**Multiple Pregnancy – Antenatal Care Proforma**

**Author:** Created by Twins Trust in conjunction with Newcastle upon Tyne Hospitals NHS Foundation Trust, St James Hospital, Leeds Teaching Hospital and Liverpool Women’s hospital.

The proforma follows [Multiple pregnancy: twin and triplet pregnancies (NICE QS46)](file:///%5C%5CTAMBA-SBS%5CMaternity%20Engagement%5CNICE%20tools%5CFinal%20Submission%5CMultiple%20pregnancy%3A%20twin%20and%20triplet%20pregnancies%20%28QS46%29) statements 1, 4, 5, 7, 8 and [Multiple pregnancy: antenatal care for twin and triplet pregnancies (NICE Guideline 137)](file:///%5C%5CTAMBA-SBS%5CMaternity%20Engagement%5CNICE%20tools%5CFinal%20Submission%5CMultiple%20pregnancy%3A%20antenatal%20care%20for%20twin%20and%20triplet%20pregnancies%20%28CG129%29) 1.1.1, 1.1.13, 1.2.4, 1.3.1, 1.3.5, 1.3.7, 1.3.8, 1.3.9, 1.3.10, 1.4.3, 1.4.13, 1.4.25, 1.5.3, 1.6.1, 1.6.2, 1.8.1, 1.8.2, 1.9.9 1.9.10, 1.9.12

Issue Date: September 2019

Version 4.0, updated to reflect the changes in NICE CG129 to NG137

Multiple Pregnancy Antenatal Care Proforma

and

 Care Pathways

Endorsed by NICE September 2019

Hospital ID number or sticker

**Booking Visit Date…………..**

**Weeks gestation………………………**

**Age……………… Para……………….. EDD…………….. Named Consultant……………**

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| --- |
|  **Chorionicity & Amnionicity** (state): **Fetal demise**: Twin 1/Twin 2 Date: (To be determined between 11+2 weeks – 14+1 weeks) Gestation:**Twins** DC/DA, MC/DA, MC/MA **Triplets**  TC/TA, DC/TA, MC/TA, DC/DA, MC/DA, MC/MA  |
|  **Assessment at booking visit**Y/N N BP \_\_\_\_\_/\_\_\_\_\_ Urinalysis……… MSU  |
| **VTE risk assessment completed Y / N** **Discussion on Iron/Folic acid supplements Y/N** |
| **Other risk factors and plan of care e.g. chronic hypertension/on aspirin, previous preterm birth** |
| **Pre-eclampsia Risk Assessment (tick)** |
| First pregnancy >12 weeks |  | Hypertensive disease during previous pregnancy |  |
| Age ≥ 40 years |  | Type 1 or type 2 diabetes |  |
| Pregnancy interval > 10 years |  | Chronic hypertension |  |
| BMI ≥ 35 kg/m2 at first visit |  | Chronic kidney disease |  |
| Family history of pre-eclampsia -Mother/sister |  | Autoimmune disease such as SLE/APS |  |
| If two or more of the above factors present advise prescription of aspirin 75mg daily  | Prescribed: Y/N | Name  | Role | Signed | Date |

|  |
| --- |
| **Patient information** |
| Pathway of care into notes | Yes | No |
|  ‘Multiple Pregnancy’ leaflets/booklets given | Yes | No |
| Invitation to multiple antenatal classes by ….*date* | Yes | No |

|  |  |
| --- | --- |
| **Initial discussion re delivery at booking visit** | **Tick** |
| Preterm delivery (risk of preterm delivery, symptoms and signs of preterm labour, mode of delivery if preterm and possible outcomes of pre-term birth, including need to transfer) discussed by 24 weeks |  |
| Delivery recommended at ………………if still undelivered |  |
| Initial thoughts re mode of delivery if twin 1 cephalic |  Vaginal delivery | Caesarean section | Undecided |

|  |
| --- |
| Signed: Name: Role: Date: |
| Next visit: Midwife:………………….weeks Medical:………………………..weeks |

