

STANDARD OPERATING PROCEDURE

Multiple Pregnancy

Special Region (1)

Union of Myanmar

Version: (1)

Effective Date: 24 May 2026

Review Date: 24 May 2027

Approved by: Internal Medicine Unit

Multiple Pregnancy

Defination

Multiple pregnancy refers to the presence of more than one fetus in the uterus.

Incidence

The incidence increases with advancing maternal age, certain racial groups, and the use

- f assisted reproductive techniques.

Risks Associated with Multiple Pregnancy

Maternal Risks

- Miscarriage
- Hyperemesis gravidarum
- Preterm labour
- Pregnancy-induced hypertension and pre-eclampsia
- Polyhydramnios
- Anaemia
- Antepartum haemorrhage (APH)

Fetal Risks

- Congenital abnormalities
- Intrauterine growth restriction (IUGR)
- Preterm birth
- Twin-to-twin transfusion syndrome (TTTS)
- Death of one twin in utero
- Cord accidents

Antenatal Management

. During the initial visit, the following should be undertaken:

- history taking, including family history and last menstrual period
- Thorough physical examination (blood pressure, weight, height)
- Routine antenatal investigations and ultrasound scanning
- Initiation of ferrous sulphate and folic acid 5 mg daily
- Treatment of exaggerated pregnancy symptoms if present
- USG at 10–13 weeks to confirm viability, gestational age and chorionicity

. Subsequent Antenatal Visits

- SFH measurement and maternal perception of fetal movement are unreliable in

multiple pregnancy.

- Blood pressure and urine analysis should be performed at every visit.
- Parenteral iron should be considered if haemoglobin is below 9 g/dL. Anaemia

must be corrected due to increased risk of postpartum haemorrhage. . Serial ultrasound scans are required to detect:

- IUGR or discordant growth
- Features of TTTS
- Discordant liquor volume
- Polyhydramnios or oligohydramnios

. Frequency of Scans

- Dichorionic (DC) twins: every 4 weeks from 24 weeks
- Monochorionic (MC) twins: every 2 weeks from 16 weeks

. Antenatal corticosteroids should be offered in monochorionic twins after 36 weeks if indicated.

Timing and Mode of Delivery

Time of Delivery

- Monochorionic monoamniotic twins at 32–34+ weeks
- Uncomplicated monochorionic diamniotic twins: after 36 weeks
- Dichorionic diamniotic twins: at 37+6 weeks

Mode of delivery

- If the first twin is in vertex presentation, vaginal delivery is generally planned

even if the second twin is non-vertex or transverse, provided no other risk factors exist. Indications for Caesarean Section (LSCS)

- First twin in non-vertex or transverse lie
- Monochorionic monoamniotic twins
- Placenta previa
- Evidence of fetal compromise

Intrapartum Care

. Establishment of intravenous access with a wide-bore cannula . Blood grouping and cross-matching with blood reserved . Informing the neonatologist in advance . The first twin is delivered as in a normal vaginal delivery. Management of the Second Twin . Confirm presentation and lie immediately after delivery of the first twin. . An assistant should maintain abdominal support to preserve fetal lie. . If the second twin is vertex and longitudinal, artificial rupture of membranes may be performed once the head is engaged. . If breech, ARM may be performed once breech is fixed; breech extraction may be necessary in case of fetal distress or footling breech. . If transverse lie and external cephalic version fails, internal podalic version with breech extraction may be undertaken. . Oxytocin infusion (e.g., syntocinon) may be used to enhance uterine contractions. . Instrumental delivery may be required if indicated. . Active management of the third stage of labour is essential. . Adequate uterine contraction must be ensured to prevent postpartum haemorrhage. . Two paediatricians should be present at twin delivery.

Postnatal Care

- Provide routine postnatal care.
- Encourage and support breastfeeding for both twins.
- Offer nutritional guidance and advice on newborn care.
- Provide contraceptive counselling and services at 6 weeks postpartum.

References

1. Obstetrics and Gynaecology An Evidence-based Textbook for MRCOG
2. Obstetrics and Gynaecology Myanmar management guidelines, 2024
3. Management of monochorionic Twin Pregnancy, Green-top guideline No.51