Twins trust.

We support twins, triplets and more...

EXPECTING TWINS, TRIPLETS OR MORE?

THE HEALTHY MULTIPLE PREGNANCY GUIDE

As **parents of premature twins** we have experience of multiple pregnancy first hand.
The **elation** and **exhaustion**

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EXPECTING TWINS, TRIPLETS OR MORE?

THE HEALTHY MULTIPLE PREGNANCY GUIDE

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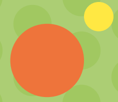

FOR QUESTIONS OR ADVICE OUTSIDE OF YOUR APPOINTMENTS, RECORD YOUR HEALTH TEAM CONTACTS HERE

Name	
Ward	
Telephone number	
Days and hours of work	

Name	
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Days and hours of work	

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Whilst every care is taken to provide accurate information, Twins Trust does not accept liability for any error or omission. Readers should seek professional or expert advice as appropriate to specific circumstances.

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icsc.mk

WHAT WE DO

- Independent, family-run child car seat business established in 1983
- Offer impartial advice to help you make an informed choice
- Help families of twins, triplets & more
- Offer consultations at our Centres in Milton Keynes, Essex & Belfast
- Advise through Facebook, Instagram & our Live Chat online
- Offer a discount for members of Twins Trust

INTRODUCTION

Congratulations! Discovering you are expecting more than one baby can be one of the most exciting, surprising and (quite frankly) terrifying experiences many parents will have. You are at the start of a roller-coaster ride full of amazing highs, lows, twists and turns. It is normal to feel concerned, but try to enjoy the journey. You are in good company, as each year there are around 10,000 multiple births in the UK. This guide aims to reassure you that women regularly give birth to healthy, happy twins, triplets and more, and you can too.

Although you may be treated as 'high risk', you should always keep in mind that having more than one baby is a natural process. The label of 'high risk' does not mean that you will experience complications, only that doctors need to monitor you more carefully. Many mothers find this extra level of antenatal care reassuring as it gives them a chance to ask questions and discuss how their pregnancy is progressing.

Pregnancy books, particularly those for twins, triplets and more, may be daunting when read cover to cover. Sections on complications and pregnancy complaints can be enough to overwhelm even the most confident women, but rest assured that statistically these conditions are still rare. More information about complications can be found in Twins Trust's booklet, Complications in your pregnancy with twins, triplets and more, available on the Twins Trust website.

Feel free to dip into this booklet, using the information provided as a handy reference tool to complement your antenatal care. If you have any concerns about medical issues relating to your pregnancy or birth, you should always seek advice from your midwife or doctor. We hope it will be a useful resource for you and help give you the best possible pregnancy outcome.

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SENSASURE™
TECHNOLOGY

Keeping an eye or two...

on your twins or multiples

AC527 **Baby Movement Monitor with Video**

The Angelcare SensAsure™ Movement Sensor Pad tracks your babies' slightest movements, only alarming if either of your babies haven't moved for 20 seconds*. Leaving you to relax and get the rest you need!

*You will need to buy an additional unit (ACAM2) to monitor twins.

How it works

Wireless SensAsure™ Movement Sensor Pad monitors the smallest movements

Non-contact monitoring, the Sensor Pad sits safely under your baby's mattress

An alarm will sound if no movement is detected after 20 seconds

Ideal for multiples, you can add an extra Sensor Pad & Nursery Unit

See your babies clearly on the 5" large LCD touchscreen

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FOR YOUR PEACE OF MIND

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Section one:
PREGNANCY – HOW ARE TWINS, TRIPLETS AND MORE FORMED?

HOW COME I'M EXPECTING MORE THAN ONE?

All naturally conceived pregnancies start in the same way:

- The mother produces an egg (or ovum) which is released into the fallopian tubes
- One of the father's sperm fertilises the egg
- The fertilised egg (or zygote) develops into an embryo

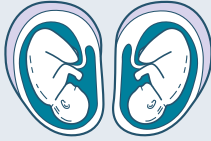
SO WHAT IS DIFFERENT ABOUT TWINS, TRIPLETS AND MORE?

Sometimes a woman produces more than one egg at a time. If two eggs are fertilised by different sperm, then she conceives non-identical twins (also known as fraternal or dizygotic twins). The babies are no more alike or non-alike than any other brothers or sisters. Each twin has its own placenta and its own bag of water (amniotic sac) and for this reason they are described as dichorionic diamniotic twins (two placentas and two sacs). It may look on the scan as if the twins share one placenta, but in fact the two placentas remain separate even if they have grown to lie closely together.

In around one third of pregnancies, a single egg is fertilised by a single sperm, then splits into two. This process creates identical or monozygotic twins. Identical twins have the same genes and physical features as each other, and are of the same sex. Characteristics such as size or personality depend on other factors as well as genes, so may be different in each baby. If the division, or splitting, occurs soon after fertilisation, the resulting two embryos will each have their own placenta and their own sac and will be described as dichorionic diamniotic twins, the same as when two eggs are fertilised separately (see above). They will be identical though. If the division occurs later, they will still have their own sac, but they will share a single placenta (monochorionic diamniotic). Much less commonly, the division occurs even later, and the twins share both a single placenta and a single amniotic sac (monochorionic monoamniotic twins). Very rarely, the splitting of the fertilised egg occurs very late, and incompletely, resulting in conjoined twins.

Triplets and more can be identical, non-identical, or a combination of both.

PLACENTATION OF TWINS



DICHORIONIC DIAMNIOTIC (DCDA) TWINS

2 placentae and 2 sacs

MONOCHORIONIC DIAMNIOTIC (MCDA) TWINS

1 placenta and 2 sacs

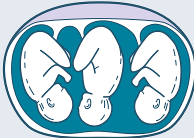
MONOCHORIONIC MONOAMNIOTIC (MCMA) TWINS

1 placenta and 1 sac

Placenta
Chorion
Amnion

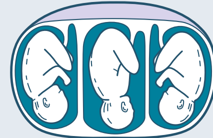
PLACENTATION OF TRIPLETS

MONOCHORIONIC



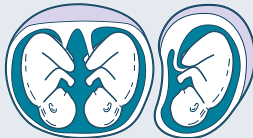
1 placenta and 1 sac

1 placenta and 2 sacs



1 placenta and 3 sacs

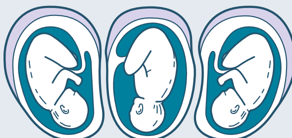
DICHORIONIC



2 placentae and 2 sacs

2 placentae and 3 sacs

TRICHORIONIC

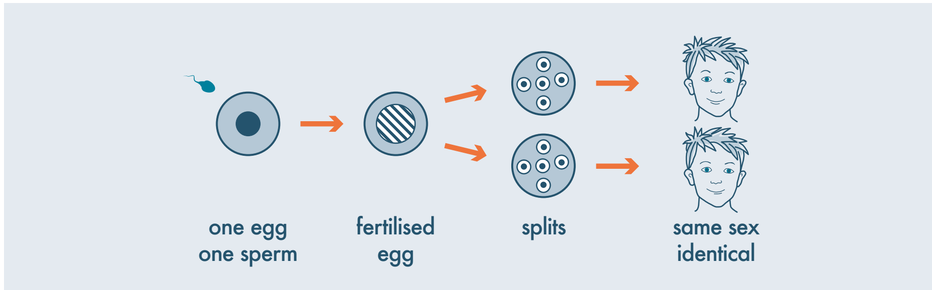


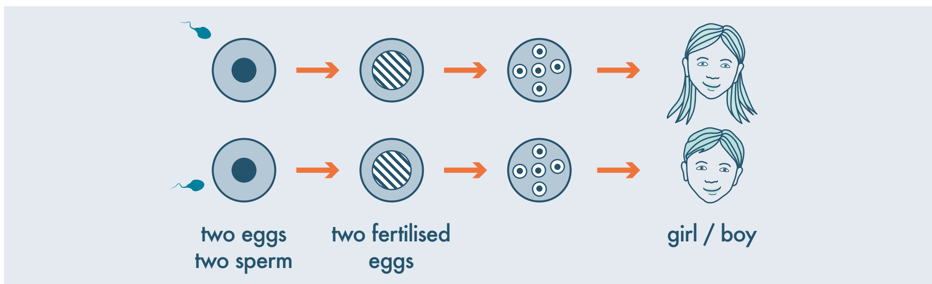
3 placentae and 3 sacs

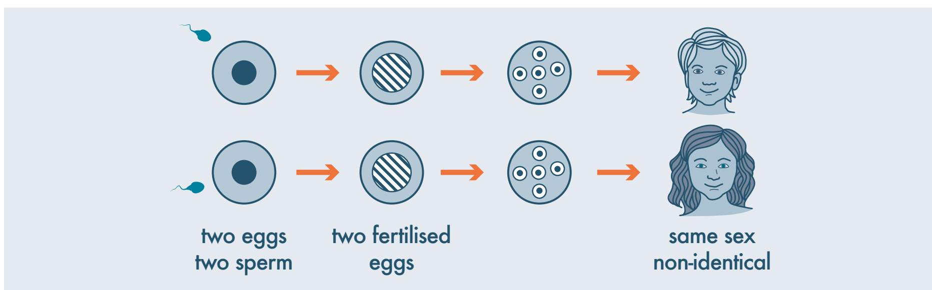
Placenta
Chorion
Amnion

IDENTICAL OR NON-IDENTICAL?

Hospitals refer to pregnancies with twins, triplets or more most commonly by the number of placentas, and this is usually determined by an ultrasound scan before 14 weeks' gestation. All monochorionic babies (with one shared placenta) are identical. They will be of the same sex. Twins and triplets with separate placentas (dichorionic or trichorionic) are more confusing. Although most of them are non-identical (fraternal), a smaller proportion are, in fact, identical too (if the single fertilised egg has split early, as described on the previous page). You may only find out after birth if they are identical or not, and this sometimes requires a genetic test. If one is a boy and one is a girl, you can be confident that they are non-identical! Beware; some medical professionals still think that two placentas means non-identical twins, and three means non-identical triplets. You now know that this is not always the case!







WHY ME?

Many factors increase the chance of becoming pregnant with twins, triplets or more:

- A woman is more likely to have twins, triplets or more if there is a history on her mother's side, i.e. her mother, sisters, maternal aunts or grandmother have had twins, triplets or more. There is a lot of information to support this, but the influence of family history on the father's side is far less evident.

> "I was thrilled when they told me. Absolutely thrilled. It was days before my feet touched the ground"

- If you have already had one set of non-identical twins or more, then your next pregnancy is five times more likely to be twins, triplets or more.
- A twin, triplet or more pregnancy is more common in older mothers.
- The more pregnancies you have already had, the greater the likelihood of twins, triplets or more in your next pregnancy.
- Although the incidence of identical twins is roughly the same in all races and in all areas of the world, some races have a much higher incidence of fraternal twinning than others. The highest rates of twinning are among Nigerian women, and the lowest among Japanese women.
- Fertility treatments to help women to ovulate can lead to the production of more than one egg and result in twins, triplets or more. With IVF, it depends on the number of embryos transferred back into the womb, and new guidelines aim to reduce the likelihood of this through single embryo transfer for women with the highest chance of conceiving twins, triplets or more.

> "It's amazing. I had no reason to think I'd be likely to have twins. I'm just lucky I suppose."

HOW IS A TWIN, TRIPLET OR HIGHER ORDER PREGNANCY DIAGNOSED?

A multiple pregnancy may be suspected from the size of the abdomen (being large for dates) or severe morning sickness, and is usually confirmed by an ultrasound scan.

HOW COMMON ARE TWINS, TRIPLETS AND MORE?

The incidence of twins has increased since 1980 when one birth in one hundred was a twin birth. Figures from the Office for National Statistics show that there was one set of twins for every 74 live births in 2018. The increase may be due to a number of factors, for example, the use of fertility drugs, assisted conception techniques such as IVF, and women having babies at an older age. However, the rate of twinning has decreased again in recent years, possibly due to new policies encouraging single embryo transfer in IVF pregnancies. Higher order multiples are less common, with about one in 5,000 births being a triplet birth and one in 150,000 a quad+ birth.

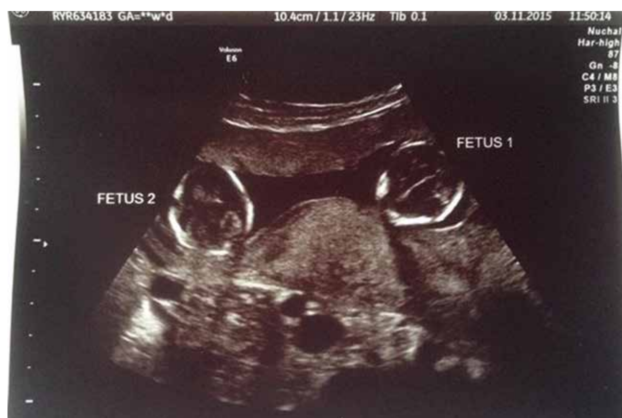
Twins trust.

Section two: YOUR ANTENATAL CARE – WHAT TO EXPECT

Finding out that you are pregnant with twins, triplets or more may come as a big surprise. No doubt, you will be full of questions about what to expect and how your health professionals can best support you with a healthy pregnancy and birth. This section aims to help you understand what your antenatal care will involve and how to get the best out of it.

WHAT ROUTINE TESTS SHOULD I EXPECT?

Routine tests vary from hospital to hospital, so it is important to seek clarification from your doctor about what your antenatal care will involve. You are likely to have your first antenatal appointment at around 11-14 weeks, involving checking your height, weight, blood pressure, urine sample, and blood sample. You will also be offered a routine ultrasound scan, and this may be the first time you discover you are expecting twins, triplets or more! Although government guidelines now recommend that women expecting multiples access care at around 8-10 weeks, many women will not know they are having twins until they have their first scan at 11-14 weeks.



13

CONGRATULATIONS!

