

## Appendix 5 – Twin Pregnancy Pathway Flow Chart for DCDA and MCDA

Twin Pregnancy Pathway <u>Flow Chart</u> for DCDA and MCDA		
DICHORIONIC DIAMNIOTIC (DCDA)	ALL Twins	MONOCHORIONIC DIAMNIOTIC (MCDA)
<p>As long as pregnancy remains normal Care and scans at booking hospital until third trimester.</p> <p>Growth scans commence at 24 weeks and repeated 4 weekly.</p> <p>Transfer care to GGH ANC for 28 weeks growth scan and antenatal clinic appointment.</p> <p>37-38 weeks Aim for birth</p>	<p>Consultant Led Care and birth in Consultant Led unit.</p> <p>ANC and USS at 11-13 weeks for viability, chorionicity, assigning non-clemature and First trimester screening.</p> <p>Discuss increased risks associated with multiple pregnancies and fetal risks.</p> <p>Give pregnancy information (RCOG) and signpost to websites.</p> <p>Monitor BP, Urinalysis at all antenatal contacts.</p> <p>Routine Midwife contact throughout pregnancy</p> <p>20 week Second Trimester Anomaly scan</p> <p>FBC at 20 weeks</p> <p>24 weeks Discuss timing and mode of birth. Revisit at each subsequent ANC appointment and as requested by the woman.</p>	<p>Transfer care of all Monochorionic Diamniotic pregnancy after diagnosis of Monochorionicity.</p> <p>Ultrasound surveillance for TTS, discordant growth and TAPS commences at 16 weeks and then repeated every two weeks throughout pregnancy. Request USS scan for growth, Umbilical Artery Doppler. Request Middle Cerebral Doppler from 20 weeks.</p> <p><b>NOTE:</b> UA doppler between 16-20 weeks will be reported as Positive /absent/Reversed EDF(no PI values) NOTE: Between 20-23+6 weeks use Schaffer UA PI chart From 24 weeks use Intergrowth 21 UA PI chart</p> <p>36 weeks Aim for birth</p>

**Note:** Monochorionic Monoamniotic Twins and Higher order Multiple pregnancy to be referred and cared for by Fetal Medicine Consultant at Level 3 Tertiary Unit.

Reference: Hywel Dda Multiple Pregnancy Guideline

**Print and Place in Maternal Hand Held Notes**