

Appendix 3 – Monochorionic Diamniotic (MCDA) Pregnancy Care Pathway Proforma

EDD
Gravida Parity

Patient Name
DOB
Address

Initial Antenatal Clinic consultation

Undertaken bydate.....

Medical / Obstetric risk factors /significant history

Completed VTE assessment Yes / No

Discuss and Prescribe iron supplements / Folic acid.

Completed Pre-eclampsia Risk assessment Yes No

Asprin prescribed 150mg daily Yes/No

Patient given RCOG Patient information Leaflet “Multiple pregnancy: having more than one baby

Discuss:

- Plan of care for pregnancy

Discuss the increased risks associated with multiple pregnancies.

- Pre-eclampsia
- Anaemia

Fetal risks for multiple pregnancy

- Increased risk of miscarriage/ preterm birth
- Intrauterine demise
- Discordance growth

Fetal risks specifically for Monochorionic pregnancy

- 10-15% risk of Twin to Twin transfusion syndrome (TTTS)
- Advance stage Twins Anaemia Polycythaemia Syndrome (TAPS)
- Risk if there is fetal demise of one twin.
- Risk of fetal anomaly
- Recommendation of delivery at 36 weeks in uncomplicated MCDA pregnancies
- Possible referral to Fetal medicine team or transfer of care /delivery if complications arise (e.g. TTTS or preterm delivery less than 32 weeks)

24 weeks

At 24 weeks discuss:

- Timing of birth
- Plan for labour
- Modes of birth.
- Information leaflet Antenatal Corticosteroids
- Discuss benefits and risks of epidural in twin labour.
- Fetal monitoring in labour
- Possibility of need for Emergency LSCS with second twin.
- Risk of Locking twins if first twin not cephalic at time of delivery (hence advise for planned LSCS in these instances)
- Advise managed third stage.

Signature Date

28 weeks

- Revisit discussion undertaken at 24 weeks at then again at all following appointments and as required or as patient wishes.

Discussion and Final Plan for Timing and Mode of Birth if labour NOT spontaneous onset:

Uncomplicated MCDA: Birth by 36 weeks and to be born at GGH

Induction of Labour	Yes /NO	Date of IOL
Planned Caesarean Birth	Date	Date of Pre-op assessment
Antenatal Corticosteroids	Accepted / Declined	<u>Date first dose:</u>
		<u>Date second dose:</u>
Mode of birth if admitted in spontaneous labour prior to planned date above (and twin 1 cephalic)		Vaginal Birth Yes/No
		Planned Caesarean Yes /No
If planned birth /Induction by 36 weeks declined	Weekly scans /ANC review accepted	Yes / No
Doctor Signature		Date
PRINT NAME		(file in hand held notes)

Print and Place in Maternal Hand Held Notes