You're expecting more than one baby! Questions to ask at your antenatal check-ups:

- What is the hospital procedure for multiple births (twins, triplets and more)?
- How will my antenatal care be arranged? Who will be looking after me (obstetrician/midwife)? How often will I be seen? And where? For more information about the appointments and scans you should receive, visit **https://www.twinstrust.org/pregnancy/antenatal-care**.
- Who will be there for the birth of my babies?
- What antenatal tests will I be having and what risks (if any) do they carry?
- What types of foods should I be eating and how much?
- What exercise/sports can I do? And what should I stop doing?
- Can I go on holiday overseas and which vaccinations can I have?
- When should I stop travelling?
- Does the hospital offer any multiple-specific antenatal classes?
- What level of neonatal care is available in case the babies are born early and are there any tours available?
- Do you have any advice on how to feed my babies? Are there any midwives or other staff who specialise in supporting mothers of twins, triplets and more with breastfeeding?
- Who should I contact if I have questions or would like advice outside of my check-ups?

Twin, triplet and higher order pregnancies tend to be medically managed to a greater extent than singleton pregnancies. The NICE Guideline NG137 for twin and triplet pregnancies recommends you are cared for by a core team. It is a good idea to ask for the names of the members of the core team for multiple pregnancies. This team should consist of a named specialist obstetrician, specialist midwives and ultrasonographers (who do the scans). They should all have experience and be knowledgeable about managing twin and triplet pregnancies. You can expect to have more antenatal appointments during the course of your pregnancy than women with singleton pregnancies.

Further information can be found in the clinical guidelines for twin and triplet pregnancy, produced by the National Institute for Clinical Excellence (NICE): **https://www.nice.org.uk/guidance/ng137**.

You are also likely to have more frequent appointments if you are expecting twins or higher order multiples who share a placenta, due to the risk of Twin-to-Twin Transfusion Syndrome (TTTS) which occurs in about 10-15% of monochorionic twins. There is also a 10-15% risk of selective growth restriction in monochorionic twins. Section Five explains further about the complications you might be told about.

YOUR ANTENATAL CARE:

Tips for making the most of your check-ups

- ✓ Ask if the hospital has a midwife/doctor or specialist team for twins, triplets and more, and ask for your antenatal care to be with them.
- ✓ Do not feel hurried or rushed through your appointments; ask for extra time to discuss issues that concern you. Remember that all the extra hormones can make you feel emotional and it is okay to feel overwhelmed or upset.
- ✓ Make a list of questions or things you need to discuss beforehand.
- ✓ Your employer is legally obliged to give you time off work to attend antenatal appointments and parent education classes. Except for the first appointment, your employer may request to see a certificate from a registered medical practitioner, midwife or health visitor confirming the pregnancy as well as an appointment card. The entitlement to paid time off for antenatal appointments applies regardless of the employee's length of service.
- ✓ Mention all symptoms you are experiencing, even if you think they are probably normal during pregnancy. Your health professional will be able to put your mind at rest or investigate further if need be.
- ✓ If you are not happy with the care given by your health professionals, ask to speak with another doctor/midwife. All hospitals should have complaints procedures, or contact Twins Trust.
- ✓ Bring something to eat, drink and read as there will be times when you have to wait around. If you have young children with you, bring a little bag full of small picture books, colouring in books and crayons, toys and snacks for them.
- ✓ Remember your hospital notes.

For a full list of the appointments, scans and discussions that should take place throughout your pregnancy, download the Antenatal Care checklist from the Twins Trust website: **https://www.twinstrust.org/pregnancy/antenatal-care**.

WHICH HEALTHCARE PROFESSIONALS WILL LOOK AFTER ME DURING PREGNANCY?

Most women pregnant with twins, triplets or more have all their check-ups at their hospital; others have mixed care at their doctor's surgery or local health centre. Clinical care should be provided by a core team of named specialist obstetricians, specialist midwives and ultrasonographers (who do the scans), all of whom have experience and knowledge of managing twin and triplet pregnancies. If necessary, you will be referred to other health professionals, for example a physiotherapist for backache or pelvic pain.

You should be seen in a specialist multiples clinic run by a team of doctors, midwives and sonographers who have training and experience in twin, triplet and more pregnancies. If you're unhappy with your care at any point, you can ask to be seen at a different hospital.

Your core healthcare team should offer information and advice, as well as emotional support, on:

- antenatal and postnatal mental health and wellbeing
- antenatal nutrition
- the risks, symptoms and signs of preterm labour and the potential need for steroid injections to help your babies' lungs to mature before birth
- likely timing and possible methods of delivery
- breastfeeding and other types of feeding
- parenting

HOW OFTEN WILL I RECEIVE ULTRASOUND SCANS?

Ultrasound scans are used to check the babies' growth, health and position. Unlike singleton pregnancies, manual examination of the pregnant abdomen alone is not enough to assess whether twins or more are all growing normally, and therefore scans are used more frequently for twins, triplets and more.

It can be reassuring for parents to see their growing babies. You are likely to have several ultrasound scans during your pregnancy. The first scan usually occurs at the end of the first trimester (pregnancy is typically divided into three periods, or trimesters, each of approximately 3 months). The first ultrasound scan at 10-14 weeks is to confirm the number of fetuses, how many placentas there are, and whether they are in separate sacs of water.

Your sonographer will also be checking to see if the babies share a placenta (referred to as monochorionic) as these babies are at risk of

complications, such as Twin-to-Twin Transfusion Syndrome (see Section 5). Babies sharing the same gestational sac (monoamniotic) are at risk of the umbilical cords becoming entangled and you will be monitored closely, as in some cases cord entanglement can cause problems.

At 18-22 weeks an anatomy scan is offered to check your babies are developing normally. The scan looks for any abnormalities in the babies' structural development and growth, and checks the position of the placentas. You are likely to have several more ultrasound scans during the third trimester to check how the babies are growing and their positions. The frequency and timing of these ultrasound scans will vary according to the number of babies, whether the babies share a placenta or not, hospital procedure and whether anything arises in your pregnancy that needs to be monitored more often through ultrasound scans. National guidelines recommend that dichorionic twins should be scanned every four weeks, from 20 weeks' gestation. Monochorionic twins are usually scanned fortnightly from 16 weeks' gestation. At around 34 weeks the position of the leading twin will help to determine the options for type of birth, taking other factors into account too (for example, how you gave birth previously, if this is not your first pregnancy). This may be earlier for triplets and more.

You should be given a schedule of the appointments and scans at your first appointment. The importance of each one should be explained to you.

WHAT SCREENING AND DIAGNOSTIC TESTS WILL I BE OFFERED?

As part of your antenatal care, you will be offered a number of specialist screening and diagnostic tests to check for genetic conditions in your fetuses (screening tests predict the likelihood of these complications, whereas diagnostic tests can confirm them). Some tests (including blood and urine tests) are offered routinely to all pregnant women, whereas others will only be offered to those women perceived to be at high risk.

The screening test routinely offered in the first trimester is for Down's syndrome; for a twin pregnancy this is a nuchal translucency scan alone or with a blood test when it is referred to as the 'combined test'. The nuchal translucency scan is done at 11-14 weeks and involves measuring the thickness of the fetuses' necks (the amount of fluid lying under the skin at the back of the neck).

The detection rate of Down's syndrome is around 85%. The test sometimes gives 'false positive' results, particularly in twin, triplet and higher order pregnancies, meaning that the test results are misleading and the baby does not have Down's syndrome. This ultrasound scan carries no risk to the fetuses, but is not a diagnostic test so will only indicate whether there is a high (e.g.1:50) or low (e.g.1:5000) chance of each baby having Down's syndrome.

If this screening is positive, you will be given information about diagnostic tests. It is entirely your choice whether or not to have one of these diagnostic tests. These are an amniocentesis where a sample of amniotic fluid is used or Chorionic Villus Sampling (CVS) where a small piece of placental tissue is taken. In both cases

the fetal cells will be examined to tell whether the chromosomes indicate Down's Syndrome. You may need to go to a specialist hospital to discuss your options further, as these tests are more complex for twins and triplets. They involve inserting a fine needle into the uterus, which carries a small risk of miscarriage. Each hospital should be able to tell you the risk for each procedure to help you make the decision whether or not to go ahead.

These tests can be reassuring and could rule out some genetic conditions. However, they vary in their reliability (screening vs diagnostic, as described above) and some carry a small risk of miscarriage. You may wish to discuss with your partner whether you want to have the tests and, if so, what you would do with the information. If you find out that one or more baby has a genetic condition, how would you proceed? Are the risks of the tests worth taking? You should be given all this information before deciding whether or not to have the test. In the event of a test diagnosing Down's syndrome or another genetic condition, you should be offered counselling to help you decide whether to continue with the pregnancy or whether to terminate the affected baby or the whole pregnancy. It may also be helpful to know about possible conditions to prepare for a baby with additional needs. The options can be discussed with your Consultant and/or Specialist Midwife in the Multiple Pregnancy Clinic or Fetal Medicine Specialist if your unit has one.

Tests for other rare genetic conditions, such as Tay Sachs and Cystic Fibrosis, may be offered depending upon individual factors such as family history.

WHAT ANTENATAL CLASSES DO I NEED?

Multiple-specific antenatal classes are a great opportunity for you to meet other mothers at the same stage of their twin or triplet pregnancies and ask questions about birth and care of your babies. Often a representative of the local twins and more club will be there to give a personal account of looking after more than one baby. Your midwife should be able to tell you if the hospital runs specific antenatal classes or talks for twin, triplet and higher-order pregnancies.

Unfortunately, not all hospitals offer multiple-specific classes. Twins Trust offers specialist classes (preparing for parenthood, antenatal classes for first time parents, early pregnancy courses and breastfeeding classes), as well as a range of booklets to help you prepare for parenthood.

NHS antenatal classes that are not tailored to twins, triplets and more are also a useful preparation for birth and parenthood. Don't be surprised if everyone else in your antenatal class is expecting just one baby and don't let this limit your participation. If you have questions, ask them – if necessary, after the session has finished.

Because your babies are likely to be born sooner than in a singleton pregnancy, make sure that you have time to complete the classes. If you are expecting twins, it is advisable to start at around 24 weeks and aim to complete the course by the 32nd week of pregnancy. If you are expecting triplets or more, complete the course by the 30th week of pregnancy. If your partner, a friend or family member intends to be present at the birth, it is a good idea for them to attend antenatal classes with you.

Section three: NUTRITION & LIFESTYLE

Eating healthy, balanced meals during your pregnancy is one of the most important things you can do to give your babies the best start in life. The following section provides advice on good nutrition and lifestyle tips for twin, triplet and higher order pregnancies.

HOW MUCH SHOULD I EAT?

You should expect to put on more weight than a mother expecting only one baby. Part of this extra weight is due to the additional babies, but also their placentas, amniotic fluid (the liquid protecting and surrounding the babies) and additional maternal body fluid. How much extra weight is enough though? In the UK, there has not been much research conducted on nutrition in twin, triplet and more pregnancies and current government guidelines are that women with twin and triplet pregnancies should follow the same advice on diet, lifestyle and nutritional supplements as a woman expecting only one baby. If you are concerned about weight gain, especially if you are underweight or significantly overweight, please discuss your progress at your antenatal appointments. You may be referred to a dietician if necessary. However, do not get too worried about precise measurements of weight gain. If you eat a well-balanced diet containing a variety of different food groups on a regular basis, you will gradually gain weight and provide the best possible start for your unborn babies.

WHAT SHOULD I EAT?

Eating the right balance of foods is important for a healthy pregnancy and knowing what to eat and drink, as well as what to avoid, can help improve your babies' growth and development.

Try to avoid foods with empty calories (for example, sugary snacks, fizzy drinks, white bread, and cakes), which can give you feelings of 'highs' and 'lows'. Instead, aim to eat healthy slow-burning foods to keep your blood sugar levels stable and satisfy you for longer. Examples of slow-burning foods include whole grain breads and crackers, vegetables, beans, brown rice, oats, and whole grain pasta. These are best eaten with a bit of protein like cheese, nuts, or meat.

DO'S AND DON'TS OF HEALTHY EATING DURING PREGNANCY

DO:

- ✓ Graze: eat lots of small meals if you can't face three large meals.
- ✓ Get enough protein by putting bits of chicken, lean meat, fish, cheese, eggs, or pulses into salads.
- ✓ Keep it simple – the best quality food is in its unprocessed, fresh state.
- ✓ Carry around lots of healthy snacks to keep your energy levels high (e.g. flapjacks, dried fruit, cereal bars and bananas).
- ✓ Take food to bed with you if you need something to nibble on when you wake up during the night.
- ✓ Check with your doctor or midwife if you want to take vitamins in tablet form – there are several pregnancy-formulated multivitamins which also contain the recommended levels of folic acid (400 micrograms for the first 12 weeks).
- ✓ Get enough iron in your diet. Good sources of iron include dark green vegetables, red meat, fortified breakfast cereals, wholemeal bread, and pulses. If the iron level in your blood becomes low, your doctor or midwife will advise you to take iron supplements (see section five on anaemia).
- ✓ Ensure you have enough vitamin D from eggs, meat, oily fish, vitamin D fortified margarine or breakfast cereal. Talk to your midwife/doctor to see if you are at risk of vitamin D deficiency (especially if your family origin is South Asian, Caribbean, African or Middle Eastern, if you stay indoors a lot, or you have a diet low in vitamin D).

DON'T:

- ✗ Eat raw eggs, unpasteurised milk, raw poultry, and raw meat, as they may contain salmonella.
- ✗ Take vitamin A supplements or foods rich in vitamin A (e.g. liver or pâté).
- ✗ Eat soft mould ripened cheese such as Camembert, Brie, and blue-veined cheese as they may put you at risk of bacteria called listeria.
- ✗ Eat unwashed raw fruit and vegetables, raw or uncooked meat, and unpasteurised goats' milk or goats' cheese which may put you at risk of toxoplasmosis (a parasitic disease which can be harmful to the baby if the mother gets the infection during pregnancy).
- ✗ Eat more than two portions of oily fish a week (e.g. fresh tuna, mackerel, sardines and trout) because they may contain harmful pollutants.
- ✗ Drink too much caffeine which is commonly found in tea, coffee, cola and some energy drinks, as high levels of caffeine can result in babies having a low birth weight, or even miscarriage. 200mg a day is the recommended limit (2 mugs of coffee, 4 cups of tea, 5-6 cans of cola). Coffee and tea also contain compounds called phenols, which interfere with your body's ability to absorb iron (an essential nutrient for pregnant women).

