General care

Information and emotional support

- Explain sensitively the aims and possible outcomes of screening and diagnostic tests to minimise anxiety.
- Offer information and support specific to twin and triplet pregnancies at first contact and provide ongoing opportunities for discussion covering:
    - antenatal and postnatal mental health and wellbeing
    - antenatal nutrition (see below)
    - the risks, symptoms and signs of preterm labour and the potential need for corticosteroids for fetal lung maturation
    - likely timing and possible modes of delivery[†]
    - breastfeeding
    - parenting.

Nutritional supplements and diet and lifestyle advice

- Give the same advice about diet, lifestyle and nutritional supplements as in routine antenatal care.[‡]
- Be aware of the higher incidence of anaemia in women with twin and triplet pregnancies. Perform a full blood count at 20–24 weeks to identify a need for early supplementation with iron or folic acid, and repeat at 28 weeks as in routine antenatal care.[§]

Maternal complications

Hypertension

Also see the NICE guideline on hypertension in pregnancy (www.nice.org.uk/CG107).

- Measure blood pressure and test urine for proteinuria at each appointment, as in routine antenatal care. [‡]
- Advise women to take 75 mg of aspirin[**] daily from 12 weeks until the birth of the babies if they have one or more of the following risk factors for hypertension:
    - first pregnancy
    - age 40 years or older
    - pregnancy interval of more than 10 years
    - BMI of 35 kg/m^2 or more at first visit
    - family history of pre-eclampsia.

[†] Specific recommendations about mode of delivery are outside the scope of this guideline.
[‡] See 'Antenatal care' (NICE clinical guideline 62). Available from www.nice.org.uk/guidance/CG62
[§] This is in addition to the test for anaemia at the routine booking appointment; see 'Antenatal care' (NICE clinical guideline 62)
** This drug did not have UK marketing authorisation for this indication at the time of publication (September 2011). Informed consent should be obtained and documented. [This recommendation is adapted from recommendation 1.1.2.2 in 'Hypertension in pregnancy', NICE clinical guideline 107.]

Determining gestational age and chorionicity

Early scan for confirmed multiple pregnancy

- Aim to determine all of the following in the same first trimester scan when crown–rump length measures from 45 mm to 84 mm (at approximately 11 weeks 0 days to 13 weeks 6 days):*
  - gestational age
  - chorionicity (see below) and
  - the risk of Down's syndrome .
- Assign nomenclature to the babies (for example, upper and lower, or left and right) and document.
- Use the largest baby to measure gestational age.

* 'Antenatal care' (NICE clinical guideline 62) recommends determination of gestational age from 10 weeks 0 days. However, the aim in this recommendation is to keep to a minimum the number of scan appointments that women need to attend within a short time, especially if it is already known that a woman has a twin or triplet pregnancy.

Chorionicity

- Determine when multiple pregnancy is detected using:
  - the number of placental masses and/or
  - the lambda or T-sign and/or
  - membrane thickness.
- For women presenting after 14 weeks 0 days, use all of the above features **and** discordant fetal sex.
- Do not use three-dimensional ultrasound scans to determine chorionicity.

Problems determining chorionicity

- If transabdominal views are poor because of a retroverted uterus or high BMI, use transvaginal ultrasound.
- If it is not possible to determine chorionicity when detecting the multiple pregnancy, seek a second opinion from a senior ultrasonographer or refer to a healthcare professional competent in determining chorionicity by ultrasound as soon as possible.
- If it is still difficult after referral, manage as monochorionic until proved otherwise.

Indications for referral

- Seek a consultant opinion from a tertiary level fetal medicine centre for:
  - monochorionic monoamniotic twin pregnancies
  - monochorionic monoamniotic triplet pregnancies
  - monochorionic diamniotic triplet pregnancies
  - dichorionic diamniotic triplet pregnancies.

