

Multiple pregnancy

Maternity Services

Information for Patients

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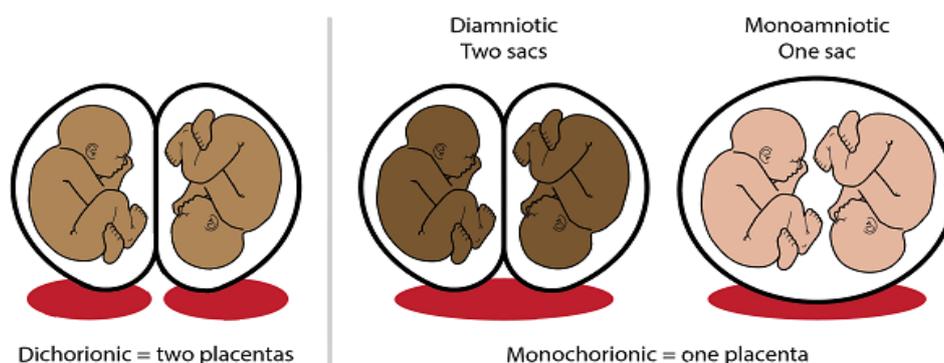
Introduction

A multiple pregnancy is one where you are expecting 2 or more babies, at the same time. About 20 women in every 1000 pregnancies give birth to twins (2 babies). Triplets (3 babies) happen in about 1 in every 2000 to 3000 pregnancies. It is very rare to have more than 3 babies. You may feel a mix of emotions when you find out you have a multiple pregnancy. It can come as a big surprise. Some people are delighted. Others may feel worried or concerned about how they will cope. If you have concerns about your pregnancy please let your doctor or midwife know.

Twin pregnancy

There are 2 types of twins: **identical twins** and **non-identical twins**

Identical twins (monoamniotic) happen when 1 egg is fertilised by 1 sperm. The fertilised egg then splits into 2. Identical twins have the same genes and will be the same sex. They share the same blood group and look the same. They can be different sizes and often have quite different personalities. Identical twins share a placenta but can be either in their own sac of fluid (**Monoamniotic Diamniotic/MCDA**) or be in the same sac (**Monoamniotic Monoamniotic/MCMA**), which is a much rarer pregnancy.



Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Non-identical twins (Dichorionic/Diamniotic DCDA) happen when 2 eggs are fertilised by 2 sperm. With any conception there is a 50/50 chance of a boy or a girl. Since there are 2 fertilised eggs, the twins born will be no more alike than any brother or sister, even if they are born the same sex. Non-identical twins are more common than identical. In the UK, 2 in 3 sets of twins are born as non-identical compared to 1 in 3 sets of twins who are born identical.

Rarely, when an egg splits or divides soon after it is fertilised, rather than share the placenta, the 2 babies will have their own placenta and sac of waters. These babies are still called DCDA twins. They will be identical as they will share the same genes. This is different from DCDA twins that grow from 2 separate eggs.

Triplets and multiples of 4 or more

Triplets and multiples of 4 or more are formed this way too but may be in different combinations. For example, you may have a set of triplets where 2 are identical and 1 is not.

What happens during my pregnancy?

- You will be seen regularly during your pregnancy. It is important to keep all of your antenatal appointments even if you feel well, as we would like to monitor your pregnancy closely. This will be explained in more detail at your first visit to the hospital clinic.
- You will be offered a screening test for Down's, Edwards's and Patau's syndrome at your dating scan if this is between 11+2 weeks and 14+1 weeks of pregnancy. If your scan is between 14+2 and 20 weeks, you can have a screening test for Down's syndrome only.

Please refer to the screening tests information on the GOV.UK website <https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby> or scan the QR code.



- How often you may be asked to be seen in clinic depends on:
 - The number of babies (twins, triplets, quadruplets)
 - The type of twin pregnancy (for example, identical or non identical twins)
 - Any complications which may arise
- We will offer you an ultrasound scan more often. Your doctor or midwife will discuss this with you.
- Because you are carrying 2 or more babies, you may get bigger and more uncomfortable sooner than if you were carrying 1. You may find that you need to rest more. Pregnant women and people with a multiple pregnancy often have to stop working earlier because they have to rest more.

