NHS
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Antenatal care for women who are pregnant with twins or triplets

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Introduction to multiple pregnancy

Women who are pregnant with more than one baby are described as having a multiple pregnancy.

Most multiple pregnancies are normal and healthy and therefore most of the advice given to women who are expecting one baby (a singleton pregnancy) is also relevant. However, there is an increased risk of complications for you and your babies which means you need to be monitored more closely during your pregnancy.

The information in this booklet refers to care provided by University Hospital Southampton NHS Foundation Trust at the Princess Anne Hospital, and has been adapted from the NICE information for parents with multiple pregnancy, which is available at **https://www.nice.org.uk/guidance/ng137/resources/twin-and-triplet-pregnancy-pdf-8940543854533**

Antenatal appointments during your pregnancy

While you are pregnant you will be offered a series of antenatal appointments with your midwife and in a consultant clinic to check on your health and the health of your babies.

The number of appointments and scans you are offered will depend on your individual situation, the chorionicity of your pregnancy and if you develop any complications.

The chorionicity of your pregnancy is usually confirmed by ultrasound scan at the same time, or soon after it is confirmed you are carrying more than one baby. It is therefore important that you read the section of this booklet entitled "Understanding chorionicity" and ask your midwife or a member of your obstetric team if you have any questions.

Mothers carrying triplets will usually be referred to one of our fetal medicine consultants, and those with monochorionic twins will be referred to our dedicated clinic where they will also receive care from a specialist midwife because their care may be more complicated.

Understanding chorionicity

As soon as it is confirmed you are carrying twins or triplets it is important to find out the 'chorionicity' of your pregnancy. This means finding out if your babies share a placenta (the afterbirth). Finding this out early is important because babies who share a placenta have a higher risk of health problems. If your babies share a placenta it means they are identical (monozygotic). This will be confirmed by an ultrasound scan. Most babies who do not share a placenta are non-identical (dizygotic), but it is still possible for them to be identical. This is because 30% of monozygotic twins do not share a placenta.

The chorionicity of twins

Twins can be either dichorionic or monochorionic:

- **Dichorionic** – each baby has a separate placenta and is inside a separate sac which has its own outer membrane, called a chorion.
- **Monochorionic** – the babies share a placenta and chorion (which means they are identical).

The chorionicity of triplets

For triplet pregnancies there are more possible combinations:

- **Trichorionic** – each baby has a separate placenta and chorion.
- **Dichorionic** – two of the three babies share a placenta and chorion and the third baby is separate.
- **Monochorionic triplets** – all three babies share a placenta and chorion.

Understanding amnionicity

It is possible for twins and triplets to share an amniotic sac as well as a placenta and chorion. These are the highest risk pregnancies but they are also very rare. If your babies share an amniotic sac you will be seen in our monochorionic twin clinic where there is experience of managing these pregnancies.

Your antenatal appointment and scan schedule

The number of antenatal appointments you can expect varies depending on the chorionicity of your pregnancy (see Understanding chorionicity). The chorionicity is usually confirmed by ultrasound scan at the same time, or soon after, it is confirmed that you are carrying more than one baby.

Your doctor or midwife should then discuss with you preparing a care plan that details your care during pregnancy. This includes how often you should have ultrasound scans and how many times you should see the midwife and the doctor in your specialist team.

Twins	
Twins who share a placenta (monochorionic)	• A scan at between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due and to offer you a test to tell you if your babies have a higher or lower chance of having Down's, Edward's or Patau's syndrome. • A scan every two weeks from 14 weeks or from the diagnosis of them sharing a placenta, until delivery. • A detailed scan between 18 weeks and 20 weeks 6 days to look for anomalies in your babies (this scan will usually be timed to fit into one of your consultant clinic appointments).
Twins with separate placentas (dichorionic)	• A scan between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due and to offer you a test to tell you if your babies are at higher or lower chance of having Down's, Edward's or Patau's syndrome. • A detailed scan between 18 weeks and 20 weeks 6 days to look for anomalies in your babies (this scan may be timed to fit into one of your appointments with a doctor). • Appointments with a doctor and scans to measure growth at 26, 30 and 34 weeks.

