Reference Number: UHBOBS057 **Approved by: Maternity Professional Forum**	**Date of Next Review: 10/12/28** **Date Published: 10/12/25** **Previous Trust/LHB Reference Number:**

Multiple Pregnancy

Introduction and Aim

- To provide guidance for the multidisciplinary team of professionals caring for a woman with a multiple pregnancy

Objectives

- Safe and effective practice and care of twin & triplet pregnancy in accordance with the most recent national guidance.
- To provide support for clinical decision making and evidence-based management.
- To provide details on variations from national guidance and CAV specific guidance in managing multiple pregnancy.

Scope

- This guideline applies to staff and teams providing maternity services to women with a multiple pregnancy at UHW Maternity Unit

Equality Health Impact Assessment	*An Equality Health Impact Assessment (EHIA) has not been completed.*
Documents to read alongside this Procedure	Twin and Triplet Pregnancy | NICE Guideline | NG137 Monochorionic Twin Pregnancy | RCOG | GTG51
Approved by	*Maternity Professional Forum*
Accountable Executive or Clinical Board Director	*Jason Roberts, Executive Nurse Director*
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Contents

National Guidance

Care will be provided in accordance with the most recent version of the following National Guidance, except for the variations outlined below (Section 4):

- Twin and Triplet Pregnancy | NICE Guideline | NG137
- Monochorionic Twin Pregnancy | RCOG | GTG51

1. Variations from National Guidance

- ***NICE CG137, Section 1.5*** – relates to preterm birth prevention, cervical length screening and use of progesterone. The implementation of this is currently under development and anticipated to commence January 2026. Therefore, care at present is individualised considering other risk factors for preterm birth.
- ***NICE CG137, Section 1.10*** – relates to Mode of birth. In cases where a woman is labouring with Vertex/Non-vertex twins, there should be a low threshold to transfer to theatre following birth of the first twin.

2. CAV Specific Guidance

- Women with an uncomplicated DCDA or MCDA twin or triplet pregnancy will receive antenatal care (other than their dating scan) on the UHW site in the Thursday morning Multiple Births Clinic.
- Where indicated, there will be referral for care under fetal medicine. Following fetal medicine review, some women will continue with shared care between the 2 clinics.
- All women with a multiple pregnancy should see their Community Midwife at their first booking appointment, and at 16-17 weeks for routine 16-week information giving, including information on fetal movements and routine vaccination.

Schedule of Care for Dichorionic Twins

Gestation	Specialist Contact	Purpose
Booking visit	Community Midwife	Initiate pregnancy cares Complete hand-held notes Arrange Dating Scan and first trimester screening Assess for Aspirin 150mg
Hospital booking visit	Antenatal Clinic Midwife	Review dating scan and document twin chorionicity Confirm twins-specific counselling re first trimester screening Re-assess for Aspirin 150mg Perform booking blood tests and mid-stream urine Direct woman to make 16-17-week CMW appt
16 wks. __ / __ / __	Twins Clinic Consultant and Specialist Midwife	Discuss twin pregnancy care outline including increased risk of maternal hypertension, anaemia, preterm birth, fetal growth restriction Consider iron supplementation RCOG/Twins Trust information Document booking bloods and screening results
16-17 wks. __ / __ / __	Community Midwife	16-week checklist including vaccination information
20 wks. __ / __ / __	Specialist Sonographer, midwife sonographer and Specialist Midwife	Fetal anomaly scan Trans vaginal cervical length scan with MW sonographer Review of scan Discuss preparations for coping with 2 and infant feeding Repeat FBC
24 wks. __ / __ / __	Twins Clinic Consultant or Specialist Midwife	Antenatal check Review Fetal Growth scan
26 wks.	Community Midwife	Antenatal check Discuss Fetal movements
28 wks. __ / __ / __	Twins Clinic Consultant	Antenatal check and review fetal growth scan **TWIN DISCUSSION STICKER (App.1)** Discuss and document birth plan including preterm labour **(publish on Badgernet)** Discuss postpartum contraception 28-week bloods

