

Twin Birth Information Sheet

How are twins formed and how common are they?

Twins are the most common form of multiple pregnancy (any pregnancy with more than one fetus.) There are two different types of twins: monozygotic (identical) and dizygotic (fraternal). Monozygotic twins are formed when one egg is fertilized and the egg splits. Depending on when the egg splits, it will determine if there will be one or two chorion and one or two amnion. The later in development that the egg splits the higher the chance that congenital anomalies will exist. Dizygotic twins are formed when two different eggs are fertilized by two different sperm. Dizygotic twins can be formed from two separate ovulations.

Historically, twin pregnancies comprise approximately 1 percent of all pregnancies. However, over the last twenty years the incidences of twins and higher multiples (triplets, quadruplets, etc.) has risen dramatically. The increase is due to the widespread introduction of assisted conception techniques which include ovulation induction and in vitro fertilization.

What special risks or complications are associated with the birth of twins?

Being pregnant with multiples is not necessarily a high-risk situation, except when the pregnancy is with higher order multiples or when a specific problem presents. However, aside from the inherent risks in all pregnancies, there are some risks and complications that are higher incidences in pregnancies of twins. These incidences include:

Maternal	During Labor and Birth	Twins
<ul style="list-style-type: none">• Anemia• Gestational diabetes• High stress levels• Hypoglycemia• Increased cardiac output• Maternal morbidity• Maternal mortality• Postpartum depression• Pre-eclampsia• UTI• Diastasis recti	<ul style="list-style-type: none">• Premature labor• Postpartum hemorrhage• Cord (entanglement, prolapse)• Malpresentation• Placenta abruption• Placenta previa• PROM• Prolapsed membranes• Discordinate uterine contractions• Hard to monitor fetal heart tones• Uterine atony	<ul style="list-style-type: none">• Fetal abnormalities• Fetal death• Fetal distress• Hypoglycemia• IUGR• Overall smaller size• Premature birth• Reversed arterial perfusion-acardiac twin gestation• Twin to twin transfusion• False positive on quad screen

What special needs does a pregnancy with twins have?

Many of the pregnancy and postpartum needs that mothers with twins have are the same as those who are carrying a single baby. However, since the needs to nurture a second baby all of the needs are magnified. Some needs that you may find are:

- Prenatal visits may be longer. Extra time may be needed to assess your and your babies' health. During this time, you may need additional time to process the changes that having multiple infants will have on your life.
- Greater need for support. Having twins will require twice as many resources. These resources are everything from extra diapers to time needed to breastfeed. You will need to plan ahead on how you will be able to meet not only your babies' but also your own needs.
- Nutrition. Mom that are expecting twins need to be very conscious that they are eating enough calories and protein to sustain herself and her twins. This may be very difficult because her stomach is compressed. Some general nutritional guidelines are eating:
 - a. Extra 500 calories per baby per day
 - b. Additional 25 grams of protein per baby
 - c. Drink water, water, and more water.
 - d. Eat frequent meals with protein to maintain steady blood sugar levels.
 - e. If need supplement with liquid nutrition fortified with protein powder

How is labor and birth of twins different than that of a single baby?

In the state of Oregon, it is possible for a woman to have a twin homebirth attended by a midwife. However, she is unable to legally have a twin birth at a birth center attended by the same midwife.

As with twin pregnancy, much of the risks and complication of a twin homebirth is inherent in any birth. However, there are some additional aspects to consider.

- You may be asked to schedule an ultrasound near term at 35 to 36 weeks. Ultrasound is helpful to identify position of babies, the location of placenta, and any large discrepancy for size.
- There may be more people present at your birth then you may have initially anticipated. It is very helpful to have a separate midwife and assistant for each of the babies. This will help to insure adequate care for each baby and for mom.
- After the first baby is born, the second baby may wish to rotate to a transverse position. If this happens, an external cephalic version may be needed to turn the baby to a vertex position.
- Do a larger placenta site, there is an increased risk of postpartum hemorrhage.

Under the medical model cesarean sections have become popular for twin births. The cesarean section rate is well above 50% for twins. Under this model, whether or not you have a vaginal birth will depend on many factors including the position of the babies, if the babies are monoamniotic (share the same amniotic sac), if there are signs of fetal distress, and the obstetrician's experience with delivering a vaginal twin birth. Although it is becoming increasingly rare, it is possible to find an obstetrician who will attend a vaginal twin birth if they feel the conditions are favorable.