Triplets	
Triplets where one placenta is shared by two or three of the babies (dichorionic or monochorionic)	• A scan at between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due and to offer you a test to tell you if your babies are at higher or lower chance of having Down's, Edward's or Patau's syndrome. • A scan every two weeks from 14 weeks or from the diagnosis of them sharing a placenta, until delivery. • A detailed scan between 18 weeks and 20 weeks 6 days to look for anomalies in your babies (this will usually be carried out in the fetal medicine unit).
Triplets with separate placentas (trichorionic)	• A scan between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due and to offer you a test to tell you if you are high or low risk for the babies having Down's syndrome. • A detailed scan between 18 weeks and 20 weeks 6 days to look for anomalies in your babies (this will usually be carried out in the fetal medicine unit). • Appointments with a doctor and scans to measure growth at 26, 30 and 34 weeks.

Your first appointment with the specialist team

At your first or later appointments your doctor or midwife should talk to you about what to expect during your pregnancy. This will include information about eating healthily during and after your pregnancy, planning where, when and how you will give birth to your babies (further information is given on page 10), how to spot signs of early labour and how to feed and care for your new babies.

They should also ask whether you have been feeling down, depressed or anxious during your pregnancy and make sure you are aware of signs of 'baby blues' and postnatal depression once you have given birth. Your doctor or midwife should encourage you to talk to them about any of these issues during your antenatal appointments.

Appointments later in pregnancy

The rest of your antenatal appointments should be tailored to your individual needs and your care plan. You will have more scans than women with a singleton pregnancy because this is the only way to check that babies in a multiple pregnancy are growing normally.

Advice about diet and lifestyle

There is no evidence that women with multiple pregnancies have greater nutritional needs than women expecting one baby, so you should follow the same advice about diet, lifestyle and nutritional supplements during your pregnancy as other pregnant women. However, you are more likely to need an iron supplement for treatment of anaemia later in pregnancy.

Screening and tests

Routine tests

The information about screening in this booklet is specific to multiple pregnancy; however, it is important for you to read the booklet entitled "Screening tests for you and your baby" which can be downloaded from **https://www.uhs.nhs.uk/OurServices/Maternityservices/Your-pregnancy/Scans-and-screening-tests/Screening-tests.aspx** as your midwife will also offer you the same screening for infections and medical conditions recommended for all pregnant women.

Early in your pregnancy you will be offered a number of tests to check on your health and the health of your babies. Your doctor or midwife should tell you about the purpose of any test you are offered, and explain what the results might mean. You do not have to have a particular test if you do not want it. However, the information from these tests may help your team provide you with the best possible care during your pregnancy. There may be difficult choices for you to make depending on the outcomes of the tests, particularly if the results show that you have a higher risk pregnancy. Your specialist team should offer you counselling and advice before and after each screening test.

If the screening shows there are any problems in your pregnancy, you may need to be referred to a specialist in fetal medicine who is experienced in caring for women with complications in multiple pregnancy.

Ultrasound scans

You will be offered a scan between approximately 11 weeks and 13 weeks 6 days to estimate when your babies are due. This may be the first time you find out you are carrying more than one baby. The sonographer (who performs ultrasound scans) will also confirm the chorionicity of your pregnancy. If you choose to have screening for Down's syndrome this scan also forms part of the screening test. If it is not possible to see the chorionicity of your pregnancy at your first scan you will be referred to a specialist as soon as possible to clarify this.

Screening for Down's, Edward's and Patau's syndrome

Early in your pregnancy you will be offered screening tests to check whether any of your babies are likely to have Down's, Edward's or Patau's syndrome. It can only indicate a possibility that a baby has such a syndrome.

