



York Teaching Hospital
NHS Foundation Trust

Multiple Birth

Information for patients, relatives and carers

① For more information, please contact:

Maternity Services
York Teaching Hospital NHS Foundation Trust

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Caring with pride

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Every year we look after many mothers expecting twins, and occasionally triplets. We are very aware of the surprise (whether it be delight or total shock) that you may have experienced when you were told that you were expecting more than one baby.

The aim of this leaflet

Any unplanned situation has the potential to be more stressful, so this booklet aims to give you that extra information you may need because you are having more than one baby. This information leaflet includes information about:

- identical and non-identical twins
- antenatal care
- care in labour
- special care baby unit
- feeding your babies
- postnatal support

At the end of the booklet, you will find a list of local and national services available to help you.

Please read your hospital information guide as well this information leaflet.

Identical and non-identical twins

Monozygotic or identical twins occur when one fertilised egg splits during the first 14 days after fertilisation. These twins are always the same sex and have the same genetic make-up and are therefore very similar in appearance. There can be one or two placentae (afterbirths) depending on when the egg splits.

Dizygotic or non-identical twins occur when two separate eggs are fertilised by two separate sperm. They can be the same or different sex and are no more alike than brothers or sisters. There will always be two placentae although they may be joined.

Antenatal care

Antenatal appointments

As you are having more than one baby the Community Midwife will book you under the care of a hospital Consultant. During your pregnancy you will be asked to attend the hospital Antenatal Clinic so that the hospital team can monitor your pregnancy closely.

As well as attending the hospital regularly for antenatal checks, your Community Midwife will continue to see you to provide on-going support. They will carry out routine checks that will include taking your blood pressure and testing your urine for protein. Pre-eclampsia, which causes high blood pressure, is a possible complication that is more common in multiple pregnancies.

Folic acid and iron supplements

Anaemia is more common in a multiple pregnancy due to the extra demands on your iron stores. Many women expecting twins or more may need to take iron supplements. Your community midwife will check your blood count to determine if you need iron. It is also recommended that you continue to take folic acid supplements throughout the pregnancy, not just for the first 12 weeks.

Antenatal screening

All screening tests will be discussed with you in detail by your doctor or midwife. In Maternity Services, there is a designated lead for Antenatal Screening who is also available to all our Healthcare Professionals as a source of reference.

When a multiple birth is confirmed by ultrasound the booklet “Screening for Down’s Syndrome in Multiple Pregnancy” from the NHS Antenatal and Newborn Screening Programmes will be offered to you by either the Antenatal Screening Co-ordinators or the sonographer who has performed the first trimester scan. The risks and benefits of screening will be discussed in this leaflet.

A nuchal translucency (NT) scan with combined blood test is available at approximately 11 to 14 weeks of pregnancy to assess your risk of having a baby with Down’s Syndrome. The quadruple test (blood screening test for Down's syndrome) is an option if the NT scan is not possible.

A further screening test is offered to all mothers at 18-21 weeks. It is a detailed scan to check the major physical structures of the babies.

Scans

As well as a detailed scan at 18-21 weeks, it is recommended you have regular growth scans starting at 24 weeks. Your partner is welcome to attend these scans. We do try to coordinate your scans with your Antenatal Clinic visits where possible.

Growth scans measure the size of the babies' to assess their individual growth, including the volume of amniotic fluid (water) around them. The blood flow through the babies' umbilical arteries will also be measured. These scans check that each baby is growing well.

Monochorionic twins (sharing a sac) will also need more frequent scans than dichorionic twins (separate sacs) because of the risk of twin-to-twin transfusion syndrome (TTTS). Blood flow from the placenta is usually even between the babies, but in TTTS the blood flow is unbalanced, resulting in one baby to not get enough and the other two much. Although not common, if this problem does occur your pregnancy will need to be monitored very closely.

Special classes for parents expecting twins or more

We hold specialised multiple birth parentcraft classes in York that you, your partner are invited to attend. They are run by Midwives who have a special interest in women with multiple pregnancies.

In the classes you will have the opportunity to ask questions, obtain more information and discuss any issues you want to. Attending the class will also give you the opportunity to meet other parents expecting twins or triplets. You can watch 'Expecting more than One' DVD on line free when you join TAMBA (Twins & Multiple Births Association). These special classes are in addition to the usual parentcraft classes held by your community midwife. It is important that you start your parentcraft classes early in case your babies arrive sooner than expected.

Risk of premature birth

The average length of a pregnancy is 37 weeks for twins and 33 weeks for triplets. We recommend that you prepare your bags to bring into hospital for you and your babies by 34 weeks (or 28 weeks if carrying triplets) in case you go into labour early.

You may be recommended to have steroid injections to help to mature your babies' lungs if you show any signs of premature labour or if your consultant thinks your babies may need delivery early. These injections reduce the risk of breathing difficulties after birth.

Many twins born before 36 weeks need admission to a Special Care Baby Unit (SCBU).

Mothers with a multiple pregnancy sometimes need to be transferred to other local or regional hospitals for delivery if the babies are very premature and/or the local SCBU is full. The babies are often then transferred back to the local SCBU as soon as possible and will usually need to stay there until near your due date.