WHAT EXERCISE CAN I DO?

You can continue with gentle exercise, which is an excellent way of easing tension, helping maintain good muscle tone and cope with labour. Recommended activities include low-impact activities, such as swimming, yoga, walking, aquanatal classes, Pilates and tai-chi. It is important to begin your routine at a slow pace and stop exercising if you suffer any pain, cramping or shortness of breath. Talk to your doctor or midwife if you are at all unsure.

Some exercise activities should be avoided as you get larger due to the possibility of falls or problems with balancing due to your changing centre of gravity, for example skiing, surfing, cycling or riding horses. Also avoid sports involving physical contact that may involve knocks such as hockey, netball or boxing.

CAN I SMOKE?

Pregnant women are strongly advised not to smoke or take drugs during pregnancy, because of the risk of having babies with low birthweight and preterm birth. Your healthcare team can offer you advice and support with stopping smoking, including the risks and benefits of nicotine replacement therapy. For example, recent government guidelines advise pregnant women using nicotine patches to remove them before going to bed. The impact of e-cigarettes, or vaping, has not been analysed yet so they are best avoided when pregnant.

CAN I DRINK ALCOHOL?

If you are pregnant the safest approach is not to drink alcohol at all to keep risks to your babies to a minimum. Drinking alcohol in pregnancy can lead to long-term harm to the babies; the more you drink the greater the risk. Read more at **https://www.nhs.uk/conditions/pregnancy-and-baby/alcohol-medicines-drugs-pregnant/**.

WHAT OTHER LIFESTYLE TIPS WILL HELP ME HAVE A HEALTHY PREGNANCY?

You can also take care of yourself and your babies by doing the following:

- Drink lots of fluid, ideally eight large glasses a day. Dehydration has been linked to an increased risk of premature contractions, so it is important to drink water or fruit juices, especially during hot weather.
- Try to rest and get as much sleep as possible. You may need to adjust your sleeping position as your stomach gets larger, for example sleeping on your side with your upper leg bent at the knee and resting on pillows. Research on singleton pregnancies shows that in the third trimester (after 28 weeks of pregnancy) going to sleep on your back increases your risk of stillbirth. It is not known how sleeping position could affect a twin or triplet pregnancy, but you may prefer to sleep on your side. If you are finding it difficult to sleep due to indigestion, try sleeping semi-upright with pillows propped up behind you. If you are still finding it difficult due to heartburn, discuss it with your doctor or midwife. It is perfectly safe to take an antacid such as Gaviscon or Rennie's.
- Regularly do your pelvic floor exercises to minimise the risk of a prolapsed uterus later in life and help your pelvic floor to get back to normal after the babies are born. Physiotherapists recommend tightening the muscles around your vagina and anus, as if you are stopping the flow of urine. Count to five, before releasing the muscles and relaxing. Repeat the exercises in sets of 5-10 at least five times a day. Speak to a midwife if you're unsure how to do these.
- Look after your emotional wellbeing as well as your physical health. If you are feeling stressed or anxious, talk to family members, friends, or your doctor/midwife. Twins Trust also has a freephone helpline called Twinline (0800 138 0509), which is a confidential listening service and open weekdays from 10am to 1pm and 7pm to 10pm. It is staffed by trained volunteers who are themselves parents of twins, triplets and more, and can answer questions on many topics or listen to your concerns.
- Sexual activity – there is no evidence that this is harmful while pregnant. Ask your doctor/midwife for advice if you are unsure.
- Wear a three-point seatbelt above and below your bump, not over it, when travelling by car/coach.

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Section four: COPING WITH COMMON SYMPTOMS

Your body will go through an amazing journey to carry and give birth to your babies, and it is not unusual to experience some aches, pains and discomfort along the way. This is natural and more often than not, these complaints do not pose a serious risk to mother or babies. If you are at all concerned, discuss the symptoms with your doctor and they will be able to reassure you or investigate further.

BACKACHE

Pain in your lower back is common for pregnant mothers, especially those expecting twins, triplets or more. The hormone relaxin softens and stretches your ligaments to prepare you for labour, but also makes minor aches and pains more likely. Your back muscles will be working hard to support the increased weight you are carrying around, often causing lower back pain.

Ways to ease backache include maintaining good posture and being careful when bending, lifting and carrying. A firm mattress and pregnancy pillow can help relieve back pain while sleeping. Your midwife may be able to give some advice and a support bandage or refer you to a physiotherapist who can prescribe a support belt to lift and distribute the weight of the babies, reducing pressure and lower back pain. If suffering with backache, ask your doctor/midwife to be referred to an obstetric physiotherapist if needed. Some hospitals offer a routine session with a physiotherapist, so do take advantage if so.

PILES/HAEMORRHOIDS

Piles are dilated rectal veins that can sometimes protrude through the anus. They are caused by the pressure of the babies, obstructing blood flow back to your heart and causing the veins to dilate to accommodate the damned-up blood. Piles are not dangerous, but can be uncomfortable and bleed during a bowel movement. Try to avoid constipation by eating sufficient fibre and increasing your fluid intake. Your doctor may also be able to prescribe medication to prevent irritation and muscle spasm pain. External creams are also available. Swollen vulval/vaginal veins are also common in twin, triplet and higher order pregnancies.

MORNING SICKNESS:

Tips for coping with nausea

- Take little nibbles of dry biscuits, especially those made of ginger.
- Use travel sickness bands.
- Don't brush your teeth for 20-30 minutes after vomiting, because stomach acids temporarily cover the tooth surface.
- Different foods may trigger feelings of nausea for different women – try keeping a diary of what you eat, when and feelings of sickness. Common culprits are strong smelling, oily, or spicy foods.
- Foods rich in zinc have been found to be effective in combating morning sickness, for example dairy products, meat, eggs, fish, ginger, maize, nuts, and pulses.

NAUSEA

Contrary to its name, morning sickness occurs at all times of the day, but especially when you have not eaten for a while (hence why it is more common in the morning). The main cause is low blood sugar, so try to eat little and often. Morning sickness has also been linked to higher levels of the pregnancy hormone hCG (human chorionic gonadotrophin) and is therefore more common in twin, triplet and more pregnancies.

The nausea usually subsides by week 14, but some women continue to feel nauseous throughout their pregnancy. If nausea continues to be a problem, see your consultant/doctor. In its most severe form (hyperemesis gravidarum), vomiting can be dangerous for you and your babies. If you vomit more than three times a day for three days, contact your doctor or midwife. Hyperemesis can deplete you of important minerals and fluid, leading to dehydration and low blood pressure. You may be admitted to hospital for a short time to control the nausea and give you intravenous fluids until the vomiting is under control by prescribing anti-nausea medication.

PELVIC GIRDLE PAIN

Pelvic girdle pain is a condition caused by excessive movement of the bones that connect to form your pelvis, causing pain and/or discomfort. As mentioned above, during pregnancy your body produces the hormone relaxin, which loosens the ligaments holding the bones in your pelvis together. Women expecting more than one baby are more likely to suffer from pelvic girdle pain, due to the extra hormones produced and the extra weight of your babies pressing down on these bones. Your doctor/midwife can refer you to an obstetric physiotherapist, who can help by advising you on correct posture and pelvic tilt exercises, as well as recommending a support girdle if necessary.

HEARTBURN AND INDIGESTION

Heartburn and indigestion are caused by pressure on the stomach from a large uterus, forcing stomach acid to flow up into the oesophagus (gullet) and causing a burning sensation. During pregnancy, your stomach also makes more acid. In twin, triplet and higher order pregnancies, the pressure on the stomach starts earlier and may become quite intense, so you may experience heartburn and indigestion. Increased hormones, such as progesterone, can also cause heartburn by relaxing the muscles at the entrance to the stomach and letting stomach acid flow back up.

HEARTBURN AND INDIGESTION:

Tips for coping

- A glass of milk before you go to bed – alkaline antacid foods such as yoghurt, milk and ice cream can neutralise stomach acid
- Sleep upright, for example propped up with pillows. Alternatively, put a couple of books under your bed at the head end, so that it is raised by several inches
- Eat little and often – indigestion often feels worse when you are hungry
- Avoid foods that set off indigestion, such as cheese, spicy foods, tomatoes, chocolate, alcohol and caffeine
- Don't eat large meals in the evening
- Some women swear by gentle exercise, e.g. yoga (try stretching your arms above your head to elongate your upper body and relieve the symptoms of heartburn)
- Hot drinks, especially peppermint, ginger and fruit teas
- Gaviscon, which you can get free on prescription from your health professional, TUMS and Remegel tablets
- If severe, medication can be prescribed.

INSOMNIA

Many pregnant women find sleep disturbed by common symptoms such as nausea, heartburn, restless leg syndrome, itchiness and anxiety. Sleeping tablets are not recommended. Instead try to identify and address the symptoms causing you to lose sleep. Women expecting twins, triplets or more can find the increased pressure on the bladder means several night-time visits to the bathroom. Drink lots of fluid during the day, but stop drinking an hour before you go to bed and empty your bladder immediately before sleep. You may also be kept awake by babies moving and kicking you throughout the night. Unfortunately there is nothing to prevent this except to make yourself comfortable, for example, listen to music, read a good book, watch television and have a warm bath before bed.

VARICOSE VEINS

Varicose veins are swollen veins just below the skin. They can become more uncomfortable towards the end of your pregnancy and your doctor may be able to prescribe pregnancy support tights and socks. Shoes with a small heel (not flat and not too high) can reduce the onset of varicose veins. It also helps to put your feet up and avoid standing still for long periods of time.

SWOLLEN FEET

During pregnancy, more fluid and blood circulates around your body than usual. Due to gravity, some of that extra fluid remains in your feet, leading to swelling. If you are experiencing swelling in your feet, try to sit down regularly and raise your feet up. You may also suffer from painful knee joints because of the increase in the hormone relaxin, so try to rest and support your knees when possible. Gentle exercise can also help disperse fluids that have settled in your feet, for example walking around or aqua-aerobics. It also helps to avoid tight fitting socks, stockings and shoes. Although swelling is normal, if it appears over a short period of time and is accompanied by swelling in your hands and/or face, it may be a sign of pre-eclampsia (see complications in the next section). You should notify your doctor or midwife who will be able to check your blood pressure and rule out or refer you to the hospital to monitor for pre-eclampsia.

CARPAL TUNNEL SYNDROME

Body fluid can also accumulate in your wrist joints in an area called the carpal tunnel – a band of tissue which protects the carpal nerves that pass from the arm to the hands and fingers. The excess fluid applies pressure on the nerves, causing a tingling feeling in the fingers, a sensation like pins and needles. You may also feel numbness, weakness and in extreme cases, carpal tunnel syndrome can be very painful and affect the whole hand and forearm. The pain and discomfort tends to be worse at night, due to fluid building up during the day, so try sleeping with your hands raised on a pillow. It can also help to gently stretch your hand above your head and wiggle your fingers. However, do speak to your midwife or doctor if you continue to suffer from carpal tunnel syndrome.

Most mothers have healthy pregnancies with twins, triplets or more, despite being put in a 'high-risk' category, so it is important not to panic unduly about the complications outlined in this section. Each of the complications is still relatively rare, but does need medical attention and monitoring. If you suspect you are experiencing any of the symptoms, please do contact your doctor immediately. However, many of the complications can only be picked up at your antenatal appointments through scans/urine/blood pressure tests, so it is important to attend them regularly. You can check the schedule of appointments you should be having on the Twins Trust website: https://www.twinstrust.org/pregnancy/antenatal-care.

> If you think there is a problem during pregnancy, or think you might be giving birth, you should be seen by a doctor experienced in the care of twin, triplet and more pregnancies. They should review you and are likely to scan your babies to check they are well.

ANAEMIA

Anaemia is common in pregnant women, especially in a pregnancy with more than one baby, as your babies absorb nutrients from your blood. Anaemia occurs when there is a decline in the concentration of red blood cells and, with them, haemoglobin (haemoglobin is the red substance in the blood that carries oxygen around to all parts of your body). Symptoms include feeling tired, looking pale, feeling short of breath and fainting. Many of these symptoms are common in pregnancy anyway, particularly with twins, triplets and more, even without anaemia. Mild anaemia is not harmful to your babies and it is estimated to be present in up to 80% of pregnant women.

A diet rich in iron is the ideal way to keep your haemoglobin levels up. Good sources of iron are wholemeal bread, red meat and game, baked beans, dark green vegetables, lentils,

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and breakfast cereals fortified with iron. As part of your routine antenatal care, your blood tests at 20-24 weeks should reveal whether you need to take iron supplements. There are several varieties of iron tablets, some of which can leave you feeling constipated. Your doctor/midwife should be able to recommend one that is less likely to leave you constipated. You can also help prevent constipation by eating plenty of fibre (fruit, wholegrain cereals, green leafy vegetables) and drinking lots of fluids. If haemoglobin levels do not rise, your doctors/ midwife may do further blood tests to check for rarer causes of anaemia.

PRE-ECLAMPSIA

Pre-eclampsia is a condition particular to pregnancy, characterised by a rise in blood pressure (hypertension) and/or protein being present in the urine (proteinuria). Regular monitoring of blood pressure and urine by your doctor or midwife is essential for detecting pre-eclampsia, especially during the third trimester. It may be associated with symptoms such as swelling of the face, sudden swelling or puffiness of the ankles and hands, severe headaches, visual disturbances and, in more severe cases, pain in the upper abdomen, and vomiting. If you suffer from any of these symptoms, please contact your healthcare team immediately as preeclampsia can develop into eclampsia, a dangerous condition for both mothers and babies.

Mums-to-be who are at risk of developing high blood pressure during pregnancy, which includes the condition pre-eclampsia, are advised to take a small amount of aspirin every day to ward off the condition. Recent government guidelines on multiple pregnancies recommend that women take 75mg of aspirin daily from 12 weeks until the birth of the babies if they have one or more of the following risk factors for high blood pressure:

- **first pregnancy**
- **age 40 years or older**
- **pregnancy interval of more than 10 years**
- **Body Mass index (BMI) of 35 kg/m^2 or more at first visit**
- **Family history of pre-eclampsia.**

Hospitalisation may be necessary to ensure complete bed rest and to administer drugs to reduce blood pressure. In the most serious cases, it may be necessary to induce labour early or perform a Caesarean section, in which case you will be given 2 steroid injections to help speed up the babies' lung development. This is usually given when birth is planned before 36 weeks. After the babies are born, the symptoms should gradually go away, but your blood pressure may be monitored for up to six weeks until it has recovered to normal. The support group Action on Pre-Eclampsia (APEC) is a useful organisation for anyone experiencing pre-eclampsia (**www.apec.org.uk**).