If you wish to have this done, it is most accurate between approximately 11 weeks and 14 weeks 1 day. If you wish to have screening and are not offered a scan within this time, please either contact your midwife or telephone the ultrasound department on **023 8120 6046**. If you do not visit a healthcare professional until after you are 14 weeks pregnant you should still be able to have Down's syndrome screening but the tests are less accurate when carried out in the second trimester. Women who are carrying triplets should be offered the nuchal translucency test (an ultrasound scan), which is used along with your age to work out the risk of Down's syndrome. This is less accurate than the first trimester combined test.

With the first trimester combined test, the chance of Down's, Edward's or Patau's syndrome is calculated using a measurement of the baby's neck (taken during the ultrasound scan) and a blood sample from you. If your babies share a placenta (monochorionic) it may be possible only to work out their combined chance of Down's syndrome instead of each baby's individual chance.

- The chance of a chromosomal abnormality is higher in dichorionic multiple pregnancies than in singleton pregnancies.
- The chance of a 'false positive' result (where the test shows that a baby is at higher chance of a chromosome abnormality but they are found not to have the condition) is higher in multiple pregnancies than in singleton pregnancies.

If the screening test shows either baby to have an increased chance of Down's, Edward's or Patau's syndrome, we will discuss with you the methods available to test the babies and the choices open to you for your pregnancy depending on those results. If you decide you wish to have further testing you will be referred to one of the consultants in the fetal medicine unit and offered an invasive test such as amniocentesis, where a needle is used to extract a sample of amniotic fluid from around the baby. Testing this sample will either rule out or confirm a chromosome syndrome. Remember choosing whether or not to have this test should be your decision: if you have any questions or concerns please speak to your midwife or obstetric team.

Anomaly scan

During your second trimester (weeks 14 to 28 of your pregnancy) you will be offered another scan, the anomaly scan. This happens around 20 weeks and may last for up to 60 minutes. The purpose of the scan is to check for structural problems in your babies. Before deciding whether or not to have this scan you need to know what it can and cannot tell you. It is therefore important you read the booklet entitled "Screening tests for you and your baby" prior to this scan and ask your midwife or a member of your obstetric team if you have any questions.

Monitoring for intrauterine growth restriction

The subsequent growth scans normally last for up to 30 minutes. The purpose of these scans is to check that your babies are growing normally and look for intrauterine growth restriction.

Intrauterine growth restriction means that your unborn baby is smaller than expected for its age. This may lead to problems for the baby, including increasing the risk of stillbirth. To monitor for it, your babies are measured at every ultrasound scan you have after 20 weeks, looking at the size of the head, the abdomen and femur (thigh) length. If any of your babies develop intrauterine growth restriction you will be seen by a doctor to discuss how this will be monitored and managed.

Antenatal workshops

You and your partner are invited to attend an antenatal workshop specifically for parents expecting twins or triplets. The aim of this workshop is to prepare you for labour and birth. A tour of the neonatal unit is included within the workshop, allowing you to ask any questions about the neonatal unit care you may have. Members of the local twins club will also be attending the workshop, offering help and advice to prepare you for early parenthood.

Please read your maternity information programme for information on other workshops available to you and your partner. If you did not receive a copy of this form as part of your booking appointment please speak to your midwife or download it from: **www.uhs.nhs.uk/maternity**. If you have any questions please telephone maternity information and support services (open from 8am to 4pm) on **023 8120 6052**. Leave a message on the answer machine if the office is not open.

Monitoring for twin-to-twin transfusion syndrome

Twin-to-twin transfusion syndrome (TTTS) only occurs in monochorionic pregnancies. It is most likely to occur between 14 and 24 weeks of pregnancy, although it may develop later. It happens when problems in the blood vessels in the shared placenta lead to an unbalanced flow of blood between the babies. This can cause serious complications in both babies. If your pregnancy is monochorionic you will be monitored for signs of TTTS through regular scans looking at growth and the amount of fluid around each baby. If there are any concerns your doctor will discuss with you how this might be managed.

