PROTOCOL
Antenatal management of UNCOMPLICATED twin pregnancies

Rationale: Twins need more frequent maternal observations to watch for pre-eclampsia and signs of preterm labour. The intensity of fetal surveillance (frequency of scans and level of care II or III) is based on ultrasound findings and chorionicity.

Minimum routine care for ANY twin pregnancy includes:

- MSU at least once in pregnancy,
- Hb every 4 weeks, Iron supplementation.
- Maternal observations: BP & urine check every 2 weeks, starting from 20 weeks
- Digital examination of the cervix is advised 2-weekly from 27 to 34 weeks.
- Aspirin 150mg daily (to be started BEFORE 16 weeks) if one additional risk factor:

1st pregnancy	Pregnancy interval >10yrs
Age > 40 yrs	Family History of preeclampsia
BMI >35 kg/m^2	Pre-eclampsia in previous pregnancies

Assess the risk for idiopathic preterm labour as this creates the opportunity of BMZ administration if labour is thought to be likely to occur within the next 2 weeks.

Dichorionic (DCDA) twins with normal anatomy and normal growth of both twins, normal liquor and Dopplers and mother without serious risk factors or comorbidities, is suitable for level II care for serial scans (every 4 to 6 weeks) and delivery at 37-38 weeks.

Suggested scans after detail scan: 27 weeks, then 4 weekly (if scan is normal).

They can have shared care between level I and level II for non-scan visits.

DCDA twins with maternal complications will require level II or level III care, depending on the specific risk.

DCDA twins with fetal complications (anomalies or IUGR) will receive more intensive fetal surveillance at TBH and a management plan will be devised by the TBH ultrasound unit.

Monochorionic twins **(MCDA)** and twins of undetermined chorionicity **(UCDA)** are considered to have higher fetal risk and receive more frequent surveillance at TBH ultrasound unit.

They are also suitable for shared care for non-scan visits if the pregnancy is otherwise uncomplicated.

They are suitable for delivery at level II if elective CS is only indicated after 36 weeks (as per routine for MCDA and UCDA pregnancies)

AUTHORISED BY	GS Gebhardt
COMMITTEE RESPONSIBLE	Z Momberg, L Geerts, S Gebhardt
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Signed: GS Gebhardt

Head: General Specialist Services; Obstetrics and Gynaecology

Clinic checklist: Schedule of visits for Uncomplicated DCDA twins in METRO EAST

The first (booking) visit for all women are done at first contact with the BANC/MOU clinc regardless of gestational age. If twins are diagnosed at booking, refer to Tygerberg High Risk Clinic as soon as possible.	VISITS									
	1	2	3	4	5	6	7	8	9	10
Approximate gestational age in weeks	**< 20 weeks**	**20 weeks**	**22 weeks**	**24 weeks**	**27 weeks**	**29 weeks**	**31 weeks**	**33 weeks**	**35 weeks**	**37 weeks**
Level of care for particular visit	**TBH HRC (as soon as possible after diagnosis).**	**TBH Sonar and HRC**	**BANC/ MOU**	**BANC/ MOU**	**TBH Sonar and HRC**	**TBH HRC**	**TBH Sonar and HRC**	**TBH HRC**	**TBH Sonar and HRC**	**TBH HRC**
Urine MCS										
Aspirin 150mg daily (if risk factors present)*	Start <16 weeks								**Stop**	
Blood pressure										
Urine tested (dipsticks) for protein and glucose										
Haemoglobin test										
Check syphilis result										
Ultrasound	Confirm chorionicity and book detail @20W	Detail			Follow up U/S		Follow up U/S		Follow up U/S	
Check Rh results										
Check HIV result										
Retested for HIV if booking test negative or unknown										
Iron and folate supplementation provided										
Information for emergencies given										
Repeat syphils test (if patient initially tested negative)										
Clinical examination for anaemia										
Digital examianiton of the cervix to assess risk of preterm labour										
Instructions for delivery/transport to institution										
Recommendations for lactation and contraception										
Complete Case Record and remind woman to bring it when in labour										
Plan for admission for elective delivery at 38 weeks										

** First pregnancy, Age >40 years, Pregnancy interval >10 years, BMI >35, Family or previous history of pre-eclampsia*