Giving birth to twins

Giving birth to twins is a very special occasion for many reasons. There are various medical considerations to take into account when determining the best timing and mode of birth of twins. This pamphlet aims to answer some of the frequently asked questions, however, each pregnancy is unique and decisions regarding the birthing of your twins will take place with your team so that an individual plan is made for your pregnancy.

When is the best time to give birth to twins if there have been no problems during the pregnancy?

- Twins that each have their own placenta (dichorionic diamniotic or DCDA twins) have the lowest rate of serious health problems when they are born at around 38 weeks, compared with those born earlier or later than this. There have been large population-based studies that show the stillbirth rate of twins increases after 38–40 weeks. Current obstetric practice is to plan birth at around 38 weeks for DCDA twins, regardless of mode of birth.

- Twins that share a placenta but have their own sac (monochorionic diamniotic or MCDA twins) have a higher rate of unexpected stillbirth after 32 weeks (estimates range from 1 to 4%) than twins that each have their own placenta (dichorionic twins). Earlier delivery at 36-37 weeks is often recommended even when everything appears to be going well.

- Twins that share both a placenta and sac of amniotic fluid (monochorionic monoamniotic or MCMA twins) are much less common but have a much higher complication rate. Even if all is going well in these pregnancies, delivery is usually by caesarean section by 34 weeks gestation.

What is the best way to give birth to twins – vaginal birth or Caesarean section?

This is a balance of the risks and benefits to the mother and the babies. Your preferences for the type of birth will always be important in the decision-making process, however the medical factors that are important include:

- the position of the babies, especially the first twin
- the growth and well-being of the twins
- the gestational age and weight of the twins
- your obstetric history and how you gave birth to any previous babies

- In general, a vaginal birth is usually offered if both twins are head-first and well-grown
- There is no conclusive medical evidence to assess the best mode of delivery for twins when the first twin is presenting head-first and the second twin is not head-first. In general, opting to labour and give birth vaginally is supported.
- If the first twin is not presenting head-down, then an elective caesarean section is recommended.
- Some women may choose to have a caesarean section when they are having twins.

What are the advantages of giving birth vaginally compared with elective caesarean section?

- A faster recovery after the birth with less chance of fever, and less restrictions on your mobility and driving in the early postnatal period
- Avoiding a Caesarean section scar on the uterus that could impact on future pregnancies
- Less chance of the babies having breathing difficulties in the first few days of life compared to babies born by caesarean section without labour

What are the disadvantages of giving birth vaginally?

In general, birth of the first twin proceeds like any other birth, but it is well-recognised that the second twin is at higher risk of complications in labour compared with the first twin.

These problems for the second twin can be:

- changes to the second twins heart rate pattern that can be abnormal
- bleeding or premature separation of the placenta
• malpresentation (ie baby turning sideways or breech) leading to a need for special manoeuvres for delivery
• umbilical cord falling out before the baby is born

There is a risk of requiring an emergency caesarean section in labour if complications in labour develop. The chance of the second twin needing a Caesarean after the first twin has been born vaginally is about 5%.

Where can I get more information about caesarean section?

The RHW patient information leaflet “Information for women having a caesarean section” gives more detailed information about caesarean section.

What you can expect in regard to monitoring the wellbeing of your babies in labour?

• We check the position of the babies with an ultrasound on your arrival to delivery suite.
• Both the babies have their heart rate continuously monitored throughout labour.
• We recommend that you have an intravenous cannula or “drip” inserted in your arm to enable fluids and medications to be administered as needed.
• An epidural block is recommended for pain relief in labour and to allow assisted birth of one or both of the babies should an urgent situation occur.
• Medication (oxytocin) to keep the uterus contracting regularly may be given through the IV cannula if needed.
• A senior medical officer, midwives and paediatric staff will be present for the birth.
• Routine measures to facilitate prompt delivery of the placenta(s) and to reduce blood loss after the birth of the twins will be recommended to reduce the risk of postpartum haemorrhage (excessive blood loss). This is a more common problem when you have a twin pregnancy

The Delivery Suite staff will discuss some of these issues again with you when you come in to give birth. Our staff are committed to ensuring the best outcomes for mothers and babies and will do all they can to help you make informed decisions. Please feel free to discuss any further questions with your medical and midwifery team.