

Treatment guidelines for twin pregnancies

6 August 2015, by Courtney Mccrimmon

A monochorionic twin pregnancy, a pregnancy in which identical twins share one placenta, faces unique complications that can threaten the health and life of both babies, requiring an increased understanding of treatment techniques for the mother. Today, in work led by Stephen Emery, M.D., a maternal-fetal medicine surgeon with Magee-Womens Hospital of UPMC, the North American Fetal Therapy Network published evidence-based and consensus-driven recommendations for the management of such pregnancies in the journal *Obstetrics and Gynecology*.

"Identical twin pregnancies present some of the most challenging complications a maternal-fetal medicine specialist can face," said Dr. Emery, who is the paper's lead author. "With timely diagnosis and intervention, we can improve pregnancy outcomes. We hope these guidelines help general obstetric practitioners understand some of the complexities that can affect the development of [identical twins](#) sharing one placenta. These guidelines also should help with patient counseling, including when a woman experiencing a complication should be referred to a regional treatment center and how to co-manage her care when she returns after treatment."

The North American Fetal Therapy Network is a consortium of 30 medical institutions across the U.S. and Canada with established expertise in fetal therapy and complex fetal disorders. For this publication, the consortium identified nine disorders to highlight, including:

- Twin-to-twin transfusion syndrome, a disease of the placenta in which blood passes disproportionately from one baby to the other through connecting blood vessels within their shared placenta. One baby receives too much blood, overloading his or her cardiovascular system while the other baby doesn't receive enough and develops low blood volume. Left untreated, this condition is almost always fatal for both

twins.

- Selective growth restriction, when a disproportionate share of the placenta causes inadequate nutrition and consequently growth restriction in one of the twins. Increasingly, selective growth restriction is being recognized as a major complication for monochorionic twin pregnancies because it is frequently associated with pregnancy loss and poor neurological outcomes.
- Twin anemia polycythemia sequence, a form of twin-to-twin transfusion syndrome characterized by chronic, slow blood transfusion between the twins, which is believed to develop due to very small caliber artery-to-vein vessels that develop between the twins. One twin becomes severely anemic while the other has too many red [blood](#) cells (polycythemia), resulting in serious problems for both.

More information: "The North American Fetal Therapy Network Consensus Statement: Management of Complicated Monochorionic Gestations." *Obstetrics & Gynecology*: July 31, 2015 [DOI: 10.1097/AOG.0000000000000994](https://doi.org/10.1097/AOG.0000000000000994)

Provided by University of Pittsburgh

APA citation: Treatment guidelines for twin pregnancies (2015, August 6) retrieved 28 April 2021 from <https://medicalxpress.com/news/2015-08-treatment-guidelines-twin-pregnancies.html>

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