Birth Planning

Monochorionic diamniotic and monochorionic monoamniotic (MCDA/MCMA)Twins (Robson Group 8)
Data from 2016-2024 (174 women)

BIRTH OUTCOMES FOR MTW

- SVD 10%
- Assisted vaginal birth 5%
- Emergency caesarean 41%
- Elective caesarean 44%

Improving birth experience, minimising intervention and achieving best outcomes

Using a birth pool

Position and mobility in labour

Monitoring in labour

Hypnobirthing

Complementary therapies
(aromatherapy, massage, acupuncture)

Pain relief

Minimising perineal trauma

- Antenatal perineal massage

- Warm perineal compress for 'pushing stage' of labour.

Skin to skin contact at birth

Please discuss your options with your midwife or doctor

Further information available on our website:
https://www.mtw.nhs.uk/service/maternity

Created by MTW Maternity Services 2024 for Kent and Medway Local Maternity Neonatal System

Monochorionic diamniotic and monochorionic monoamniotic twins (MCDA/MCMA) (Robson Group 8)

- Monochorionic diamniotic (MCDA) twins are identical twins with their own sacs but share just one placenta.
- Monochorionic monoamniotic (MCMA) twins are much rarer. They are Identical twins sharing one sac and one placenta.
- Monochorionic twins have more complications than dichorionic twins because of numerous complications unique to the twinning process and to monochorionic placentation.
- Twins' clinic at MTW
  Specific antenatal clinic for parents expecting twins. First appointment with specialist multiple pregnancy midwife who works closely with obstetric team in developing plan of care, including additional scans and appointments and follow up throughout pregnancy.
- Risks associated with a multiple pregnancy
  Discuss increased incidence of complications with multiple pregnancies i.e. pre-term delivery, growth disorders, fetal loss, twin to twin transfusion and congenital abnormalities. Women with a MCDA / MCMA twin pregnancy are routinely referred to Medway or Evelina hospitals for fetal cardiac scans at 20-21 weeks.
  Maternal complications include increased incidence of pre - eclampsia and postpartum haemorrhage.
- Criteria for delivery at TWH
  >28 weeks and both twins should be >800 grams.
  If gestation is <28 weeks or estimated fetal weight <800 gram in-utero transfer to a tertiary care centre is recommended. If delivery is imminent the babies can be transferred after the birth. There may be a potential risk of separation according to cot availability.
- NMPA data shows the pre-term birth rate for babies born between 23 weeks to 36+6 weeks as 59% in comparison to MTW data that is 53.4%.
- National guidelines recommend elective birth at the following gestational ages:
  MCMA twin pregnancies between 32-34 weeks of gestation.
  Uncomplicated monochorionic twin pregnancies from 36 -37 weeks.
- Pre-term twin delivery can be prevented by working on modifiable risk factors:
  Taking care of any health problems like diabetes, high blood pressure or depression.
  Smoking cessation, avoiding alcohol or drug abuse
  Eating a healthy diet
  Timely treatment of infections
  Involvement of social services for domestic abuse (physical, sexual and emotional)
- Antenatal colostrum collection is highly recommended