MANAGEMENT OF TWINS

Double Trouble

WHAT WE SAY

I explained the biology of twinning and the significance of chorionicity. I reviewed risks of twin pregnancy, including, but not limited to preeclampsia, gestational diabetes, IUGR, maternal anemia, and preterm birth, with a mean gestational age at delivery of 35-36 weeks. She should eat a diet of 2500-3000 calories/day and gain 35-45 pounds. A one hour glucola should be done at 20-22 weeks, and repeated at 28 weeks if normal. After 20 weeks, she should have monthly u/s to evaluate growth and fluid and weekly NSTs should begin at 32 weeks. She should start iron at 24 weeks. In the third trimester she should be seen every 1-2 weeks, with cervical exams as indicated by symptoms. The usual careful attention will be paid to blood pressure, proteinuria, and weight gain. In uncomplicated dichorionic twin pregnancies, delivery should be planned not earlier than 38 weeks. If the presenting twin is cephalic, then a vaginal delivery is often possible (and preferable), depending on the experience and preference of the delivering provider and the resources available. The mode of delivery will be re-evaluated closer to term.

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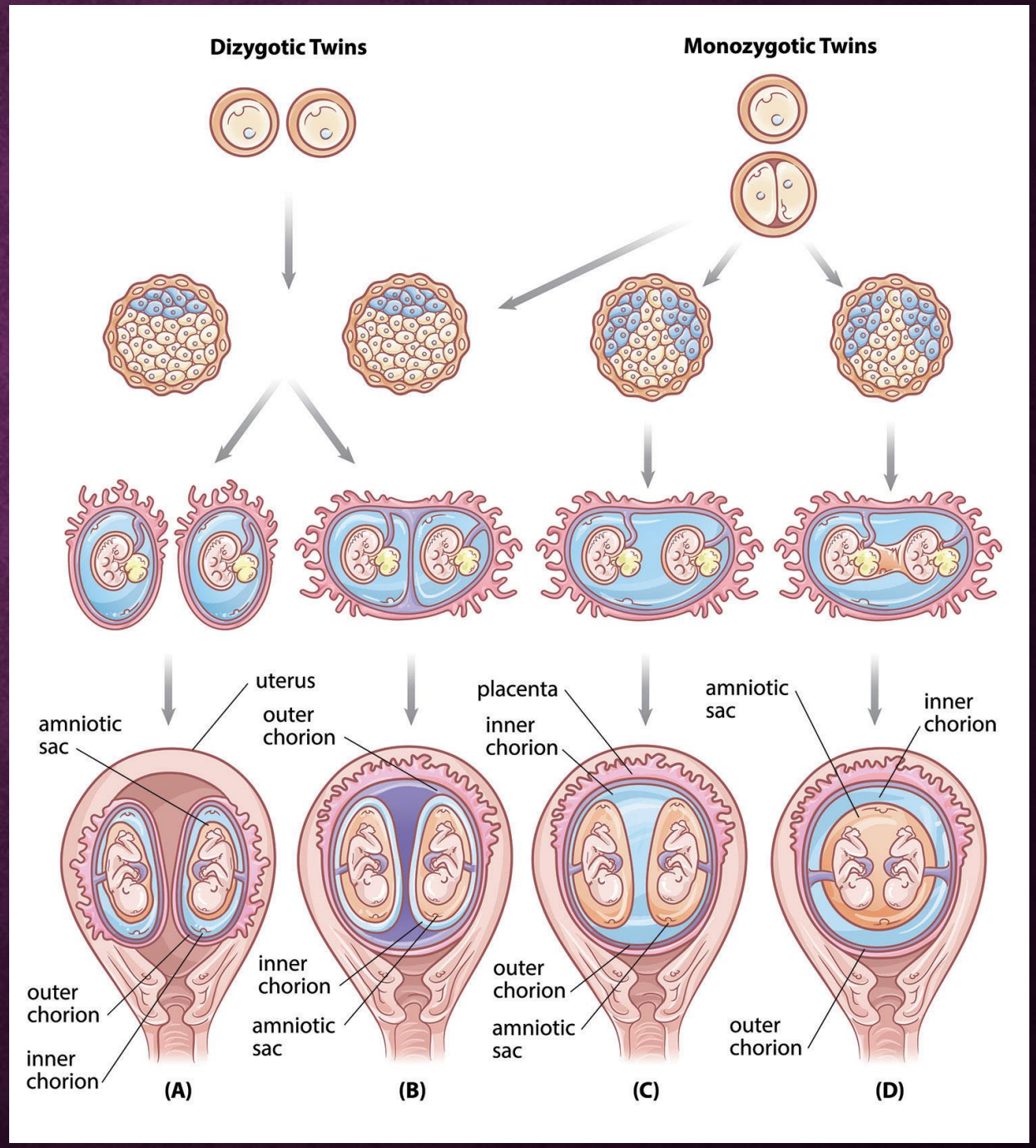
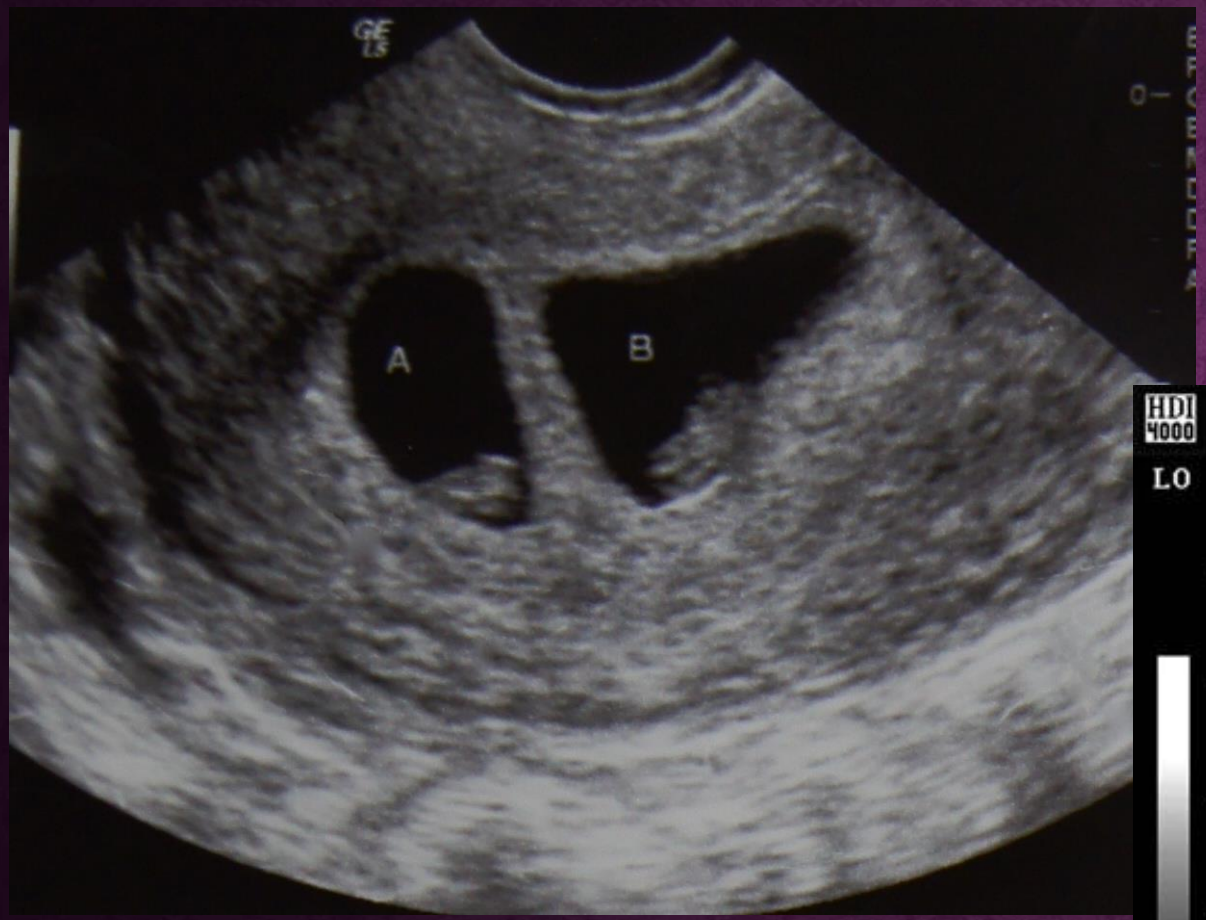
MONOCHORIONIC VS DICHORIONIC

