



**Liverpool Women's**  
NHS Foundation Trust

# Information Leaflet

**Liverpool Multiple Pregnancy  
Clinic (LMPC)**

**Dichorionic Diamniotic  
(DCDA) Booklet**

## **The Liverpool Multiple Pregnancy Clinic**

Congratulations on your pregnancy, and welcome to the Liverpool Multiple Pregnancy Clinic (LMPC).

Liverpool Women's Hospital hosts one of only a few dedicated multiple pregnancy clinics in the UK. This service has been designed to provide all of the antenatal care that you should need throughout your pregnancy.

You will see a Specialist Multiple Pregnancy Midwife in our multiple pregnancy antenatal clinic (LMPC), who will talk you through the plan of care for your pregnancy and answer any questions that you may have. Most of your scans will be performed in the main ultrasound department (USS).

### **Your Multiple Pregnancy Team**

- Dr Liz Stephenson, Consultant, DCDA Twins lead
- Jennifer Robinson, Specialist Multiple Pregnancy Midwife
- Claire Coonan, Specialist Multiple Pregnancy Midwife
- Elaine Glennon, Ultrasound Lead for Multiple Pregnancy

Your specialist midwives and medical team would like to welcome you to the wonderful world of multiples.

We love it and we hope you will too. However, we also know that this can be a very confusing and frightening time. Jen and Claire live in this world and encourage you to feel free to talk to them about any questions you may have.

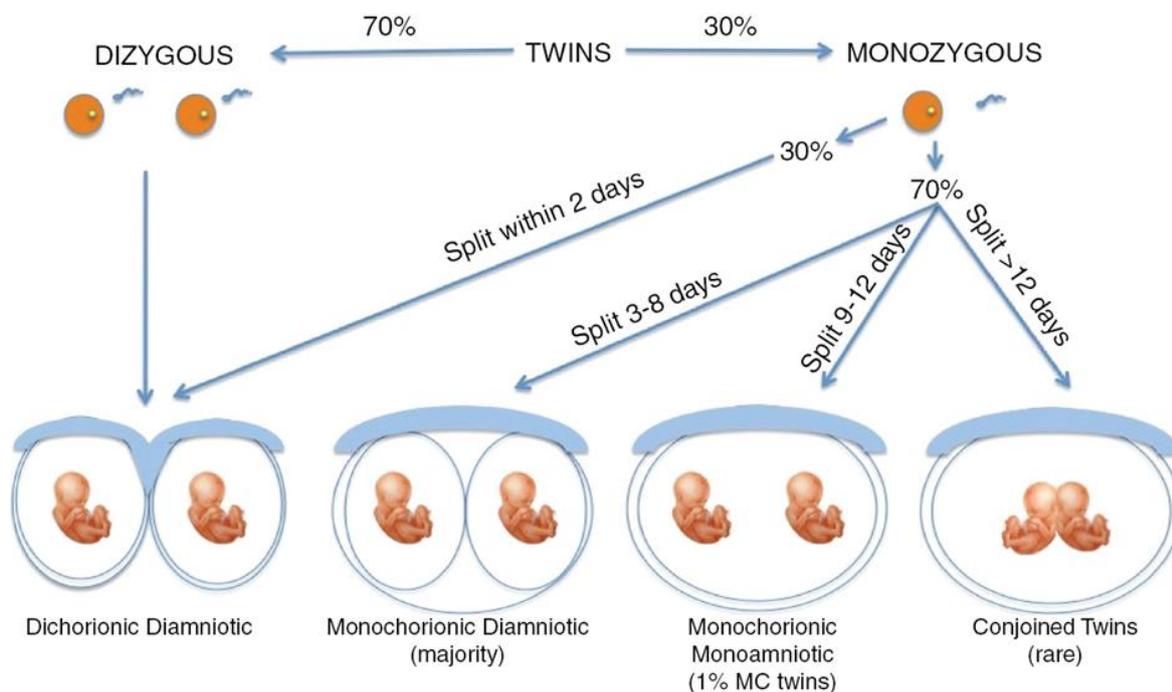
### **What is multiple pregnancy, and why do I need extra appointments?**

The aim of this booklet is to introduce the different types of multiple pregnancy and explore the known risks. This helps us follow a detailed pathway to minimise these risks to you and your unborn children. The appointments for review and scanning times, can be longer than in other pregnancies, but we will keep you informed regarding any delays.