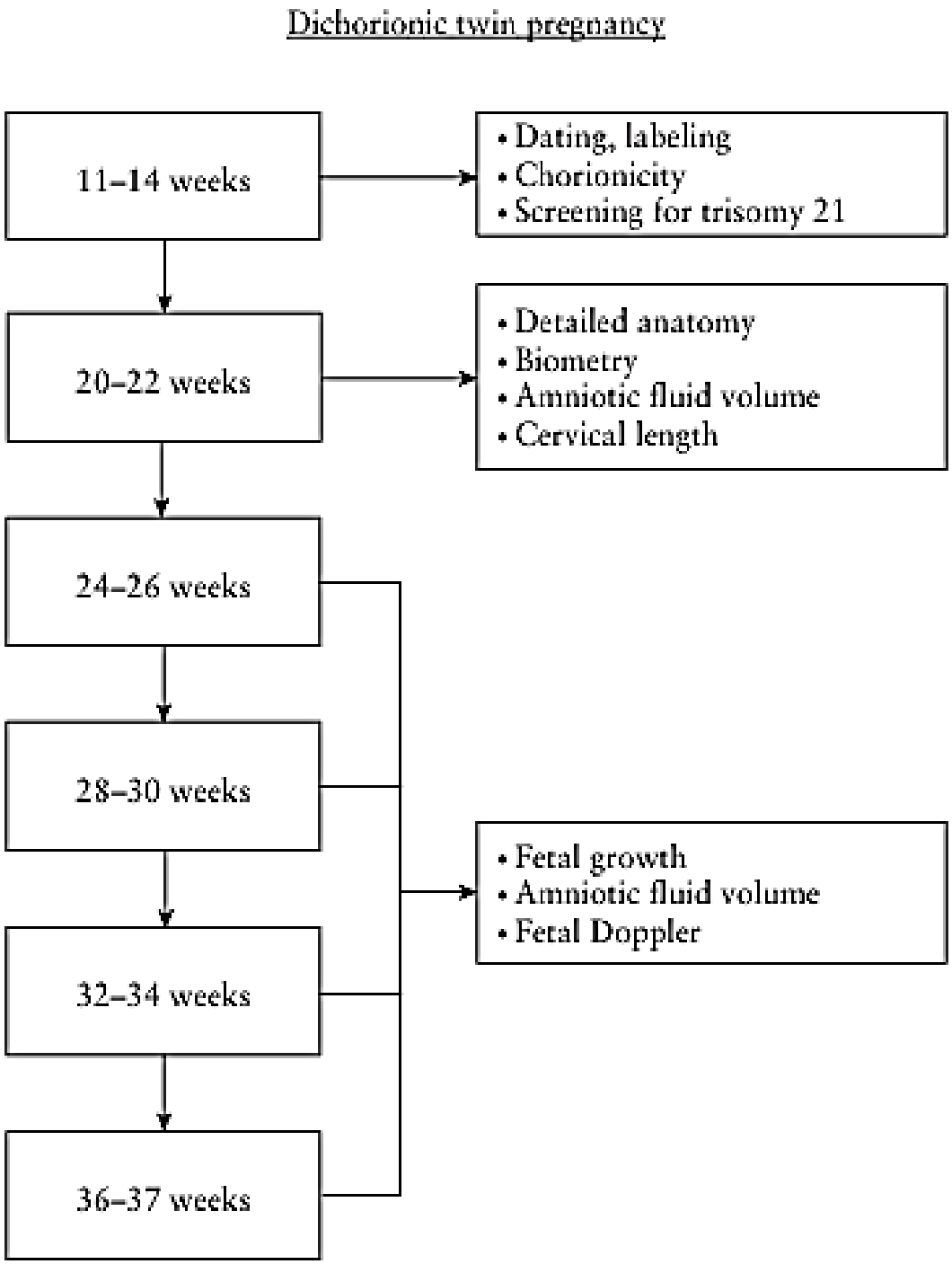
30 wks.	Community Midwife	Antenatal check Discuss Fetal movements
32 wks. __ / __ / __	Twins Clinic Specialist Twins Midwife/Consultant	Antenatal check Review Fetal Growth scan Discuss preparations for coping with 2 and infant feeding
34 wks. __ / __ / __	Community Midwife	Antenatal Check, Discuss fetal movements. Provisionally book IOL/caesarean date. Make individualised plan for stopping aspirin

