

This pamphlet is by no means a complete information guide to twin pregnancy! It is hopefully a helpful starting point – please seek further information from your LMC and other resources.



Resources:

- www.multiples.org.nz
- www.cmmbc.org.nz (Counties Manukau Multiple Birth Club)
- www.lalecheleague.co.nz
- www.workandincome.govt.nz
- www.ird.govt.nz

References:

- RANZCOG Guideline, “Management of Monochorionic twin pregnancy”
Reviewed July, 2014
- Chasen, S; Chervenak F “Twin pregnancy “Prenatal Issues”
www.uptodate.com, Oct 2015.
- Chasen, S; Chervenak F “Twin pregnancy: labour and delivery”
www.uptodate.com, Oct 2015.

New Zealand Statistics (accessed Dec. 2015)

	Department: Womens Health	New: April 2016
	Approved by: Director of Midwifery	
	Document Owner: D. Miles (Specialist Midwife)	Review: April 2018

TWINS (Identical)

Māhanga
Masaga
Mâhanga

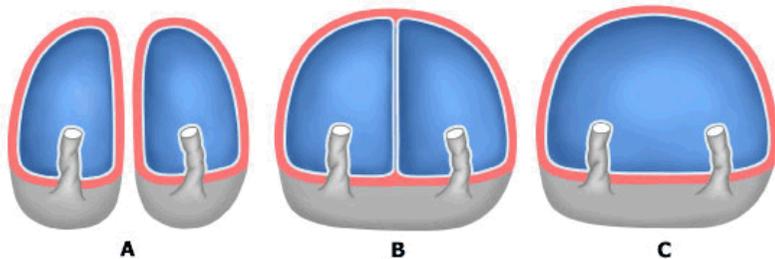
Information for
Pregnant Women
and Whaanau

Congratulations, you're having twins!

What kind of twins?

Twins occur approximately once in every 50-60 pregnancies in New Zealand. There are two "types" of twins:

- 75% will be fraternal or non-identical. These twins result from the mother producing two eggs which are fertilized by two separate sperm. These twins may both be boys, or girls, or one of each! They are siblings who share their mother's uterus (womb), as they grow. They generally have separate placentas and separate sacs. These twins can run in families.
- The other 25% of twins will be "identical" twins. These twins result from one egg and one sperm that would usually make one baby, splitting into two very early on. (Approximately 1 in 200 pregnancies will be identical twins). This is a random event and not usually inherited in families.



These identical twins are further defined by **when** the split happened.

- A. If the fertilized egg splits into two before Day 4 there will be two separate placentas and two separate sacs, just like fraternal twins.

After the Birth

Twins are more likely to need some extra care when they are first born. They may need to go to the Neonatal Unit for a period of time for extra monitoring or support. This can vary depending on their gestation (how many weeks pregnant you were) and how healthy they are when they are born.

You will probably need to be in hospital for longer than with a single baby. If your babies are born very early and need weeks of hospital care, you will go home while the babies stay in the Neonatal Unit. In this situation you are encouraged to spend as much time as you can with your babies and can visit whenever you want.

Looking after twins is a lot of work and mothers (and fathers) need lots of help and support from family and friends when they get home. Breastfeeding is encouraged and many twins are fully breastfed so ask for advice and assistance, especially if you have not breastfed before.

If you have another child under the age of five you will be eligible for extra help at home in the first year (Multiple Birth Home Help payments). You may also be eligible for "Working for Families" tax credits.

There are numerous "Multiple Birth" clubs organized by other mothers with twins (or triplets/quads) and these clubs have regular newsletters and twin get-togethers for play; they also offer support and advice for new twin mothers. Many have equipment that can be hired at very reasonable rates.

Premature Labour

The most common problem with any twins is going into labour early (i.e. before 37 weeks). This is because your uterus (womb) is stretching earlier with two babies.

All women are asked to watch for signs of labour (discuss this with your LMC). Because urine infections can trigger preterm labour, it is important your LMC checks for this regularly and any infection is treated quickly (urine infections are more common during pregnancy).

Labour and Birth

It is internationally agreed that the best time to deliver identical twins is by 37 weeks. This is because the complications for these twins can increase after this time.

If you develop pregnancy problems or the babies are not growing well, the twins may need to be born earlier than this.