Despite regular scans twin-to-twin transfusion can sometimes develop unusually fast in between scans. When this happens the mother may be aware that her womb has suddenly increased in size and become very tense and painful because there is greatly increased fluid in one sac. **If you are concerned this may be happening you should contact the obstetric day unit on 023 8120 6303 or the labour ward on 023 8120 6002 and ask to be seen urgently.** The only way to check the fluid around the babies is by scan and you must have a scan before being allowed home.

Your health during pregnancy

As you will be carrying more than one baby, it is likely the milder complaints of pregnancy such as nausea, heartburn or indigestion, aches and pains and swollen feet will be worse. There are some things that are more important to be aware of though:

Anaemia

Anaemia is often caused by a lack of iron and is more common in multiple pregnancies than in singleton pregnancies. An iron-rich diet will help maintain your iron levels, and we recommend taking a pregnancy multivitamin and mineral supplement containing iron. You will be offered a blood test for anaemia at 28 weeks. You may be advised to take an iron supplement if you are anaemic which should be taken on an empty stomach with orange juice to help absorb the iron. Side effects such as constipation can be managed by ensuring you drink plenty of fluids, reducing the dose to alternate days or, if necessary, through changing the type of iron supplement taken. It is therefore important to discuss this with your midwife or doctor if iron supplementation is recommended.

Pre-eclampsia

Pre-eclampsia (PET) is a type of high blood pressure that only happens in pregnancy and can cause complications for you and your babies. Women carrying more than one baby are at a higher risk of developing PET. The risk is also higher if any of the following apply:

- this is your first pregnancy
- you are aged 40 or older
- your last pregnancy was more than ten years ago
- you are very overweight (your BMI is over 35)
- you have a family history of pre-eclampsia.

If you are at higher risk of pre-eclampsia, your doctor should advise you to take 150mg of aspirin once a day from 12 weeks of pregnancy until you give birth. At each antenatal appointment your blood pressure should be checked and your urine checked for the presence of protein (a sign of PET). Symptoms also include nausea or vomiting, epigastric (upper abdominal) pain, swelling of the hands or face, severe headache and affected vision. PET is more common in the third trimester, but it is important to speak to your midwife or doctor if you have any concerns. Medication may be needed to treat the raised blood pressure and in serious cases, it may be necessary to induce labour early or perform a caesarean section as delivering the babies is the cure for PET.

Your blood pressure also can become raised after you have had your babies and you will therefore be monitored closely.

Common ailments of pregnancy

As you are carrying more than one baby, it is likely the symptoms of pregnancy such as nausea, heartburn or indigestion, aches and pains and swollen feet will be exacerbated. Please speak to your midwife or obstetrician if you have any questions or concerns. You may find 'your pregnancy and baby guide' helpful. This is available from **www.nhs.uk**.

Your emotional wellbeing

Pregnancy can be an emotional time. Your midwife will discuss your emotional wellbeing with you during your antenatal appointments and ask you if you have been feeling down, depressed or anxious during your pregnancy. If you feel your mood has changed or you are feeling anxious please discuss this with your midwife.

Your midwife will also discuss sources of help available with you. Some women find the 'Mindfulness for pregnancy' or 'Headspace' app helpful. You can also refer yourself to Steps to Wellbeing if you live in Southampton (**www.steps2wellbeing.co.uk** or Tel **0800 612 7000**) or iTalk if you live in Hampshire (**www.italk.org.uk** or Tel **023 8038 3920**).

During your pregnancy, it is also important to discuss with your midwife the many changes having twins or triplets and becoming a parent will have on your home life, social life and relationships. Being prepared for these changes and taking time to think about the support you might find helpful after your babies are born will enable you to look after your mental health and wellbeing.