Schedule of Care for Monochorionic Twins

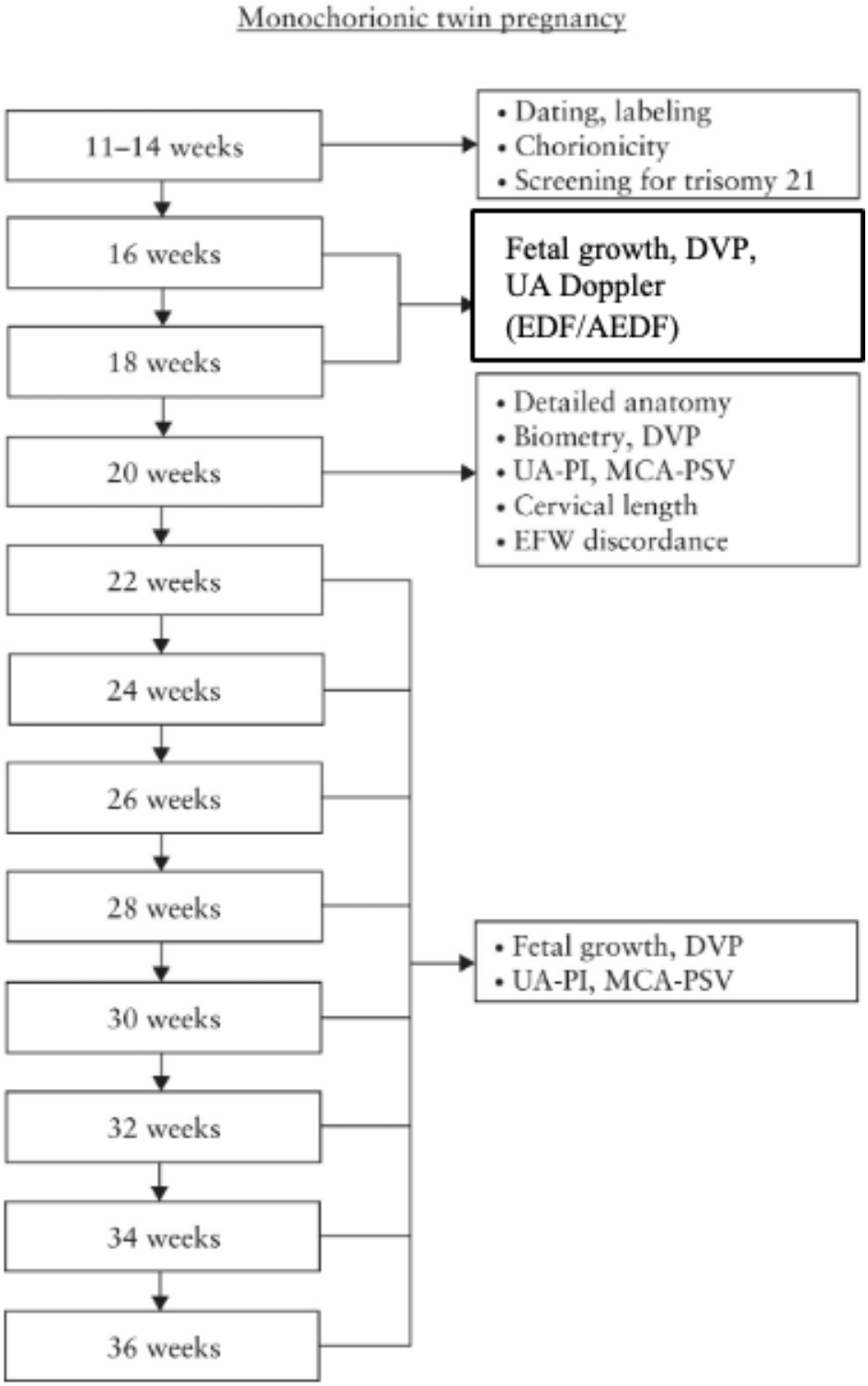
Gestation	Specialist Contact	Purpose
Booking visit	Community Midwife	Initiate pregnancy care and complete hand-held notes Arrange Dating Scan and first trimester screening Assess for Aspirin 150mg
Hospital Booking visit	Antenatal Clinic Midwife	Review dating scan and document twin chronicity Confirm twins-specific counselling re first trimester screening Reassess for Aspirin 150mg Perform booking blood tests and mid-stream urine Direct woman to make 16–17-week CMW appt
16 wks. __ / __ / __	Twins Clinic Consultant	Discuss twin pregnancy care outline including increased risk of maternal hypertension, anaemia, preterm birth, fetal growth restriction, and TTTS RCOG/Twins Trust information Antenatal check and review fetal growth scan Consider iron supplementation Document booking bloods and screening
16-17 wks. __ / __ / __	Community Midwife	16-week checklist including vaccination information
18 wks. __ / __ / __	Twins Clinic Consultant	Antenatal check and review fetal growth scan
20 wks.	Specialist Sonographer Midwife sonographer, Specialist Midwife	Fetal Anomaly Scan Trans vaginal cervical length scan with MW sonographer Review anomaly scan and cervical length Discuss preparations for coping with 2 and infant feeding. Repeat FBC
22 wks. __ / __ / __	Twins Clinic Consultant	Antenatal check and review fetal growth scan
24 wks. __ / __ / __	Twins Clinic Consultant	Antenatal check and review fetal growth scan
26 wks. __ / __ / __	Twins Clinic Consultant or Specialist Midwife	Antenatal check and review fetal growth scan