Schedule of specialist antenatal appointments:

Weeks 6 to 19

<table>
<tr><th>Type of pregnancy</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17</th><th>18</th><th>19</th></tr>
<tr><td></td><td colspan="11"></td><td colspan="2">Anomaly scan (18+0 to 20+6 weeks)**</td></tr>
<tr><td>Monochorionic diamniotic twins</td><td colspan="5" rowspan="4">Booking appt by 10 weeks*</td><td colspan="3" rowspan="4">Appt + early scan (approximately 11+0 to 13+6 weeks)</td><td></td><td></td><td>Appt/ scan FFTS</td><td></td><td>Appt/ scan FFTS</td><td></td></tr>
<tr><td>Dichorionic twins</td><td></td><td></td><td>Appt only (no scan)</td><td></td><td></td><td></td></tr>
<tr><td>Monochorionic & dichorionic triplets (triamniotic)</td><td></td><td></td><td>Appt/ scan FFTS</td><td></td><td>Appt/ scan FFTS</td><td></td></tr>
<tr><td>Trichorionic triamniotic triplets</td><td></td><td></td><td>Appt only (no scan)</td><td></td><td></td><td></td></tr>
</table>

*See ‘Antenatal care’ at www.nice.org.uk/guidance/CG62

**Consider scheduling anomaly scan slightly later if needed.

Key

Appt/scan: Appointment plus scan (note that all women should have at least 2 of their appointments with the specialist obstetrician)

FFTS: Monitor for feto-fetal transfusion syndrome

Weeks 20 to29

Type of pregnancy	20	21	22	23	24	25	26	27	28	29
	Anomaly scan (18^{+0} to 20^{+6} weeks)									
	Screen for IUGR at each scan from 20 weeks									
Monochorionic diamniotic twins	Appt/ scan FFTS		Appt/ scan FFTS		Appt/ Scan FFTS				Appt/ scan	
Dichorionic twins	Appt/ scan				Appt/ scan				Appt/ scan	
Monochorionic triamniotic & dichorionic triamniotic triplets	Appt/ scan FFTS		Appt/ scan FFTS		Appt/ scan FFTS		Appt/ scan		Appt/ scan	
Trichorionic triamniotic triplets	Appt/ scan				Appt/ scan				Appt/ scan	

*See 'Antenatal care' at www.nice.org.uk/guidance/CG62

**Consider scheduling anomaly scan slightly later if needed.

Key

Appt/scan: Appointment plus scan (note that all women should have at least 2 of their appointments with the specialist obstetrician)

FFTS: Monitor for feto-fetal transfusion syndrome

IUGR: Intrauterine growth restriction

Weeks 30 to 37

Type of pregnancy	30	31	32	33	34	35	36	37
	Screen for IUGR at each scan from 20 weeks							
Monochorionic diamniotic twins			Appt/ scan		Appt/ scan		Offer birth If declined: weekly appts + scans	
Dichorionic twins			Appt/ scan		Appt only (no scan)		Appt/scan	Offer birth If declined: weekly appts + scans
Monochorionic triamniotic & dichorionic triamniotic triplets	Appt/ scan		Appt/ scan		Appt/ scan	Offer birth If declined: weekly appts + scans		
Trichorionic triamniotic triplets			Appt/ scan		Appt/ scan	Offer birth If declined: weekly appts + scans		