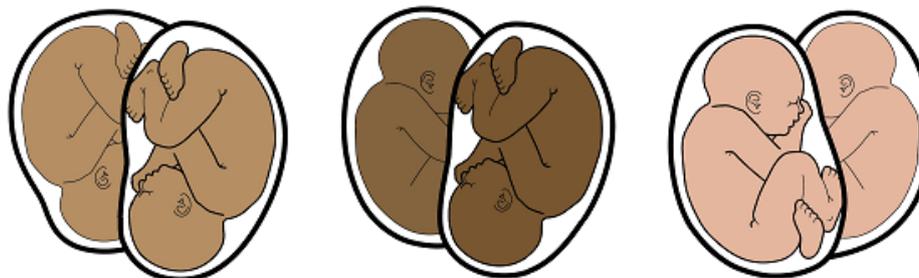
What are the possible complications?

- You may be more likely to get high blood pressure and protein in your pee (urine) (pre-eclampsia or PET). Your bloods pressure and pee should be checked regularly throughout your pregnancy.

- You may be more likely to have low iron levels (anaemia) because your developing babies use up a lot of iron. Low iron levels can make you feel tired. You will be offered regular blood tests. We can treat low levels with Iron tablets.
- There is a greater chance of early (pre-term) labour and/or your waters breaking early (pre-term rupture of membranes or PROM). With twins there is a 60 in 100 chance of going into labour early (prematurely) before 37 weeks and a 75 in 100 chance with triplets.
- The position of the babies may affect the way you give birth.
- There is a greater chance that you may bleed more than usual after you have given birth (post-partum haemorrhage). We try to prevent this by offering you medications after the birth.
- If you have more than 2 babies you may be advised to have a caesarean section.
- Babies in a multiple pregnancy tend to be smaller than if there was only 1 baby. Sometimes extra support from medical, midwifery and nursing staff may be needed after the birth.
- There may be a difference between the growth of the babies. You will be offered regular scans to check the babies growth.
- There may be a problem if the babies share the same circulation/placenta.

How will my babies be delivered?

- Nearer to your due date, we will talk to you in the antenatal clinic about how and when your babies may be born.



Cephalic-Cephalic

Cephalic-Breech

Breech-Breech

- Your plan to deliver vaginally or by caesarean section will depend on several factors like the position of the first baby, any growth issues and your personal preferences.
- If you are expecting 3 or more babies, a caesarean section will usually be advised.
- If the first baby (twin 1) is coming head first (cephalic), it is usual to be advised to try for a vaginal delivery.
- If twin 1 is bottom first (breech) at the time of delivery then a caesarean operation may be recommended as the safest way.
- There is a small chance that a caesarean section may be needed for the delivery of your second baby (twin 2) even if your first baby (twin 1) was born vaginally. This may be due to twin 2 being in a position not suitable for vaginal delivery or a problem in the second baby's heart beat that needs urgent delivery.
- If you need a caesarean section your doctors will explain the procedure and any risks linked with it.

What happens when I go into labour?

- If you feel that you are in labour please call the hospital on **0116 258 6111**.
- **Please bring your handheld notes to the hospital.**
- There may be at least 2 midwives, 2 doctors, and 2 or 3 members of the Neonatal team (who will care for the babies at delivery). We will make every effort to keep the amount of staff that need to attend to a minimum, as your privacy and dignity is very important to us.
- Both midwives and doctors will care for you during your labour. Please discuss any aspect of your labour with the midwife or doctor who is caring for you.
- If you are in labour, your midwife or doctor will offer to do an internal examination to feel the neck of the womb (cervix) to see if you are in labour.
- We recommend that you have a drip put into your arm or hand to allow fluids and/or medicines to be given as needed.
- We also advise that you have a blood sample taken to re-check your blood group and your iron level.
- You can eat and drink but only until either you are in established labour or we start the oxytocin hormone drip.
- **You will be able to drink clear fluids only (non milky drinks), this includes isotonic drinks. Eating during your labour is not recommended. This is due to the higher chances of complications.**
- It is important that we know the position of the babies so that we can offer the best care during your labour and birth. We will do a scan in the room on the delivery suite to check this.
- The midwife will check your blood pressure, temperature, pulse and test your pee.
- The CTG machine (cardiotocograph) will record your babies heartbeats.
- It may be important to have a closer measurement of the heartbeat of your first baby or to make sure that we are accurately recording both babies heartbeats. The doctor or midwife may attach a small clip to the head of your baby that is coming first during labour. This is done after the waters have broken (membranes have ruptured).
- You may need help with pain relief. The midwife will discuss this with you.
- We may advise that you have an epidural to help with your pain relief. This may also help we need to change the position of the second twin before birth.