We also want to empower you to make decisions about your antenatal classes, delivery, and pain relief, plus where to seek additional support if required.

Multiple pregnancy means carrying more than one baby (referred to as singleton pregnancy). Most multiple pregnancies are Twins, rather than triplets and quadruplets. Multiple pregnancy is increased by fertility treatment, ethnic origin, and the later ages of mums having their children.

Twins can be monozygotic (one fertilised egg splits in two) or dizygotic (two eggs are fertilised). Monozygotic Twins will normally be the same sex. There are generally three types of Twins seen on scan. The three types are:



(From *Fetal Medicine*, RCOG Bidyut Kumar, Zarko Alfirevic)

All non-identical Twins are DCDA, and roughly one-third of identical Twins are DCDA. The other two-thirds of identical Twins are MCDA, and just 1% of identical Twins are MCMA.

**One-third of all Twins will be identical, and two-thirds non-identical**

Identical (monozygotic) Twins happen when a single egg is fertilised. The egg then divides in two, creating identical Twins who share the same genes. Identical Twins are always the same sex and they'll look very alike.

- **Dichorionic Diamniotic (DCDA)** Twins – each baby has a separate placenta with its own separate inner membrane (amnion) and outer membrane (chorion)
- **Monochorionic Diamniotic (MCDA)** Twins – both babies share a single placenta with a single outer membrane and two inner membranes
- **Monochorionic Monoamniotic (MCMA)** Twins – share both placenta, and the inner/outer membranes

The majority of women who are pregnant with Twins deliver healthy babies, although carrying more than one baby increases the health risks for the mother and the babies. This is of particular importance if the placenta is shared between Twins, as in 70% of identical Twins. The best time to identify the chorionicity (whether the placenta is shared or not) is on your dating scan at ~12 weeks of pregnancy. If the scan cannot identify as to whether the placenta is shared or not, you will be monitored as for a monochorionic (shared placenta) pregnancy.

## **Screening**

If you wish to have screening for conditions such as Down's syndrome- this is still possible. You will be offered a blood test in combination with your dating ultrasound (using measurements from each baby) between 11-14 weeks of pregnancy. This generates a likelihood of a baby having a condition such as Down's syndrome. Only those deemed high risk (1 in 150 chance) would then be offered more invasive tests to give a final diagnosis.

Private screening tests to detect the babies DNA within a maternal blood sample are non-invasive and accurate screening tests in singleton pregnancies. Unfortunately, they are less accurate in multiple pregnancy and fail to obtain a result 5% of the time.

A member of the LMPC team will be able to discuss this in further detail if required.

## **What specifically are the doctors and midwives looking for?**

Whilst we would like every pregnancy to go perfectly, unfortunately this is not always the case and Twin pregnancies are at greater risk of some complications.

### **Preeclampsia**

Raised blood pressure in pregnancy is linked with multiple pregnancy. If you have other risk factors for preeclampsia, your doctor may wish for you to start on Aspirin 150mg a day, to help reduce the risk. At every appointment your blood pressure and urine is checked to identify preeclampsia. Urine pots can be collected from the desk. If you experience swelling of the face, severe headaches, visual disturbances, or upper abdominal pain, please contact the hospital immediately. These may be signs that you are developing pre-eclampsia and you will need to be assessed by our medical team.

### **Anaemia**

Anaemia is common in multiple pregnancies due to the extra dietary demand on your body. It is important to eat a healthy diet, your midwife will be able to recommend a variety of foods that can help you avoid anaemia during your pregnancy. You will be

offered at least two blood tests to detect anaemia to enable treatment at an early stage. Signs of anaemia can be tiredness, shortness of breath, light headedness and looking pale. We may recommend taking iron tablets to minimise the chance of developing anaemia.

### **Gestational Diabetes**

This is a condition when your blood glucose (sugar) is raised during pregnancy. It is more likely to occur when you are having more than one baby, are overweight, older, or have a family history of diabetes. Your midwife will check your urine at every appointment, if there is glucose in your urine on more than one occasion, she may send you for a glucose tolerance test (GTT). If you do develop gestational diabetes, you will be managed by our dedicated diabetes team as well as us, it can be successfully managed minimising the risks of complications.