*See 'Antenatal care' at www.nice.org.uk/guidance/CG62

**Consider scheduling anomaly scan slightly later if needed.

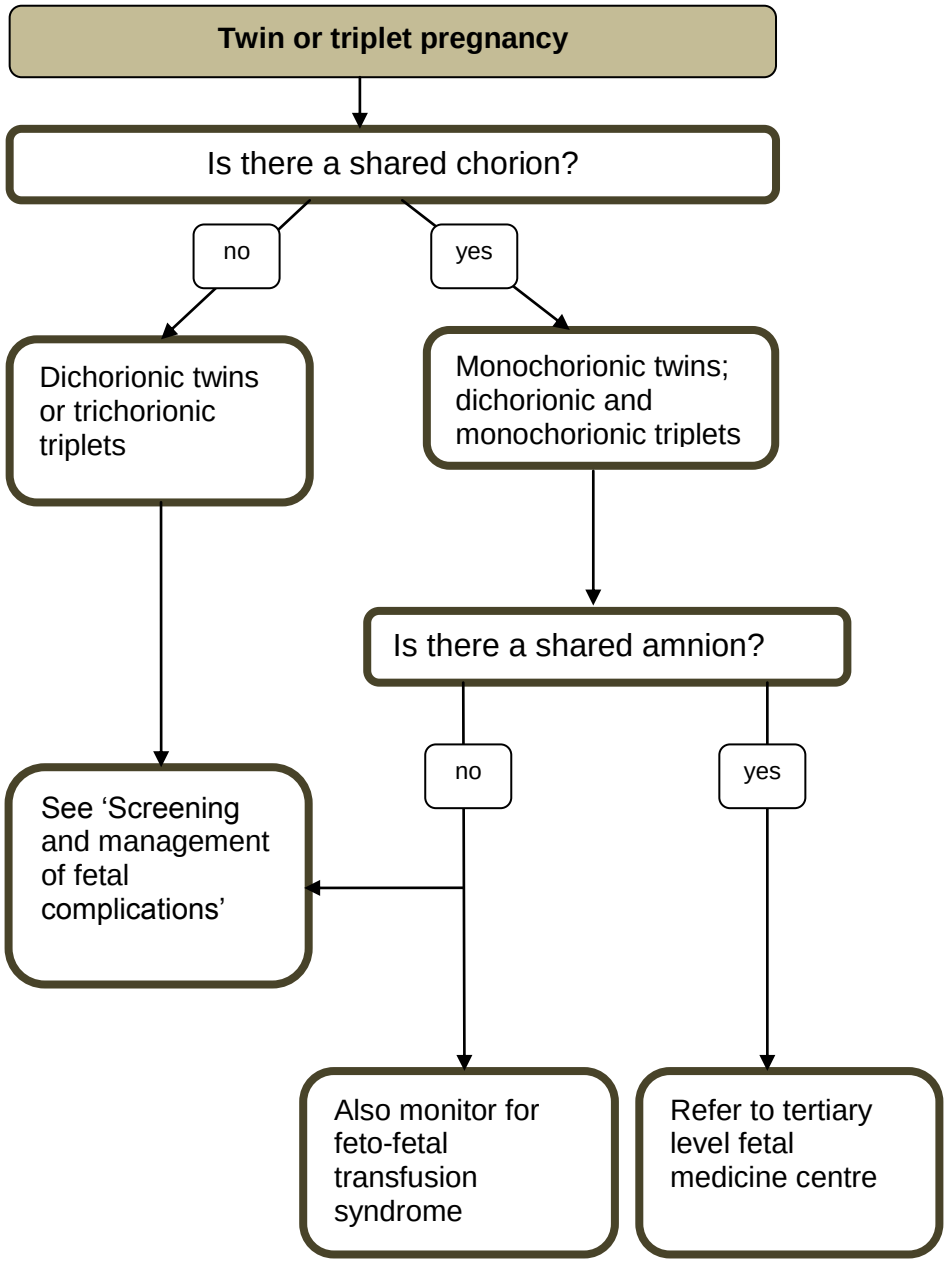
Key

Appt/scan: Appointment plus scan (note that all women should have at least 2 of their appointments with the specialist obstetrician)

FFTS: Monitor for feto-fetal transfusion syndrome

IUGR: Intrauterine growth restriction

Planning care according to chorionicity



Screening and management of fetal complications

Information about screening

- A healthcare professional experienced in twin and triplet pregnancies should offer information and counselling before and after every screening test.
- Inform women about the complexity of decisions they may need to make depending on screening outcomes, including different options according to chorionicity.