28 wks. __ / __ / __	Twins Clinic Consultant and Specialist Midwife	Antenatal check and review fetal growth scan **TWIN DISCUSSION STICKER (App.1)** Discuss and document birth plan including preterm labour Discuss postpartum contraception. 28-week bloods
30 wks. __ / __ / __	Twins Clinic Consultant	Antenatal check and review fetal growth scan
32 wks. __ / __ / __	Twins Clinic Consultant	Antenatal check and review fetal growth scan Discuss preparations for coping with 2 and infant feeding
34 wks. __ / __ / __	Twins Clinic Consultant	Antenatal check and review fetal growth scan Discuss and schedule mode/timing of birth at 36 wks. Make individualised plan for stopping aspirin
36 wks. __ / __ / __	Twins Clinic Consultant	Antenatal check and review fetal growth scan

Schedule of scanning for DCDA & MCDA Twins



ISUOG Practice Guidelines: role of ultrasound in twin pregnancy



ISUOG Practice Guidelines: role of ultrasound in twin pregnancy

This is an amended version of the ISUOG pathway to include UA doppler at 16/18 weeks - with positive / absent/ reversed EDF noted.

The presence of fetal stomachs and bladders should be noted and documented on each MCDA scan.

Induction Ward Admission Checklist

Notes review & WCP review ☐	1. Confirm gestational age, chorionicity, estimated fetal weights and difference at last USS, medical history, and allergies. 2. Check birth plan. 3. Check blood results, antibodies, GBS status
Bedside Obstetric review ☐	1. USS for presentation of both twins and location of fetal hearts. 2. **Rediscuss:** *33% chance of C/Sc/s in labour – (local data) – therefore women have a 77% of vaginal birth twin 1.* *If 1st twin has a vaginal birth, the 2nd twin may have: -* *Spontaneous vaginal birth (45%)* *Spontaneous breech birth (17%)* *Instrumental birth (Forceps/ Ventouse) (17%)* *Second twin caesarean (11%)* *Breech extraction (10%)* 3. Recommend early epidural as effective pain relief facilitates assisted birth of twin 2. 4. Rediscuss fetal monitoring including fetal scalp electrode. 5. Arrange IV access and bloods. 6. Prescribe omeprazole. 7. Prescribe antibiotics to cover GBS if required.

Labour Ward Admission Checklist

Notes review & WCP review ☐	1. Confirm gestational age, chorionicity, estimated fetal weights and difference at last USS, medical history, and allergies. 2. Check birth plan. 3. Check blood results, antibodies, GBS status		
