

How will my babies be delivered?



The mode of delivery depends on the position of the babies when in labour.

If the first twin (leading twin) is coming head first, it is possible to try for a vaginal delivery. However, if the first twin is in a breech position (bottom down), a Caesarean section is usually recommended as it would be the safest option.

There is a possibility that a Caesarean section may still be required for the delivery of the second twin even if the first twin was born vaginally. This is because the second twin may not be in a position suitable for vaginal delivery or there is an occurrence of an abnormality in the baby's heart tracing, requiring urgent delivery.

Post-natal care and breastfeeding



Experiencing a negative/low mood is more common in mothers with twins. It is important that you inform us if you are feeling sad or depressed after delivery.

It is possible to breastfeed your twins if you wish to as many mothers have managed this successfully. NUH is the only hospital in Singapore to be recognised for its total breastfeeding policy and our team will be pleased to assist you in your breastfeeding journey.

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NUH Women's Centre
 Is My Answer

Monochorionic Twin Pregnancies

Your ultrasound scan shows that you are expecting identical twins, also known as monochorionic twins.

What are monochorionic twins?



Monochorionic twins develop from a single fertilised egg and are therefore identical. They also share the same placenta.

Most identical twins will have their own fluid sac (amniotic sac) and are known as diamniotic (DA). Rarely, both twins share the same fluid sac and are known as monoamniotic (MA). This information will be recorded in your clinic notes as monochorionic monoamniotic (MCMA) or monochorionic diamniotic (MCDA).



An illustration of MCDA



An illustration of MCMA

What does having monochorionic (identical) twins mean to me?



For most women, these pregnancies will progress normally. However, there is a higher risk of complications compared to a single pregnancy or to a twin pregnancy where each baby has its own placenta.

What are the problems associated with twin pregnancies?



The following conditions are more common in women carrying twins:

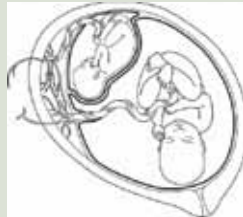
- anemia (low iron)
- pre-eclampsia (high blood pressure in pregnancy with protein in the urine)
- gestational diabetes (pregnancy-related diabetes)
- fetal growth restriction (one or more babies being small)
- antepartum and postpartum hemorrhage (bleeding during pregnancy and after delivery)
- pre-term labour and pre-term delivery (before 37 weeks gestation)
- problems associated with babies born prematurely (e.g. breathing difficulties).

Monochorionic twins, in addition, have special concerns particular to them:



They share the same placenta and are connected by their blood circulation systems. In 20% of twin pregnancies, this can cause problems if the blood flows from one twin to the other. This means that one twin will have more blood flow causing it to grow bigger and with more fluid around it, while the other twin will receive less blood flow causing it to be smaller and with less fluid. This is called twin-twin transfusion syndrome (TTTS).

This process can become severe and lead to problems for both twins, depending on how rapidly it develops and at what stage of pregnancy it occurs. Therefore, you will receive ultrasound scans every 4 weeks from around 18 weeks to check on the babies' growth and to exclude development of TTTS.



Is there any treatment for twin-twin transfusion syndrome (TTTS)?



You will be counseled on the appropriate treatment by the maternal-fetal medicine team who will also perform the treatment and conduct post-treatment care.

The current treatment methods include:

- Serial Amnioreduction
- Umbilical Cord Ligation
- Fetoscopic Laser Coagulation (FLC) of the communicating placental vessels
- Termination of pregnancy

Antenatal care



A twin pregnancy can have more complications. In NUH, you can be assured that you will be in the care of an obstetrician experienced in the care of such pregnancies.

At each antenatal visit, there will be routine checks to determine your babies' and your general well being. These include measuring your blood pressure and testing your urine for glucose and protein.

Due to the extra demand for iron and vitamins which can lead to anemia, you will be offered iron and folate tablets throughout your pregnancy.

A detailed ultrasound scan will be arranged between 18-22 weeks gestation to check the physical structures of your babies. As there is a higher risk of growth problems in multiple pregnancy, you will have a series of scans coordinated with your antenatal clinic visits to check that your babies are growing well. These will be every 4 weeks from around 18 weeks in monochorionic (identical) twin pregnancy.

Labour and delivery



Your obstetrician will discuss the appropriate time and mode of delivery with you; this decision will depend of the type of multiple pregnancy and how it has been progressing.

If you are going into pre-term labour or if there is a plan to deliver your babies early (before 37 weeks), you will be given steroid injections to help mature the babies' lungs to reduce the risk of the babies having breathing difficulties at birth.

When will my babies be delivered?



Monochorionic (identical) twins are usually delivered around 36 weeks .