PRETERM LABOUR

The most common gestation for the onset of labour in twin pregnancies is approximately 37 weeks. However, labour may occur earlier than this, particularly with twins, triplets and more. The signs and symptoms of preterm labour are regular contractions of the womb, building up in strength and frequency, sometimes with passage of the mucous plug ('show') or breaking of the waters. Premature contractions are a common occurrence in pregnancy, particularly with twins and triplets, and in most cases they are not a sign of preterm labour. However, it can be very difficult to determine if labour is imminent or not and if you experience these symptoms you should inform a healthcare professional immediately. It is likely that you will be advised to go to hospital. Although it is difficult to stop true premature labour, it can sometimes be delayed, giving time to prepare the babies for an early birth.

The team should explain to you what to look out for if you go into labour early and what to do about it.

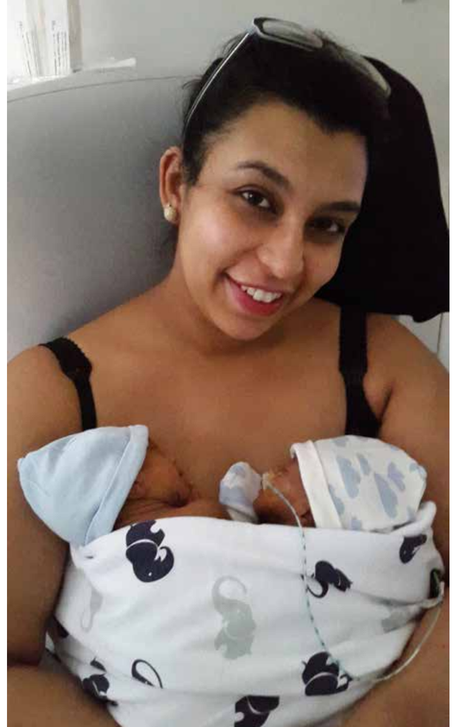
GROWTH RESTRICTION

Most twins, triplets and more grow normally in the womb, although they do tend to be a little smaller than singleton babies. In all pregnancies, however, there is a risk that the placenta(s) will not keep pace with the needs of the growing baby and that this will cause their growth to slow down. This can put the baby, or babies, at risk if it goes unrecognised. Fetal growth restriction is more common in twin pregnancies and even more so in triplets and more. Regular ultrasound scans will be offered to you to monitor the growth of your unborn babies. Premature delivery is sometimes recommended if one or more of your babies is not growing well. More information on growth restriction is available in the Twins Trust booklet *Complications in your pregnancy with twins, triplets and more.*

GESTATIONAL DIABETES

Gestational diabetes is diagnosed when elevated blood sugar levels occur during pregnancy. Insulin is the hormone produced by our bodies that helps to keep blood sugar levels stable. Different hormones, produced by the placenta, partially block the action of the mothers' insulin, and in some women, this causes the blood sugar levels to rise beyond the threshold at which gestational diabetes is diagnosed. Symptoms include feeling very hungry or thirsty, needing to pass urine frequently (even more frequently than usual for pregnancy!), tiredness and blurred vision. However, it is not always easy for pregnant women to notice the symptoms, so it is important to take a urine sample to all your antenatal appointments so your doctor can check for sugar in your urine (glycosuria). Glycosuria is a common finding during pregnancy, even in the absence of diabetes. However, if gestational diabetes is suspected, a glucose tolerance test is performed during the second or third trimester to test for the disease. This involves fasting overnight and having two blood tests the following morning, the second one after having taken a very sweet drink. This test is also recommended to women who have an increased risk of developing gestational diabetes, such as those with a family history of diabetes. Gestational diabetes should not pose any threat to

mother and babies once it is detected and treated. The risk is that, if undetected or left untreated, excess blood sugar can cause the babies to grow very large, increasing the risk of a difficult labour, assisted birth or Caesarean section. Following birth, the babies may go to the neonatal unit to be observed and their blood sugar levels monitored; providing all is well, they should soon be back with you. Treatment for gestational diabetes is the same as for pre-existing diabetes: dietary changes (more protein, less carbohydrates); close monitoring of blood sugar levels; and possibly treatment with tablets (metformin) or insulin injections for the rest of your pregnancy. You may also be seen by an endocrinologist (doctor who has an interest in diabetes), diabetes nurse, dietician or specialist midwife regarding treatment and management. Gestational diabetes almost always goes away as soon as the babies are born.



VAGINAL BLEEDING

Bleeding or 'spotting' can be extremely worrying for pregnant mothers, but it is surprisingly common in the first trimester. A Twins Trust survey found that 1 in 4 mothers of multiples had experienced vaginal bleeding during their pregnancy. Indeed, some women have irregular 'spotting' throughout their pregnancies with no negative impact on their babies. However, if you experience vaginal bleeding, it is important to notify your doctor or midwife. In early pregnancy, bleeding may be an indication of an ectopic pregnancy or that you are likely to miscarry one or all babies. Later in your pregnancy, bleeding could mean that the placenta is separating from the uterus (placental abruption) or partially covering the cervix (placenta praevia). Both conditions require immediate medical attention, although your early scans should have ruled out a low-lying placenta (placenta praevia).

OBSTETRIC CHOLESTASIS

This is a liver condition where the normal flow of bile is impaired in a pregnant woman's liver. Cholestasis means there is a build-up of bile salts in the blood. It occurs in approximately 1 in 100 pregnancies in the UK, although it is more common for women carrying twins, triplets or more, possibly due to the higher hormone levels in these pregnancies.

The main symptom is severe itching, often on the palms of the hands and soles of the feet. Other symptoms include fatigue and sleep deprivation from itching; loss of appetite; dark urine and/or pale stools (greyish in colour); and mild depression. Although obstetric cholestasis has been reported early in pregnancy, it is most common when hormone concentrations are at their highest levels in the third trimester.

It is quite common to experience some level of itchiness on your abdomen in your pregnancy, but if the itching is bad or getting worse, you should consult your doctor or midwife immediately. They will organise a blood test to check your liver function and rule out cholestasis. In cholestasis, there is a small increased risk of infant stillbirth (near term), premature labour, fetal distress and haemorrhaging in both mother and babies.

Your doctor/midwife may do blood tests (e.g. bile acid test and liver function tests) and possibly an ultrasound test to check for gallstones blocking the flow of bile into the gut. If cholestasis is diagnosed, you will be regularly monitored and may be given medication to reduce the bile acids in the bloodstream (although recent studies suggest this may be of limited benefit). It may also be necessary to deliver the babies early to protect them and reduce risks. The itching should stop within 1-2 weeks of the birth, often sooner. If you would like further information or support, please contact Obstetric Cholestasis Support Worldwide (see **www.ocsupport.org.uk**).

OBSTETRIC CHOLESTASIS:

Tips for coping with the itching

- Keep cool by dressing in light, loose cotton clothes, avoiding humid conditions, lowering the thermostat setting in your house, taking cool showers and baths, and soaking your hands and feet in icy water before you go to sleep.
- Eat a healthy, balanced diet and cut down on fried and fatty foods to minimise the work your liver has to do. Avoid alcohol and drink lots of water.
- Relaxation techniques may help you sleep at night and take your mind off the itchiness.
- Aqueous cream with menthol may also help symptoms of cholestasis.
- Your doctor may prescribe Ursodeoxycholic Acid (known as Urso or UDCA), antihistamine tablets, and/or suggest a liver and gall bladder scan for you, with regular monitoring (blood tests and ultrasound scans).

Although complementary remedies are available from registered homeopaths, check with health professionals first before using them and remember that remedies should not be a substitute for medical treatment.

TWIN-TO-TWIN TRANSFUSION SYNDROME (TTTS)

Twin-to-twin transfusion syndrome (TTTS) occurs in about 10-15% of identical twins who share a placenta (monochorionic twins). It can appear at any time during pregnancy, but most commonly before 24 weeks' gestation. TTTS can also develop in triplet or higher order pregnancies that include monochorionic twins.

TTTS arises because there are blood vessels connecting the placenta that the twins share. Usually, these blood vessels allow blood to flow evenly between the babies, but in TTTS the blood flow is unbalanced, resulting in a 'donor' twin donating blood through the placenta to a 'recipient' twin.

Symptoms for mothers to look out for include: sudden weight gain; feeling breathless at rest and having palpitations; uncomfortable or tight tummy; thirst; feeling early contractions; and back/leg pain. But many women with TTTS don't notice any symptoms, which is why regular scans to check the babies is so important. If you are at all worried, please speak to your doctor or midwife.

If your TTTS is mild, you may require no treatment at all, and it is possible that the condition will remain stable or improve. Your pregnancy will be closely monitored and, if TTTS becomes more severe, your doctors may recommend treatment, such as laser or draining excess amniotic fluid from around the larger recipient twin (known as 'amnioreduction').

If you are diagnosed with TTTS or find out you are at risk of developing it, stay calm; remember that many families have happy outcomes. More information on TTTS is available in the Twins Trust booklet 'Complications in your pregnancy with twins, triplets and more'.

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Section six: PREPARING FOR BIRTH

HOW BIG WILL I GET?

Expectant mothers vary in size, although the vast majority of women expecting twins, triplets or more find that they are much bigger than those expecting a single baby.

You may find that you outgrow standard maternity clothes. Although you may not feel stylish, it won't last forever! The last few weeks of your pregnancy can make you feel awkward, uncomfortable and ungainly – driving with a seatbelt and getting in and out of cars may become incredibly difficult. Be prepared to do very little during those final weeks.

It is also sometimes the case that friends or family tell expectant mothers, "you don't look big enough to be having twins/triplets". Although this is often said to make you feel better, it can sometimes have the opposite effect of making you worry that the babies are not growing well. If you have any worries about your babies' size, please speak to your doctor or midwife.

WHEN SHOULD I START MY MATERNITY LEAVE?

You can start maternity leave anytime from 11 weeks before the beginning of the week when your babies are due. For twins, this is from 26 weeks. If you are carrying more than two babies you may need to stop work even earlier than this. Remember that you may be very tired towards the end of your pregnancy, and that you may develop raised blood pressure or other health problems. Discuss your plans with your midwife and doctor and be prepared to change your mind as your pregnancy progresses.

If the pregnancy affects your health so that you have to stop work before you are entitled to maternity benefits, you may be able to claim sickness benefits instead. There is no entitlement to extra maternity or paternity leave because you are expecting twins, triplets or more. For up-to-date information on entitlements to parental leave and flexible working please consult www.direct.gov.uk.

WHEN CAN I EXPECT THE BABIES TO BE BORN?

The average length of a pregnancy depends on how many babies you are expecting:

- **A single baby usually arrives at around 40 weeks**
- **Twins usually arrive around 37 weeks**
- **Triplets usually arrive around 35 weeks**
- **Quadruplets usually arrive at around 31 weeks**

With all twins, triplets and more, there is an increased risk of prematurity. According to the National Institute for Health and Care Excellence (NICE) Guideline, section 1.8, your core team should have a discussion with you about the timing and type of birth towards the end of the second trimester (between weeks 24 and 28). You should be prepared for the possibility that your babies may come early and spend some time in neonatal care. Around 60% of twin pregnancies result in birth before 37 weeks (spontaneous or induced), and around 75% of triplet pregnancies before 35 weeks.

Neonatal units can sometimes be quite daunting places to begin with and you may think your babies look small and vulnerable amongst all the technology. It is a good idea to try to visit the neonatal unit on a hospital tour during your pregnancy, if possible, to prepare yourself for the possibility that your babies may spend some time here. Some tips for coping emotionally and practically with your babies' stay in neonatal care are provided below.

The length of time in a neonatal unit will depend on how early the babies were born and whether they have any medical complications. Twins Trust's booklet 'A Parents' Guide to Neonatal Care for Twins, Triplets and More' can be downloaded for free from Twins Trust's website. For more information about what to expect on the neonatal unit, parents can ask for a copy of the Bliss Parent Information Guide.

If you give birth and your babies are small or poorly, you and your partner should be asked about the care you would like them to be given, with advice from a neonatal care doctor. You should be involved in all decisions about what happens to them.

HOW BIG ARE MY BABIES LIKELY TO BE?

The average weight of a baby at birth depends on the number of babies and the length of the pregnancy before delivery. Your babies may weigh much the same as each other, or their weights may be very different.