You may wish to:

- Identify local activities and groups in your area. This can be a good way to meet new friends. Details of groups specifically for parents of twins and triplets are available on the back page of this booklet.
- Think about ways in which to maintain a healthy diet and stay active. Southampton offers free swimming for pregnant women at the Quays and Bitterne leisure centre. Speak to your midwife for more information.
- Identify friends or family who are willing to help with household chores, meal rotas or babysitting.
- Identify someone you can trust to talk about how you feel. This may be your partner, your midwife, a close friend or a member of your family

Feeling emotionally unwell after a baby is born is common. Therefore, it is important you are aware of:

- The 'Baby blues' – these affect eight out of ten women. They usually begin a few days after birth and may cause you to burst into tears for no apparent reason and then feel 'fine'.
- Postnatal depression – this affects at least one in ten women and usually begins in the first six months after birth leading to feelings of hopelessness. It is important to seek help and advice as early diagnosis and treatment leads to a faster recovery.

Please discuss any concerns or anxieties you may have with your midwife, health visitor or GP.

Premature labour and birth

Mothers carrying more than one baby are more likely to go into labour early. Sometimes it occurs so early that the babies' health may be affected.

If you are worried about your baby's movements, or experience vaginal bleeding please call the maternity day assessment unit on **023 8120 4463** between 9am and 2.30am. For urgent enquiries outside of this time please call the Labour Ward on **023 8120 6002**.

If you experience regular painful contractions and think you might be in labour or your waters have broken please call the 24-hour Labour Line on **0300 123 9001**.

Sometimes it is possible to stop premature labour, however, if it cannot be stopped you will be given steroid treatment to prepare your babies' lungs for an early birth.

Planning your birth

Early in your third trimester (from 29 weeks) your doctor and midwife should start talking to you about when and how you may give birth to your babies. Women with multiple pregnancies usually go into labour earlier than women with singleton pregnancies, and babies who are born early (before 36 weeks) are more likely to need care in a special care baby unit.

Predicting and preventing early labour

Because there is a risk of going into labour early, women are sometimes advised to try bed rest or are offered cervical cerclage (a stitch to keep your cervix closed), intramuscular or vaginal progesterone or oral tocolytics (drugs to prevent labour). However, there is no evidence that these methods can prevent early labour in multiple pregnancy. Because it is not possible to prevent early labour it is not helpful to try predicting whether your labour will start early, NICE recommends that you should not be offered tests to try to predict early labour.

Elective birth

'Elective birth' means you and your specialist team have agreed when your babies will be delivered. If your pregnancy has been without complications, you should be offered an elective birth from the following times depending on your pregnancy:

- 38 weeks if you are carrying dichorionic twins (where both babies have separate placentas)
- 36 weeks if you are carrying monochorionic twins (where the babies share a placenta)
- 35 weeks if you are carrying triplets.

Every multiple birth is unique and will depend on a number of factors, for example the wellbeing of you and your babies, their position in the uterus, any previous pregnancies you have had and your hopes and expectations. In some cases a caesarean is recommended but in the majority of cases a vaginal birth is possible.

Having an elective birth at these times is not thought to increase the risk of health problems for your babies. You can choose not to have an elective birth at the times recommended here; however, continuing your pregnancy for longer may increase your risk of complications, including stillbirth.

Your doctor or midwife should explain all the risks and benefits of the possible options when planning your delivery.

If you are having an elective caesarean birth for triplets at 35 weeks or for monochorionic twins at 36 weeks, you should be offered a course of steroids (usually given by injection) before your delivery. Steroids help to mature the lungs of premature babies, and reduce breathing problems after they are born. You should only be offered steroids if your delivery is planned or likely to happen soon: it is not thought helpful to have 1 or more courses of steroids before your delivery is imminent.

If you choose not to have an elective birth at the times recommended above, you will need to be monitored regularly to check that you and your babies are healthy. You should be offered weekly appointments with an obstetrician and should have a scan at each appointment (the babies' growth will be measured every 2 weeks on the scan).

