

All women are asked to watch for signs of labour. These include:

- Regular painful period like cramps which do not improve with a change of position
- Low back pain which comes and goes
- Change in vaginal discharge (A 'bloody' show)
- Fluid leaking from the vagina
- A feeling of pelvic pressure

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. If the second baby is head-first it will also be a normal birth. Sometimes the second baby needs to be turned or maybe delivered breech (feet and bottom first).

There is a greater chance you will need an "induction" if you are carrying twins because some complications that occur may mean delivery prior to natural labour is recommended. This is where you come into hospital and labour is started by various methods, before natural labour occurs.

Continuously monitoring the babies heart beats is an important way to measure their health and stress levels during labour. This may restrict other laboring options for mothers having multiples compared to those available to mothers birthing single babies. There will also be more medical staff involved as there are specialist carers provided for each baby e.g. two pediatricians. Discuss this in more detail with your LMC.

If the leading twin is not head-first or one/both twins are unwell, it may be necessary to have the twins by Caesarean section (an operation). Caesareans are used to reduce potential complications to the babies and mother's health. Ask your LMC for further information about this.

After the birth

For more information on preparing for life at home read the Multiples NZ booklet "The First Year, Positively Thriving with Twins". This booklet is available through your local multiple birth club or via Multiple NZ.

Getting support

There are numerous "Multiple Birth" clubs organized by other mothers with twins (or triplets/quads) and these clubs have regular newsletters, social media based support groups, get-togethers for play; and retailer discounts, they also offer support and advice for new mothers. Many have equipment that can be hired at very reasonable rates. If there is no club in your area you can access similar benefits through Multiples NZ. You can find out about your local club via the Multiples NZ website.

Resources:

Multiples NZ (previously known as NZMBA) (online support via Facebook, Twitter and LinkedIn)

Multiple Birth in New Zealand – all aspects.

www.multiples.org.nz

Breast Feeding Multiples www.lalecheleague.co.nz

Multiple Birth Home Help Payment

www.workandincome.govt.nz

Parenting and Child Birth Education www.kiwiparent.co.nz

Parenting www.familyservices.govt.nz

Maternity Information (not Multiples specific)

www.maternity.org.nz

**For more information please contact your local
NZMFMN Unit**

Auckland: 09 307 4949 Ext 24951

Wellington: 04 806 0774

Christchurch: 03 364 4557

New Zealand Maternal Fetal Medicine Network

NZMFMN@adhb.govt.nz

TWINS (Identical/Monozygotic)



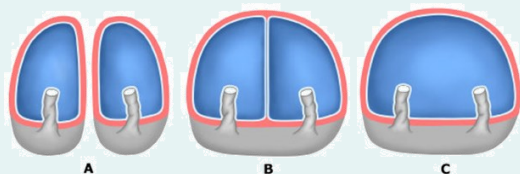
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Congratulations, you're having twins!

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 (non-identical/dizygotic)**. 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 are sharing 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 (monozygotic) twins**. These twins result from one egg and one sperm that would usually make one baby deciding to split 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
- B. If the split occurs between 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. This is the most common arrangement
- C. If the split occurs between 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 pregnancy care.

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/salt foods

Multiple pregnancies are particularly demanding because there is more than one baby:

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

Neurokare 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 probably 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 will have some input from an Obstetrician (Specialist), however most will progress normally with just a little extra care and monitoring. 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)

Identical twin pregnancies require the supervision of a Specialist throughout the pregnancy. As well as the above risks, twins who share a placenta carry the added risk of "Twin-to-Twin Transfusion Syndrome" (TTTS).

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. 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, GP, or the hospital.

Scans

Because of the risk of TTTS and the difficulty in checking how well the babies are growing, a growth scan should be performed every **two** weeks from around 16 weeks gestation.

These scans can be done at a community facility, but if there are any problems, you should be scanned at the hospital.

Premature labour

The most common complication that arises with any multiple pregnancy is going into labour early (i.e. before 37 weeks). This is because your uterus (womb) is stretching earlier with two babies. 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.