

What You Need to Know When Managing Twins

10 Key Facts



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KEYWORDS

- Twins • Chorionicity • Anomalies • Fetal echocardiography • Discordant growth
- Twin-twin transfusion syndrome • Twin delivery

KEY POINTS

- Accurate dating and determination of chorionicity is critical in the management of twin pregnancies.
- Structural anomalies, placental abnormalities, cervical shortening, and fetal growth disturbances are all more common in twins.
- Because of the unique complications related to monochorionicity, serial surveillance is recommended throughout gestation to optimize outcomes.

10 KEY FACTS

1. *Twins Are Common*

A twin pregnancy is no longer a novel occurrence. Twins now compromise more than 3% of all live births in the United States.¹ Advances in reproductive technologies have been the main driver of this increase, but practitioners need to maintain a high level of suspicion when certain clinical characteristics are detected. Before the routine use of ultrasound, more than half of twin gestations were undiagnosed until the intrapartum period.² In contemporary obstetrics, timely detection is expected by patients and provides the best opportunity to optimize care of these potentially complicated pregnancies (**Box 1**).

2. *Establish Due Date Early*

Correct dating is of paramount importance for the proper management of twin pregnancies. Correct dating is highlighted by recent reviews that recommend that uncomplicated dichorionic twins be delivered at 38 weeks, monochorionic twins at 36 weeks,

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Box 1**Clinical suspicion of twins**

- Larger than expected uterine size
- Strong family history of fraternal twins
- Severe hyperemesis gravidarum
- Elevated serum β -HCG
- Use of assisted reproductive technologies

and monoamniotic twins at 34 weeks compared with 41 weeks for singletons.³ For both twins and singletons, pregnancy dating is best performed in the first trimester using the crown-rump length (CRL) (**Box 2**).⁴

Accuracy of the CRL to predict the due date before 14 weeks is ± 5 to 7 days.⁵ In the second and third trimesters, multiple biometric measurements are used to calculate gestational age, but this approach is less precise. In patients that present late for care with uncertain menstrual dates, a repeat ultrasound in 3 to 4 weeks to assess interval growth can be useful to confirm the assigned due date. For twins conceived by means of in vitro fertilization (IVF), the due date should be calculated from the age of the embryo and date of transfer.⁵ Regardless of how a pregnancy was conceived, dating can be ambiguous if there is a significant size discrepancy between the twins. In these cases, dating using the larger twin decreases the risk of overlooking early intrauterine fetal growth restriction (IUGR), but the smaller CRL has been shown to be more accurate in the estimation of gestational age in twins.^{6,7} Serial evaluation of twin growth may help to clarify pregnancy dating when early ambiguity exists.

3. Chorionicity Is Critical

Chorionicity has a significant impact on obstetric management and risks for complications. Unlike dizygotic twins that are always dichorionic, monozygotic twins may be dichorionic or monochorionic depending on when the embryo split (**Table 1**). Correct assignment of chorionicity is close to 100% when carried out in the first trimester but decreases to 90% in the second trimester.^{8,9} A recent study found that before 20 weeks, ultrasound incorrectly assigned chorionicity in 6.4% of twins overall with 4% of dichorionic twins and 19% of monochorionic twins misclassified.¹⁰ Thus, chorionicity should be established at the time of the initial ultrasound, optimally in the first trimester.

Early in the first trimester, the number of gestational sacs equals the number of chorions, and a few weeks later, the visualization of 2 separate placentas can be used to establish dichorionicity. In twins with a single or fused placenta, characteristics of the intervening membrane can help distinguish between dichorionic and monochorionic placentation. Membrane thickness, number of layers, and the presence of either the λ or the T-sign can be evaluated by early ultrasound. In dichorionic twins, the

Box 2**Importance of accurate dating in twins**

- Correct timing for screening and diagnostic testing
- Accurate interpretation of twin growth
- Appropriate initiation of antenatal testing
- Optimal scheduling of twin deliveries

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