Multiple Pregnancy
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Health care during multiple pregnancy

A multiple pregnancy is sometimes called a high-risk pregnancy. A high-risk pregnancy does not mean that you will have health problems. Instead a high-risk pregnancy means that you may need special care to make sure you and your babies are healthy. Your health care plan during your multiple pregnancy will be decided by you and your doctor based on:

- Your pregnancy history and overall health history
- The number of babies
- Your response to medicines, procedures, or therapies
- How your pregnancy is expected to progress
- Your wishes

Health care plans during multiple pregnancy may include the following:

More frequent prenatal visits

More frequent visits may help find problems early enough for treatment or management. Your nutritional status and weight will also be monitored more closely.
Increased nutrition

Mothers carrying 2 or more babies need more calories, protein, and other nutrients, including iron.

- Take a prenatal vitamin every day that contains iron and folic acid. Take the vitamin with food to help prevent an upset stomach.
- Higher weight gain is also encouraged for multiple pregnancy. Talk to your doctor about how much weight you should gain for good health.
- You will need to eat more calories every day. For example: Women pregnant with 1 baby need to eat about 300 extra calories a day. Those pregnant with twins need to eat about 600 extra calories a day. Talk to your doctor about seeing a dietitian.

<table>
<thead>
<tr>
<th>Summary of daily nutrition needs</th>
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<tbody>
<tr>
<td><strong>Dairy</strong></td>
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<tr>
<td>3 cups low-fat or fat-free dairy foods</td>
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<tr>
<td><strong>Vegetables</strong></td>
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<tr>
<td>3 cups (include a dark green or orange vegetable everyday)</td>
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<tr>
<td><strong>Fruits</strong></td>
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<tr>
<td>2 cups. Limit juice to 1 cup a day of 100% juice.</td>
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<tr>
<td><strong>Whole grains</strong></td>
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<tr>
<td>5 to 7 ounces of whole grain foods</td>
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<tr>
<td><strong>Protein</strong></td>
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<tr>
<td>5 to 6 ounces lean meat, or other high protein foods</td>
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<tr>
<td><strong>Water</strong></td>
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<tr>
<td>12 (8 ounce) glasses</td>
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Referrals to other healthcare providers
You may choose to see other healthcare providers during your pregnancy.
• Referral to a maternal fetal medicine specialist, called a perinatologist, for special testing, and to coordinate care of complications, may be necessary.
• Genetic counselors are available to speak with all pregnant women. You may want to talk about genetic screening or testing depending on your health history.

Increased rest
Some women may also need increased rest. This can take place either at home or in the hospital depending on pregnancy problems or the number of babies. Women pregnant with many babies often need bedrest starting in the middle of the second trimester.
• Bedrest has not been shown to prevent preterm birth in multiple pregnancy.
• Talk to your doctor about the benefits and risks of bedrest.

Maternal and fetal testing
Testing may be needed to monitor the health of the babies, especially if there are pregnancy complications. These tests may include:
• Ultrasound
• Non-stress tests (monitoring the babies heart rates)
How are multiple pregnancies delivered?

Delivery of multiples depends on many factors including:
- The positions of the babies
- Gestational age
- Health of mother and babies

Generally, in twins, if both babies are in the head-down (vertex) position and there are no other complications, a vaginal delivery is possible.

If the first baby is head-down, but the second is not, the first baby may be delivered vaginally. Then the second is either turned to the head-down position or delivered breech (buttocks are presented first).
These procedures can increase the risk for problems, like prolapsed cord (when the cord slips down through the cervical opening). Emergency cesarean birth of the second baby may be needed. Usually, if the first baby is not head-down, both babies are delivered by cesarean. Most triplets and other higher-order multiples are born by cesarean section (C-section).

**Twin Pregnancy: Head Up / Head Down**

![Diagram of Twin Pregnancy: Head Up / Head Down](image-url)

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Vaginal delivery may take place in an operating room because of the greater risks for complications during birth and the potential need for C-section delivery. C-section delivery is usually needed for babies that are in certain positions, for some medical conditions of the mother, and for fetal distress.
Complications of Multiple Pregnancy

Why is multiple pregnancy a concern?

Most women who are pregnant with two or more babies have healthy pregnancies. However, the risk of problems is higher than with a single baby. If you are carrying multiples, know the warning signs of possible problems. If problems do develop, work closely with your doctor. This helps you stay healthy and deliver healthy babies. Baby problems depend on whether they are sharing a sac or placenta. Below are some problems that are more likely during a multiple pregnancy, regardless of the type of multiples.

Preterm labor

Going into labor too early in pregnancy is called preterm labor. Preterm labor can cause your babies to be born too soon. This can cause the babies to have health problems. A woman carrying multiples is more likely to have preterm labor. The more babies in the pregnancy, the greater the risk for early birth. Learn the signs of preterm labor. When caught in time, preterm labor can be managed and even stopped.