### **Obstetric Cholestasis**

Obstetric cholestasis is a condition, more common in multiple pregnancies, where the normal flow of bile from the liver is restricted. The main symptom is severe itching, especially the palms and soles, as well as tiredness, dark urine and loss of appetite. Please talk to your midwife about any changes or concerns you may have, and she will offer additional tests. If you do develop obstetric cholestasis then you will be put on medication, some women will need to be delivered early as a result of the condition.

### **Vaginal Bleeding**

Bleeding of any sort can be extremely worrying in pregnancy, please contact the hospital if you experience bleeding during your pregnancy.

### **Preterm Birth**

Women expecting Twins or triplets are more likely to delivery preterm

- *About 60 in 100 sets of Twins will go into labour before 37 weeks*
- *About 75 in 100 sets of triplets will go into labour before 35 weeks*
- *In comparison, only about 10 in 100 women who are pregnant with one baby will give birth before 37 weeks.*

Preterm birth may have a relatively minor effect on your babies if it occurs close to 37 weeks, but a much more serious impact if it begins at lower gestations. In light of this we advise that all women have an assessment of their cervical length on vaginal scan at 20 weeks. This is performed separately to the scan looking at your babies' anatomy. If the cervix is short at this time, then you may be offered treatment to prevent early delivery.

## **Problems with growth**

A difference of up to 25% between the weights of Twins is considered normal. If the difference (discordance) is greater than this, you may be asked to see the medical team for further scans.

## **Labelling of Twins**

We label your babies Twin 1 and Twin 2 from early in the pregnancy. In rare cases because the position of the babies can change it may not be Twin 1 that is delivered first. Please check with your midwife at delivery.

## **Making the most of your pregnancy**

Your pregnancy may seem to pass you by in a flash, with all your specialist appointments and preparation in welcoming your new babies. Here at LMPC we feel that it is important to make the most of this short and precious time. It can be stressful having more than one baby and at times it may seem overwhelming. Here are a few tips to help you to enjoy your pregnancy. Try to eat a well-balanced diet. Taking regular exercise can be very beneficial when pregnant even if you're not used to doing so. It does not have to be going to classes or going to the gym, going swimming is a great way to exercise in pregnancy. However, you can go for a walk for free! It is well documented that being at one with nature can boost mental wellbeing and you can do it in any weather and do not need any specialist equipment. It is also recommended to talk to your babies before they are born as it is known to enhance brain development and bonding. Anyone in the family can talk to the babies and about anything at all, it does not have to be children's stories. If you are struggling with ideas, why not start by reading them this booklet, once you start you will find it becomes easier each time. By the time they are born it will be second nature. It is not advisable for you to smoke, drink alcohol or take non-prescribed drugs during your pregnancy. If you would like help and advice on giving up please talk to your midwife and she will help.

## **Antenatal Classes**

Our specialist multiple pregnancy midwives run regular antenatal classes designed to give you guidance and answer your questions on pregnancy, birth and looking after your new babies. We also include advice on twin related issues and difficulties, such as breast-feeding two babies (dates available in the clinic).

## **Labour and delivery**

As multiple pregnancies are higher risk for both you and your babies, we advise that you deliver in a consultant led unit. This will mean easier access to doctors for yourself and babies, if required. We advise delivery from 35+0 weeks of pregnancy for triplets, from 36+0 for monochorionic, and from 37+0 weeks if carrying dichorionic Twins.

## **Giving Birth to Twins**

If the presenting Twin is head down (cephalic) we would advise vaginal delivery as there is no evidence that elective caesarean section is any better for mother or babies. The position of the second baby does not affect the chance of a vaginal delivery. Previous caesarean section is not a contraindication to vaginal delivery.

Of those pregnancies where an attempt at vaginal delivery is made approximately 50% will result in caesarean section. In addition, there is a 5% risk of having to deliver the second twin by caesarean section.

If you have not laboured spontaneously, we would advise induction of labour. This will be performed in hospital (see induction of labour leaflet).

If the presenting Twin is breech, we recommend caesarean section unless spontaneous labour has occurred and vaginal delivery is imminent.

Your midwives will discuss a plan for delivery with you at 28 weeks or sooner if needed.

## **Fetal Monitoring**

All Twin pregnancies should be monitored with continuous electronic fetal monitoring, referred to as a CTG, during labour. A clear difference between both babies heartbeat should always be identified on monitoring. A fetal scalp electrode (FSE) may be offered to Twin 1 to aid in differentiating the babies.