**Discussions and plans for delivery**

|  |
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| **Discussed (by 28 weeks gestation)** |
| * Risks and benefits of planned Caesarean section
* Risks and benefits of vaginal twin delivery including use of analgesia
* Process of vaginal delivery – delivery of the second twin – chance of CS for second twin, including management of 3rd stage labour
* Need for continuous CTG monitoring in labour
* Mode of delivery if very preterm
* Induction of labour
* Benefits of Corticosteroids
* Use of 3rd stage syntocinon
 | **Date** |  |
| **Gestation**  |  |
| **Name** |  |
| **Signed** |  |

**Place of Birth**

|  |
| --- |
| Plan to deliver at *hospital name* advised against home delivery /MLU) Yes / No (please circle) |
| Individualised plan of care if birth outside *hospital name* …. main delivery suite being considered:Signed…………………Name……………… |

 **Final Plan for Timing and Mode of delivery**

|  |
| --- |
| Timing of delivery - xx weeks gestation |
| Induction of Labour | Gestation: | Date: | Induction declined – weekly scans arranged Yes / No |
| Planned CS | Gestation | Date: | Date of pre-operative assessment: |
| Corticosteroids  | Date of first dose: Date of second dose: |
| Mode of delivery if admitted in labour spontaneous labour before planned delivery above (if twin 1 cephalic) – tick  | Vaginal delivery: | Caesarean section: |
| Date agreed: | Gestation | Name | Signed |

**ANTENATAL CARE PATHWAY FOR WOMEN WITH UNCOMPLICATED TWIN PREGNANCY (Dichorionic/Diamniotic)**

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| **GESTATION (WEEKS)** | **MDT CONTACT** | **ACTION** | **INFORMATION** |
| 6 - 11+6 weeks1st contact with MMW | ANC – Reviewed by Consultant, sonographer, Multiples Midwife (Multi-disciplinary team MDT) | 1st trimester USS dating scan to determine* Gestation
* Chorionicity & amnionicity
* Major congenital malformation
* Nuchal translucency screening in line with NICE guidelines

Scan to take place between 11+2 weeks and 14+1 weeks)Booking bloodsRisk assessment as per booking form. | Parent information pack given on multiple pregnancy and antenatal nutrition discussedRelevant risk factors, Preterm delivery- NNU transitional care cots, Timing and mode of delivery.Fetal assessment scans Information on specialist classes for couples expecting multiple births.Specialist multiple support groups – TWINS TRUST, multiple birth foundation and local multiple groups. |
| 16 weeks  | MMWVenue: Midwife led clinic | BP and urinalysisHealth Visitor referral | Discuss and record blood test results |
| 20 weeks | ANC MDT review | Anomaly scan, (18-21 weeks)BP and urinalysis | Discuss anomaly scan report.Discuss parentcraft classes and book if wanted.Review scan for IUGR |
| 24 weeks | ANC MDT review | Fetal assessment scanBp and urinalysisBlood for FBCMAT B 1 (any time after 20 week scan) | Discuss scan reportAssess for experienced enhanced team referral e.g. physio, mental health etc.Review scan for IUGR |
| 26 weeks | MMWMidwife led clinic/home visit | BP and urinalysisMental health assessment  | Discuss importance of fetal movements and contact numbers.Discuss any anxieties - re pending life change, demands of two or more babies and coping strategies.The effects on relationships.Post-natal depression  Review scan for IUGRDiscuss timing and mode of delivery- give date for induction or elective LSCS |
| 28 weeks | ANC MDT Review | Fetal assessment scanBP and urinalysisBloods for Hb and antibodiesOffer routine anti-D prophylaxis if required | Discuss scan reportDiscuss breastfeeding checklistDiscuss use of syntocinon in 3rd stage labour |
| 30 weeks | MMWHome visit | BP and urinalysis | Discuss labour, birth and coping strategies (birth plan) Breastfeeding /postnatal care information |
| 32 weeks | ANC MDT Review | Fetal assessment scanBP and urinalysisBloods for HbDocument plan in hand held notes | Discuss scan reportDiscuss Vitamin K prophylaxisNewborn screening tests Discuss timing and mode of delivery- give date for induction or elective LSCSDiscuss and agree birth plan |
| 34 weeks  | MMWMidwife led clinic | BP and urinalysis | Discuss fetal movements, signs of labour and contact numbers.Discuss any anxieties and postnatal depression.Advise re postnatal care provision from MMW |
| 36 weeks | ANC MDT Review | Fetal assessment scanBP and urinalysis.Visit delivery suite if an option for the unit | Visit delivery suite, NNU and transitional care if wishes.Discuss scan report and any concernsDiscuss Induction process or LSCS procedurePlan for delivery at 37 weeks if not delivered. |
| 37 weeks | MMWMidwife led clinic | BP and urinalysisIf planned delivery declined weekly appointments with scans with specialist obstetrician until delivered | Plan for delivery at 37 weeks if not delivered. |

