

In spite of our best efforts, not all pregnancies last full term, 38 weeks or longer. Some babies are born preterm and they may have a low birth weight. The more babies a woman is carrying at once, the greater the possibility that the babies may arrive early. In this article we provide some suggestions that may provide comfort for mothers expecting twins, triplets or higher order multiples who hope to reduce the likelihood of having a preterm birth. Even if these suggestions only provide peace of mind, it is important to note that stress reduction can be a positive step toward reducing the possibility for preterm birth. If at any time in your pregnancy you have any concerns, please consult with your doctor immediately.

Babies who are born with low birth weight (LBW) (i.e. under 2,500 grams or 5 lbs.) or who are preterm (i.e. before 37 completed weeks gestation) remain at greater risk for various health issues including complications both during and after birth. However, many preterm babies will not suffer any health complications, suggesting that greater risks are not always a consequence of early delivery or low birth weight. Any baby born early may receive some hospital care including a visit to the Neonatal Intensive Care Unit (NICU) or specialized medical attention. However, oftentimes these babies end up completely healthy.

Preterm Birth: Preterm (premature) birth specifically refers to babies born before 37 completed weeks of gestation. This can include both single and multiple births. Generally speaking, multiple pregnancies have a significantly higher rate of prematurity than single pregnancies.¹ On average, most singleton pregnancies last 39 weeks; twins, 35 weeks; triplets, 32 weeks; and quadruplets, 29 weeks.² Between 1980 and 2004, the number of twin births increased more than 70%, with higher order multiples increasing four-fold.² The risk for premature birth is higher for multiple pregnancies, and where the mother is over the age of 30, obese, or has diabetes (gestational or preexisting).¹

Low Birth Weight: More than half of twins and almost all higher-order multiples are born with low birth weight.² LBW can result from premature birth and/or poor fetal growth. Both are common in multiple pregnancies.

Preterm and low birth weight babies are at increased risk of post-birth complications and long-term health care needs compared to babies born at term. Babies born before 32 weeks gestation and that weigh less than 1,550 grams (3-1/2 pounds), are at highest risk for health complications post-birth and long term. Life-long disabilities could include behavioural problems, intellectual disabilities, cerebral palsy, vision impairment or hearing loss.²

In order to decrease the chances of premature or low birth weight babies, there are several things an otherwise healthy expectant mother of multiples can do. If you have other health conditions or complications, please check with your doctor.

1. Find out as soon as possible how many fetuses you are carrying.
2. It is recommended that a woman carrying two or more fetuses be followed by an obstetrician. In most cases, this referral will automatically be made with the diagnosis of a multiple pregnancy.

3. Find out as early as possible if your babies are monozygotic or dizygotic (or trizygotic, etc). This refers to the number of fertilized eggs resulting in the multiple pregnancy.

T In one percent of twin pregnancies the babies will share both a placenta and amniotic sac, called a monoamniotic-monochorionic twin pregnancy or Mono-mono twins. In this situation the babies' umbilical cords may become entangled. Therefore these pregnancies require frequent monitoring by a perinatal specialist. These babies will need to be born by Caesarian section prior to their due date to reduce the risk of death due to umbilical cord compression (i.e. knots or twisting).

4. Find out as soon as possible if any of your babies have Twin to Twin Transfusion Syndrome or TTTS. If they do, you and the babies will need to be more closely monitored until their births. In rare cases, monozygotic babies (including those within a triplet or more pregnancy) may develop Twin-to-Twin Transfusion Syndrome (TTTS) (also called Feto-Fetal Transfusion Syndrome, or FFTS). This occurs in approximately 1 in 5 monochorionic, diamniotic twin pregnancies.³ TTTS describes a condition where a shared placenta has abnormal blood vessels. In these cases, the umbilical cords can have disrupted blood circulation increasing the risk of mortality of one, or both, fetuses. The mother will usually be informed of the presence of TTTS in the second trimester of pregnancy.⁴

5. Try to keep all your scheduled medical appointments.

6. Weight gain for women expecting two or more babies will be different from those expecting only one. Speak to your doctor or nutritionist to learn the optimal weight gain during each trimester of your pregnancy, and follow their recommendations for healthy eating.

7. If you smoke, try to stop or at least cut down. Speak to your doctor about what is best for your situation.

8. Avoid secondhand smoke.

9. Do not drink any alcohol.

10. Rest when you are tired.

11. Be aware of signs and symptoms that could indicate premature labour. The obstetrician will review these during prenatal visits, including providing information on unusual bleeding and cramping.⁴

12. Consider taking a prenatal class in preparation for childbirth and early infant care. When available, prenatal classes directed towards multiple births can be effective in elaborating on topics such as C-section and NICU.

L If you feel you are in preterm labour, follow the instructions given to you by your obstetrician. In many cases this means going directly to the hospital where you plan to give birth. If that is not possible, you may be directed to go to the nearest hospital. In some cases, the health care team may be able to stop or postpone your preterm labour by giving medications that can delay, or stop, labour from progressing.⁵

References

- 1) Reich, E. (2012). Pre-term births on the rise. *Nature*, 485(7396), 20.
- 2) Martin, J. A., et al. (2009). Births: Final Data for 2006. *National Vital Statistics Reports*, 57(7). Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf
- 3) Benirschke, K. (1990). The placenta in twin gestation. *Clinical Obstetrical Gynecology*, 33, 18–31.
- 4) Zach, T. *Twin-to-Twin Transfusion Syndrome*. Retrieved from <http://emedicine.medscape.com/article/271752-overview>
- 5) The Society of Obstetricians and Gynaecologists of Canada. (n.d.). *Preterm Labour*. Retrieved from <http://sogc.org/publications/preterm-labour/>

Recommended Sources of Information:

Multiple Births Canada

www.multiplebirthscanada.org

Telephone: 613-834-TWIN(8946)

Toll-Free (in Canada): 1-866-228-8824

Email: office@multiplebirthscanada.org

MBC Preterm Birth Support Network

multiplebirthscanada.org/index.php/parents/support/preterm-birth-support-network

Ottawa Coalition for the Prevention of
Low Birth Weight

www.lbwinfo.ca

Documents and Articles:

Multiple Births Canada Fact Sheets on various topics related to multiple pregnancy, births and parenting multiples.

<http://multiplebirthscanada.org/index.php/education/publications/fact-sheets>:

Monochorionic Multiple Pregnancy and Twin-to-Twin Transfusion Syndrome

Signs & Symptoms of Premature Labour

Nutrition Guidelines for Multiple Pregnancy

Multiple Birth Families: prenatal education www.jumelle.ca

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