If the “leading” (lower) twin is coming head-first and both babies are healthy, the best option, usually, is for labour and a vaginal birth.

There is a much greater chance that you will need an “induction” if you are carrying twins. This is where you come into hospital and we get labour to start by various methods before natural labour occurs.

Both babies will have their heartbeats continuously monitored during the labour and there will be more medical staff involved than if you were only having one baby.

If the leading twin is not head-first or one/both twins are unwell, it may be necessary to have the twins by Caesarian (an operation).

B. If the split occurs Day 4-8, there will be one placenta and one chorion (outside membrane), but two amnions (inner membranes). This is like having one tent with two sleeping bags inside.

C. If the split occurs Day 8-12, the twins will share a sleeping bag as well! (One amnion, one chorion, one placenta).

If the split occurs after Day 12 which is very rare, they will be conjoined twins (sharing body parts).

Having an early (before 12 weeks) scan helps to identify what sort of twins you are carrying and helps for planning your pregnancy care.

Screening

Having twins means there is an increased risk that one or both babies can have an abnormality or medical problem.

- This risk is 3-5 times greater when they are identical.

Most twins will be born healthy, but there are screening tests available, (First or Second Trimester screening) that can help discover whether your twins are more likely to have problems.

We do encourage women to have screening done as it can give more information about the babies and help in planning the best care during your pregnancy.

First trimester screening can help identify those twins who may later develop TTTs (see Care during Pregnancy), therefore is preferred if possible.

- First trimester screening is done before 14 weeks and involves a scan and blood test. There is a charge for the scan.
- Second Trimester Screening involves a blood test done between 14 and 20 weeks.

Diet and Supplements

All women should take extra care to eat healthily when they are planning a pregnancy and once pregnant. This does not mean “eating for two”, but ensuring you are eating:

- plenty of fruit and vegetables,
- minimizing takeaways and high fat/high sugar/salty foods.

Twin pregnancies are particularly demanding because there are two babies.

- All women are encouraged to take Folic Acid prior to pregnancy and up to at least 12 weeks. Women carrying twins need extra, usually 5mg per day.

Neurokare/Neurotabs is an iodine supplement also recommended in pregnancy. This helps babies’ brains to develop normally, (except for women who have an overactive thyroid).

Low iron levels are common in women and during pregnancy you will need to take extra iron both for yourself and to help baby’s development.

Your Lead Maternity Carer (LMC) will be able to advise you.

Care During Pregnancy

All twin pregnancies will have some input from an Obstetrician (Specialist), identical twins may need Specialist supervision more often. It is particularly important to have regular antenatal visits with your midwife or doctor as all multiple pregnancies have an increased risk of the following problems:

- Severe ‘morning’ sickness (hyperemesis)
- Preterm (early) labour
- High blood pressure
- Pre-eclampsia (toxaemia) – a pregnancy problem that can involve having protein in the urine, high blood pressure, babies not growing well and oedema (swelling/puffiness).

- Diabetes in Pregnancy
Growth problems (one or both babies not growing well)

As well as these risks, twins who share a placenta carry the added risk of “Twin-to-Twin Transfusion Syndrome”. This involves blood vessels in the single placenta shunting an unbalanced amount of blood/nutrients toward one twin and away from the other – this puts both twins at risk.



Usually, the first symptom is an increase in fluid around one baby – so, if your tummy starts feeling tight and uncomfortable, especially if it happens quickly, you must let your LMC know and you will need a scan to check the fluid.

Tightness can develop within a matter of days. There is treatment available for TTTs as long as it is picked up early. Twin-to-twin (TTTs) affects 10-15% of identical twins.

Your LMC (Lead Maternity Carer) will talk to you about these issues and let you know the signs and symptoms to watch for.

Remember, if anything occurs that seems abnormal or concerns you, please contact your LMC, Family Doctor, or the hospital.

Scans

Because of the risk of TTTs and the difficulty in checking how well the babies are growing, you should have a growth scan every two weeks from 16 weeks. The first scan, plus one around 24 weeks looking at baby’s hearts, are usually done at Middlemore. Routine scans can be done at a community facility, but if there are any problems, you should be scanned at the hospital. Some Radiology firms now have a part-charge for growth scans.