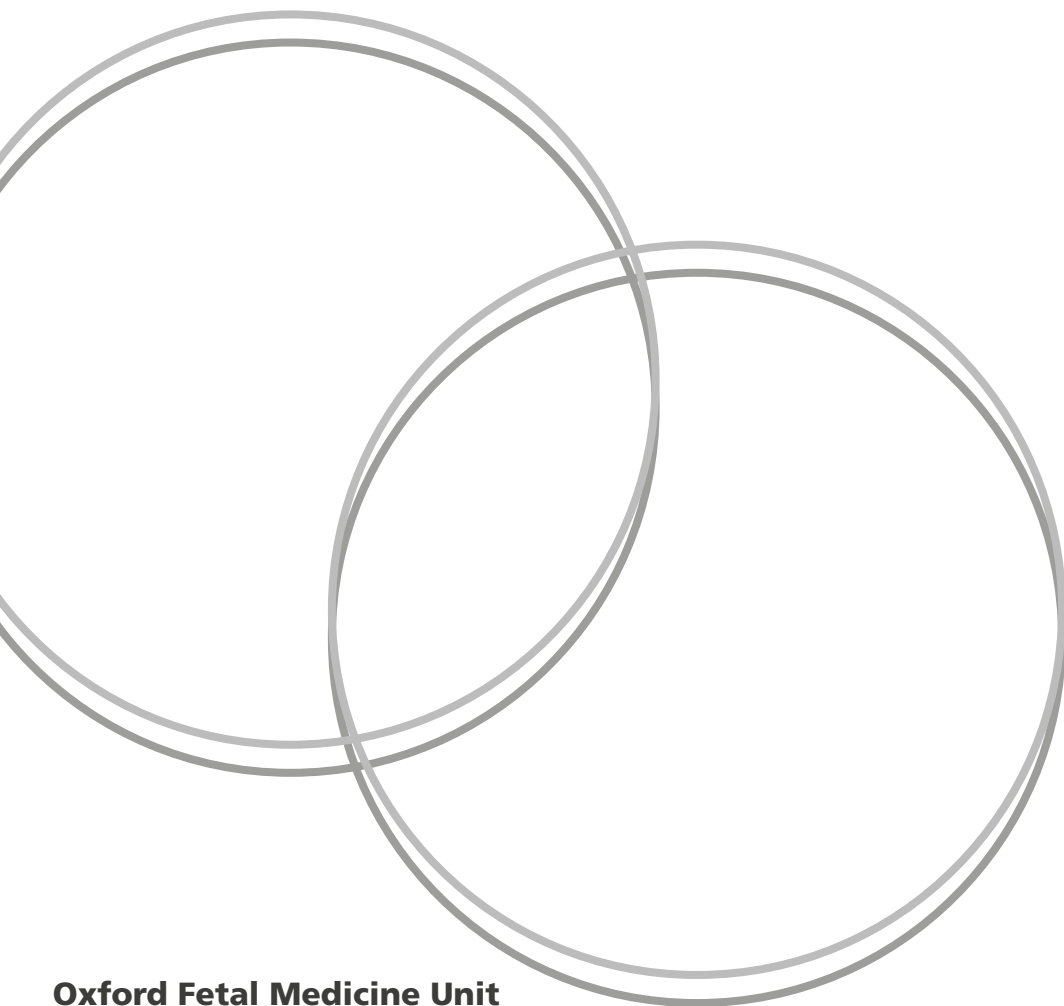


# **Twin Pregnancies**

## **Dichorionic Diamniotic Twins**

**Information Leaflet**

## **How common are multiple pregnancies?**

Women who are pregnant with more than one baby are said to be carrying a multiple pregnancy. This occurs in 1 in every 80 pregnancies, and as often as 1 in every 4 pregnancies for women who have had fertility treatment. Fertility treatment is a way of helping people to get pregnant with medications or procedures that involve the handling of eggs, sperm or embryos. Twin pregnancies are the most common type of multiple pregnancy. Carrying more than two babies ('higher order multiples') is much rarer.

## **Confirming your multiple pregnancy**

This is usually confirmed when you have your first scan, at between 10 and 14 weeks of pregnancy. Sometimes this is identified earlier if you have had reason to have an earlier scan. This scan helps us to find out what type of multiple pregnancy you have.

## **What are the types of multiple pregnancies?**

When a multiple pregnancy is found, it is important to find out if the babies share a placenta. We check this using ultrasound scanning. It is important that we know this information so that we can appropriately plan your care during your pregnancy. Babies in a multiple pregnancy can share a placenta, which is known as monochorionic or they can each have their own placenta, known as dichorionic.

## **What are dichorionic diamniotic (DCDA) twins?**

This is the most common type of multiple pregnancy, particularly in women who have had fertility treatment. These babies can develop from either one fertilised egg which would make them identical and the same sex, or from two separate fertilised eggs, which would make them non-identical and possibly different sexes. These babies each have their own placenta (dichorionic) and amniotic sacs (diamniotic). These details may be written in your notes as DCDA twins.

## **How will my pregnancy be managed?**

Multiple pregnancies can have more complications than a single pregnancy. For this reason, you will be referred to a consultant obstetrician (senior specialist doctor). Your care will be shared between the hospital, your community midwife.