Call your healthcare provider right away if you have any of the following signs of preterm labor:

- Strong contractions or four or more contractions per hour
- Constant menstrual-like cramping
- Sudden or constant low-back pain
- Mucous or bloody vaginal discharge
- Bleeding or spotting in the second or third trimester
Many multiple birth babies will need care in a neonatal intensive care unit (NICU). They may need help breathing, eating, fighting infection, and staying warm.

**Medicines to prevent labor**

Tocolytic (toh-cuh-lit-ik) medicines may be given, if preterm labor happens, to help slow or stop contractions of the uterus. These may be given by mouth, as a shot, or in an IV (intravenous).

**Corticosteroid medicines**

Babies who are born early can have many health problems. They can have trouble breathing if their lungs have not fully developed. Corticosteroid medicines may be given to the mother before the babies are born to help mature their lungs.

**Bleeding too much after delivery**

The large area where the placenta was attached and the large size of the uterus place a mother at risk for bleeding too much after delivery in many multiple pregnancies. Careful monitoring and treatment will help prevent this problem.

**High blood pressure of pregnancy (gestational hypertension)**

High blood pressure can prevent the placenta from getting enough blood. This could cause your baby to get less food and oxygen. This can cause low birth weights and other problems for the baby. It often develops earlier and is more severe than a pregnancy with one baby. It can also increase the chance of placental abruption (early detachment of the placenta).
Preeclampsia
This is a rapid rise in blood pressure during pregnancy. If it happens, it is usually after 20 weeks of pregnancy. It may be more likely to happen during a multiple pregnancy. Untreated, it can lead to problems that threaten the life of the mother. These include seizures, kidney failure, liver rupture, brain bleeding, stroke, fluid in the lungs, and blood clotting problems.

This condition is also dangerous because it prevents the placenta from getting enough blood to the babies. This prevents the babies from getting enough oxygen and nutrients. As a result, the babies can be born too small (low birth weight). They may have other health problems.

Treatment depends on the severity of the condition. In all cases, you and your baby will be monitored. In some cases, bedrest may be recommended. And in severe cases, treatment or delivery in the hospital is needed.

Call your healthcare provider right away if you have any of the following signs of preeclampsia:
- Swelling in your face or hands
- Rapid weight gain
- Little or no urine, or blood in your urine
- Severe headache
- Abdominal pain on your right side
- Vision problems (flashes, spots, or blurred vision)
- Nausea, vomiting, or both
- Not feeling the babies moving, or feeling their movements have slowed
**Gestational diabetes**

This type of diabetes occurs only during pregnancy. Changes in the body cause blood sugar to be too high. This can be a problem during any pregnancy, but there is a higher risk of developing it with a multiple pregnancy. High blood sugar makes preeclampsia more likely. Babies born to a mother with gestational diabetes may have problems after birth. These include breathing problems and low blood sugar.

Controlling blood sugar can prevent these problems. If you have this condition, you may be referred to diabetes specialists. These include a healthcare provider and dietitian. They will discuss treatments with you. This includes eating to control your blood sugar. You may also need medicines.

Call your healthcare provider right away if you have any of the following signs of diabetes:

- You are thirsty all the time
- You urinate often and a lot each time
- You are tired all the time
- You have vaginal yeast infections that keep coming back
Iron-deficiency anemia

The mother’s body uses iron to make red blood cells for her and her babies. These cells bring oxygen to the babies and to the rest of the body. Anemia is a condition in which the body’s red blood cell count is too low. In pregnant women, this is often caused by too little iron in the blood. So, it is called iron-deficiency anemia. If a mother has iron-deficiency anemia that is not treated, it can cause her babies to be born too small. The babies may have other health problems.

This condition is common in a multiple pregnancy. In women carrying multiples, a simple blood test called a CBC (complete blood count) is done. It is routine for all pregnant women, whether they have multiples or not, and is done at one of the first prenatal visits. A repeat hemoglobin and hematocrit are checked again at 28 weeks for all pregnant women. If you test positive for this condition, follow your doctor’s advice for treating it. This will likely include eating foods high in iron and taking supplements.

Call your doctor right away if you have any of the following signs of anemia:

• Feeling tired all the time
• Dizziness
• Pale skin
• Shortness of breath
• Fast heartbeat
Birth defects
Multiple birth babies have about 2 times the risk of congenital (present at birth) abnormalities including neural tube defects (like spina bifida), gastrointestinal, and heart abnormalities. Ask your doctor about speaking with a genetics counselor for more information.