**At least 2 appointments should be with a specialist obstetrician**

**ANTENATAL CARE PATHWAY FOR WOMEN WITH UNCOMPLICATED TWIN PREGNANCY (Monochorionic Diamniotic)**

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| **GESTATION (WEEKS)** | **MDT CONTACT** | **ACTION** | **INFORMATION** |
| 6 -11+6 weeks1st contact with MMW | ANC – Reviewed by Consultant, sonographer, Multiples Midwife (Multi-disciplinary team MDT) | 1st trimester USS dating scan to determine* Gestation
* Chorionicity & amnionicity
* Major congenital malformation
* Nuchal translucency screening in line with NICE guidelines

Scan to take place between between 11+2 weeks and 14+1 weeks)Booking bloodsRisk assessment as per booking form. | Parent information pack given on multiple pregnancy and antenatal nutrition discussedRelevant risk factors, TTTS.Preterm delivery- NNU transitional care cots, Timing and mode of delivery.Fetal assessment scans Information on specialist classes for couples expecting multiple births.Specialist multiple support groups – TWINS TRUST, multiple birth foundation and local multiple groups. |
| 16 weeks  | ANC MDT review | BP and urinalysis, USSHealth Visitor referralFetal assessment scan | Discuss and record blood test resultsReviews scan for TTTS and IUGR |
| 18 weeks | ANC MDT review | BP and urinalysis, USS Fetal assessment scan | Reviews scan for TTTS and IUGR |
| 20 weeks | ANC MDT review | Anomaly scan (18-21 weeks)BP and urinalysisFetal assessment scan | Discuss anomaly scan report.Discuss parentcraft classes and book if wanted.Reviews scan for TTTS and IUGR |
| 22 weeks | ANC MDT review | Fetal assessment scanBP and urinalysis USS | Reviews scan for TTTS and IUGR |
| 24 weeks | ANC MDT review | Fetal assessment scanBp and urinalysisBlood for FBCMAT B 1 (any time after 20 week scan) | Discuss scan reportAssess for experienced enhanced team referral e.g. physio, mental health etc.Discussion on pre-term delivery and signs of early labourReviews scan for TTTS and IUGR |
| 26 weeks | ANC MDT review | Fetal assessment scanBP and urinalysis, fetal assessment scanMental health assessment MAT B 1Offer gestational diabetes test | Discuss importance of fetal movements and contact numbers.Discuss any anxieties - re pending life change, demands of two or more babies and coping strategies.The effects on relationships.Postnatal depressionReviews scan for TTTS and IUGRDiscuss timing and mode of delivery- give date for induction or elective LSCS |
| 28 weeks | ANC MDT Review | Fetal assessment scanBP and urinalysisBloods for Hb and antibodiesOffer routine anti-D prophylaxis if required | Discuss scan reportDiscuss breastfeeding checklistDiscuss use of syntocinon in 3rd stage labour |
| 30 weeks | ANC MDT Review | Fetal assessment scanBP and urinalysis, fetal assessment scan | Discuss labour, birth and coping strategies (birth plan)Breastfeeding /postnatal care information |
| 32 weeks | ANC MDT Review | Fetal assessment scanBP and urinalysisBloods for HbDocument plan in hand held notes | Discuss Vitamin K prophylaxisNewborn screening tests |
| 34 weeks  | ANC MDT Review  | Fetal assessment scan BP and urinalysis | Visit delivery suite, NNU and transitional care if wishes.Discuss fetal movements, signs of labour and contact numbersDiscuss any anxieties and postnatal depressionAdvise re postnatal care provision from MMW. Offer course of corticosteroids.Plan for delivery at 36 weeks following course of steroids |
| 36 weeks | ANC MDT Review | Fetal assessment scanBP and urinalysisIf planned delivery declined weekly appointments with scans with specialist obstetrician until delivered | Discuss scan report and any concernsDiscuss induction process or LSCS procedure and offer course of corticosteroids.Plan for delivery at 36 weeks following course of steroids |