If labour does not happen spontaneously when your babies are due you may be offered an induction of labour. The aim is to start your labour artificially and may involve using a vaginal pessary to soften the cervix and start contractions, or by breaking the waters around the first baby if the cervix is already starting to dilate. A hormone drip (oxytocin) may be recommended to improve the frequency of your contractions. The aim is to have four contractions every ten minutes in established labour to dilate the cervix.

If vaginal birth is planned

If the first baby is cephalic (head down) then a vaginal birth is possible. In labour this baby can dilate the cervix to fully dilated (10cm) and be delivered, allowing the second baby to follow if they are breech (bottom down) or cephalic.

During labour we recommend you are cared for on the labour ward where a team of specialist healthcare professionals are available to help you. The heartbeats of both babies will be recorded as well as the timing of the contractions with continuous fetal monitoring. Sometimes it may be difficult to pick up the heartbeats of the two babies separately, in which case we may suggest the first baby is monitored internally by attaching an electrode to the baby's head (fetal scalp electrode).

For twin pregnancies we recommend using an epidural for analgesia once you are in established labour. During the second stage of labour (when your cervix is fully dilated and you are actively pushing) there is a higher risk of intervention (an episiotomy, ventouse or forceps - an instrument to assist delivery, or caesarean section). Occasionally this needs to be performed urgently and if you do not already have an epidural it takes time to put in and work. Having a fully effective epidural in the second stage of labour reduces the likelihood of needing a general anaesthetic if an operative delivery is required urgently and means you can be awake to see the birth of your babies. Around 30 to 40% of our women with twin pregnancies need a caesarean section in labour for suspected distress of one or both babies or slow progress in labour and this operation can be performed using the epidural as the anaesthetic.

When your cervix is fully dilated and you are about to start pushing we usually transfer you to the operating theatre next to labour ward. This is because of the increased likelihood of you needing help to deliver one or both of your babies. It is important that you are aware that in three to five percent (3 to 5%) of twin labours there is chance of your second baby being born by caesarean section even if you are able to give birth to your first baby vaginally. The theatre room is better equipped for this and is larger allowing more staff to be present to look after you and each of your babies when they arrive. In addition to the obstetric doctors and your midwife, the neonatologists (doctors who specialise in caring for newborns), and anaesthetists are usually present in theatre when you give birth so they can respond quickly if any problems arise.

After the first baby is born, the doctor or midwife feels the position of the second baby and if necessary will try to move it into a position where it can be born vaginally. This can sometimes be done by pushing gently on your tummy to move the baby to head first, but it may be necessary to turn the baby internally, or assist the birth of your baby in a feet first position.

Sometimes the contractions decrease or stop after the first baby has been delivered. The same hormone drip used to induce labour can be used to promote contractions. The baby's heartbeat will continue to be monitored and if needed, we may help your baby be born. We recommend that the second twin be born within 60 minutes after your first baby.

Delivery of the placenta is the final stage. Natural delivery of the placenta can take up to an hour and is not recommended in multiple pregnancy due to the increased risk of bleeding with the larger placenta(s). An 'active' third stage is achieved through an injection of oxytocin to contract the uterus and expel the placenta. You may need to have an infusion of oxytocin in to a vein after the birth of your babies to help keep your uterus contracted and reduce blood loss.

If the first twin is breech or transverse (lying sideways across your womb) aiming for a vaginal delivery is more risky for the baby. Your doctor will suggest a planned (elective) caesarean section and discuss this with you. Your babies will change position through the pregnancy but will tend to stay in the position they are in from 34 weeks.

Triplets

We recommend that triplets are delivered by caesarean section and the timing is considered individually depending on the wellbeing of the mother and babies, but usually at 35 weeks, if it has not happened earlier.

Elective caesarean section

Elective caesarean section may be recommended if your first twin is breech (bottom first) or transverse (lying sideways across your womb) after 34 weeks. Your babies will change their positions throughout your pregnancy but tend to remain in the same position after 34 weeks.

In each of these situations giving birth vaginally carries greater risks to your babies, however, you are advised to discuss the advantages and disadvantages of elective caesarean section with your midwife or obstetrician, who will be happy to answer any questions you may have.

