

Monochorionic/Identical Twins

Patient Information

Obstetrics & Gynaecology Department

Author ID:	O&G Guidelines Group
Leaflet Number:	Obs 032
Version:	7
Name of Leaflet:	Monochorionic/Identical Twins
Last reviewed:	April 2020
Next Review Date:	April 2022

Your ultrasound scan has shown that you are expecting twins that are monochorionic (shared placenta) or identical twins. This leaflet is designed to explain what this means to you.

What are monochorionic twins?

These are twins that come from the same egg, which splits into two babies as the cells divide. This means that they share the same placenta (afterbirth) and that they are identical.

What does this mean to me?

In the majority of women, these pregnancies progress normally, but there is a higher risk of problems than with a single pregnancy, or with a twin pregnancy where each baby has their own placenta.

You need to be aware of the following factors:

- You might experience more sickness and tiredness in a twin pregnancy.
- You will need regular check-ups with your obstetrician, GP or midwife, as there is an increased risk of developing pre-eclampsia (a pregnancy condition with high blood pressure and protein in the urine), so careful monitoring of your blood pressure and urine will help to identify preeclampsia earlier and manage it appropriately..
- You will be offered regular scans during the pregnancy, starting at 16 weeks and then every 2 weeks, to check on the size of the babies and to measure the fluid around them.
- You need to be observed for signs of excessive fluid developing around the babies (a condition called polyhydramnios). This may mean a problem may be developing with your babies that requires further assessment. If you experience a sudden growth in your abdominal measurement, or an uncomfortable, tense and rigid abdomen, then you need to attend your local hospital as soon as possible, as this can bring on early labour.

Where will my twins be born?

- It is recommended that you plan to have your babies at a unit that has appropriate monitoring equipment and medical staff on hand, should there be a need for a caesarean section. This includes Wigan Maternity Unit.

- Heart trace monitoring of the babies is advised to help midwives and medical staff manage your labour and delivery safely
- If the first baby is head down and there have been no problems, then we would usually aim for a vaginal delivery. If the first baby is not head down, caesarean section is usually recommended, but you will get the opportunity to discuss this further with the medical staff.
- We would aim to deliver your babies at about 36 to 37 weeks, as occasionally identical twins can develop problems after this time. However, if complications occur or you go into early labour this may mean they need to be delivered sooner.
- Planned delivery at 36 to 37 weeks does not appear to cause an increased risk of serious problems for your babies

Will there be any problems associated with having monochorionic twins?

- The babies share the same placenta and there are connections between the babies' blood circulation systems. In about 15% of cases this can cause problems, if blood flows from one twin to the other. This means that one twin (recipient twin) may have more blood flow, causing it to grow bigger than the other twin (donor twin), who has less blood flow, and can be smaller. This also causes the larger twin to have a large bladder and produce more urine, which in turn causes an imbalance in the amount of amniotic fluid (which is baby's urine), surrounding the twins. If this continues, then the smaller twin produces less urine and has less fluid within its sac, (large cavity of fluid surrounding the embryo) causing it to become closely wrapped in it. This is called twin-to-twin transfusion syndrome (TTTS).
- This process can become severe and could lead to problems for both twins, depending on how rapidly it develops and at what stage of pregnancy it happens. For this reason, we would like to see you and scan you regularly to check on the babies' growth and wellbeing, and also to measure the fluid around each baby.

Is there any treatment for twin-to-twin transfusion syndrome?

- If you develop this syndrome, then you will be referred to the Fetal Medicine Unit at St Mary's Hospital or Liverpool Women's Hospital, where they see women with this condition from all over the North West.

- There are certain treatments for this condition (eg Laser) and if they are required, the Specialist Consultant will discuss them in greater detail with you. It usually involves the use of a **laser** to block the placental blood vessels that connect the circulation of the twins. This is undertaken under a detailed ultrasound examination. The treatment and outcomes are individualised and you will get an opportunity to discuss it with them if needed.

If you have any questions about this leaflet, please do not hesitate to contact us via the Antenatal Clinic number on your hand held notes.

Please use this space to write notes/reminders.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use and store the information we hold about you, please take a look at our “how we use your information” leaflet which can be found on the Trust website: http://www.wwl.nhs.uk/patient_information/leaflets

This leaflet is also available in audio, large print, braille and other languages upon request. For more information please ask in department/ward.

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