	Average weight
Single baby	3.40kg (7.5lb) at 40 weeks
Twins	2.49kg (5.5lbs) at 37 weeks
Triplets	1.80kg (4lb) at 33 weeks
Quadruplets	1.40kg (3lb) at 31 weeks

NEONATAL CARE AND PREMATURE BABIES:

Tips for coping

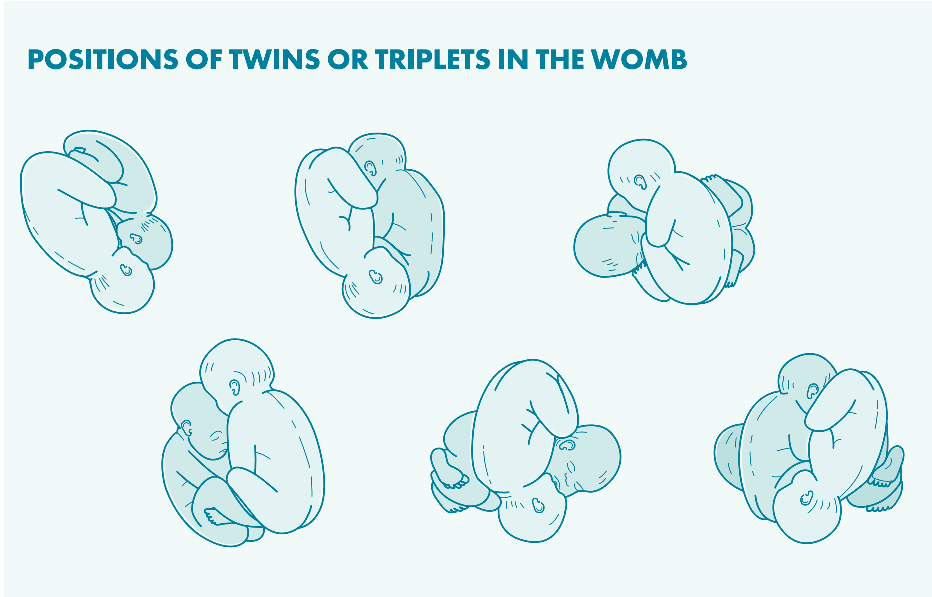
- Your babies will not be the only ones who feel fragile – recognise that you too will be dealing with complex emotions. Common feelings include guilt, anger, sadness and sometimes no emotions at all.
- It is possible to breastfeed premature babies, although you may have to express milk and feed it through a small tube into the nose or mouth of your babies.
- Skin-to-skin contact, also known as 'kangaroo' care, can calm babies and help develop a sense of attachment. It helps with breathing, heart rate, and to speed up recovery. Tuck your baby or babies inside your shirt against your skin in the kangaroo position. Staff can help you as soon as your babies are well enough.
- Babies are also comforted by the smell and sounds of their mother. Talk to them quietly and calmly, and ask if you can leave a piece of cloth for the babies that you've kept close to your chest.
- Parents often feel better after talking to people whose babies are going through a similar situation. Some neonatal units run groups or coffee breaks where parents can chat to each other. You can also talk to Twins Trust's Twinline or Bliss's Family Support Helpline, both of whom can provide support.
- Visit your babies as often as you can, although it is natural to feel exhausted, upset or torn between older siblings or their healthy co-twin/triplets. Take some time out if you need to. Some parents find it helps to take a photo of their babies to look at when they are away from them.
- Try not to become overwhelmed by issues affecting other people around you - you need to focus on your babies (that will be stressful enough as it is).
- Don't be afraid to ask for help at home, e.g. with shopping, babysitting and looking after babies, but ensure these are people you know or have been recommended.

HOW ARE MY BABIES LIKELY TO ARRANGE THEMSELVES IN THE WOMB?

Twins can present themselves in the same ways as singletons, the main presentations being vertex (head down) and breech (bottom first).

The diagram shows the main combinations with which each presentation occurs. With triplets, it is common for the first baby to be lying transverse (across).

POSITIONS OF TWINS OR TRIPLETS IN THE WOMB



SHOULD I WRITE A BIRTH PLAN?

Some women find it helps to write a birth plan – a record of what you would like to happen during your labour and after your birth. Discussing your plan with your midwife will give you the chance to ask questions, learn about hospital procedures for twin, triplet and higher order births, and find out more about what will happen when you go into labour.

The NHS Choices website has further information about making a birth plan, for example, options for pain relief, positions for labour and birth, and looking after your babies after birth.

Though a birth plan can be helpful, please remember that labour and birth are unpredictable. You will need to be flexible and be prepared to do things differently if complications arise.

Learn more about the discussions you should be having with your health professionals to prepare for birth at **https://www.twinstrust.org/pregnancy/antenatal-care**.

Section seven: WHAT ARE THE DIFFERENT STAGES OF LABOUR?

Vaginal birth consists of three stages of labour:

- first stage (thinning and dilation of your cervix);
- second stage (pushing the babies out); and
- third stage (delivery of placentas).

AM I IN LABOUR?

Every woman's experience of labour is unique, but understanding how to recognise labour and what the different stages involve is a good preparation for giving birth to your babies. You may experience some, all, or indeed none of the following signs of impending labour:

- The 'show' – a mucus plug sealing your cervix that may dislodge up to 12 days before labour. It is a sticky substance, which may be pink, slightly brown or blood-tinged in colour.
- 'Nesting instincts' – some women feel a sudden urge to clean the skirting boards!
- Braxton Hicks' contractions – weak, irregular, painless contractions which may become more frequent and intense as real labour approaches.
- Engagement of one of the babies' heads in your pelvis up to 2-3 weeks before labour. You may want to discuss these symptoms with your doctor or midwife, but at this stage you do not need to be admitted to hospital.

Spontaneous breaking of your waters (amniotic fluid) can be another sign that labour is imminent, and you should contact your hospital straight away if your waters break. Leaking of fluid may vary from a trickle to a gush and if you are uncertain whether your waters are breaking or the leaking fluid is urine, it is advisable to wear a sanitary pad and check with the hospital. They will probably advise you to come straight in, particularly if the fluid contains blood or meconium (your babies' first bowel movement, which is typically a dark green colour) or if you are experiencing strong, frequent contractions.

You will probably recognise the first stage of labour by painful contractions of the uterus. It is best to contact the hospital as soon as your contractions begin, and they can advise you when to come in. The contractions will become stronger, more regular, and closer together as your cervix thins out and then dilates.

"The doctor said she needed to examine me before she could start. I told her I needed to push. She asked me not to, as I was still wearing shorts and knickers!"

WILL I BE INDUCED?

National recommendations specify that your obstetrician should offer elective birth (induction or Caesarean section) from 36 weeks if you have monochorionic twins (or 32 weeks for monoamniotic twins), 37 weeks if you have dichorionic twins and 35 weeks if you have triplets. If you choose to continue the pregnancy longer, your obstetrician should put in place a plan for weekly monitoring of the babies. It may be advisable to induce you before these timing guidelines, if your babies' or your health would be at risk by continuing with the pregnancy.

Your doctor/midwife should explain fully the reasons for induction and how the procedure will happen. Typically, labour is artificially started by a vaginal pessary or gel of a hormone called prostaglandin, which softens the cervix. If labour has not started within 24 hours, it may be necessary to break your waters manually (which may be slightly uncomfortable, but should not hurt). If contractions do not follow in the next few hours, you will be given oxytocin (also called Syntocinon) via an intravenous drip.

HOW WILL THE BIRTH BE MONITORED?

Regular monitoring of babies during vaginal birth is standard practice. Fetal heart monitoring (CTG) is often used to assess your babies' heartbeats and the intensity and frequency of your contractions. Your midwife will strap a thick belt with small pads and sensors onto your abdomen. Although the monitors can be bulky, you should still be able to move into different positions with the help of your midwife. If the external monitors are not able to pick up the babies' heartbeats accurately, the first baby will be monitored internally using a fetal scalp electrode attached to the babies' scalp with a metal clip.

WHAT PAIN RELIEF WILL I BE OFFERED?

More often than not labour is painful, and it helps to know in advance what types of pain relief are available. Having a partner, friend or relative who can support you and ensure you get the pain relief you need helps a lot. There are several different options for relieving the pain of labour:

- Gas and air (Entonox) – a mixture of oxygen and nitrous oxide gas – is breathed in through a mask or mouthpiece, which you can hold and control yourself. The gas takes about 15-20 seconds to work, so take slow, deep breaths as soon as a contraction begins. Gas and air reduces the pain, but won't remove all the pain.

Section seven: WHAT ARE THE DIFFERENT STAGES OF LABOUR?

- Injections of pethidine or diamorphine can help you relax. It takes about 20 minutes to work and lasts between two to four hours. However, there are some side-effects to be aware of; it may make you feel drowsy, dizzy, sick, forgetful, elated, or even depressed. It will often be given with an anti-sickness medicine to reduce the chances of nausea. You will not be given pethidine if you are close to giving birth because it might affect the babies' breathing and can interfere with breastfeeding. It can also make it difficult to push, and you might prefer to start with half a dose to see how it works for you.
- Epidurals involve painkilling drugs passed into the small of your back via a fine tube. The drugs are injected around the nerves that carry signals from the part of your body that feels pain when you're in labour, acting as a regional anaesthetic. Epidurals are an effective form of pain relief during labour and can be topped-up by an experienced midwife, so you don't usually need to wait for an anaesthetist once the epidural is in place. It can also be topped up with stronger local anaesthetic if you need a Caesarean section. You may be advised to have an epidural due to the higher risk of assisted birth or emergency Caesarean with twins, triplets and more. However, you may prefer not to have an epidural and it is worthwhile discussing alternative pain relief options with your doctor or midwife during your antenatal appointments, giving you time to think about what might suit you and your babies. Again, it's a good idea to keep an open mind, as sometimes circumstances change during labour and your plans about what pain relief you want may change as a result.
- A TENS machine can be effective in the early stages of labour when many women experience low back pain. However, TENS are generally not such a good option for pain relief when contractions get longer, stronger and more frequent. If you wish to use TENS you will need to hire TENS equipment in the later months of your pregnancy and learn how to use it (ask your midwife to show you how it works).

WHAT HAPPENS DURING THE BABIES' BIRTH (THE SECOND STAGE OF LABOUR)?

When you are fully dilated (10cm), after a while you will be ready to push the first baby out (the second stage of labour). Your hospital's policy might be to move you into the operating theatre for this stage, or your doctor and/or midwife may consider it necessary. The exact number of people in the room will depend on hospital procedure, but twin, triplet and higher order births usually involve more health professionals. For example, there may be a midwife, an obstetrician, and two paediatricians – one for each baby. If you feel strongly that you do not want lots of people present, you can ask for all non-essential staff to wait outside the room until they are needed.

It can take anything up to two hours to give birth to the first baby. You may be encouraged to give birth on your back, but do discuss your options and hospital policy beforehand. With the support of your midwives, it is possible to deliver twins safely in different positions, for example standing, squatting or on all fours.

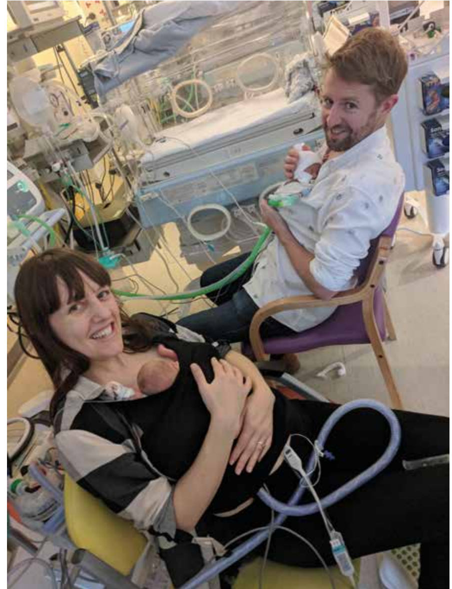
If the second stage is taking too long and there is a risk the babies are becoming distressed, your doctor may advise you to have an assisted birth using ventouse (a vacuum device) or forceps. It is generally not recommended that a ventouse is used for birth of premature babies (of less than 34 weeks), because your babies' heads are too soft at this age. Both procedures often (but not always) involve an episiotomy (a small cut to the vaginal wall), which is usually performed under local anaesthetic if you don't already have an epidural.

After the first baby is born, your doctors will feel the position of the second twin, and will probably also undertake an ultrasound scan to confirm the position. If necessary, the doctor may attempt to manually move it into a vertex (head down) position. This can sometimes be done externally, but it may be necessary to turn the baby internally into a breech (bottom down) position then help the baby out by 'breech extraction' (pull baby out by the feet), which requires pain relief if you don't already have it.

The time that elapses before the next baby is born may be as little as a few minutes but is usually within twenty minutes. If more than half an hour passes, your doctor may recommend speeding up the second baby's arrival using an intravenous hormone drip (oxytocin). You will be relieved to read that second babies are usually delivered more quickly than the first, mainly because the tissues have been widened. While you are pushing the second twin out, your birth partner can put the first twin onto their chest (under their shirt) for warmth and bonding.

HOW WILL THE PLACENTAS BE DELIVERED (THE THIRD AND FINAL STAGE OF LABOUR)?

You will be given the opportunity to cuddle your babies before the third and final stage of labour. Natural delivery of the placenta can take up to an hour and is generally not recommended due to an increased risk of bleeding with larger placenta(s) with twins, triplets and more. Therefore your doctor or midwife may recommend that you have an injection of a drug (Syntocinon or Syntometrine) to contract the uterus and expel the placentas more quickly. This means you don't need to push and there will be less risk of blood loss, which tends to be greater in multiple births because the placenta(s) are attached to a larger area of uterine wall. Although this injection does help the placentas to come out more quickly, this is not its main purpose. The main aim is to help the uterus to contract down more quickly, so that it shuts off the bleeding from the area where the placentas had been attached.



"I expected lots of medical staff, and chaos, but it was actually very relaxed with just my partner, two midwifes and a registrar. Twin 1 was born at 5.48pm, weighing 6lb2. I started to panic, when I realised I had to go through it again, and was asking for "any kind of drugs!", but the midwife was lovely and reassured me everything was going perfectly, and I just had to listen to my body. At 6.04pm twin 2 was born weighing 5lb12. I was handed both babies, and all the staff left, to give me and my partner some alone time. It was magical, and couldn't have gone any better. I was so worried before the birth as all you hear is the horror stories, but my twin birth was amazing, and I feel truly blessed."

Michaela's twin birth story

At 35+5 weeks pregnant, I woke up, walked to the toilet and went for a wee. I wiped, stood up and a gush of water came from my body and went all over our bathroom floor. A little confused, as I had just been to the toilet, I rang my husband and told him my waters had broken. I was calm and excited, ready to meet our babies. I wanted to finally find out what we were having. I had a routine midwife appointment at midday so I waited at home for the contractions to start. No contractions came but I was soaking through sanitary pads and trousers with my waters. By the time I got to the midwife, I was wet through. I told her I thought my waters had broken, which she confirmed, sending me up to the hospital.

At the hospital, they decided I should stay to see if anything would happen. My husband and I stayed for the rest of the day, overnight and most the following day waiting and nothing happened. It was very underwhelming. After 24 hours in hospital, I was still having no contractions and they refused to induce me. The hospitals policy was to induce only at 37 weeks so an induction was booked for Boxing Day. I was sent home in the early evening with antibiotics. We got home and I went to sleep disappointed, believing I had another week to wait until I met our babies. At 3am that morning, I woke up with frequent and intense contractions about 4 minutes apart. By the time we were in the car they were 2 minutes apart. I was doing hypnobirthing breathing techniques and starting to worry they would arrive in the car. We arrived at the hospital at about 4:30am and they tried to monitor the babies, but before they were able to I told the midwife I needed to push. They wheeled me quickly on all fours over the back of a wheelchair to delivery suite and sure enough I was 10cm dilated. I pushed both our babies out, a baby girl weighing 4lb 11.5oz at 06:37 and a boy weighing 5lb 2oz at 06:50. The best surprise ever and a labour quicker than I ever expected. ■

Carron's twin birth story

When we found out we were having twins, we were absolutely over the moon. I had a really strong feeling we were having twins and was so happy to see those two little heartbeats on our first scan. The only very slight disappointment I had was that I wouldn't be able to have the babies in the wonderful midwife unit where I had their big brother.