Adequate rest and stopping work

Adequate rest is very important if you have a multiple pregnancy. Many women feel ready to stop work between weeks 26-30. You may want to try to arrange some time in the day for a rest to help you cope with possible tiredness, breathlessness, backache and swollen ankles. If you have other children, you could draw up a list of people who can help you care for them.

Try to find time to meet other mums through a local playgroup, mother and toddler group or twins club. Your health visitor will have a list of local groups.

Physiotherapy Referral

Backache and pelvic joint discomfort are common in multiple pregnancies because of increased hormone activity and the rapidly increasing weight you are carrying. If your problems are becoming severe, it is important that you discuss them with your midwife or doctor as you may need a referral to see a physiotherapist. It is important to remember to do your pelvic floor exercises. The extra weight you are carrying puts added strain on the pelvic floor muscles and if they are not strengthened by exercise they may become weak and allow leakage from your bladder.

Risks and Benefits of different modes of Delivery

Many mothers having twins will give birth vaginally but there is a chance that you may need to have a Caesarean section. You will have plenty of opportunity to discuss the options for the birth of your babies at your hospital clinic visits. If the first baby (twin one) is coming head first, it is usual to recommend to try for a vaginal birth. However, if twin one is breech (bottom first) at the time of delivery, then a Caesarean section will be recommended as the safest option.

If you are expecting triplets or more, a Caesarean section will be advised and this will be discussed with you by your consultant.

Care in labour

When you think you are in early labour or if your waters have broken you are advised to contact the hospital at the earliest opportunity. It is recommended that your babies' heartbeats are monitored closely throughout labour to check that both are coping well with the contractions.

There are different types of pain relief that are available and these will be discussed with you. Epidurals are often recommended in labour in preparation for the birth of your second baby, who may need to be helped into a better position for delivery. There will be extra midwives and medical staff in your labour room at the time of delivery to help look after you, your partner and your babies.

At the time of the birth you may need to have a hormone 'drip' in your arm (an intravenous infusion). The hormone is called oxytocin and makes your womb contract. This will ensure your contractions remain strong for the birth of your second baby and will help prevent heavy blood loss afterwards. There is a very small chance that a Caesarean section will be necessary for the delivery of your second baby even if your first baby is born vaginally.

Towards the end of your pregnancy the obstetric team in charge of your care will decide with you the best time for you to have your babies. This will depend on how your pregnancy is progressing. You may go into labour naturally or you may be offered induction of labour by 37/38 weeks.

Special Care Baby Unit (SCBU)

Babies are admitted to the SCBU for several reasons, the most common being:

- **the babies have been born prematurely**
This means being born before 36 weeks. The organs may not be fully mature and this can sometimes mean that they find breathing, feeding and keeping warm more difficult initially. Some premature babies born at our Maternity Unit will be transferred to a regional unit. However, in most cases mothers will be transferred before the birth occurs.
- **the babies are smaller than they should be** for their age Small babies (less than 2.4 kg at birth) often find feeding an effort and are admitted to be fed by intravenous drip or naso-gastric tube.
- **the babies have breathing difficulties**
Sometimes some of the fluid which is in the baby's lungs is still in there after birth, causing the baby to make grunting noises and require oxygen therapy.

If your babies need admission to Special Care Baby Unit you, your partner and any brothers and sisters can visit them at any time and you are encouraged to spend as much time as you can with your babies. You will be given full information on their condition and on any treatment they need. You will also be given a photograph of them to look at while you are resting on the ward or to take home with you if you go home before they are ready to leave the hospital. If your babies are transferred to another Regional Neonatal Intensive Care Unit (NICU), arrangements will be made for you to accompany them.

Some babies need to stay in SCBU/NICU for just a few hours and others need to stay for a number of weeks. The babies must be feeding well, able to keep themselves warm in a cot and be gaining weight adequately before they go home. Twins are normally kept together but if they are ready for discharge at very different times, the staff on SCBU will help you decide what to do.

‘Skin to skin’ contact

However way you decide to feed your babies’ mothers are encouraged to have ‘skin to skin’ contact with their babies soon after the birth, wherever possible. Even if your babies go to SCBU you can still do this at a later time.

Feeding your babies

It is up to you how you feed your babies and you will be given advice and support for whichever method of feeding you choose. Your Community Midwife will give you written information about feeding your babies and will discuss it with you.

Breastfeeding

If you choose to breastfeed, it is important to know that your body produce enough milk for two or three babies. Breastmilk is produced by the body in response to the babies' feeding so the more they take, the more you make. It is known as 'supply and demand'. There may be times when you feel you don't have enough milk, for example, when your babies have a growth spurt and require more milk. However, your milk supply will catch up with their needs.

There are advantages to feeding them separately, especially at first. You may not have breastfed a baby before and learning how to attach your baby onto the breast in a good position to feed properly can take time so try feeding them separately until you feel happy to feed them together. Even when you feed them together, there will be times when you also feed them separately as one baby may want milk more often than the other. Learning to feed one baby when you are lying down is a good idea as you can rest while the baby feeds.

