



# Birth Planning

Dichorionic diamniotic (DCDA) Twins (Robson Group 8)  
Data from 2016-2024 (622 women)



BIRTH OUTCOMES FOR MTW

- SVD 16%
- Assisted vaginal birth 10%
- Vaginal birth / emergency caesarean 3%
- Emergency caesarean 29%
- Elective caesarean 42%



Improving birth experience, minimising intervention and achieving best outcomes

Using a birth pool

Position and mobility in labour

Monitoring in labour

Hypnobirthing

Complementary therapies  
(aromatherapy, massage, acupuncture)

Pain relief

#### Minimising perineal trauma

- Antenatal perineal massage

- Warm perineal compress for 'pushing stage' of labour.

#### Skin to skin contact at birth

**Please discuss your options with  
your midwife or doctor**

Further information available on our website:  
<https://www.mtw.nhs.uk/service/maternity>

Created by MTW Maternity Services 2024 for Kent and Medway Local Maternity Neonatal System





## Dichorionic diamniotic (DCDA) Twins (Robson Group 8)



- Dichorionic twins have two separate gestational sacs separated by a thick dividing membrane which suggests a dichorionic diamniotic pregnancy
- Twins' clinic at MTW Specific antenatal clinic for parents expecting twins. First appointment with specialist multiple pregnancy midwife who works closely with obstetric team in developing plan of care, including additional scans, appointments and follow ups throughout pregnancy.
- Risks associated with a multiple pregnancy Discuss increased incidence of complications with multiple pregnancies i.e. pre-term delivery, growth disorders, fetal loss, and congenital abnormalities. Maternal complications include increased incidence of pre-eclampsia and postpartum haemorrhage.
- Criteria for delivery at TWH >28 weeks and both twins should be >800 grams. If gestation is <28 weeks or estimated fetal weight <800 gram in-utero transfer to a tertiary care centre is recommended. If delivery is imminent the babies can be transferred after the birth. There may be a potential risk of separation according to cot availability.
- NMPA data shows the pre-term birth rate for babies born between 23 weeks to 36+6 weeks as 59% in comparison to MTW data that is 53.4%.
- National guidelines recommend elective birth at the following gestational ages:  
Uncomplicated DCDA twin pregnancies between 37 -38 weeks.
- Pre-term twin delivery can be prevented by working on modifiable risk factors:  
Taking care of any health problems like diabetes, high blood pressure or depression.  
Smoking cessation, avoiding alcohol or drug abuse  
Eating a healthy diet  
Timely treatment of infections  
Involvement of social services for domestic abuse (physical, sexual and emotional)
- Antenatal colostrum collection is highly recommended