## **Analgesia**

All options for analgesia can be considered during labour and the choice of analgesia is yours. There are some benefits in using epidural analgesia if additional procedures should be required for the delivery of Twin 2. This can be discussed in more detail with your midwives in LMPC.

## What do I need to pack for hospital?

As you may require a hospital stay during your pregnancy, we would recommend at around 24 weeks you pack an overnight bag, just in case you should need it.

We have prepared a list to help guide you when packing your bag.

For your babies:

- Cotton wool
- Nappies – approximately 8 per day per baby
- Vests – 5-6 per baby
- Baby grows 5-6 per baby
- At least 1 cardigan per baby
- At least 1 hat per baby
- Scratch mitts
- Although the hospital provide blankets and towels, you may like to bring your own

For you:

- Maternity pads
- Breast pads (even if you are not breast feeding)
- Nursing bras + underwear
- Nightie/PJ's 2-3
- Dressing gown + slippers
- Change of clothes
- Toiletries
- Towel (the hospital does have towels, but they are not very big)
- Flannel
- Hair bands
- Lip balm
- Snacks and drinks
- **HOSPITAL NOTES**

## NICU

Twins are more likely to spend time in a special care baby unit than a singleton. We understand that this can be a worry to parents. Here at Liverpool Women's we have a fantastic Neonatal Unit with highly trained doctors and nurses who all understand the feelings you may experience should one or more of your babies need extra support.

Twins go to our neonatal unit for a variety of reasons and spend different lengths of time there. It is worth noting that if one of your babies needs to go to the unit, it does

not mean they will both go, this can be very stressful, but rest assured that your babies bond will not be disturbed and that you can spend time with both your twins together. If either of your babies had to go to the Neonatal unit, it would be a good idea for you to think about giving them breast milk, as this will aid their recovery, your midwife can discuss this further with you at any point.

## **Postnatal Management**

We expect that you will return home, happy and healthy, with your new babies, and postnatal care is generally the same as for those returning home with one baby. As many multiple pregnancy babies will need to spend some time on the neonatal unit (NICU) this can cause concern and feelings of separation. We advise that you speak to your midwife and neonatal nursing staff for reassurance.

We strongly advise breast feeding as the best form of nutrition your babies can receive in early life. Your midwife and our breastfeeding team can help support you in this.

## **Research in Multiple Pregnancies**

Liverpool Women's Hospital and LMPC is heavily involved in research and you may be asked to consider taking part. A Midwife or Doctor will discuss suitable research with you and answer any questions you may have. All research is voluntary and you do not need to take part if you do not want to.

## **Useful Contacts**

If you would like further information about multiple pregnancy and birth, you may find the following resources helpful

### **Useful websites**

Twins Trust [www.twinstrust.org](http://www.twinstrust.org)

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

National Institute of Clinical Excellence (NICE) [www.nice.org.uk](http://www.nice.org.uk)

### **Infant feeding information**

Association of Breastfeeding Mothers Tel: 0844 209 0920 [www.abm.me.uk](http://www.abm.me.uk)

Twins Trust [www.twinstrust.org](http://www.twinstrust.org)

### **Financial advice**

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

### **Social Media**

Facebook: Breastfeeding Twins and Triplets UK

## Your DCDA Pregnancy Pathway

Gestation	Purpose of Visit	Location
11-13	<u>Dating scan</u> Record chorionicity and fetal labelling  Offer combined screening for Down's syndrome <u>Reassess risks as now known multiple pregnancy</u> Give aspirin if appropriate (150mg at night) Explain and document plan of care	Booking Clinic
16	Antenatal assessment (Quadruple test if required) Check Booking Blood Results Cervical length scan	LMPC
20	Antenatal assessment Anomaly scan	LMPC USS
24	Antenatal assessment Full Blood Count Discuss preterm labour Issue MatB1 form Growth scan	LMPC  USS
28	Antenatal assessment FBC and Antibody screening (Anti D if required) Discuss infant feeding Discuss Timing and Mode of delivery Health Visitor Referral Growth scan	LMPC  USS
32	Antenatal assessment Birth Plan Growth scan	LMPC  USS
34	Antenatal assessment	LMPC
36	Antenatal assessment Arrange steroids if required Growth scan	LMPC  USS
37 onward	Weekly CTG and consultant review if declines delivery	

**This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at [pals@lwh.nhs.uk](mailto:pals@lwh.nhs.uk)**

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