## **Antenatal care**

Monitoring both you and your babies' health is known as antenatal care. It is important that we monitor even more closely when you are expecting more than one baby. We will check your blood pressure, urine and carry out general wellbeing assessments at every appointment. We will also take regular blood tests to check different levels of vitamins and minerals in your blood. You may be prescribed folic acid and iron tablets to prevent the iron levels in your blood from getting too low.

Blood clots in the leg or lung are more common in multiple pregnancy so your individual chance of this will be assessed and you may be offered blood thinning injections to reduce your chance of clots during and after the pregnancy.

These checks are important, as women who are carrying more than one baby have a higher chance of developing pre-eclampsia. This is a condition in pregnancy that can cause high blood pressure and affect the kidneys. Some people will be prescribed 150mg (milligrams) of aspirin to reduce their chance of developing pre-eclampsia if they have other risk factors. Your midwife or consultant obstetrician will discuss this with you further.

Common problems that occur in most pregnancies can be more troublesome in multiple pregnancies; such as morning sickness, tiredness, swollen ankles, backache, pelvic girdle pain, varicose veins and anaemia. Your midwife and GP can give you advice and support you with these common issues. They can also refer to you to other health care professionals if required, such as a physiotherapist who can offer professional help and advice to relieve muscle and joint pain.

You will be offered more frequent scans to check the wellbeing and growth of your babies. Dichorionic twins are scanned every 4 weeks from about 20 weeks of pregnancy.

You will also be offered an internal ultrasound scan to check the length of your cervix (the lower part of the womb) at around 20 weeks. This is to assess your chance of going into labour early and allow the team caring for you to offer you treatment options to make early birth less likely.

## Labour and birth

Your consultant obstetrician will discuss your birth plan with you, including the timing and way in which you might give birth. If there are no complications, we would usually recommend the babies are born between 37 and 38 weeks. This could be by an induction of labour (where labour is started artificially in the expectation of a vaginal birth) or by a caesarean section, depending on the babies' positions and your choice. Many women and birthing people will go into labour naturally and have a vaginal birth.

Multiple pregnancies often go into labour earlier than expected. If you think your waters have broken or you are starting to have contractions, **please contact the Maternity Assessment Unit at the John Radcliffe Hospital on: 01865 220 221 at any time and ask for advice.**

## Vaginal birth

It is common to have a vaginal birth if the first baby is coming down head first. The second baby will come either head first or breech (bottom first). It is unusual for complications to arise with the second baby being born, even if they are breech.

If the plan is for you to give birth to your babies early, a course of two steroid injections given 12 to 24 hours apart may be recommended. This helps the babies' lungs to mature in preparation for birth and reduces the chance of breathing difficulties that can happen when babies are born early.

Information about the different options of pain relief available, will be given at your antenatal classes and also by your midwife, so that you can make your own informed choices.

Whilst you are in labour, you and your babies will be closely monitored to ensure wellbeing. The babies' heart rates can be monitored continuously using a machine that records their heartbeats and your contractions.

When you are ready to give birth, you will most likely stay in your birthing room though sometimes it may be recommended to move to the operating theatre on the Delivery Suite. Your birth partner can also be present. It is likely that there will be more people present for the birth than if you were having only one baby, including at least one midwife and the consultant obstetricians. There may also be a specialist nurse/midwife to care for the babies, an anaesthetist (anaesthetic doctor) and a paediatrician (infant and childrens' doctor). We will always try to accommodate your preferences for the birthing environment in the safest way possible.

## Postnatal care

After your babies are born you will be cared for on the delivery suite or the observation ward, depending on your care needs, until the midwives feel you are ready to be transferred to the postnatal ward. Your babies will remain with you unless they are premature or require care in the Neonatal (newborn) Baby Unit.

Most women need support and help after having a baby and are likely to need extra help when there is more than one baby to care for. Whilst you are in hospital the midwives, maternity support workers and nursery nurses will offer you help with feeding and general baby care. You may need to stay in hospital slightly longer if your babies are small or born before 37 weeks.

Once at home, your partner, family or friends are likely to be keen to help. This can be very useful when you are tired, need to recover from the birth or if you are getting used to feeding more than one baby. Breastfeeding twins is rewarding and beneficial for both mother and babies, but requires a little more support and organisation.

Your midwife will see you regularly after you go home, to help with any questions you may have. There are also other organisations that can offer support and advice about caring for twins (see the end of this leaflet for details).

## Contact numbers

### **Maternity Assessment Unit**

John Radcliffe Hospital

Telephone: **01865 220 221**

(calls will be answered 24 hours a day)

## Further information

### **Twins Trust**

Twinline: **0800 138 0509**

(Monday to Friday, 10am to 1pm and 7 to 10pm)

Email: **[AskTwinline@twinstrust.org](mailto:AskTwinline@twinstrust.org)**

Website: [www.twinstrust.org](http://www.twinstrust.org)

### **Multiple Births Foundation**

Telephone: **0208 383 3519** or **0203 313 3519**

Email: **[imperial.mbf@nhs.net](mailto:imperial.mbf@nhs.net)**

Website: [www.multiplebirths.org.uk](http://www.multiplebirths.org.uk)

### **The National Childbirth Trust**

Telephone: **0808 109 9782**

Website: [www.nct.org.uk](http://www.nct.org.uk)

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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*Making a difference across our hospitals*

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