Maternity

Multiple Pregnancy

Fetal Medicine Unit

Multiple pregnancy

Multiple pregnancy is usually found by ultrasound scan. About 20 women in every 1000 pregnancies give birth to twins. Triplets happen in about 1 in every 2000 - 3000 pregnancies. In very rare circumstances women may have more than three babies.

Women may feel a mix of emotions when they find out they have a multiple pregnancy. Some women may be delighted and others may feel shock. If you have concerns about your pregnancy please let your doctor or midwife know.

Twin pregnancy

There are two types of twins:

- Identical twins (monozygotic)
- Non-identical twins (dizygotic)

Identical twins occur when one egg is fertilised by one sperm. The fertilised egg, or zygote, then divides into two. As a consequence, therefore, identical twins have the same genes and therefore must be the same sex. They share the same blood group and have the same physical features, such as hair, eye colour and facial features. However, they can be different sizes and often present with quite different personalities.

Non-identical twins occur when two eggs are fertilised by two sperms. With any conception there is a 50/50 chance of a boy or a girl, therefore with non-identical twins, half will be born boy/girl pairs and a quarter will be born boy/boy, and the remaining quarter will be born girl/girl. Because there are two fertilised eggs, the twins born will be no more alike than any brother or sister, even if they are born the same sex.

Non-identical twins are more common than identical. In the UK, 2/3rds of twins are born as non-identical compared to 1/3rd who are born identical.

What are the possible complications of a multiple pregnancy?

- There is a greater chance that you will go into labour before 37 weeks of your pregnancy.
- The position of the babies may affect the way you give birth.
• There is a greater chance that you may bleed more than usual after you have given birth, but we try and prevent this by giving an injection following birth.

• If you have more than 2 babies you may be advised to have a caesarean section.

• The babies tend to be smaller than if there is only one baby, therefore sometimes, additional support from medical, midwifery and nursing staff may be required following birth.

What happens during my pregnancy?

• You will be seen regularly during your pregnancy. It is important to keep all of your antenatal appointments even if you feel well, as we need to monitor your pregnancy closely.

There are special Multiple Pregnancy clinics at Liverpool Women’s Hospital organised by Consultant Obstetricians and specialist Midwives

• The frequency of your visits to the clinic depend upon
  o The number of babies (twins, triplets or quadruplets)
  o The type of twin pregnancy
  o Any complications which may arise

• An ultrasound scan may be performed at each visit to the multiple pregnancy clinic. The midwifery or medical staff will discuss the need for this with you.

• It is recommended that you take iron supplements prescribed during your pregnancy. This will help prevent anaemia and also give you a bit more energy, as women having a multiple pregnancy do feel more tired than those who are having just one baby. Because you are carrying two or more babies obviously you will get bigger and more uncomfortable sooner than if you were carrying one and you will find that you have to rest more. It is usually the case that those women with a multiple pregnancy, who work, have to leave earlier because they need to rest more.

What happens when I go into labour?

• If you feel that you are in labour please call the hospital on 0151 708 9988 and ask to speak to the Central Delivery Suite Shift Leader.

• Please bring your blue notes to the hospital.

• You will be cared for in a large room called a “high dependency room”. This room allows enough space for equipment and extra medical staff, as there are often five or six people needed for a twin delivery.
• There may be at least 2 midwives, 2 doctors, and 2 or 3 members of the paediatric team (who will care for the babies at delivery.)

• Both midwives and doctors will care for you during your labour.

• It is important that we know the position of the babies. This will be done by examining your tummy (abdomen), as done during your antenatal visits.

• If we are not sure of the position that one or both babies are lying in, a scan will be performed in the room on central delivery suite.

• If the first twin is lying ‘head first’ you may be able to aim for a vaginal delivery.

• If the first twin is lying bottom first (breech) then you may be advised to have a caesarean section. (Please see leaflets entitled ‘What if my baby’s breech?’ ‘What if I need a planned caesarean section?’)

• The midwife will check your blood pressure, temperature and pulse, and test your urine.

• The CTG machine (Cardiotocograph) will record your babies heartbeats. This is recommended for accuracy. Listening to the baby every 15 minutes is less reliable.

• It maybe important to have an even closer contact for the heartbeat of your first baby. This is done by the doctor or midwife attaching a small clip to the baby’s head whilst inside your tummy.

• If the doctors and midwives are not certain that you are in active labour you may need to have a speculum examination. A doctor, who will use a speculum, will do this. A speculum is an instrument, used when you have a smear taken (but you will not have a smear taken during this examination). The speculum will be placed in the birth canal (vagina) and will allow the doctor to see the neck of the womb (cervix). If it has started to open (dilate) this is a sign that you may going into labour.

• If you are in labour your midwife or doctor may need to perform an internal examination to feel the neck of the womb (cervix) to see if you are in labour.

• You will have a drip put into your arm or hand to allow fluids and/or medicines to be given as required.

