



MULTIPLE GESTATION

Antepartum Management

1. Multiple gestation is a high risk situation and so the woman should be cared for in conjunction with an obstetrician and should give birth in a Level II or III Centre.
2. With early obstetric ultrasound becoming more common, and the SFH measured and plotted on the Ontario Antenatal Record, twins should be diagnosed long before birth.
3. When twins are diagnosed, an ultrasound is done to determine chorionicity, amnionicity, and fetal anomalies and monoamniotic twinning. The earlier the diagnosis, the better able to determine chorionicity.
4. The woman should be taught to recognize signs of early labour.
5. Hospitalization may be necessary for maternal / fetal / obstetrical complications.
6. Serial ultrasounds (every 3 to 4 weeks) should be done in the third trimester starting at about 26 weeks to assess growth of the fetuses.
7. Fetal movement counts and non-stress testing, although more difficult to assess in multiple gestations, should be employed.
8. Encourage contact of local Parents of Multiple Births Association (POMBA).

Intrapartum Management

1. Birth should be effected by 38 weeks gestation.
2. Vaginal birth can be planned, unless there are other indications for caesarean birth (eg: if the leading twin is a breech or a transverse lie).

3. Both fetal heart rates should be carefully monitored in labour, preferably synchronously.
4. Epidural anaesthesia is recommended.
5. The second twin should be carefully monitored and, if maternal and fetal conditions are stable, there is no evidence that rapid birth of the second twin is necessary. Recognize, however, that the incidence of abruption increases after birth of the first twin.
6. Forceps, breech extraction, or caesarean section may be necessary for the birth of the second twin; and personnel to allow that to happen should be available in hospital.
7. A team with appropriate resuscitation set-up is required for each baby.
8. Routine intravenous infusion of Oxytocin is strongly advised to prevent acute postpartum haemorrhage (from uterine atony).

Postpartum

1. The woman should be closely observed for postpartum haemorrhage.
2. Breastfeeding should be encouraged.
3. Parents should be encouraged to become involved with their local ***Parents of Twins Club***.

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