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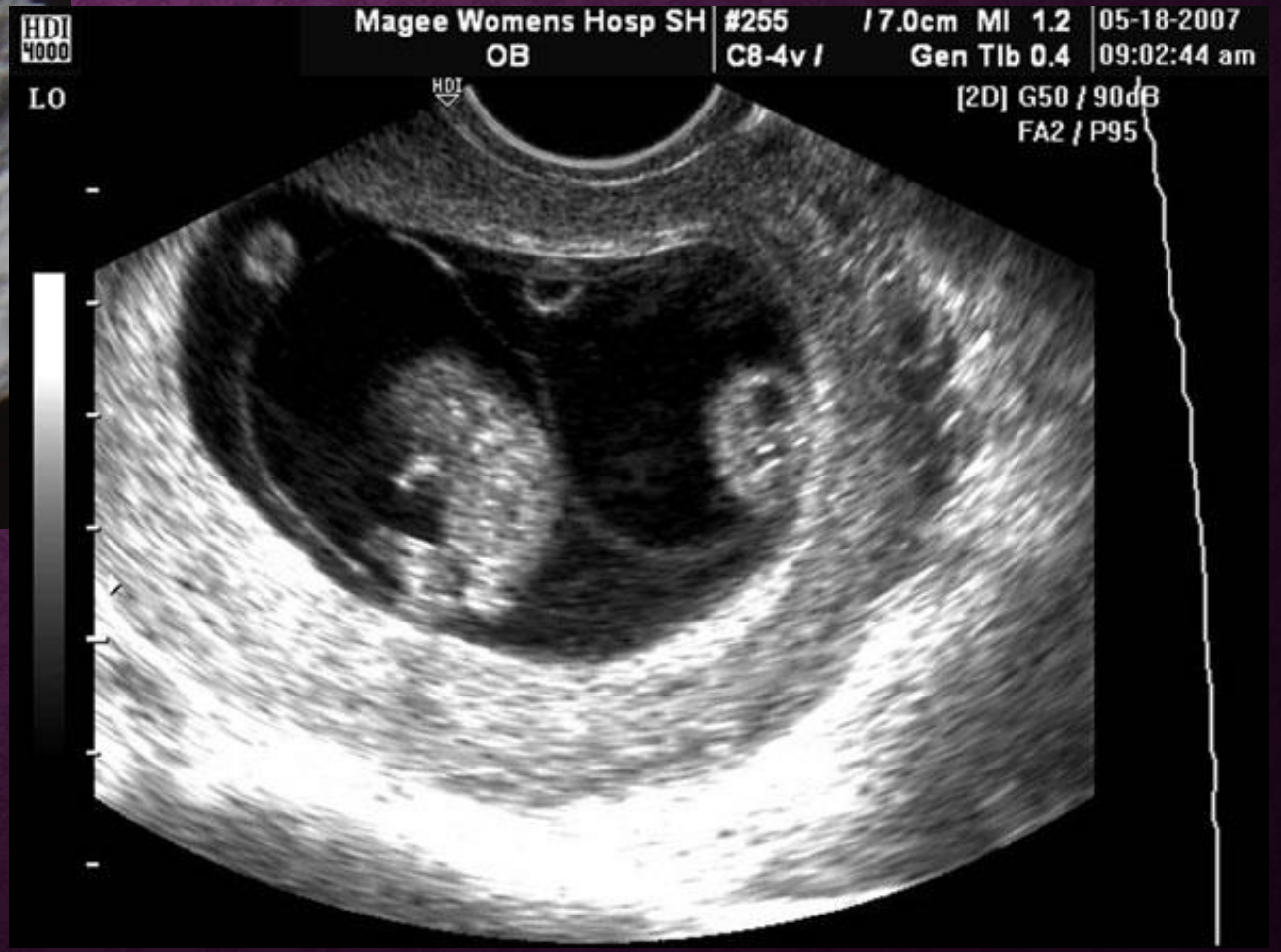
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