Screening for Down's syndrome

- Before screening, inform women about the:
  - greater likelihood of Down's syndrome in twin and triplet pregnancies
  - different options for screening*
  - higher false positive rate of screening tests in twin and triplet pregnancies
  - greater likelihood of being offered invasive testing and of complications occurring from this testing
  - physical and psychological risks related to selective fetal reduction.
- Carry out screening when crown–rump length measures from 45 mm to 84 mm (at approximately 11 weeks 0 days to 13 weeks 6 days)
- Map fetal positions
- Calculate risk per pregnancy in monochorionic pregnancies and for each baby in dichorionic and trichorionic pregnancies.

*See 'Antenatal care' (NICE clinical guideline 62). Available from www.nice.org.uk/guidance/CG62

Twin pregnancies

- Use the 'combined test'.
- Consider second trimester serum screening if woman books too late for first trimester screening. Explain the potential problems (particularly the increased likelihood of pregnancy loss associated with double invasive testing because the risk cannot be calculated separately for each baby).

Triplet pregnancies

- Use nuchal translucency and maternal age.
- Do not use second trimester serum screening.

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Indication for referral

Offer women whose risk of Down's syndrome exceeds 1:150 (as defined by the NHs Fetal Anomaly Screening programme [FASP]**) referral to a fetal medicine specialist in a tertiary level fetal medicine centre.

**See http://fetalanomaly.screening.nhs.uk/standardsandpolicies

Structural abnormalities (such as cardiac abnormalities)

- Offer screening as in routine antenatal care.* Consider scheduling scans slightly later and be aware that they will take longer. Allow 45 minutes for the anomaly scan (as recommended by FASP**) and 30 minutes for growth scans.

* See 'Antenatal care' (NICE clinical guideline 62) and also FASP at http://fetalanomaly.screening.nhs.uk/standardsandpolicies
** See http://fetalanomaly.screening.nhs.uk/standardsandpolicies

Intrauterine growth restriction

- Estimate fetal weight discordance using two or more biometric parameters at each scan from 20 weeks. Do not scan more than 28 days apart. Consider a ≥ 25% difference in size as clinically important and refer woman to a tertiary level fetal medicine centre.
- Do not use:
  - abdominal palpation or symphysis–fundal height measurements to predict intrauterine growth restriction
  - umbilical artery Doppler ultrasound to monitor for intrauterine growth restriction or birthweight differences.

Feto-fetal transfusion syndrome (monochorionic pregnancies only)

- Do not monitor for feto-fetal transfusion syndrome (FFTS) in the first trimester.
- Monitor with ultrasound (including to identify membrane folding) from 16 weeks. Repeat fortnightly until 24 weeks.
- If membrane folding or other possible signs (pregnancies with intertwin membrane infolding and amniotic fluid discordance) are found, monitor weekly to allow time to intervene if needed.

Preterm birth

Predicting the risk of preterm birth

- Be aware that women with twin pregnancies have a higher risk of spontaneous preterm birth if they have had a spontaneous preterm birth in a previous single pregnancy.
- Do not use cervical length (with or without fetal fibronectin) routinely to predict the risk of preterm birth
- Do not use the following to predict the risk of preterm birth:
    - fetal fibronectin testing alone
    - home uterine activity monitoring.