• A blood sample will be taken to re-check your blood group and your iron count.

• You will be allowed to drink clear fluids only, (non milky drinks). Eating during your labour is not recommended and may make you feel sick.
You may need help with pain relief. There is another leaflet available called, ‘Pain relief in labour’.

You may be advised to have an epidural to help with your pain relief, as it may be necessary to change the position of the second twin before birth. Please feel free to discuss your method of pain relief further with your midwife, doctor or anaesthetist.

What happens at the birth?

- When you are ready to have the first baby, with your permission extra staff will enter the room. They will help to care for you and your baby.

- Once the first baby is born there is no set time by which the second baby should be born. During this time the second baby is monitored closely with the CTG machine.

- If we are unsure about the way the second baby is lying, you may have a scan at this time to check this position. If the baby is in a head first position, a second midwife may make sure that the baby stays in this position by ‘holding’ your tummy firmly.

- Whilst doing this you will need to have another internal examination to break the waters of the second baby. If the baby stays head down you will then be ready to have the second twin.

- If there are any difficulties delivering the second twin or if this baby shows signs of distress, you may be advised to have a caesarean section for the birth of the second twin. The chance of this happening is 1 in every 100 twin births.

- Remember that for more than 2 babies you may be advised to have a planned caesarean section booked during your pregnancy. There is another leaflet called, ‘What if I need a planned caesarean section?’

What happens after I have given birth?

- This is called the third stage of labour. The third stage of labour starts when your babies are born and ends when you have delivered your placentae (afterbirths).

- One placenta is usually about the size of a large dinner plate and is responsible for providing oxygen and food to your baby whilst in your womb. When there is more than one baby the afterbirths will cover a larger area.

- With your permission, you will be given an injection into your leg. This will help to stop unnecessary bleeding from your womb. This injection will also reduce the chance of you needing to have a blood transfusion after the birth of your babies.
Your midwife or doctor will deliver your placentas (after the babies are born) by pulling gently on the umbilical cord and at the same time carefully supporting your womb by gently pressing your tummy with her hand.

An active third stage is usually completed within 15 minutes following the birth of your babies.

**Postnatal stay in hospital**

You may have to stay in hospital longer if:

- You have had a caesarean section
- If the babies are small or premature they may require close observation of feeding, additional support and advice is available from the infant Feeding Team if necessary.
- Small and premature babies have a higher chance of developing jaundice which may need treatment (see separate leaflet)

You may have given some thought about how you want to feed your babies already. If you had thought about breast-feeding do not be put off now that you have found out that you are having twins/triplets etc. It is possible to breast-feed more than one baby and once established it can be very satisfying and rewarding. It is one way that both babies can be nursed and fed at the same time. There are a number of techniques you will learn when breast-feeding twins/ triplets and the best way to learn about these is to talk to your midwife or get in touch with another mother who has breast-fed twins/ triplets. Your midwife may be able to put you in touch with the infant feeding team.

It is very important that we collect valuable information about your pregnancy to assist in reviewing the care and treatment offered to women with a multiple pregnancy. For this reason we are requesting that information regarding your pregnancy is placed on a database which will be stored on a computer within the hospital when the Midwife has discussed this request with you in more detail, you will be asked to sign a consent form allowing the hospital to collect, store and use your information. Your information will be anonymised, so that you cannot be identified at any time.

If you have any questions or require advice you can contact the Specialist Midwife at the Multiple Pregnancy Clinic.

At the Liverpool Women’s Site on **0151 708 9988 Ext 4223**, or alternatively ask the switchboard operator to bleep her on **410**

At Aintree Centre for Women’s Health on **0151 525 5980**
Useful contacts

**The Multiple Births Foundation**
Hammersmith House Level 4, Queen Charlotte's & Chelsea Hospital, Du Cane Road, London, W12 0HS
Telephone: 0208 383 3519
Fax: 0208 383 3041
Email: info@multiplebirths.org.uk

**Tamba**, 2 The Willows,
Gardner Road, Guildford,
Surrey GU1 4PG
Telephone: 0870 770 3305
Fax: 0870 770 3303

**Twinsclub**
[www.twinsclub.co.uk](http://www.twinsclub.co.uk)

**U.K. Twin to Twin Transfusion Syndrome Association**
[www.twin2twin.org](http://www.twin2twin.org)
This information sheet may be available in different formats. It is a brief outline of Multiple Pregnancy and is not intended to replace discussion with Medical or Midwifery staff.

This information was generated from The Women’s Information Network Group in the Liverpool Women’s Hospital.

If you would like to make any suggestions or comments about the content of this leaflet, please contact the Patient Quality Manager on 0151 702 4160 or by email at feedback@lwh.nhs.uk

Please note that Liverpool Women’s NHS Foundation Trust is a smoke free site.

Smoking is not allowed inside the hospital building or within the hospital grounds, car parks and gardens.

Staff are available to give advice about stopping smoking, please ask your Midwife about this.

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