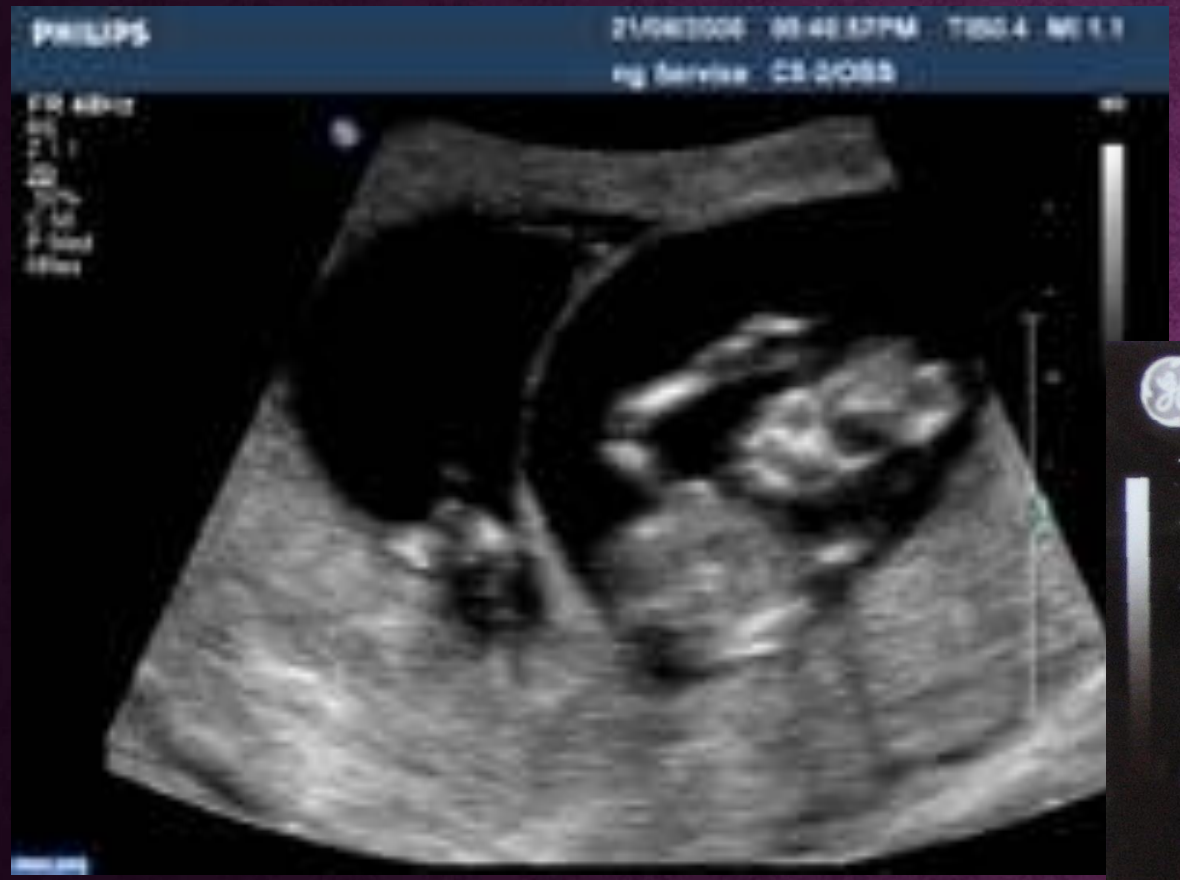
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