Miscarriage
You may be more likely to have a miscarriage or lose one of the babies in pregnancy, than a woman pregnant with 1 baby. Something called the vanishing twin syndrome in which more than 1 baby is conceived, but vanishes, usually in the first trimester, is more likely in multiple pregnancies. This may or may not be accompanied by bleeding.

Twin-to-twin transfusion syndrome
Twin-to-twin transfusion syndrome (TTTS) is a condition of the placenta that develops only with identical twins that share a placenta. Blood vessels connect within the placenta and divert blood from one baby to the other. It happens in about 15 out of 100 twins with a shared placenta.

In TTTS, blood is shifted from 1 baby to the other through blood vessels in a shared placenta. One baby receives too much blood. The other baby does not get enough.
Over time, one baby grows larger because it receives too much blood. This can overload the heart and blood vessels and cause too much amniotic fluid to develop. The other baby is smaller, does not get enough blood, and has low amounts of amniotic fluid.

TTTS can be treated during pregnancy by withdrawing some of the extra fluid with a needle or with surgery on the placenta. Sometimes, the twins may need to be delivered early.
Fetal growth restriction (FGR)

Babies affected by FGR are not growing at a normal rate inside the womb. They are smaller than normal. There are different causes of FGR. These include preeclampsia, shared placenta, and genetic disorders. With a multiple pregnancy, FGR is fairly common. One baby or all babies may be affected.

A baby with FGR may have certain health problems. These include low blood sugar and not getting enough oxygen at delivery. They also include trouble fighting infections or keeping a normal body temperature after birth.

You will not feel any signs or symptoms of FGR. But you can take steps to help prevent it from affecting your babies. These include:

- Eat enough food (discuss how much with your healthcare provider).
- Do not smoke.
- Get enough rest (discuss how much with your healthcare provider).
Placenta problems
The placenta gives the babies nourishment. It also eliminates waste. With a multiple pregnancy, multiple babies may share 1 placenta. Or, each baby may have its own placenta. The most common placenta problems are placenta abruption and placenta previa.

• Placenta abruption happens when the placenta starts coming loose from the uterus before it is time to deliver. The result is pain and bleeding, although you can have an abruption without bleeding.
• With placenta previa, the placenta covers the cervical opening.

With either condition, when the due date nears and the cervix starts to dilate and open, there may be bleeding. In mild cases, the healthcare provider will monitor the mother and babies. If you have a placenta previa, the babies may be delivered right away by C-section.

Call your healthcare provider right away if you have any of the following signs of placenta problems:
• Bleeding from the vagina
• Abdominal pain
More to know

What is multiple pregnancy?
Multiple pregnancy is a pregnancy with 2 or more babies. Names for these include the following:

- Twins are 2 babies
- Triplets are 3 babies
- Quadruplets are 4 babies
- Quintuplets are 5 babies
- Sextuplets are 6 babies
- Septuplets are 7 babies

About 3 out of 100 births are multiples. But, the multiple birth rate is rising.

What causes multiple pregnancy?
There are many factors related to having a multiple pregnancy. Naturally occurring factors include the following:

- **Heredity.** A family history of multiple pregnancy increases the chances of having twins.
- **Older age.** Women over 30 have a greater chance of multiple pregnancy.
- **Having been pregnant before.** Having 1 or more previous pregnancies, especially a multiple pregnancy, increases the chances of having multiples.
- **Race.** African-American women are more likely to have twins than any other race. Asian and Native Americans have the lowest twinning rates. White women, especially those over age 35, have the highest rate of higher-order multiple births (triplets or more).
Other factors that have greatly increased the multiple birth rate in recent years including the following:

- **Medicines.** Clomiphene citrate, follicle stimulating hormone (FSH) and others, help produce many eggs. If fertilized, they can result in multiple babies.

- **In vitro fertilization (IVF).** IVF and other methods may help couples conceive. These methods often use medicines to produce many eggs. These are then fertilized in the lab and returned to the uterus to develop.
**Fraternal multiples**

Multiple pregnancy usually happens when more than 1 egg is fertilized and implants in the uterus. This is called fraternal.

- It can produce boys, girls, or a combination of both.
- Fraternal multiples are simply siblings conceived at the same time.
- Just as siblings often look alike, fraternal multiples may look very similar.
- Fraternal multiples each have a separate placenta and amniotic sac.

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**Twin Pregnancy: Head Down / Head Down**

![Diagram of twin pregnancy with head-down positions](image)

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Identical multiples

Sometimes, 1 egg is fertilized and then divides into 2 or more embryos. This is called identical multiples.

- It produces all boys, or all girls.
- Identical multiples are genetically identical.
- They usually look so much alike that even parents have a hard time telling them apart.
- However, these children have different personalities and are distinct individuals.
- Identical multiples may have individual placentas and amniotic sacs. Most share a placenta with separate sacs.
- Rarely, identical twins share 1 placenta and 1 amniotic sac.