

Information for Patients

Monochorionic/Identical Twins

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

What are monochorionic twins?

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

What does this mean to me?

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

You need to be aware of the following factors:

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

Will there be any problems associated with having monochorionic twins?

The babies share the same placenta and there are connections between the babies' blood circulation systems. In some pregnancies (15%) this can cause problems if blood flows from one twin to the other. This means that one twin (recipient twin) may have more blood flow, causing it to grow bigger than the other twin (donor twin), who has less blood flow, and can be smaller. This also causes the larger twin to have a large bladder and produce more urine, which in turn causes an imbalance in the amount of amniotic fluid (which is baby's urine) surrounding the twins.

If this continues then the smaller twin produces less urine and has less fluid within its sac causing it to become closely wrapped by its sac. This is called twin-to-twin transfusion syndrome (TTTS).

This process can become severe and can lead to problems for both twins, depending on how rapidly it develops and at what stage of pregnancy it happens. For this reason we would like to see you and scan you regularly to check on the babies' growth and wellbeing, and also to measure the fluid around each baby.

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

If you develop this syndrome then you will be referred to the Fetal Medicine Unit at Saint Mary's Hospital where we see women with this condition from all over the North West.

There are certain treatments for this condition and if they are required then the Specialist Consultant at Saint Mary's Hospital will discuss them in greater detail with you.

Where will my twins be born?

We recommend that you plan to have your babies at a unit that has appropriate monitoring equipment and medical staff on hand in case there is a need for a caesarean section.

If the first baby is head first and there have been no problems then we would aim for a vaginal delivery.

We would aim to deliver your babies from 36 weeks' as occasionally twins can develop problems after this time. However, sometimes complications or early labour may mean they need to be delivered sooner. Your babies may have more problems with breathing if they are born before 37 weeks' so we will offer you two steroid injections to help your babies' lung development and reduce this risk.