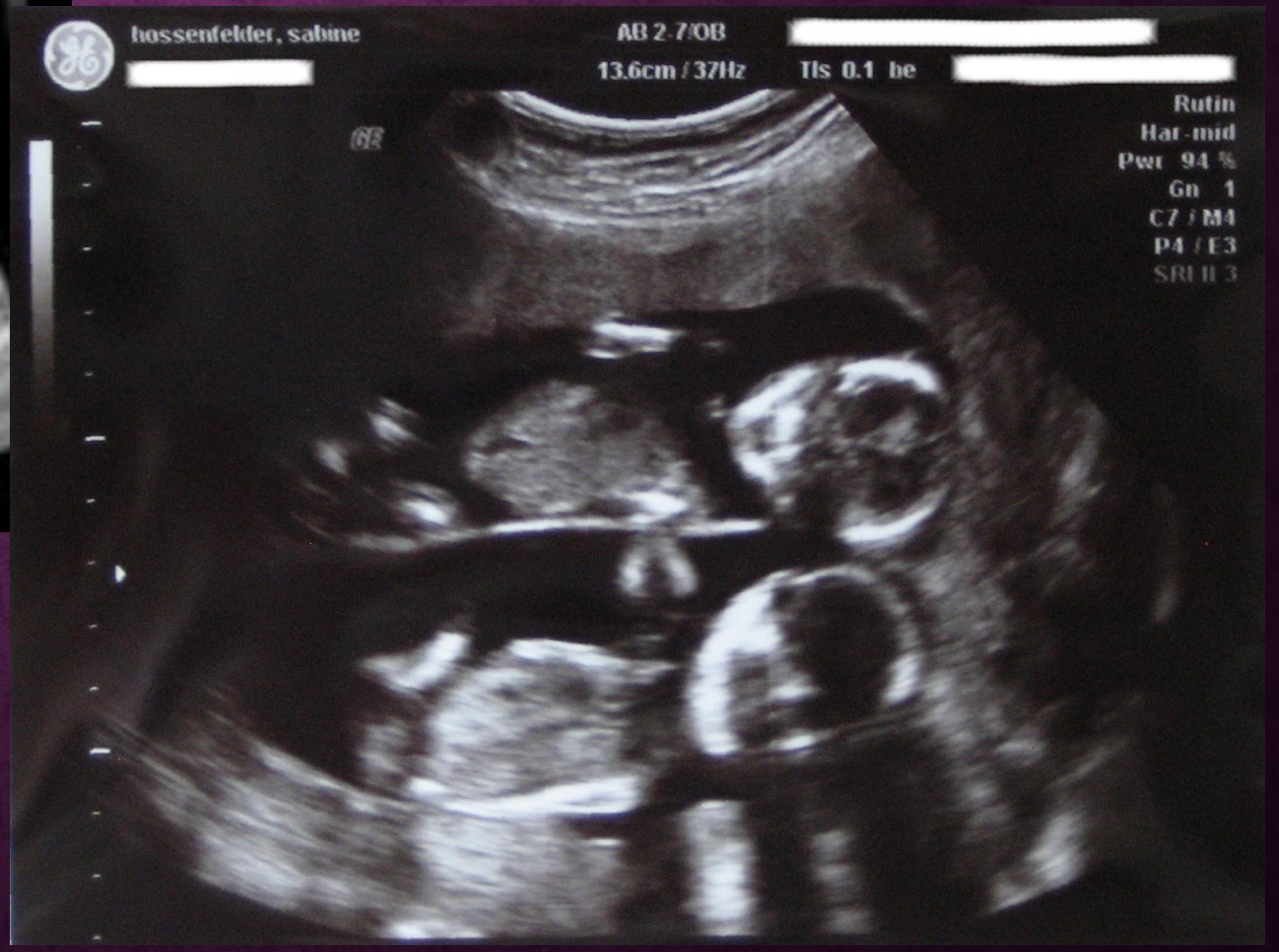
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BMI <18.5: no data, no recommendation