I had amazing care throughout my pregnancy from a team of incredible midwives and an amazing consultant who could not have been more reassuring and supportive. From the outset, our consultant explained that because my son had been born by vaginal delivery, there should be no problem with me birthing the twins in the same way.

I was very lucky and kept well throughout my pregnancy. At my last few appointments with our consultant (which I had to attend without my husband because of the restrictions in place due to the Coronavirus pandemic which was happening at the time) I started to ask some questions on what I could expect around the birth. As always, our consultant's explanations were clear and calm. We discussed various possibilities, including the possible need for induction and the likelihood that they would recommend an epidural, especially as twin 2 was lying sideways. He reassured me that this would not prevent me from having a vaginal birth and explained that as twin 1 was lying head first and was bigger than twin 2, twin 2 should be able to follow without any problem, even if they were breech.

Then, on a sunny Tuesday morning at the end of April, when I was 35 weeks plus 2 days, I woke around 5.30 am and went to the toilet. I was comfortable at that stage and went back to bed with no hint of what the day was going to hold! I snoozed for a while before I felt what I can only describe as a bursting sensation… It felt quite high in my tummy so I told myself it couldn't be my waters bursting and tried to snooze on, keen to get as much sleep as I could before my wee boy woke up.

Before long, I felt a contraction-like pain and felt damp. At that stage, I realised that it must have been my waters bursting after all. I told my husband that I thought something was happening and he jumped out of bed! I reassured him that this is how it all started with our son's birth and that we had hours before the babies would arrive. I did say that I should phone the hospital though because at my appointment a few days before, my consultant had suggested that when my waters burst I should phone the hospital straight away, and just as well he did!

I called the hospital at 6.48am. The midwife explained that since there were "two on board" they didn't want to take any chances so I should make my way over to the hospital. Thinking I would have hours, I asked the midwife on the phone if she thought I would have time for a shower before we left. She suggested that I just head over straight away, and just as well she did!

I put an extra couple of bits and bobs in my bag (which I had only finished packing the night before!) and we set off for the hospital. As we got into the car, my contractions felt manageable, though they were getting more and more painful. I kept thinking that we just needed to get there and I would have an epidural and I had heard good things about them!

▶

The journey to the hospital should take around 40 minutes. Thankfully, the roads were quiet and so we got there in good time at about 7.40am. My contractions were getting stronger and more painful all the way, but I kept trying to focus on it being a lovely sunny morning! By the time we were approaching the hospital I had already started to feel the need to push. It was about that stage when my husband told me he didn't know where to go when we got to the hospital! After managing to get directions to the labour suite from a lady on her way to work, we found our way there.

As he parked the car, I had a huge contraction. I knew we didn't have long and was a bit worried that I wouldn't be able to walk the few metres into the hospital. As we walked into the reception we were met by a team of masked faces. I was helped into a room and asked to climb onto a bed, with the help of the team around me, I managed that and seconds after I did, our first wee girl arrived at 7.44am, weighing 2600 grams.

Just before she did, I managed to have a puff of gas and air. I made good use of that over the next 11 minutes before her sister arrived! During

that time, I was closely monitored by the consultant and midwives. Our next baby was a breech delivery. Her body appeared before her head did but the consultant and midwife team around me very calmly reassured me that there wasn't anything to worry about. The consultant asked one of the midwives to help bring on another contraction and she did that by pushing my tummy – very apologetically! I was very happy for her to do so because it did the trick and our next wee girl arrived minutes later, at 7.55am weighing 2100 grams. She seemed to have been surprised by the whole thing and needed a wee bit of help to get going so she was quickly taken out of the room to the paediatricians.

After a few minutes, she was brought back in and I was able to have skin-to-skin cuddling both of our baby girls just after 8am. I think it's fair to say that it was probably one of the most productive mornings I have had! We were really well looked after and given time with the girls for the next couple of hours. I was supported to help the girls to latch on and feed and we were all given the medical care we needed over that time. I had a very minor stitch and anti-clotting medication was given to me via a drip. The girls were given their vitamin K and blood sugar tests. At around 10am, whilst the girls had their first cuddle with their daddy, I had a really lovely shower and couldn't believe how lucky we had been!

We spent the rest of the morning contacting our family to share our exciting news and chatting about names. During the pregnancy, we didn't find out whether we were having girls or boys, and two girls was a big surprise! But their names came pretty easily to us and seemed to suit their wee personalities instantly.

We were given our own room with an ensuite and were warmly welcomed by the staff on the ward. We spent 6 days in the hospital, during which we were looked after incredibly well by everyone. I was clear from the outset that I wanted to breastfeed the girls and was given invaluable support to get that established. The Infant Feeding Support team was fantastic and the midwives and medical care assistants were superb too, especially by sitting with me for long periods of time throughout the day to help give the girls top-ups of expressed milk. I will always be so grateful for their kindness, compassion, support and company during that time. Despite everything that was going on in the world, we had lots of lovely chats and they shared my joy with me as I spent that first few precious days on cloud 9 getting to know our girls.

Ali's assisted delivery story

My DCDA girls were born at 37 weeks. In the weeks leading up to the birth, I had discussed options with my consultant and as I had a fairly straightforward pregnancy and Twin 1 was head down, it was decided that a vaginal birth would be possible.

I knew that my consultant was going to be on holiday the week I was induced which did make me worry but luckily I had met all of her colleagues and trusted them all.

Monday morning: I arrived at hospital on a Monday morning feeling incredibly nervous but excited to meet our girls. Once on the ward, I put my medical stockings on, had a pessary and I got mild contractions soon after. The pain was easy to deal with at this point and I remember playing card games with my husband and listening to a hypnobirthing CD. I was hooked up to a machine to measure contractions. I had a scan to check that Twin 1 was still head down. I had an examination and was very upset to hear that despite regular contractions I was 0cm dilated!

Monday evening: On Monday evening, I had a check to see how things were progressing. This time I had gas and air for the examinations and that made me feel more relaxed. I was just 1cm dilated at this point. A slight dip in heart rate for Twin 2 meant I needed to move to the delivery suite to be kept under closer observation. I was under constant observation which I found very reassuring. I had a midwife and a student midwife with me almost all of the time.

I was disappointed that things were not progressing as quickly as I had hoped. A doctor was called to break my waters but was not able to reach. A catheter was put in at

this point and my sister arrived to act as my second birth partner. She is a doctor and I found it really useful to have a second person to support me. She even remembered to bring some foot cream to give my feet a rub!

Tuesday morning:

I didn't have a bad sleep and certainly better than my husband who had to sleep on the dreaded hospital chair. Finally my waters were broken by the doctor.

The drip was started. I always knew that if I was having the drip to keep up the contractions, it was advised to have an epidural. I didn't have one during my previous birth and was quite anxious about the thought. Two lovely anaesthetists were quick to put me at ease and the process was quick and easy. The relief was amazing. It

made any vaginal examinations completely pain free. At 9am I was just 2cm dilated.

A quick chat with the doctors and it was decided that if I wasn't at 6cm dilated by 4:30pm then we might need to consider a C-section.

Tuesday evening: At 4:30pm the doctor came and we were all absolutely shocked to discover I was 8cm dilated. It was nearly time to meet our babies!

As twin 1 moved further down, I began to feel some pain. The anaesthetists came back to adjust my epidural placement. It was time to push. The doctors told me when to push and guided me through every contraction. With all of the action, it became hard to keep a trace on twin 2. No chances were taken, the room filled quickly with lots of doctors.

After a quick discussion. One of the doctors said to me "We need to get the babies out now and I am going to help you". I had assumed she was talking about wheeling me down to theatre for a C-section. It all happened very quickly after this point. Twin 1 was born with the help of forceps weighing 6lb 3oz. She was taken away for a quick check and handed to her dad for a cuddle.

I got to have a quick look but was aware I had another job to do... get twin 2 out. A doctor was holding my bump with his hands to prevent twin 2 moving now that there was extra room in my belly. The waters were broken and Twin 2 was born with the help of ventouse weighing 6lb. She was put straight onto my tummy and I got to have a lovely cuddle with her right away.

I had a 2nd degree tear which needed a few stitches but honestly by this point I didn't care, I was just so happy with my beautiful girls. We were allowed straight to a private room and neither baby needed any special care. I was allowed home on Friday, once I had established a feeding routine and we had all recovered from the birth. ■

Twins trust.

Section eight: CAESAREAN SECTIONS

WHY MIGHT I NEED A CAESAREAN SECTION?

In the UK, more than half of all twin babies and almost all triplets and quads are born by Caesarean. You may decide you want a Caesarean, or your doctor may advise you to have one during pregnancy because of the babies' position, a previous Caesarean section, difficult vaginal delivery or previous history. A planned Caesarean like this is known as an 'elective' Caesarean, whether you've chosen it or it's been advised by your doctor on medical grounds. A Caesarean section will usually be recommended if the first baby is lying in the breech position (feet, knees or buttocks first) or the transverse position (when the baby's body lies sideways across your uterus). A planned Caesarean will also be necessary in the case of placenta praevia (when the placenta covers the cervix).

> "I was in hospital for 4 weeks, 4cms dilated with my twins. It was a planned emergency C-section because the plan was as soon as I went into labour I would have a C-section. When my waters finally broke, I was given my C-section within about 2 hours."

The need for a Caesarean section in labour (unplanned or emergency) may be prompted by a number of possible scenarios: your babies moving into difficult positions; concerns regarding the babies' wellbeing; a compressed or prolapsed umbilical cord (when the baby's umbilical cord falls into the birth canal ahead of the baby); high blood pressure that does not respond to medical treatment; slow progress in labour; and when assisted birth (ventouse or forceps assistance) does not work. In relatively rare situations (5% or less of all twin births), you may give birth to the first twin vaginally but the second twin may get into distress and need to be delivered by Caesarean.

WHAT HAPPENS IN AN ELECTIVE/PLANNED CAESAREAN?

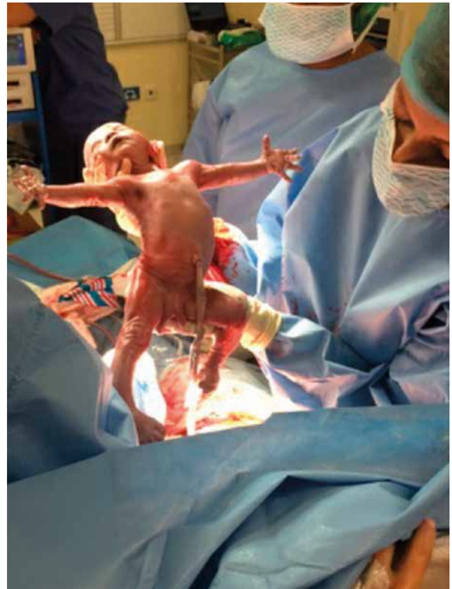
Hospital procedure for elective/planned Caesarean sections varies, but typically involves:

- Avoiding food for 6 hours and water for 2 hours, in case a general anaesthetic is required, as the anaesthesia can sometimes cause vomiting. You may also be given a tablet or liquid to neutralise stomach acid.
- Your birth partner should be able to accompany you into the operating theatre, but will have to wear theatre clothes. However, if you have a general anaesthetic, they will sometimes be unable to go into theatre with you.
- You will need to sign a consent form before the operation.
- An intravenous (IV) drip is inserted into your arm in case you need extra fluid or medicines. It is usually removed within 12 hours after the operation.
- Elective/planned Caesareans are usually performed using an epidural or spinal analgesia, which allows you to remain awake, but provides excellent pain relief. Although you should not feel any pain, you will still feel touch and pressure. Some women describe it as a gentle rummaging or tugging sensation.
- After the anaesthetist has administered the appropriate pain relief, a catheter tube will be inserted to keep the bladder drained of urine. This is needed because, if you have an epidural or spinal, there is a risk you may be unable to feel your bladder filling up; the catheter will prevent your bladder from filling up too much during and after the operation. The catheter won't be inserted until after your spinal/epidural anaesthetic is working, so there will be no discomfort. It will usually remain in place for anything from 6 to 24 hours after the birth.
- In theatre, a screen will be raised across your chest so you will not be able to see the operation. Your partner can choose to watch or stay seated on the other side of the drapes next to you.
- The obstetrician will clean your abdominal skin, before making a neat incision across your bikini line. The babies are taken out in the order in which they are nearest to the obstetrician; this means that the babies labelled as baby 1 and baby 2 (or 3, 4 if triplets/quads) during the ultrasound scans may not necessarily be born in that order! If the babies are well, they can be handed straight to you or your partner for a cuddle.
- The babies will be lifted gently from the uterus and the cords will be clamped and cut. The cords will dry up, turn black and fall off between 5 to 15 days after birth; in the meantime, keep the cords clean and dry to avoid infection.
- After the babies have been delivered, the obstetrician will deliver the babies' placentas, check your uterus, and stitch up the layers and skin incision. This process takes up to 30 minutes and may involve tiny metal staples or conventional stitches.
- Once the operation is over you will be taken to the recovery room for perhaps 45 minutes, after which you will be taken to the postnatal ward. You may stay there for 3-7 days depending on your recovery, the babies' condition, and hospital procedure.

> "I remember going into theatre and having the needle in my spine and then relaxing. There were 13 staff in the room with us, so you know you are being looked after."

WHAT HAPPENS IN AN EMERGENCY CAESAREAN?

