangled. This is usually by Caesarean section at 32-34 weeks pregnant.

### Preparing for multiple pregnancy birth

It is never too early to start preparing for the birth. It is important that you ask as many questions as you need to about the plans for your birth and that you let us know any preferences that you have.

The association of multiple births (TAMBA) has some very good free leaflets with good practical advice including how to prepare other children for the arrival of the new babies, a good free helpline, ideas on prams and equipment, a monthly magazine and some good books to buy if you need further information. There are also local multiples clubs where mums meet. These can be very useful as the mums there have been through / are going through what you are and can help with practical ideas to help look after two/ more babies. Your local group can be found via TAMBA / ask your midwife or doctor.

- Attend an antenatal class - this needs to be done earlier in your case in case the babies make an early appearance we usually advise that this is completed before 34 weeks.
- Think about how you are planning to feed your babies - if you are concerned about breastfeeding more than one baby, we have drop-in sessions for mums and mums to be in the hospital - ask for details/discuss with your midwife or doctor.

### **When are twins / triplets usually delivered?**

We usually advise that all twins are delivered by around 38 weeks if they have not come by then. This would either be by induction of labour (starting the labour artificially) or planned caesarean section.

We would usually advise the following timings unless there are complications;

- 36-37 weeks - monochorionic twins
- 37-38 weeks - dichorionic twin

### **Where will I have my babies?**

Birth in hospital is advised - if you have concerns about this discuss it with your doctor / midwife.

### **Will I be able to deliver naturally?**

This will be discussed with you during your pregnancy and depends on which way the babies are lying, whether there are more than two babies, how they are growing, your previous pregnancy and delivery history (if applicable) and whether the babies are sharing a sac. Below are some general rules but please discuss this further with your obstetrician / midwife.

### **How does the number of babies / whether they are in the same sac influence things?**

If you are carrying triplets / the babies are sharing a sac (monoamniotic) we would usually advise that the babies are born by caesarean section.

In the case of triplets this is partly to do with the fact that it can be very difficult to monitor all three babies heart rates during labour to know that they are coping. In addition, there is very little experience among doctors generally of triplet vaginal delivery so caesarean section is usually recommended.

If the twins share a sac there is a risk of cord entanglement (see above). This is why we recommend caesarean birth and earlier than normal at 32-34 weeks.

### **How does the way the babies are lying influence whether I will be able to give birth naturally?**

If both babies are lying head down (medical term: cephalic) and are normally grown and you have no other complications then we would usually advise that vaginal birth is possible- see below for information about vaginal birth.

If the first twin is lying head first but the second is lying in a different position we would again advise that vaginal birth is possible but may need some assistance (see overleaf).



## Multiple Pregnancy

If the first twin is lying in a position other than head first- we would usually advise a caesarean section. If the first twin is breech (bottom first) we usually do not advise a natural birth as the risks to the baby are slightly higher.

### **What if I have had a caesarean section before?**

This will be discussed with you in detail as with any woman who has had a previous caesarean. After the discussion you will be supported in your decision on how you wish to give birth.

If the babies are well grown and in a favourable position then you can still consider a vaginal (natural) birth.

### **Planned caesarean - when will it be, etc?**

If you are advised that caesarean birth is best for you then a doctor at the hospital will discuss this in more detail with you explaining the reasons why it is advised and the risks and benefits. They will also book the date for the caesarean and explain to you about the care before the operation. You should be given an information leaflet about Caesarean Section.

### **Planned natural birth - how will I be cared for in labour?**

Your birth partner will be able to be with you as usual. Both twins will need continuous heart rate monitoring (CTG) once you are in active labour. If it is difficult to monitor both twins through your abdomen, the 1st twin may need to be monitored by internal means (FSE) with a small clip that is placed on baby's head (this does not cause harm). If there are concerns further action may be needed.

A small cannula / drip (plastic tube) will be sited in your hand, bloods taken and you will be given an antacid as a precaution in case you need to go to theatre. You will be entitled to the usual choices for pain relief (except the pool) provided there are not any other contraindications. Epidural may be advised especially if the 2nd twin is not head first.