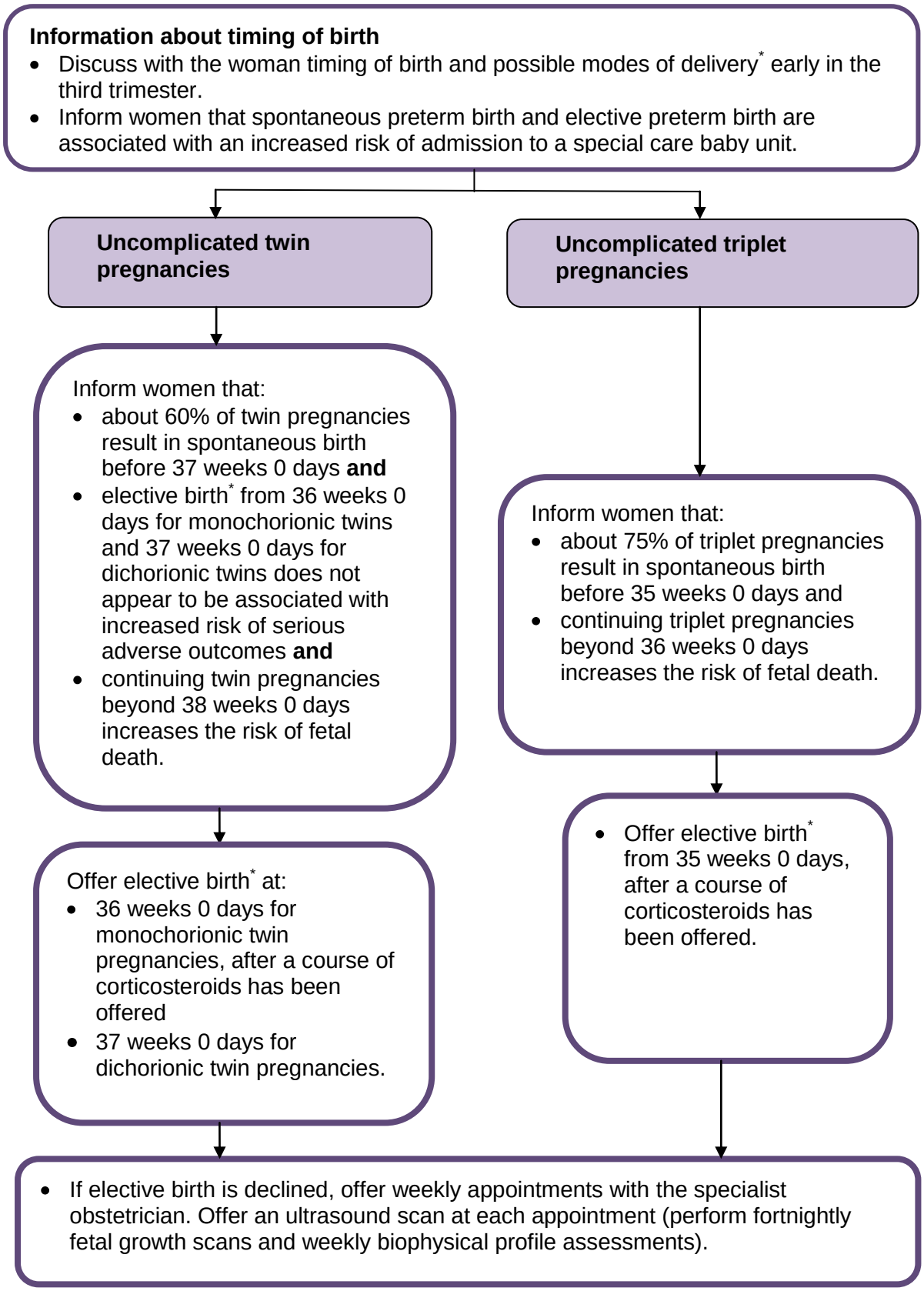
Preventing preterm birth

- Do not use the following (alone or in combination) routinely to prevent spontaneous preterm birth:
    - bed rest at home or in hospital
    - intramuscular or vaginal progesterone
    - cervical cerclage
    - oral tocolytics.

Untargeted corticosteroids

- Inform women:
    - of their increased risk of preterm birth
    - about the benefits of targeted corticosteroids
    - that there is no benefit in using untargeted administration of corticosteroids.
- Do not use single or multiple untargeted (routine) courses of corticosteroids.

Timing of birth



*Specific recommendations about mode of delivery are outside the scope of this guideline