Your doctor or midwife will explain all the risks and benefits of the possible options when planning the birth of your babies.

If you are having a planned caesarean section your midwife will talk to you about this. You will have an additional blood test at around 34 weeks to check for anaemia so that it can be treated before the caesarean. When the provisional date is set, you will be seen a few days before you are due to come in to assess your wellbeing and that of your babies. You will be offered a blood test to check your iron levels and confirm your blood group, and you will be asked to provide a urine sample. Your midwife will ask you about your current medications and measure you for anti-embolism stockings, which help prevent blood clots (known as deep vein thrombosis or DVT) from forming in your legs.

On the day of the caesarean you will be seen by a doctor. Usually this will be one of the doctors who will be doing the operation. They will talk through the procedure with you again and complete a consent form with you. You are therefore advised to read the booklet 'enhanced recovery after elective caesarean section'. This is available to download from **www.uhs.nhs.uk/maternity** or from your midwife or obstetrician. Please be aware that sometimes elective caesarean section needs to delayed or postponed due to other emergency cases or neonatal unit cot availability.

After your babies are born

The care you receive after your babies are born will depend your wellbeing and the wellbeing of your babies throughout pregnancy, labour and birth. If you and your babies are well you will continue to receive your immediate postnatal care within the labour ward, where you and your partner will receive support with feeding your babies and facilitating skin to skin contact.

Neonatal care

Approximately 40% of babies born following a multiple pregnancy will need more care than can be provided by your bedside and will receive this within the neonatal unit. There are different levels of care your babies might need in the neonatal unit although most babies receive support keep them warm (this may be in an incubator) and with feeding. Some babies may also need support with their breathing. After your babies are born your midwife will liaise closely with the neonatal unit and provide you with regular updates about your babies and their wellbeing until you are well enough to visit the neonatal unit and spend time with your babies. Your neonatal team will involve you as much as possible in your babies' care and will explain the reason for any treatment they are receiving. They will be happy to answer any questions you may have. You will be encouraged to become involved with caring for your babies (holding them skin to skin, feeding them, changing their nappies) when you and your babies are well enough for you to do so. It is important to balance this with looking after your own wellbeing ensuring you eat regular meals, drink plenty of fluids and rest. This is especially important if you are breastfeeding or expressing breastmilk.

Skin to skin

The more time you spend with your babies the quicker you will learn each other's signs and signals. Holding your babies against your skin straight after birth will calm them, steady their breathing, keep them warm and awaken their inborn reflexes to breastfeed. It is advisable to have uninterrupted skin-to-skin time with your babies until after their first feed as babies are awake and eager to feed in the first hour after birth. Your midwife will be there to support you and ensure you are relaxed, comfortable and not rushed. All women are advised to spend time having skin to skin contact with their babies even if they have chosen not to breastfeed as there are many benefits for both mother and babies.

Feeding your babies

The way you feed your babies is one of the most important decisions that you will make as a parent. Breastfeeding makes a real difference to your health and the health of both of your babies. Please discuss your thoughts with your partner, family, friends and your midwife.

Breastfeeding

Breastmilk is the perfect milk for a baby. It is balanced to suit their needs and protects them against ear infections, chest infections and tummy bugs. It may also protect against allergies and diabetes and reduce the risk of sudden infant death syndrome. For you, breastfeeding reduces the risk of breast cancer, ovarian cancer and hip fractures in later life. It will also help you lose weight.

It may take practice and support to get breastfeeding off to a good start but almost all women who want to breastfeed are able to do so and the majority of babies who require extra support from the neonatal unit are still able to breastfeed. If your babies have been born early, they may be unwell or not have developed the ability to feed directly from your breast. Instead they may need to be fed via a special tube. In this situation you will be given support with expressing your breastmilk as soon as you are well enough to do so. As your babies develop the ability to suck or grow stronger, the amount of milk given via a tube will slowly be reduced and you will be given support with breastfeeding.