### **Vaginal birth - the birth itself**

When your midwife is happy that things are ready you will be encouraged to push the 1st twin out naturally. With either twin you may need an assisted delivery or caesarean (see below).

### **After the 1st twin is born the doctor will:**

- check the position of the second twin
- turn the baby if required to bottom / head first
- start a drip (called Syntocinon) to improve the contractions if needed
- aid the delivery of the second baby if you cannot push the baby out for any reason / if there are concerns about the baby. This may mean helping the

## Multiple Pregnancy

baby out by an assisted delivery (forceps/ventouse) / by helping the baby out as a breech (breech extraction) or turning the baby internally which requires pain relief if you haven't already had it.

Because you are having two babies there will be extra staff present at the birth including doctors, paediatricians and extra midwives to help care for you and your two babies. After your babies are born you will be encouraged to have skin to skin contact with them.

After the twins are born, the afterbirth/s are then delivered. The risk of bleeding after delivery is greater with multiple births because the placenta(s) are attached to a larger area of the womb wall.

### **To reduce this:**

- You will be given a drug to help the womb contract as an injection into your leg as your second baby is born.
- We often start a drip called Syntocinon at this stage to encourage your womb to contract.

### **Will I need a caesarean in labour?**

50% of twins are delivered by caesarean. Some of these are planned, but there is an increased chance of needing a caesarean in labour e.g., if it is not possible to monitor one of the babies. Caesarean can rarely be needed for Twin 2 after Twin 1 has delivered naturally. Your partner will be able to be with you unless you need to be put to sleep (general anaesthesia).

# After the birth

## Multiple Pregnancy

### **After the birth of your babies**

After your babies are born your care should be very similar to any other mother but you may require extra help to adjust to looking after two babies at one time and feeding.

### **What if I have any other concerns?**

If you have any questions that have not been answered in this leaflet/ or are worried about any aspects of your pregnancy or delivery, please talk to your midwife / doctor.

You can also speak to a supervisor of midwives at the hospital whose role is to support and advise women, their families and staff. She can be contacted via the labour ward or antenatal clinic.

## Multiple Pregnancy

### Useful contact numbers and websites

#### **Twins and multiple births association (TAMBA)**

2 The Willows, Gardner Road, Guildford, Surrey GU1 4PG

Telephone 01483 304 442

[www.tamba.org.uk](http://www.tamba.org.uk)

#### **Sheffield Twins and Multiples Club**

[www.stmchair@gmail.com](mailto:www.stmchair@gmail.com)

Rotherham contact is Claire a nursing sister who has personal experience of being a mother of twins - please contact her on [basix4babiesyorkshire@hotmail.com](mailto:basix4babiesyorkshire@hotmail.com)

#### **Twinline**

Telephone 0800 138 0509 (a confidential listening service for families of twins and more)

**Multiple Births Foundation (MBF)** aims to improve the care and support of multiple birth families through the education of all relevant professionals.

[www.multiplebirths.org.uk](http://www.multiplebirths.org.uk)

**APEC - Action on Pre-eclampsia** aims to educate, inform and advise the public and health professionals about pre-eclampsia.

[www.apec.org.uk](http://www.apec.org.uk)

#### **BLISS - the premature baby charity**

Telephone 020 7378 1122

[www.bliss.org.uk](http://www.bliss.org.uk)

**Twin-to-twin Transfusion Syndrome (TTTS) Foundation** (an international NGO based in the United States that aims to fight TTTS)

[www.ttsfoundation.org](http://www.ttsfoundation.org)

## How to contact us

### Greenoaks Antenatal Clinic

Telephone 01709 424347

### Labour Ward

Telephone 01709 424491

### Switchboard

Telephone 01709 820000

**Your local midwife and GP contact numbers will be on your handheld maternity notes.**

## Useful contact numbers

**If it's not an emergency, please consider using a Pharmacy or call NHS 111 before going to A&E.**

### NHS 111 Service

Telephone 111

### Health Info

Telephone 01709 427190

### Stop Smoking Service

Telephone 01709 422444

### UECC (A&E)

Telephone 01709 424455

**For GP out of hours, contact your surgery**

## Useful websites

[www.therotherhamft.nhs.uk](http://www.therotherhamft.nhs.uk)