What happens during birth?

- When you are ready to have the first baby, with your permission extra staff will enter the room. They will help to care for you and your baby.
- The second baby is usually born within about 30 minutes to 1 hour of the birth of the first baby. During this time the second baby is monitored closely with the CTG machine.
- If we are not sure about the way the second baby is lying, you may have a scan at this time to check the way baby is lying. If the baby is in head first position, a second midwife may make sure that the baby stays in this position by 'holding' your tummy firmly.

- You may need to have another internal examination to break the waters of the second baby. If the baby stays head down you will then be ready to have the second twin.
- If there are any difficulties delivering the second twin or if this baby shows signs of distress, you may need extra interventions. You may even be advised to have a caesarean section for the birth of the second twin. The chance of this happening is less than 5 in nearly 100 twin births.
- Remember that for more than 2 babies it may be recommended for you to have a planned caesarean section booked during your pregnancy.

What happens after I have given birth?

This is called the 3rd stage of labour. The 3rd stage of labour starts when your babies are born. It ends when you have delivered your afterbirths (placenta).

- Your doctor or midwife may help with delivery of the placenta (after the babies are born) by pulling gently on the umbilical cord. At the same time they carefully support your womb by gently pressing your tummy with their hand. .
- When there is more than one baby, the afterbirths will cover a larger area. This is why you may have heavier bleeding. With your permission, we will give you an injection into your leg. This will help to stop unnecessary bleeding from your womb. This injection will also reduce the chance of you needing to have a blood transfusion after the birth of your babies.
- These, along with the cords being clamped, are known as 'active third stage management'. It is usually completed within 15 minutes after the birth of your babies.

How long will I stay in hospital?

You may stay in hospital longer if:

- You have had a caesarean section
- Your babies need extra support and to be cared for on the Neonatal Unit.
- If the babies are small or premature they may need close observation of feeding and need more support. Advice is available from the Infant Feeding Team if you need it. Small and premature babies have a higher chance of developing jaundice which may need treatment.

Feeding your babies

- You may have given some thought to how you want to feed your babies already.
- If you have thought about breast feeding, do not be put off now that you have found out you are having more than 1 baby. It is possible to breast feed more than 1 baby. Once established it can be very satisfying and rewarding. It is one way that both babies can be nursed and fed at the same time.
- There are a few ways you will learn when breast feeding twins/triplets. Talk to your midwife or get in touch with another mother who has breast fed twins/triplets. See: www.twinstrust.org for more information.

- NHS choices have a video called 'Breastfeeding Twins' which can be seen here: www.nhs.uk/video/Pages/feeding-twins.aspx

Emotional wellbeing and mental health

- There is some evidence that parents of twins, triplets or more than 3 babies, may be at higher risk of stress, anxiety and depression. This is due to many reasons (including demands of caring for multiple babies, lack of sleep, financial worries and increased medical involvement).
- Support is available for your emotional wellbeing and in preparing to becoming new parents. If you feel you need any extra support you should talk to your midwife, GP or a healthcare professional. See below for helpful contacts:



You can use the Mum's mind text message service up to your babies first birthdays to get free advice from a mental health professional Monday to Friday, 9am to 4pm, Tel: 0750 7330 026

Useful contacts

NHS website: www.nhs.uk/pregnancy/finding-out/pregnant-with-twins/

Twinsclub website: www.twinsclub.co.uk

Twins Trust website: www.twinstrust.org or phone: 01252 332344

Twinstrust support helpline: 0800 138 0509 or email: asktwinline@twinstrust.org

National Institute for Health and Care Excellence (NICE) guideline: [Twin & Triplet Pregnancy](#)

Leicester mammas website: <https://www.mammas.org.uk/>

Maternal Mental Health Alliance: <https://maternalmentalhealthalliance.org/>

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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