BMI 18.5-24.9: 37-54 lbs

BMI 25-29.9: 31-50 lbs

BMI >=30: 25-42 lbs

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WHY WE SAY IT

Inadequate rate of wt gain at<20 weeks: no increase PTB.

Inadequate wt gain 20-28 weeks: 37.6%risk PTB at<32 weeks vs 15.2% in those with adequate wt gain.

(2.8 times more likely to deliver at<32 weeks)

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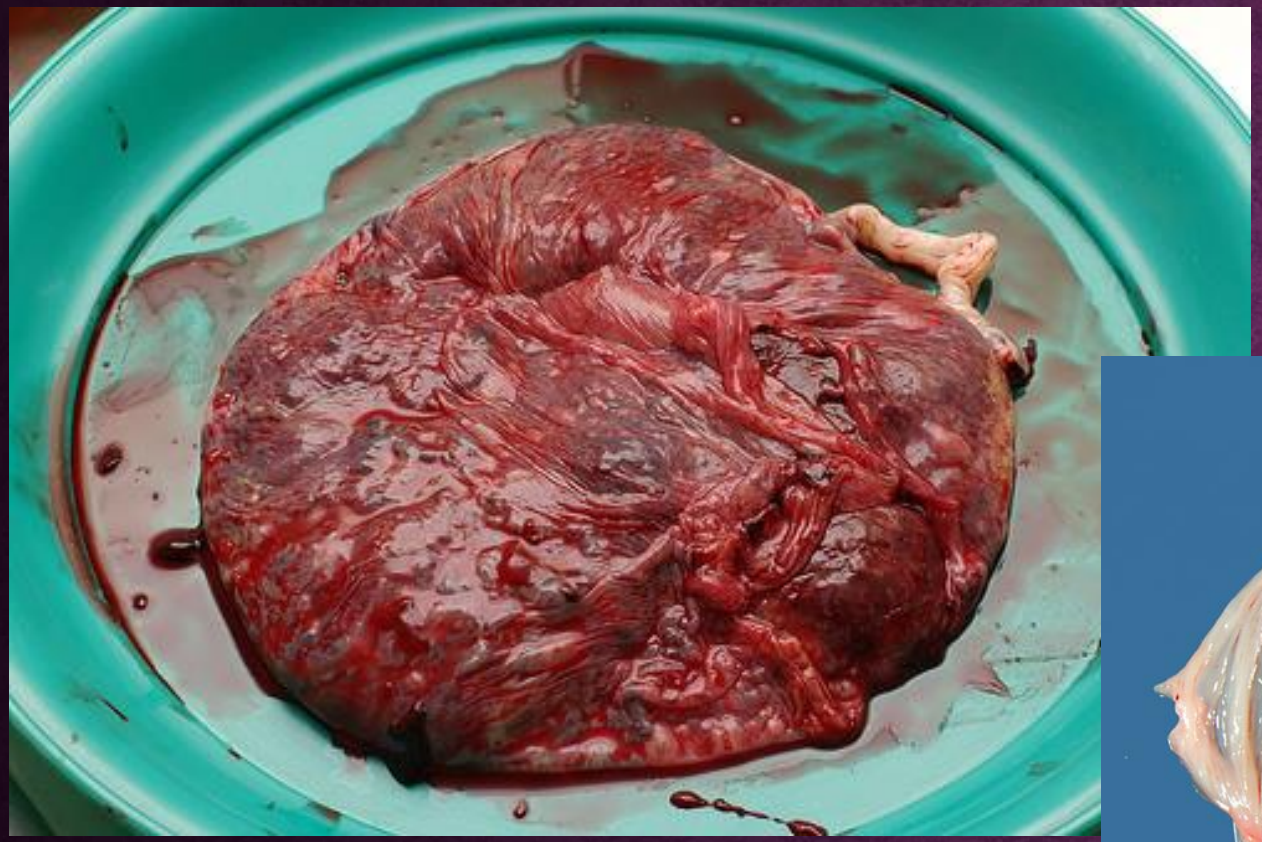
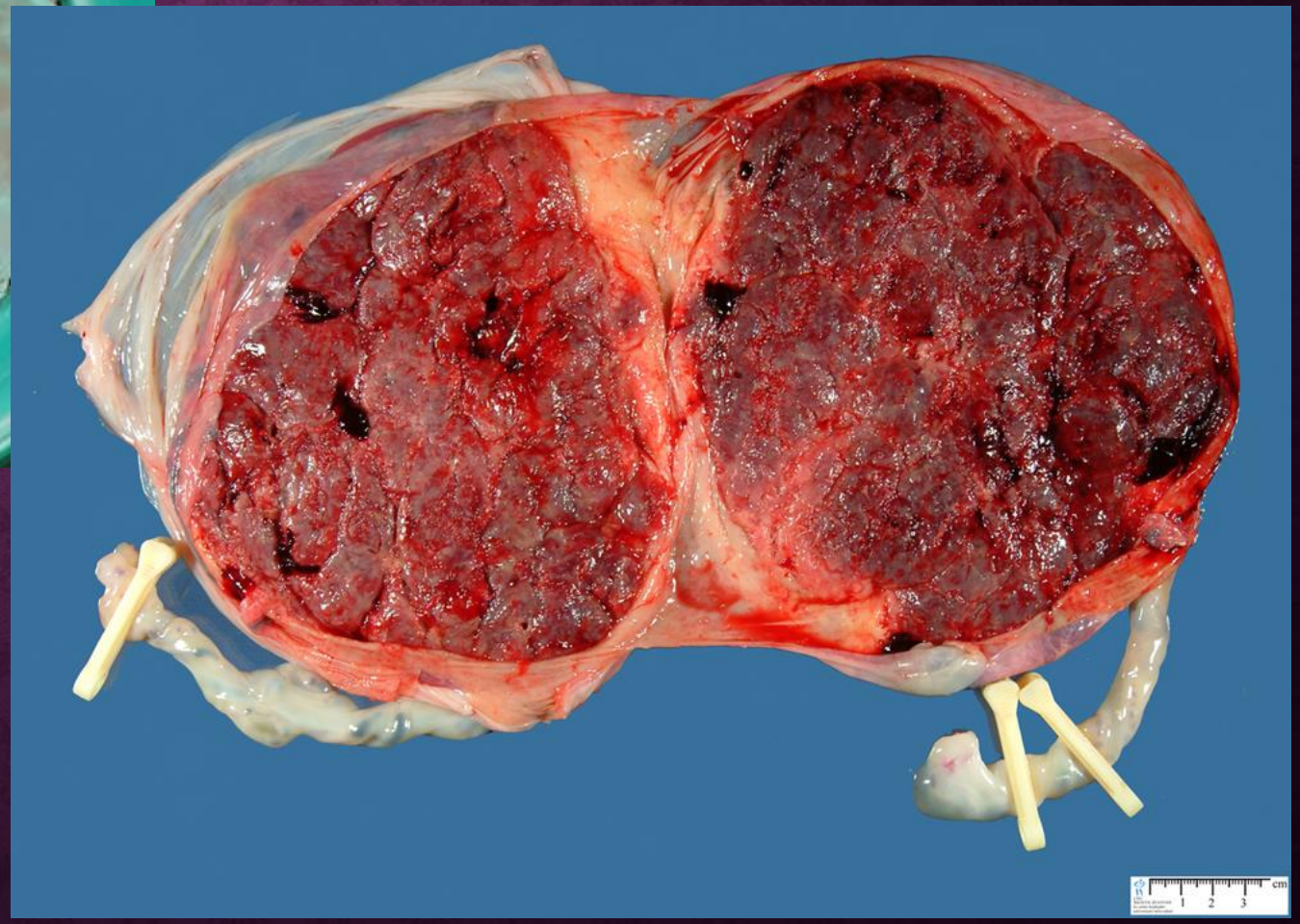
HPL





