

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.



References:

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

CMDHB Guideline: Multiple Pregnancy – Antenatal Management

TWINS
(Non-Identical/fraternal)

Māhanga
Masaga
Māhanga

**Information for
Pregnant Women
and Whaanau**

 <p>COUNTIES MANUKAU HEALTH</p>	<p>Department: Women’s Health Approved by: Director of Midwifery Document Owner: D Miles (Specialist Midwife)</p>	<p>New: April 2016 Review: April 2018</p>
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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 also defined into different types depending on **when** the split occurs.

Resources:

New Zealand Multiple Birth Association (NZMBA)

www.multiples.org.nz

Auckland Central Multiple Birth Club

www.acmbc.co.nz

Counties Manukau Multiple Birth Club

www.cmmbc.org

www.lalecheleague.co.nz

www.workandincome.govt.nz

www.kiwiparent.co.nz

www.familyservices.govt.nz

www.maternity.org.nz

www.ird.govt.nz

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 in the unit and can visit whenever you wish.

Looking after twins is a lot of work; 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 at home under the age of five you will be eligible for extra assistance at home in the first 12 months. (Work and Income 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, 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.

Screening

Having twins does mean there is an increased risk that one (or possibly both) babies can have an abnormality or medical problem. This risk is greater if they are identical.

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

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

First trimester screening is done before 14 weeks and involves a scan plus blood test. There is a charge for the scan. Second Trimester Screening involves a blood test done between 14 and 20 weeks (no charge).

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 with twins need extra, up to 5mg per day.

Neurokare/Neurotab is an iodine supplement also recommended in pregnancy to help babies brains develop normally, (except for women with 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 the babies' development. Your Lead Maternity Carer (LMC) will be able to advise you.

Care during Pregnancy

All twin 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)

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.

All twin pregnancies will have some input from an Obstetrician(Specialist). However, most will progress normally with just a little extra care/monitoring. It is particularly important to have regular antenatal visits with your midwife or doctor.

Because it is more difficult to check how the babies are growing when you are having twins, you will need extra scans; every 4 weeks from 24 or 28 weeks (more frequently if there are concerns). These scans detect if one or both twins are not growing as well as they should.

The most common problem with 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

Twins are generally regarded as full term at 38 weeks, with birth recommended before 39 weeks (40 weeks is full term). 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 greater chance you will need an "induction" if you are carrying twins. This is where you come into hospital and we start labour 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).

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 a little longer than with a single baby.