



Multiple pregnancy: reducing your chance of preterm birth

What is this leaflet about?

When you are pregnant with twins or triplets (a multiple pregnancy), there is more chance of a preterm delivery. This means having your babies before 37 weeks (full term).

This leaflet looks at:

- why you might deliver your babies early
- how we can watch for it
- ways of reducing the chance of it happening



How likely is it that my babies will come early?

Lots of twins and triplets are born early. Sometimes this is planned. Sometimes it happens naturally.

- 60 out of 100 twin pregnancies deliver before 37 weeks.
- 75 out of 100 triplet pregnancies deliver before 35 weeks.

You may have a full-term or almost full-term pregnancy if you are carrying more than one baby. The average length of a twin pregnancy is 36.4 weeks.

But it's good to be prepared. You should plan for the fact that your babies may come early. They may need to be looked after in neonatal care for a while.

We know this can be worrying. We have special teams to help keep you and your babies safe.

Why does preterm labour happen?

When you carry more than one baby, the womb has to stretch more. This can make your body send out signals to start labour early.

The more babies that you are expecting, the higher the chance of going into preterm labour.

Your chances of going into labour early are higher if:

- you smoke
- you have had a preterm delivery or late miscarriage in the past
- your waters have broken early (early rupture of membranes) in the past
- there is a difference in the shape of your womb (uterine anomaly)
- you have had a caesarean section when you were fully dilated (10cm dilated) in the past
- you have had a loop treatment (large loop excision of the transition zone or LLETZ) deeper than 15mm for an abnormal smear

Why might I have a planned early delivery?

Some multiple pregnancies can have problems that can be serious. In these cases, it may be safer for you and your babies to deliver early.

Pre-eclampsia

This is a condition that causes high blood pressure. It can happen to anyone who is pregnant. It is more common with a multiple pregnancy.

Severe pre-eclampsia can affect other parts of your body, like your kidneys or liver. It can also mean that the placenta may not work very well to feed your babies.

Pre-eclampsia goes away after you have had your babies.

If you have severe pre-eclampsia, we may recommend having your babies early.

Certain types of multiple pregnancy

With some types of pregnancy, we recommend preterm delivery to reduce the chances of problems, including stillbirth. The timing depends on the type of pregnancy you have.

Twins that share a placenta

This is called a monochorionic pregnancy. We recommend having your babies by 36+6 (36 weeks and 6 days).

Twins that share an amniotic sac

This is called a monoamniotic pregnancy. We recommend having your babies by 33+6 (33 weeks and 6 days).

Triplets

We recommend having your babies by 35+6 (35 weeks and 6 days).

It is important that you make an informed decision about when to deliver. We will talk to you and agree a plan that is right for you and your babies.

Other complications

When babies share a placenta (monochorionic pregnancy), there are some conditions that can cause problems.

These are:

- twin-to-twin-transfusion syndrome (TTTS)
- selective fetal growth restriction (sFGR)
- twin-anaemia-polycythaemia sequence (TAPS)

We may recommend delivering early to avoid these conditions getting worse.

You can find out more about these conditions on the Twins Trust website. The link is at the end of this leaflet.



Can I lower the chances of having my babies early?

Some babies will need to come early to keep them safe. But there are some things that can reduce the chances of your babies coming earlier than they need to.

Stopping smoking

If you smoke, we strongly recommend stopping. This lowers your chances of:

- going into labour early
- bleeding behind the placenta (placental abruption)
- issues with your babies' growth

We can refer you to Stop Smoking services for support with this.



Checking for pre-eclampsia

We will look at your risk of pre-eclampsia when you book in. If we think you are at higher risk, we will recommend aspirin.

You should take this every evening until you are 32 weeks pregnant. This reduces the chance of pre-eclampsia. You will have regular health checks with the hospital and your community midwife to monitor for pre-eclampsia.

Checking for complications

We will offer you regular ultrasound scans to check the growth of your babies. If they share a placenta, you will have a scan every 2 weeks from 16 weeks of your pregnancy.

If we find one of the conditions like twin-to-twin transfusion syndrome (TTTS), we will talk to you more about this.

Checking the length of your cervix

Your cervix is the neck of your womb (uterus).