In an emergency Caesarean, the decision to operate is sometimes taken quickly. If you already have an epidural, it may be 'topped up' by giving another dose of the drug into the fine tube which lies in your back. This 'top up' is usually of a stronger mix of medicine than was used for labour, to ensure that you are comfortable during the Caesarean. The Caesarean procedure is similar to the one described above. However, if there is real urgency, you don't already have an epidural, and it's not felt that there's enough time to insert a spinal anaesthetic, you may need a general anaesthetic, in which case you will be asleep during the delivery of your babies. During a general anaesthetic, it may not be possible for your partner to stay with you, but they should be able to hold the babies soon after they are born if they are well enough. You should wake up within an hour of the Caesarean, but may feel weak and need to be supported in your care of the babies for the first 24-48 hours.



HOW LONG WILL IT TAKE ME TO RECOVER?

Recovery after a Caesarean is typically slower than after a vaginal birth and the incision may be painful for several days, but you will be given plenty of painkillers that are safe to take if you are breastfeeding your babies. Your hospital will be able to advise you on when it is safe to resume normal activities, but it is best to take it easy for at least the first month. You should try to walk around a little to reduce the risk of blood clotting, but avoid heavy lifting, bending and stretching. It should take about 6-8 weeks for your body to fully recover. Your stitches will be removed after five days, if they are not self-absorbing.

Mahdiyya's twin C-section story

Pregnancy did not suit me, therefore the birth of my twin boys was something I was really looking forward to. I couldn't wait to meet my babies and get some of my independence back.

At my 32 week scan I was told both boys were breeching and a C-section was recommended. I received an appointment for a C-section at 37 weeks of my pregnancy, which is the normal gestational term for twins.

We were provided a pre-op appointment a week before the surgery which included some time to tour the maternity ward and speak to the nurses. On the day of the C-section, my husband and I couldn't wait. We were given a 7.30am slot and were informed there would be 3 other women with the same time slot. Each person was provided an assessment and we were prioritised into a list as to who would have the surgery first. I had been diagnosed with gestational diabetes during my pregnancy and was given the second slot which was approximately a 3 hour wait. This meant I didn't have to fast for too long, so my blood sugar was not affected. There were several meetings with the nurses and anaesthetists during the wait, so time passed quickly.

I was taken into the theatre alone, provided scrubs and was given the epidural. The theatre looked exactly like I had seen on TV and there were a lot of people around. It was overwhelming being in the room but the staff were very professional and friendly, and I trusted the medical team. My husband entered the room once I was lying down on the table. He walked in with smart scrubs on, gloved arms raised, asking the

medical staff how he could help. I burst out laughing knowing he was playing doctor and enjoying it. The surgery was surreal, I could feel the surgeons opening my body and things moving around, but I couldn't feel any pain. My husband was very good at distracting me, peeking behind the sheet and giving me a rolling commentary on what was happening around me.

Before I knew it, I heard the first cry! I'm not articulate enough to describe the overwhelming feelings of joy and happiness and fear and anxiety all at once that you feel. My husband let go of my hand and went to meet our baby. He cut the umbilical cord and took pictures for me to see later.

Three minutes later I heard the second cry. I also at the same time, felt a wetness ▶

creeping over my body and it started to get very cold and I was shivering. Later I was informed that twin 2 was born with the amniotic sac still intact with the baby inside it, which is very rare.

They had to pop the sac to take him out and as a result the fluids had gushed all over my body hence why I was suddenly feeling very wet and cold. The nurses informed me both boys were fine and I was able to hold them whilst the surgery was completed.

The babies and my husband left the theatre whilst I was changed into a new gown, moved onto a stretcher and wheeled to the recovery room 20 minutes later. My husband had already done some skin to skin contact with the boys whilst they waited for me. We stayed in the recovery room for about 2 hours, and I was constantly attended to by nurses checking that I was not bleeding excessively after the surgery. During this time, I was taught how to breastfeed and eventually transferred to the ward.

The only negative experience about the birth was staying in hospital overnight. The ward was unbearably hot, I was physically drained, and the anaesthetic started to wear off so I could feel pain. Because we'd had twins, my husband was allowed to stay over but had to sleep in an armchair. I was provided painkillers and a fan, but I was extremely uncomfortable and did not sleep well. By morning I was mentally and physically drained. I was struggling to breastfeed and felt embarrassed and guilty about my boys crying all night whereas it seemed like the other mothers were coping much better. I was then informed I would have to stay an extra night! I was distraught but luckily a private side room became available on the ward and I was moved there. I was much more comfortable; the room was big enough for all four of us and I felt less self-conscious when the babies cried! Eventually I was discharged after 3 days because the nurses felt I needed more recovery time, although I was desperate to get home. During my stay I got a lot of one-to-one practice at breastfeeding which I was grateful for.

What made my birthing experience positive was the wonderful service from the midwives and nursery nurses at the hospital. I was also glad to have my husband with me on the ward to help with the boys.

My husband and I prepared for the birth by attending a private class about twin births, which I would highly recommend. I found the local antenatal classes useful, but there was a lot of information mentioned in the private classes that turned out to be very relevant. Little things like how many people would be in the theatre during the C-section and how to hold both babies whilst breastfeeding. One activity involved picking up and putting down two baby dolls simultaneously. At the time I thought this activity was a bit silly, but the first time I was on my own after the babies were born, I really appreciated that exercise. The mums at the class went on to create a WhatsApp group and we have since become extremely good friends.

As a person who doesn't like surprises, I like to be prepared for the worst case scenario. So, something I found useful to mentally prepare myself for the birth was listening to other women's stories both positive and negative. I asked all my friends about their birthing experiences and listened to a podcast about others' birth experiences. Although I appreciate every person's

experience is different and nothing can really prepare you for what it's going to be like, but when there were hiccups during the birth, I was able to manage my anxiety knowing other people had experienced similar issues.

My advice would be to prepare as much as you can physically and mentally for the birth. Have a support network around you. On the day of the birth, and after, there will be complications and hiccups. It won't be the perfect day, but it will be worth it when you are finally holding your babies in your arms. ■

Emma's twin C-section story

As an older mum who had undergone IVF, I was a bit more of a high-risk patient. I developed gestational diabetes and high blood pressure, for which I was taking medication. However, I felt incredibly well cared for at my hospital and despite seeing a different midwife/doctor at my many appointments, they all were excellent and caring.

At one of my routine appointments (around 36 weeks), a doctor came in to see me and told me that even though I was due to have a C-section at 37 weeks – in four days' time – I had developed pre-eclampsia and I wouldn't be able to leave the hospital. Initially, I was a bit shocked, and pregnancy hormones had a few tears rolling down my cheeks because I wouldn't have the twins on my 'lucky day' (yes, I know it sounds ridiculous now!) but realised it was for the best and my wife went home to collect my hospital bag for me. I stayed in for a couple of nights and even managed to enjoy a film at the hospital 'cinema'. During this time, I was able to meet the doctor and anaesthetist who would be involved in the delivery and ask any questions that I was worried about.

After what felt like a bit of an eternity, the day arrived. I was booked to have my caesarean at 3pm and was given some rather delightful

green tight socks to wear that would help avoid blood clots (if I was a blood clot, I'd have definitely avoided that gruesome colour, so I figured they would do their job well!)

I distinctly remember walking along the corridor in my hospital gown and smiling and (randomly) waving at the crowd of people who were waiting outside the theatre. I knew there would be quite a few medical staff but was still taken aback by the number involved; another sign that my twins and I were being well-looked after.

On entering the theatre, I heard the radio playing which helped to take my mind off things a bit and kept the nerves at bay, and even though it wasn't the fancy delivery room with bouncy gym balls/bean bags and ensuite that you see in all the films, I actually felt ▶

quite relaxed! Most importantly, I really wanted to stay as calm as possible so the babies didn't pick up on any stress.

One of the nurses asked me to 'hop up' (create your own image of a mountaineering hippo here) onto the edge of the bed/table and was asked to lean over onto a pillow so that someone could administer an injection into my back. They numbed the area really well first and a lovely nurse was standing in front of me to make sure that I stayed nice and still on the cushion for the doctor to give me the spinal block. They then began to check that it had taken properly by touching the area or asking if I felt any cold sensations. I happened to be the annoyingly rare case where it didn't take very well and therefore then had to be given an epidural, which meant being rolled gently onto my side for another bit of fiddling with my back. I suppose the best advice that I can give here is that the staff can adapt to any situation and not to worry if something doesn't go according to your plan; things rarely do! They were so thorough and professional, talking to me all the time and taking my mind off the actual process.

When they were satisfied that all was ready, they started the procedure and you often hear that having a C-section is like someone doing the washing up in your stomach, but I just felt a bit of movement and saw some of the team leaning over and smiling. This was just before I heard my first baby giving a very disgruntled cry at being removed from his cosy home (even though I was prepared for him to be quiet as they say not all babies scream loudly when they are born!). I was delighted that they had followed my wishes and were squeezing the placental blood towards the baby. My wife was able to sit next to me, up by my head. She was allowed to take photos and hold my hand (whilst also passing me the odd tissue or two when I got all emotional).

I had asked to have some skin-to-skin time immediately after the babies came out and it was the most incredible experience, as both babies only opened their eyes for the first time when they were on my chest and heard their Mummy's voice. My wife thinks they waited to be in my arms, rather than the doctor's or midwives' before they tried to take their first look at the outside world!

Baby number two emerged initially with no noise as she was taken out still inside her amniotic sac which they then had to split open. As soon as she emerged, she followed her brother's example of screaming loudly before being placed on my chest and then being checked over by her team at the little area designated 'Twin #2'. Once they finished the APGAR (Appearance, Pulse, Grimace, Activity, and Respiration) test and were satisfied that all was ok, they brought her back over to me so that I could have both babies in my arms for the obligatory photo.

My delivery was such a happy and positive experience, and I was so happy that my wife was by my side to share every moment when our twins were born. ■

Tanya's triplet C-section story

Story and photo courtesy of @triplettales

Reaching 31 weeks gestation after being given a target of 24 weeks should have filled me with joy. Whilst I was ecstatic to have made it this far especially since I had been at risk of labour from 19 weeks due to shortened cervix and following laser surgery to treat TTTS Stage 3, I was not ready to give birth. At my 31-week scan triplet C had not grown so I decided it was time to deliver my babies. However, I had been so focused on pregnancy and keeping my babies growing inside me for as long as I could that I was not fully prepared for giving birth to three babies very prematurely... and I doubt you ever could be. The risks of prematurity were flashing through my mind and I was very anxious for them to be born.

I had been on bedrest at my local hospital for 7 weeks, and the birth plan was to have my triplets there. The morning of my C-section I got up very early, packed my bags to move onto the labour and postnatal ward, and got myself ready. I wondered why there was a delay in starting my magnesium sulphate infusion as time was running out before my scheduled time of 8.30am. I was informed that the three cots they had assigned for us the night before had now been filled through the night. The magnesium sulphate IV was started in the hope that they would be able to find space for my babies. After 6 hours they confirmed there was no space for us here. I was regularly updated as they phoned to identify the nearest hospital with level 3 NICU and space for my triplets. I was worried about how far from home I may be and whether my boys would be separated from each other and from me.

The nearest hospital was 2 hours away and I was taken in an ambulance, with my husband driving behind us. When I arrived they were unsure whether they could do the section that day but again started the magnesium sulphate IV just in case. After the shift handover they confirmed that they would deliver my babies that evening.

Once in theatre there were teams of people: the anaesthetist, surgeons, midwives, and paediatricians - there was a team of people for each baby, ready and waiting for them to be born. My husband sat by my side next to me but also able to watch the birth. I chose not to watch! But my husband took some photos for me to see afterwards which are incredible.

My biggest boy, Austin, was born first at 4lb1oz. I wasn't expecting to hear him cry so when he made his tiny cry I was overwhelmed and cried tears of joy. It was such an instant relief to hear his little cry. Next was Rupert, my baby B, the one we had worried about the most throughout

pregnancy. He had Ethan's cord around his neck. The doctors were amazing, stayed calm and in 2 minutes he was born at 2lb 11oz. Another 2 minutes later was Ethan at 2lb 9oz. As the babies were born, I could see them whisked to the corner of the room, surrounded by teams of people. They were wrapped in plastic bags and prepped for breathing equipment, however I was amazed that at 31 weeks they were breathing on their own! I didn't think I would get to see my boys so when they brought Austin over for a kiss and let me hold Ethan's hand, I was so happy. I was taken to my room on the postnatal ward and the boys were taken to the Neonatal Intensive Care Unit (NICU). The C-section was a much more positive experience than I had anticipated. Afterwards, my husband got me settled in my room then went to see the boys in NICU. I felt sad that he got to go without me but I was unable to go as I was recovering from the C-section.

The next morning when I woke, I was surprised by the pain of my cut and size and weight of my stomach after the babies were born. It weighed down on the incision and it was difficult to move around. I took painkillers regularly and took it slowly. I went to meet my babies in NICU. It was daunting to finally meet them after wishing them health for so long. After being anxious about where I may deliver my babies, actually the hospital facilities were great, and the staff were very calming, reassuring and friendly. The NICU was new and spacious, and became somewhere I wanted to sit and cuddle my babies. At times, the beeps of the machines stopped me from relaxing. I would panic each time an alarm sounded. The nurses were calming and reassured me. I was shown how to change their size 0 nappies on their delicate tiny bodies in the incubator, and how to do their cares. I was able to cuddle Austin at 2 days old, Rupert at 4 days and Ethan at 5 days.

As I was away from home, I was fortunately able to stay in a patient room in a separate hospital wing. The first week was so overwhelming. Having a baby in NICU is difficult, and we had three to worry about. However, they were all doing so well, and we were made to feel comfortable and welcomed despite being far from home. Discussions soon began about transferring us back to our local hospital. After finally finding some level of new normal, the talk of the transfer again filled me with the dread that I would be separated from my babies and they would be separated from each other. I expressed my concerns to the hospital staff and they did everything they could to transfer us back as close together as possible. First Rupert and Ethan were transported back home, each with their own ambulance and crew. My husband drove back to meet them and get them settled in at the local NICU. The next day an air ambulance was arranged, and at just 10 days old Austin and I travelled by helicopter across the country to be reunited with his brothers. ■

Harriet's growth restriction and early C-section story

My birth story happened so quickly and unexpectedly. I found out I would be having fraternal twins at 12 weeks (I can't repeat what I said when the second heartbeat was discovered). They grew well and I had a straight-forward 1st and 2nd trimester, finding out at 20 weeks that they were both girls. I read all the books about twins (not many to be honest) and had loosely prepared myself for them to be early - but truthfully? I skipped the chapters on premature babies. That wouldn't happen here.