Bedside Obstetric review ☐	1. USS for presentation of both twins and location of fetal hearts. 2. Fetal monitoring by separate modalities, i.e. FSE (if no contraindication) and abdominal **3. If not already discussed at admission for induction, rediscuss:** Rediscuss: 33% chance of C/S in labour – (local data) – therefore women have a 67% of vaginal birth twin 1. If 1st twin has a vaginal birth, the 2nd twin may have – Spontaneous vaginal birth (45%), Spontaneous breech (17%), Instrumental birth (Forceps/Ventouse) (17%) 4. Omeprazole 5. IV access and bloods if not already done 6. Prescribe antibiotics to cover GBS if required		

	7. Prescribe 10iu syntocinon infusion for second twin (may not be required) 8. Prescribe 40 iu syntocinon infusion for third stage (all twin deliveries) PPH risk of 25%.		
Bedside Anaesthetic review ☐	1. Discuss and ensure early epidural as effective pain relief facilitates assisted birth of twin 2.		
Preparations for second stage ☐			
Preparations for third stage ☐			

3. Appendices

Appendix 1

TWIN DISCUSSION STICKER Discussed (by 28 weeks gestation)		
• Risks and benefits of planned Caesarean section • Risks and benefits of vaginal twin birth including use of analgesia • Process of vaginal birth – birth of the second twin – chance of CS for second twin, including management of 3rd stage labour *Local data: -* *33% chance of c/s in labour – (local data) – therefore women have a 77% vaginal birth twin 1.* *If 1st twin has a vaginal birth, the 2nd twin may have: -* *Spontaneous vaginal birth (45%)* *Spontaneous breech birth (17%)* *Instrumental birth (Forceps/ Ventouse) (17%)* *Second twin caesarean (11%)* *Breech extraction (10%)* • Need for continuous CTG monitoring in labour • Mode of birth if very preterm • Induction of labour • Benefits of Corticosteroids • Use of 3rd stage Syntocinon	**Date**	
	Gestation	
	Name	
	Signed	

Appendix 2

Support and resources for parents

NHS website
Twins Trust
The National Child Birth Trust

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Appendix 3

Support after birth
Maternal Mental Health Alliance
Twins Trust

4. References

NICE guideline Twin and triplet pregnancy Reference number:NG137 Published: 04 September 2019 Last updated: 09 April 2024

ISUOG Practice Guidelines: role of ultrasound in twin pregnancy

(Green-top Guideline No. 51) Monochorionic Twin Pregnancy, Management – 2024 Partial Update)

MBRRACE-UK Perinatal Confidential Enquiry: Stillbirths and Neonatal Deaths in Twin Pregnancies

Khalil, A., et al (2025), ISUOG Practice Guidelines (updated): role of ultrasound in twin pregnancy. Ultrasound Obstet Gynecol, 65: 253-276.

***Evaluation of twin pregnancy outcomes in a tertiary hospital setting**: A patient safety initiative, Obstetrics Department, University Hospital Wales: Amy Robb, Consultant Obstetrician, Ericka Maye, medical Student, 3rd July 2023.*