We will offer you a cervical length scan between 16 and 20 weeks. This is an internal scan to measure how long your cervix is. It should not be painful. It will not harm your babies.

We will offer you extra cervical length scans if you have an extra risk factor for preterm birth. These are the things listed in the "Why does preterm labour happen?" section. If you have any of those, please talk to us about this.

If your cervix is 25mm long or less, we will talk to you about vaginal progesterone to try to reduce the chance of your babies coming early.

Vaginal progesterone

This section only applies to you if your cervical length scan shows a shortened cervix.

What is vaginal progesterone?

Progesterone is a hormone. Hormones are chemicals that our bodies make to carry messages to other parts of the body.

Your body naturally makes progesterone when you are pregnant. It supports your womb (uterus) as it grows. It may also prevent contractions.

We don't know exactly how progesterone prevents early birth. We do know:

- it can have an anti-inflammatory effect
- it may delay the changes in your cervix that lead to labour

Vaginal progesterone is a small tablet (pessary) that goes into your vagina. It is smaller than a tampon and dissolves quickly. It increases the amount of progesterone in your womb.

We only recommend vaginal progesterone if your cervix is shorter than 25mm.

How do I use vaginal progesterone?

Wash your hands before and after you put the pessary in.

- It is easier to put the pessary in if you are lying down or squatting.
- Put the pessary between the lips of your vagina. Push the pessary upwards and backwards using your finger.
- You can put the pessary into your bottom (rectum) instead.
- Gently push the pessary about one inch into your bottom. Your muscles help to make sure it is in far enough. Squeeze your buttocks together for a few seconds. This will make sure the pessary does not come out.

When do I use it?

Put 1 pessary in every evening before you go to bed. This means it is more likely to stay in place and be absorbed.

How long will I use it for?

We recommend using it until 36 weeks and 6 days, or until birth if you deliver before then.

Is it safe?

Yes. There is no evidence that progesterone will harm you or your baby.

Are there any side effects?

There are minimal side effects. Your vaginal discharge may change. There may be more of it, or it may be more watery. Other side effects may include:

- headaches
- breast tenderness
- feeling or being sick
- a cough
- soreness in your vagina

Are there any other options?

If we offer you vaginal progesterone, it is your choice whether to take it or not. You may prefer to just wait and see what happens.

If you have an extra risk factor for preterm birth (the things listed in the “Why does preterm labour happen?” section), we may talk to you about the option of a cervical stitch (cerclage).

It is best to keep moving rather than staying in bed.

What are the signs of labour and what should I do?

If your babies are coming early, it is important that you come to the hospital as soon as you can. This is so that we can put things in place to reduce the risks of preterm birth and help keep your babies safe and healthy.

Practice contractions (Braxton-Hicks) are common. But if they are getting stronger and coming more often, they may mean the start of labour.

Other signs of labour are:

- back pain that gets worse
- passing a “show” (sticky, jelly-like pink mucus) out of your vagina
- leaking fluid from your vagina (your waters breaking)
- bleeding from your vagina

If you have notice any of these things, phone your maternity assessment unit or advice line.



Will my babies need extra care if they come early?

Babies from a multiple pregnancy tend to be small. This means they may need a bit of extra care at the start of their lives.

Your babies may need to spend time at the special care baby unit (SCBU) or the neonatal intensive care unit (NICU).

If we can and if it is safe, we try to keep your babies with you on the postnatal ward. But in nearly half of all twin pregnancies and most triplet pregnancies, at least one baby has to go into special care for a while.

It may be scary to think that your babies might need to spend time in neonatal care. Knowing what to expect can help. Some hospitals have a virtual tour of the neonatal unit available. Please ask about it if you think this would help you.

If you are likely to deliver early, we will organise for the doctors to speak to you about what to expect.

Sometimes, your babies may need to move to a different hospital. This might be so that they can get the care that they need. It may be so they can be closer to home. If this needs to happen, we will talk to you about why.

We will always talk to you and keep you involved. We will make sure that the plans we make are right for you and your babies.



More information

Please visit the Twins Trust website:

<https://twinstrust.org/information/pregnancy-and-birth/preparing-for-birth/prematurity.html>

Author: Dr L. Michie

Renewal date: June 2028