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

[www.gov.uk](http://www.gov.uk)

[www.patient.co.uk](http://www.patient.co.uk)

## Easyread websites

[www.easyhealth.org.uk](http://www.easyhealth.org.uk)

[www.friendlyresources.org.uk](http://www.friendlyresources.org.uk)

[www.easy-read-online.co.uk](http://www.easy-read-online.co.uk)

## We value your comments

If you have any comments or concerns about the services we have provided please let us know, or alternatively you can contact the Patient Experience Team.

### Patient Experience Team

The Oldfield Centre

The Rotherham NHS

Foundation Trust

Rotherham Hospital

Moorgate Road

Rotherham

S60 2UD

Telephone: 01709 424461

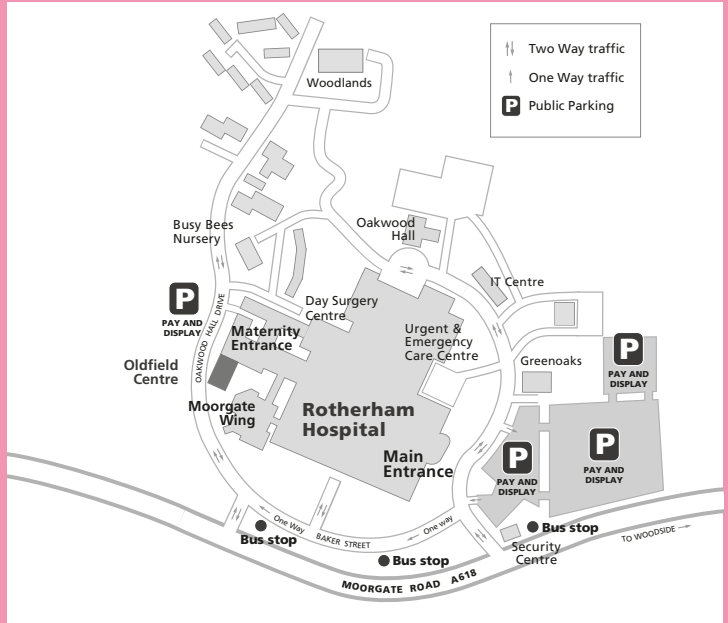
Monday to Friday

9.00am until 5.00pm

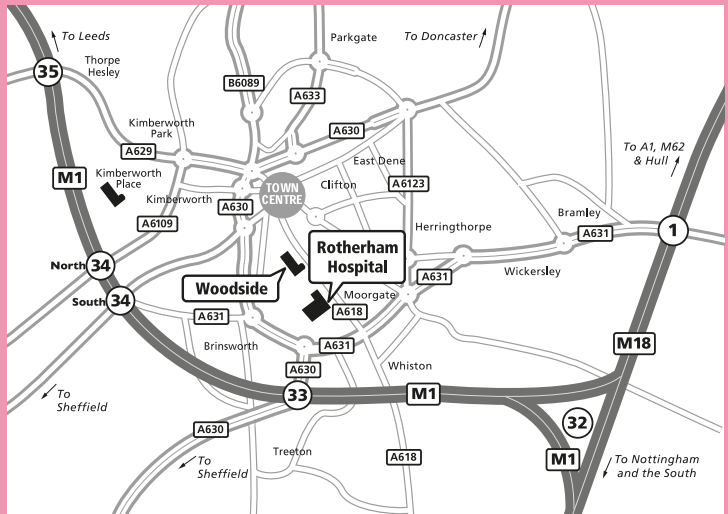
Email: [your.experience@nhs.net](mailto:your.experience@nhs.net)

# How to find us

## Hospital site plan



## Rotherham main routes





LS 635 01/2021 V4 Jones & Brooks



**The Rotherham**  
NHS Foundation Trust

**Rotherham Hospital**  
Moorgate Road  
Oakwood  
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[www.therotherhamft.nhs.uk](http://www.therotherhamft.nhs.uk)