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WHY WE SAY IT

Stillbirth

monochorionic: 44.4 per 1000 births

dichorionic: 12.2 per 1000 births

most <24 wks, >24 wks, Mono still 3x higher than Di

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ULTRASOUND

IUGR: use singleton growth curves

discordance as early as 1st trimester

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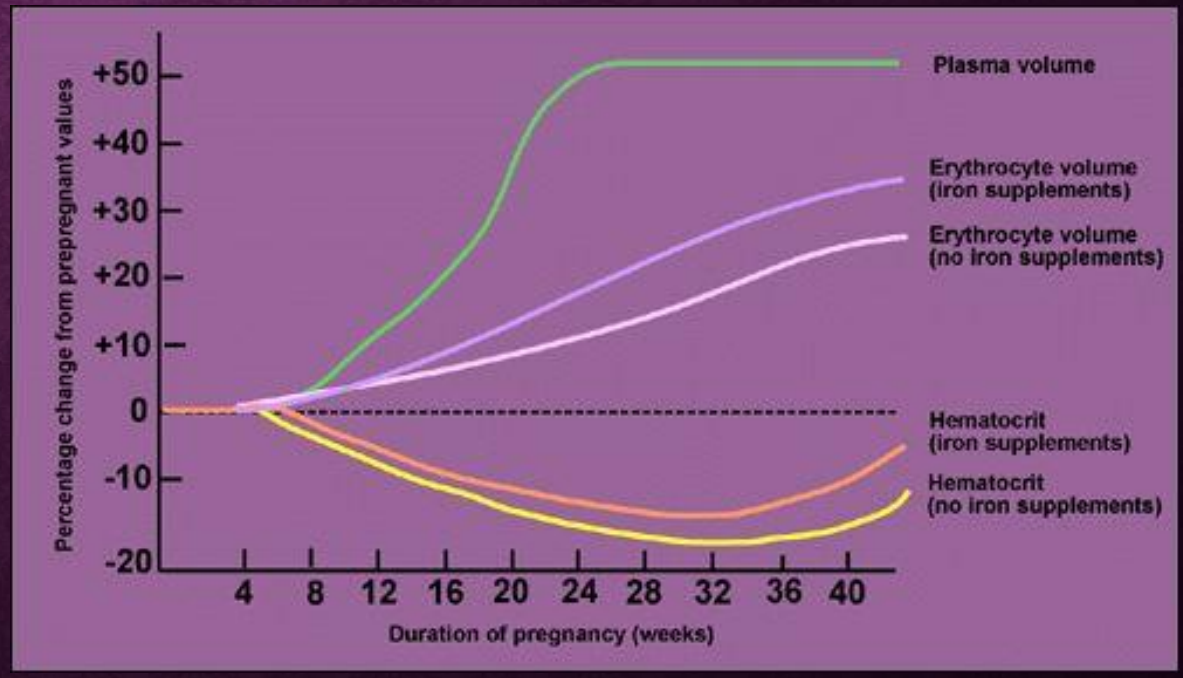
Recommendations:

SMFM: 30mg/d

60mg/d in anemic women



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In the third trimester she should be seen every 1-2 weeks, with cervical exams as indicated by symptoms.

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The usual careful attention will be paid to blood pressure, proteinuria, and weight gain.

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