**At least 2 appointments should be with a specialist obstetrician**

**ANTENATAL CARE PATHWAY FOR WOMEN WITH UNCOMPLICATED TRIPLET PREGNANCY (Triplets – Trichorionic/Triamniotic)**

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| **GESTATION (WEEKS)** | **MDT CONTACT** | **ACTION** | **INFORMATION** |
| 6 -11+6 weeks1st contact with MMW | ANC – Reviewed by Consultant, sonographer, Multiples Midwife (Multi-disciplinary team MDT) | 1st trimester USS dating scan to determine* Gestation
* Chorionicity & amnionicity
* Major congenital malformation
* Nuchal translucency screening in line with NICE guidelines

Scan to take place between 11+2 weeks and 14+1 weeks)Booking bloodsRisk assessment as per booking form. | Parent information pack given on multiple pregnancy and antenatal nutrition discussedRelevant risk factors, Preterm delivery-NNU transitional care Timing and mode of delivery.Fetal assessment scans Information on specialist classes for couples expecting multiple births.Specialist multiple support groups – TWINS TRUST, multiple birth foundation and local multiple groups. |
| 16 weeks  | MMWMidwife led clinic | BP and urinalysis, USSHealth Visitor referralFetal assessment scan | Discuss and record blood test results |
| 20 weeks | ANC MDT review | Anomaly scan (18-21 weeks)BP and urinalysisFetal assessment scan | Discuss anomaly scan report.Discuss parent craft classes and book if wanted.Reviews scan for IUGR |
| 24 weeks | ANC MDT review | Fetal assessment scanBp and urinalysisBlood for FBCMAT B 1 (any time after 20 week scan) | Discuss scan reportAssess for experienced enhanced team referral e.g. physio, mental health etc.Discussion on pre-term delivery and signs of early labourReviews scan for IUGR |
| 26 weeks | ANC MDT review | Fetal assessment scanBP and urinalysis, fetal assessment scanMental health assessment MAT B 1Offer gestational diabetes test | Discuss importance of fetal movements and contact numbers.Discuss any anxieties - re pending life change, demands of two or more babies and coping strategies.The effects on relationships.Postnatal depression Reviews scan for IUGRDiscuss timing and mode of delivery- give date for induction or elective LSCS |
| 28 weeks | ANC MDT Review | Fetal assessment scanBP and urinalysisBloods for Hb and antibodiesOffer routine anti-D prophylaxis if required | Discuss scan reportDiscuss breastfeeding checklistDiscuss use of syntocinon in 3rd stage labour |
| 30 weeks | ANC MDT Review | Fetal assessment scanBP and urinalysis, fetal assessment scan | Discuss labour, birth and coping strategies (birth plan)Breastfeeding /postnatal care information |
| 32 weeks | ANC MDT Review | Fetal assessment scanBP and urinalysisBloods for HbDocument plan in hand held notes | Discuss Vitamin K prophylaxisNew born screening tests |
| 34 weeks  | ANC MDT Review  | Fetal assessment scan BP and urinalysisIf planned delivery declined weekly appointments with scans with specialist obstetrician until delivered | Visit delivery suite, NNU and transitional care if wishes.Discuss fetal movements, signs of labour and contact numbersDiscuss any anxieties and postnatal depressionAdvise re postnatal care provision from MMWDiscuss induction process or LSCS procedure and offer course of corticosteroids.Plan for delivery from 35 weeks following course of steroids |

**At least 2 appointments should be with a specialist obstetrician**

**ANTENATAL CARE PATHWAY FOR WOMEN WITH UNCOMPLICATED TRIPLET PREGNANCY (Triplets – Dichorionic/Triamniotic & Monochorionic/Triamniotic**