Breastfeeding them together has many advantages. It saves time to feed two at once and it also boosts your milk supply. It may take time before you are happy positioning two babies at the breast. Your midwife can show you a few different ways you can hold your babies to feed them.

It is important to make sure you are sitting comfortably and have everything you need nearby as you will not find it easy to get up in a hurry. You may need some pillows and cushions to support the babies and plenty of room to put the babies down safely if need be. When your babies are young a V-shaped pillow placed on your lap can be helpful to support them while breastfeeding.

Small babies breastfeed frequently during the day and often the night too. Mothers of twins and triplets have found they do feed frequently during the first six weeks while the babies settle into a routine but then the gaps between feeds become longer and it becomes easier to predict when they will next want a feed.

Expressing your Breastmilk

If your babies are unable to breastfeed at birth, you will be shown by the midwifery staff how to express breastmilk for them. It is not unusual for the amount you produce to be very small at first but, as you continue, your milk supply will increase. The milk can then be given by cup, or by syringe until the babies are ready to feed at the breast. Breastmilk can be stored in a sterile container in the fridge for up to six days and in the freezer for up to six months.

Breastmilk is especially good for premature babies and makes them more able to fight off infection. Premature babies often need to be given the milk by naso-gastric tube at first. If you and your babies are transferred out of the area, some regional Special Care Baby Units have breast milk banks and you may be asked if you are happy for your baby to be given screened donated breastmilk if needed.

You will be given a list of helpline numbers, in case you need help when you go home. It also gives full details of all breastfeeding support groups in the county.

If you need help with any aspect of breastfeeding, it is available from the midwifery staff or infant feeding specialist on the maternity ward, the nurses on SCBU and your community midwife, health visitor and N.C.T. breastfeeding counsellor.

Help is also available antenatally and postnatally from a breast feeding counsellor or peer supporter from your local Breastfeeding Support Group. Ask your midwife for contact details.

Additional information on breastfeeding twins written by the Association of Breastfeeding Mothers can be found through the website listed at the back of the leaflet. The Twins and Multiple Birth Association (T.A.M.B.A.) also publish information about feeding twins and triplets (see the back of the leaflet).

Mixed feeding

While exclusive breastfeeding is better for your babies, if you do supplement with formula milk, try to ensure both babies have some breastmilk. That way, your babies will still receive the antibodies and immunoglobulins they need to fight infection.

Bottle feeding

Some mothers choose to bottle feed from the start. Your midwife will give you information and guidance on this.

You are advised to never leave a baby alone with a bottle in its mouth in case the baby chokes.

Postnatal support

If available you will be offered extra space beside your bed on the postnatal ward to give you more room for your babies. Extra help and support with feeding will also be given by the midwifery staff but the more your partner can be present in the first few days to help you the better.

It will also be helpful to you if your partner can make sure you are not overwhelmed with visitors for the first few days as it can be a wonderful but very tiring time.

Do let your family and friends know that you may need some help both before and after the babies arrive. When help is offered, be specific about what help you need. Talking to other mums with multiple births may help to reduce any anxieties you may have so contact a twin group (see contact numbers at the back of this leaflet), or ask your midwife if she knows another mum with twins or triplets with whom she can put you in touch.

Postnatal depression is more common in mums with multiple births so it is very important that you or your partner tell your midwife, G.P. or health visitor if you are feeling low. They will then offer you extra support. Consider paid help, if only short term, particularly if you have no family locally. Health visitors may be able to advise you on other sources of help.

Many mothers of twins and triplets say they feel better if they manage to get out of the house for a short walk with their babies in a pram or buggy each day, weather permitting.

Overtiredness can cause you to feel irritable and make you lose your sense of humour. For this reason you are advised to rest when you have the chance. Partners and grandparents can be an enormous support at this time by staying calm and encouraging.

Twins clubs:

TAMBA (Twins & Multiple Births Association)

2 The Willows

Gardner Road

GUILDFORD

Surrey

GU1 4PG

Tamba Twinline (Confidential help line): 0800 1380509
(10am – 1pm and 7pm – 10pm every day).

E-mail: asktwinline@tamba.org.uk

Website: www.tamba.org.uk

You can download free guides from TAMBA:
“Expecting Twins”, “Triplets or More”

Multiple Birth Association

www.multiplebirths.org.uk

Further Information and Support

For antenatal classes for twins or more or any additional information/support contact: Ismet Metcalfe or Sandra Bamforth, Labour Ward, York Hospital

Tel: 01904 726004

E-mail: ismet.metcalfe@btinternet.com
sbamforth2@ntlworld.com

Other Contact numbers:

Ante-natal clinic: 01904 725666

Multi Tots – weekly meetings
multitots@gmail.com or call 07951166367

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Maternity Services Patient Information Group,
c/o Patient Leaflet Team, Healthcare Governance,
Groves Chapel, The York Hospital, Wigginton Road,
York, YO31 8HE, telephone 01904 721045 or 725230 or
email us at patient.information2@york.nhs.uk.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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Braille



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