At 29 weeks, they flagged a lull in growth for twin 1. I was monitored more closely and brought back in two weeks for a further scan. At the next scan, they decided that my babies would be early ones, and that going past 34 weeks would be dangerous. And a week later, at 32 weeks I had a scan to confirm that the girls would be arriving the following morning. I was terrified.

As someone who is squeamish about an injection, major surgery to remove two children made me feel sick (apologies to anybody reading that feels also suffers from the same affliction - I promise I won't be graphic!) I had eaten my last meal before entering a 'nil by mouth' 24 hours (and promptly thrown up said meal in sheer terror) and reluctantly waddled to the car to the hospital. Luke was allowed to stay with me for a while but would have to go home by 10pm as I was sharing an antenatal ward with other mums (who were in the midst of labour - I felt like Rachel in Friends when all the other women are being wheeled out to have their babies before her!). Any hopes of sleep were dashed by the fact that I had to be monitored all night- whereby stethoscope things were strapped to me to measure the babies' heartbeats. The only problem was that the girls liked to dance at night and were happily oblivious that tonight was any different so the readings weren't full or accurate. I was strapped up for about 4 hours and eventually got a decent 20 minute reading to indicate that they were both fine, when I then had a series of nurses (absolute angels) needing to take my blood and stick cannulas into my bony hands. All the while listening to labouring women. I think that, despite being the precursor to meeting my gorgeous girls, this was the worst night of my life.

Luke (my husband) arrived like a saviour the next day with the promise from the consultant that we would be first in line. However, babies don't often follow the plan, and sure enough we were postponed to make way for emergency C-sections that were far more urgent. By midday we were whisked away to the delivery ward and told that our wait would be nearly over and the operating

theatre would be ready for us at 2. This was happening. No backing out now!

The theatre was littered with bodies who all turned to me and smiled as I took centre stage. This would be a dream come true had it been a real theatre and not an operating one; had the bodies surrounding me been adoring fans and not medical professionals with latex gloves, and had I not been wearing a fetching gown that was open at the back. I forgot to take in anyone's names or roles - just trusted that they were essential and knew what they were doing.

Everyone was so relaxed – you wouldn't have known that this was a highly invasive medical procedure to remove two babies who hadn't finished cooking yet. Ridiculous as it sounds, my biggest hurdle was to get through the anaesthetic injection which was administered by a comedy needle into my spine. After that, I chilled out immensely and became oblivious to what was happening until we heard the single most beautiful sound in the world. A cry. Bing (later Emma) had arrived and she was going to be ok. Seconds later, another equally reassuring squawk came from Bear (Alexis) and I knew we had made the right decision. I didn't get to see them but in that moment it didn't matter. I sometimes kick myself because I didn't fight to look at their beautiful faces then and there, but I was happy just to hear their voices.

My little dots weighed 2lbs 13 and 3lbs 3 and were whisked to the neonatal unit very promptly. I was taken to recover for a couple of hours and later that night, wheeled to see my daughters for the first time. Though I had visited the neonatal unit beforehand, I never felt like I could possibly feel at home there. But it will always be a comforting place for me, it was the first time I set eyes on my two beautiful girls. They were each in an incubator and connected to CPAP (continuous positive airway pressure) to help their little lungs work. I didn't get to hold them right away, but I was taught by the amazing staff how to comfort them with gentle but firm touches. They were tiny, but they were incredible and I felt so safe.

Over the coming weeks, they went from strength to strength. We had cuddles with fewer and fewer wires each time. I was taught how to express milk and within 10 days, breastfed my daughters. I witnessed their strength, on one occasion in particular when it took a series of nursery nurses, nurses, registrars and senior consultants to place a drip in my tenacious younger daughter's arm to no avail. She was a fighter. They both were.

After 20 days, millions of stupid first-time-mum questions, lots of cuddles and milestones, my teeny twins were allowed home. At little over 4lbs each, they were the tiniest babies to be discharged from the hospital - but the decision to bring them home was absolutely right.

I cannot fault the level of care my family was given in the Neonatal Unit. My twins had an unconventional start, but it's still a miraculous and brilliant one. Now 5, my girls show me the same level of fight that they did in those first 20 days. The neonatal unit isn't a place that new parents want to be, but it's honestly now one of my favourite places in the world. ■

Twins trust.

Section nine: AFTER YOUR BABIES' BIRTH

HOW DO I KNOW IF MY BABIES ARE IDENTICAL OR NON-IDENTICAL?

When you are first pregnant you may not think it is particularly important to know whether your babies are identical – but you will be asked about it again and again, and for most parents and the children it will become important to know.

Generally, around one-third of twins, triplets or more are identical, and two-thirds are non-identical, as illustrated in the diagram on page 10.

A boy is not identical to a girl, for the obvious reason that they are of different sexes. So if you have babies of different sexes, then they are non-identical (fraternal).

But what if the babies are of the same sex?

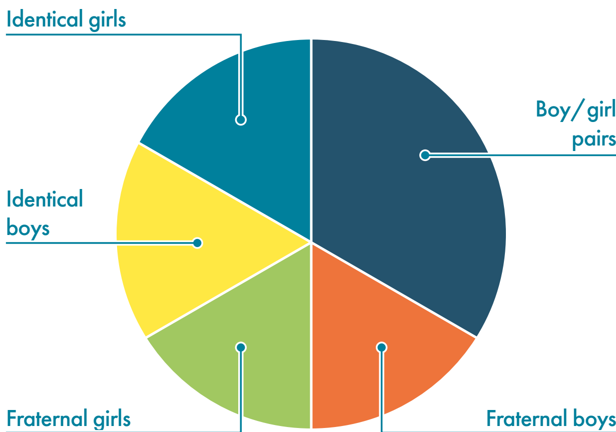
- In older babies, you can examine them closely for physical differences such as the colour of their hair, eyes or skin, or the shape of their ears, shape of their feet and toes and palm creases. If there are obvious differences, they are non-identical. Bear in mind, however, that premature babies change a lot as they grow, and that all babies' hair and eye colour may change.
- During scans in early pregnancy or at the birth, ask the hospital to check the number of placentas and membranes. If there is only one placenta then the babies are identical. However, the presence of two or more

> "There are some questions everyone asks you. The top one is 'Are they twins?' but a very close second is 'Are they identical?'. It makes me want to scream. Of course they're not identical – one's a girl and one's a boy, and they have different hair, different faces, different everything. I don't know why people ask me that all the time."

placentas does not necessarily mean the babies are non-identical (fraternal) - it is possible for identical twins to have separate placentas, depending on the stage at which the fertilised egg split (see Section One). To further complicate matters, when examined after the birth, two separate placentas that have fused together can look just like a single placenta.

- Close examination of your placenta after birth may reveal if your twins are identical or not and you can also ask for the placenta to be sent away to be examined under a microscope to determine chorionicity. However, due to increasing pressure on pathology departments, this is not usually done unless there is a medical reason. It is typically more of a concern for the parents than the hospital, although it can be good to know if either child becomes ill and you need to know if they are identical or not.
- The most accurate (but most expensive) test is DNA testing. By analysing the DNA a map is developed for each baby. If the DNA maps are identical, then the babies are identical. This testing is carried out by means of a simple cheek swab from each baby. Twins Trust members can get a 10% discount on DNA testing from NorthGene.

Further information about zygosity testing is also available from the Multiple Births Foundation.



HOW LONG WILL I STAY IN HOSPITAL?

If all goes well during and after labour, you and your babies can go home a few hours later. The length of stay on the postnatal ward varies for each mother from 6 hours to 48 hours following a straightforward vaginal birth, and up to 3 or 4 days following a complicated birth or Caesarean section. Length of stay is reviewed on a daily basis and depends on the progress of both mother and babies. Mothers with their baby or babies on the neonatal unit are often offered additional stay. If babies are born premature, they will need to stay in the neonatal unit longer, until they are strong enough and mature enough to go home.

Many mothers of twins, triplets or more prefer to stay in at least overnight to recover from the birth. Midwives are on hand to help you learn how to care for your new babies, for example how to change nappies, bathe your babies, and care for their umbilical stumps. Breastfeeding mothers can also benefit from support and help establishing feeding.

For further advice on preparing for parenthood, birth and the babies' first six months, please see Twins Trust's 'Preparing for Parenthood - A guide for parents expecting twins, triplets or more'. It will help you to explore how you are feeling, how your pregnancy affects your relationships, how to take care of yourself, what support is available for you, how you get to know your babies and take care of them. It also includes some information on common illnesses that any babies can get and what to look out for.

Section ten:
WHO TO CONTACT FOR MORE INFORMATION

SUPPORT US AND WE'LL SUPPORT YOU WITH...

DISCOUNTS
at high street retailers such as **JoJo Maman Bébé** and **Clarks**, cinema trips, holidays and **much more**

RESOURCES
A wealth of information to help you wherever you are on you parenting journey

MAGAZINE
packed full of interesting stories, advice and ideas

twinstrust.org/join

Twins trust.

We support twins, triplets and more...

Twins trust.

Twinline

Need to talk? We're here

Twinline is open Monday to Friday,
10am to 1pm and 7pm to 10pm

0800 138 0509

asktwinline@twinstrust.org

WHO TO CONTACT FOR MORE INFORMATION

APEC
www.apec.org.uk
Action on Pre-eclampsia (also known as APEC) aims to raise public and professional awareness of pre-eclampsia, improve care, and ease or prevent physical and emotional suffering caused by the disease.

Antenatal Results and Choice (ARC)
www.arc-uk.org
ARC offers non-directive information and support to parents before, during and after antenatal screening.

Bereavement Support Group (BSG)
https://twinstrust.org/bereavement.html
The Twins Trust Bereavement Support Group (BSG) exists to support all parents and carers of twins, triplets or more who have died whether it was during pregnancy or after pregnancy.

Bliss
www.bliss.org.uk
Bliss exists to give every baby born premature or sick in the UK the best chance of survival and quality of life.

Department for Work and Pensions (DWP)
www.dwp.gov.uk
For information about maternity leave and pay.

Diabetes UK
www.diabetes.org.uk
Whether you're looking for diabetes information, or just someone to talk to Diabetes UK is here to help you.

Home-Start
https://www.home-start.org.uk/find-your-nearest-home-start
Home-Start is a local community network of trained volunteers and expert support helping families with young children through their challenging times. No judgement, it is just compassionate, confidential help and expert support. Some areas of the country may not be covered by Home Start so please check their website.

ICP support
https://www.icpsupport.org/
Provides support and information on Intrahepatic Cholestasis of Pregnancy (ICP) also known as Obstetric Cholestasis (OC), a liver disorder occurring during pregnancy.

Multiple Births Foundation (MBF)
www.multiplebirths.org.uk
Dedicated to supporting multiple birth families and educating and advising professionals about their special needs.

National Childbirth Trust (NCT)
www.nct.org.uk
A national charity that supports parents with information and support in pregnancy, birth and early parenthood to enable them to decide what's best for their family. They also have local support networks.

NICE
https://www.nice.org.uk/guidance/ng137
The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. It develops guidance, standards and information on high quality health and social care. Guideline 137 offers evidence-based advice on the care of women with multiple pregnancies (twins and triplets) in the antenatal period.

NHS Choices
www.nhs.uk/planners/pregnancycareplanner/Pages/PregnancyHome.aspx
They have an online pregnancy care planner, with sections on multiple pregnancies by looking under twins, triplets etc.

Tommy's
www.tommys.org
Provides information on the causes and prevention of miscarriage, premature birth and stillbirth.

Twins Trust
www.twinstrust.org
Twinline: 0800 138 0509 - a confidential listening service run for families of twins and more, open weekdays between 10am-1pm and 7pm-10pm.
More helpful contacts can be found at **https://twinstrust.org/let-us-help/support/resources-and-groups/useful-links.html**

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FURTHER READING ON PREGNANCY WITH TWINS, TRIPLETS AND MORE

The following publications are available to download for free from Twins Trust's website:

- *Preparing for Parenthood: A guide for parents expecting twins, triplets or more*
- *Complications in your Pregnancy with Twins, Triplets and More*
- *Parents' Guide to Neonatal Care for Twins, Triplets and More*
- *Bereavement Support Guide, for bereaved parents of twins, triplets and more*

Other recommended reading includes:

- *Twins & Multiple Births – The Essential Guide From Pregnancy to Adulthood* (pub. Vermilion) Dr Carol Cooper
- *The Twins Handbook* (pub. Robson Books) Elizabeth Friedrich and Cherry Rowland
- *When You're Expecting Twins, Triplets or Quads* (pub. HarperCollins) Dr Barbara Luke and Tamara Eberlein
- *Double Trouble* (pub. Thorsons) Emma Mahony
- *NICE Guidelines for twin and triplet pregnancy,* NG137, National Institute for Health and Clinical Excellence (NICE)

For other booklets about parenting twins, triplets and more, or to obtain further copies of this booklet, please contact Twins Trust or go to **www.twinstrust.org**.

We would like to thank the National Lottery Community Fund for funding the production of this booklet.

HELP US TO SUPPORT MORE FAMILIES

If you've found this booklet helpful, would you consider supporting Twins Trust with a financial contribution? As a charity we rely on our membership programme, fundraising and donations to raise the money needed to provide our services, courses and information for multiple birth families, fund our research and maternity support. There are lots of ways you can get involved to help support families with twins, triplets and more.

The simplest way is to make a regular or one off donation on our website: **www.twinstrust.org/donate**. Or you might want to join our weekly lottery.

Maybe you'd like to have some fun or take on a personal challenge to raise money for us. Creating a fundraising page is very easy (e.g. Just Giving) and you can find fundraising ideas and forthcoming events on our website: **www.twinstrust.org/fundraising**.

If you would like to speak to someone about other ways to support Twins Trust, please email **fundraising@twinstrust.org**.

Twins trust. **We support twins, triplets and more...**

EXPECTING TWINS, TRIPLETS OR MORE?

THE HEALTHY MULTIPLE PREGNANCY GUIDE

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