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| --- | --- | --- | --- |
| **GESTATION (WEEKS)** | **MDT CONTACT** | **ACTION** | **INFORMATION** |
| 6 -11+6 weeks1st contact with MMW | ANC – Reviewed by Consultant, sonographer, Multiples Midwife (Multi-disciplinary team MDT) | 1st trimester USS dating scan to determine* Gestation
* Chorionicity & amnionicity
* Major congenital malformation
* Nuchal translucency screening in line with NICE guidelines

Scan to take place between 11+2 weeks and 14+1 weeks)Booking bloodsRisk assessment as per booking form. | Parent information pack given on multiple pregnancy and antenatal nutrition discussedRelevant risk factors, TTTS.Preterm delivery-NNU transitional care Timing and mode of delivery.Fetal assessment scans Information on specialist classes for couples expecting multiple births.Specialist multiple support groups – TWINS TRUST, multiple birth foundation and local multiple groups. |
| 16 weeks  | ANC MDT review | BP and urinalysis, USSHealth Visitor referralFetal assessment scan | Discuss and record blood test resultsReviews scan for TTTS and IUGR |
| 18 weeks | ANC MDT review | BP and urinalysis, USS Fetal assessment scan | Reviews scan for TTTS and IUGR |
| 20 weeks | ANC MDT review | Anomaly scan (18-21 weeks)BP and urinalysisFetal assessment scan | Discuss anomaly scan report.Discuss parent craft classes and book if wanted.Reviews scan for TTTS and IUGR |
| 22 weeks | ANC MDT review | Fetal assessment scanBP and urinalysis USS | Reviews scan for TTTS and IUGR |
| 24 weeks | ANC MDT review | Fetal assessment scanBp and urinalysisBlood for FBCMAT B 1 (any time after 20 week scan) | Discuss scan reportAssess for experienced enhanced team referral e.g. physio, mental health etc.Discussion on pre-term delivery and signs of early labourReviews scan for TTTS and IUGR |
| 26 weeks | ANC MDT review | Fetal assessment scanBP and urinalysis, fetal assessment scanMental health assessment MAT B 1Offer gestational diabetes test | Discuss importance of fetal movements and contact numbers.Discuss any anxieties - re pending life change, demands of two or more babies and coping strategies.The effects on relationships.Postnatal depression Reviews scan for TTTS and IUGRDiscuss timing and mode of delivery- give date for induction or elective LSCS |
| 28 weeks | ANC MDT Review | Fetal assessment scanBP and urinalysisBloods for Hb and antibodiesOffer routine anti-D prophylaxis if required | Discuss scan reportDiscuss breastfeeding checklistDiscuss use of syntocinon in 3rd stage labour |
| 30 weeks | ANC MDT Review | Fetal assessment scanBP and urinalysis, fetal assessment scan | Discuss labour, birth and coping strategies (birth plan)Breastfeeding /postnatal care information |
| 32 weeks | ANC MDT Review | Fetal assessment scanBP and urinalysisBloods for HbDocument plan in hand held notes | Discuss Vitamin K prophylaxisNew born screening tests |
| 34 weeks  | ANC MDT Review  | Fetal assessment scan BP and urinalysiswith specialist obstetricianIf planned delivery declined weekly appointments with scans with specialist obstetrician until delivered | Visit delivery suite, NNU and transitional care if wishes.Discuss fetal movements, signs of labour and contact numbersDiscuss any anxieties and postnatal depressionAdvise re postnatal care provision from MMWDiscuss induction process or LSCS procedure and offer course of corticosteroids.Plan for delivery at 35 weeks for dichorionic/triamniotic triplets following course of steroids. Mono/tri to be individually assessed |

**At least 5 appointments should be with a specialist obstetrician**

**ANTENATAL CARE PATHWAY FOR WOMEN WITH A MULTIPLE PREGNANCY WITH A SHARED AMNION**

Women with a twin or triplet pregnancy with a shared amnion should be referred to a consultant in a tertiary level fetal medicine centre and provided with an individualised care plan which includes timing of delivery

For an uncomplicated Monochorionic/Monoamniotic twin pregnancy, delivery is recommended between 32+0 and 33+6 weeks after a course of antenatal corticosteroids has been considered

For Women with a uncomplicated triplet pregnancy that involves a shared amnion the timing of birth will be decided and discussed with each woman individually