While it is possible to breastfeed two babies at the same time, you might find it easier to feed one baby at a time until you feel confident with latching and positioning your babies at your breast, although your midwives and neonatal teams will be happy to help you with this.

A drop-in support service called Breastfeeding Babes is available at the Princess Anne Hospital. This service is led by a lactation consultant and an experienced team of breastfeeding supporters. It is held on Burley

Ward, Level F, Princess Anne Hospital. You can drop in Monday to Friday between 10am and 1pm. Information about our breastfeeding support groups in the community can be downloaded from: **www.uhs.nhs.uk/maternity** or by using the QR code on your antenatal notes. All these groups are free. You will meet other pregnant and breastfeeding mums and local breastfeeding counsellors who will be there to support you once your babies arrive. Online support is also available if you are not able to come to the groups.

Hand-expressing breast milk and colostrum harvesting

During your pregnancy, your breasts will start to produce colostrum (the exact timing varies from person to person). You can 'hand-express', collect and freeze this milk during the last few weeks of your pregnancy. This is known as 'colostrum harvesting' and is particularly beneficial if you anticipate one or more of your babies receiving additional care within the neonatal unit.

Your midwife will discuss colostrum harvesting with you when you are 26 to 30 weeks pregnant. Please download and read the factsheet entitled 'harvesting colostrum for your baby' from: **www.uhs.nhs.uk/maternity**. You are also advised to download and read 'Off to the best start', a booklet which explains the technique for hand-expressing breast milk in more detail. Ask your midwife for a free copy or download it from the NHS Start 4 Life website: **www.nhs.uk/start4life/breastfeeding-more-help**

Bottle feeding

If you choose not to breastfeed, please speak to your midwife about 'paced bottle feeding', responsive feeding and safe sterilisation techniques. More information is also available from: **www.firststepsnutrition.org**

You will also need to bring a minimum of 2 starter packs (each pack contains six x 70ml bottles and six disposable teats) of your chosen milk brand into hospital with you when you have your babies. These starter packs are readily available at all major supermarkets and online. Only premade milk in the starter packs can be used. Milk cannot be made up from powder as there are no sterilising facilities in the hospital and therefore no milk can be decanted into other bottles.

Contact numbers

The information in this booklet refers to care provided by University Hospital Southampton NHS Foundation Trust at the Princess Anne Hospital, and has been adapted from the NICE information for parents with multiple pregnancy, which is available at **https://www.nice.org.uk/guidance/ng137/resources/twin-and-triplet-pregnancy-pdf-8940543854533**

You can contact us using the telephone numbers below:

Antenatal screening team
Telephone: **023 8120 6027**

Fetal medicine team
Telephone: **023 8120 4228**

Maternity day assessment unit
Telephone: **023 8120 6303**

Labour line
Telephone: **0300 123 9001**

Further information

The organisations below can provide more information and support for women with multiple pregnancy:

Southampton twins club

www.southamptontwinsclub.org

Multiple Births Foundation

020 3313 3519
www.multiplebirths.org.uk

Twins Trust

(Formerly known as Twins and Multiple Births Association (TAMBA))
0800 138 0509
twinstrust.org.uk
Email: **enquiries@twinstrust.org**

If you'd like to speak to a parent of twins or more for support, reassurance or guidance, or simply just to talk to someone, please give Twinline a call on **0800 138 0509**. This free, confidential service is offered between 10am and 1pm and again at 7pm until 10pm, Monday to Friday. Alternatively, you can email Twinline on **Twinline@twinstrust.org**

National Childbirth Trust

0300 33 00 772
www.nct.org.uk

Maternity services
Princess Anne Hospital
Coxford Road
Southampton
SO16 5YA

Telephone: **023 8077 7222**

For a translation of this document, or a version in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**.

For help preparing for your visit, arranging an interpreter or accessing the hospital please visit: **www.uhs.nhs.uk/additionalsupport**

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