

# Having Multiples

Congratulations! You're having twins (or more)! What do you need to know about having a multiple birth that's different from having a singleton birth at Edward Hospital?

## Recommended Reading:

- *When You're Expecting Twins, Triplets, or Quads* by Dr. Barbara Luke
- *The Multiple Pregnancy Sourcebook* by Nancy Bowers



## Prenatal info

Moms who are carrying multiples have special nutritional needs, have more limitations on physical exertion and workday demands, and face a higher risk of medical complications including prematurity and other health problems. They will also find that a multiple pregnancy (and multiple babies) carries a unique fascination with others—get used to the questions and comments and have your pat answers ready! And having multiples is full of extraordinary joys and challenges!

**Prenatal Weight Gain:** Expect to gain between 40-50 lbs. with twins, 40-60 lbs. with triplets and 65-80 lbs. with quadruplets. If you are expecting twins, try to gain 24 lbs. by 24 weeks gestation (triplets 36 lbs.). Why the majority of weight gain so early? The earlier weight gain provides the building blocks to help your babies mature earlier and provides you with a nutritional reserve for when it's more difficult to gain weight as your abdomen increases. Plus, most multiple moms deliver early, so you don't have as many weeks to gain your weight with multiples. Plan to eat 3 small meals and 3-4 large snacks per day and try to have protein at each one. You will need (daily):



- At least 2800 calories/day for twins (an extra 300 calories/day for higher multiples)
- Extra calcium (at least 1800 mg)—plan on 8-10 servings per day of dairy group
- Protein (at least 100 grams)—10 oz per day of meat group. Protein helps your babies mature developmentally, so be sure to get plenty of protein in each day!
- Iron (at least 60 grams)

- Folic Acid (at least 400 mcg)
- Check with your doctor about Vitamin D, omega 3 fatty acids, and other supplements
- LOTS & LOTS OF WATER! Try to get in 8-12 glasses of water per day. Limit sodas, fruit juices and caffeinated beverages. Avoid alcohol in any form.
- Go to [www.ChooseMyPlate.gov](http://www.ChooseMyPlate.gov) for more information about nutrition during pregnancy



**Food Safety  
for  
Moms-to-Be**

Be very careful regarding food safety! Avoid unpasteurized milk and milk products, fish that might contain high levels of mercury, and other things that might cause a foodborne illness. See the FDA's

website "[Food Safety for Moms-to-Be](http://www.FoodSafetyforMoms-to-Be)" for valuable information regarding foodborne illnesses during pregnancy.

Avoid street drugs, [alcohol, smoking and second-hand smoke](#)! Smoking can cause placenta problems, small babies, and premature labor among other problems. (See [www.marchofdimes.com](http://www.marchofdimes.com) for more information)

Multiples are generally born 2-3 weeks earlier than a single baby. Your babies' growth rate slows down earlier in the pregnancy, the placenta(s) age more quickly, and your uterus will only stretch so far! Average delivery time for twins is around 36 weeks gestation, for triplets around 32 weeks and for quads around 30 weeks. Another reason for getting your weight gain in early!

Women who are carrying multiples tend to have more problems with normal discomforts of pregnancy (shortness of breath, backache, problems sleeping, hemorrhoids, varicose veins, etc.). Talk to your doctor about comfort measures for these problems.

Many doctors will limit activities of multiples' moms during the latter portion of pregnancy. Ask your doctor if he/she prescribes routine bed rest for multiple pregnancy.

Make sure you keep all your prenatal appointments—there are many problems that can arise with multiple pregnancy and you want to be sure your doctor catches them early! With a multiple pregnancy you are more at risk for:

- Gestational diabetes (2-3x higher risk. Can affect the pregnancy—↑risk of stillbirth & birth defects)
- Iron-deficiency anemia (can affect babies' growth, ↑ risk for complications with birth)

- Intrauterine growth restriction (babies don't grow at the same rate—one baby may get less nourishment from placenta and develop problems. May require early delivery.)
- Amniotic fluid problems (excess of fluid or too little fluid. May happen with only one baby if there are 2 amniotic sacks. This can affect the baby's growth and well-being.)
- Placenta problems (may affect babies' growth, may need careful monitoring or even early delivery.)
- Pre-eclampsia (blood pressure problems during pregnancy. Can occur in 1/3 of multiple pregnancies. Depending on severity, may need treatment or early delivery. Always report severe headache and blurred vision to your physician right away!)
- Preterm labor (most common complication of multiple pregnancy. 53% of twins and 92% of triplets are born prior to 37 wks.)

Preterm Labor. Notify your doctor right away if you notice any signs of preterm labor (prior to 37 wks). If caught early enough, your doctor can give medication that can slow or stop labor. If unable to stop labor, there are medications they can give you to help mature your babies' lungs. The signs of preterm labor are:



- 4-6 or more contractions in an hour
- Menstrual-like cramps
- Rhythmic or constant pressure, may radiate to the back & thighs
- Intestinal upset, diarrhea
- Vaginal discharge (mucousy, water, or blood tinged)
- Low, intermittent or constant backache
- Sense that “something is not right”
- Feeling “tight all over” (uterine irritability)

Bed rest. One of the treatments for preterm labor is bed rest. If your doctor prescribes bed rest, be sure to follow his instructions fully! Babies develop much better in the uterus, rather than in the NICU! And sometimes just a week can make a huge difference in babies' development! For more information about bed rest and for on-line support, go to [www.sidelines.org](http://www.sidelines.org) or [www.bedrest.com](http://www.bedrest.com).



## Labor & Birth at Edward Hospital

Edward Hospital is a great place to have multiples! We deliver over 100 sets of twins per year. In our busiest year we delivered 131 sets of twins and 5 sets of triplets. We've even delivered quadruplets and quintuplets!



Since you are having multiples, ask your doctor when to come in to the hospital for birth. He/she may want you to come in earlier in labor to be monitored more closely.

Your twins can only be delivered vaginally if they are both in the head-down position. If Baby A (closest to the cervix) is in the head-down position but the other one is in either transverse or breech position, your doctor will decide if he/she wants to allow you to deliver vaginally or by C/Section. If the first baby is in breech position, your doctor will schedule a C/Section. Triplets and higher order multiples are delivered by C/Section.

Our moms expecting twins who plan a vaginal delivery can labor in a regular labor room, but when it gets close to delivery time, you will be taken to the OR suites within the OB department. Your doctor will also want you to have an epidural in place, in case your second baby has trouble and needs to be delivered by C/Section. The rules for the OR apply even if you deliver vaginally—only one support person can be with you in the OR (usually it's dad) and he will have to wear the jumpsuit cover over his clothes, with shoe covers and a cap. Also, no cameras are allowed in the OR, but photos can be taken in the recovery room.



After the first baby is delivered vaginally, you will have a quick ultrasound to determine the position of the second baby. Depending on the position that baby has moved into, once the first one has delivered, you will either have another vaginal delivery of the second twin or may have a C/Section if that twin is now transverse or breech.

In the OR for your delivery, in addition to your OB doctor and labor nurse there will be neonatologists and nurses to take care of the babies. If your babies are close to term and have no physical problems at birth, they may go with you into the recovery room. If they are premature or have problems after birth, they will be taken into the NICU to be further evaluated and receive special care.

## NICU (Special Care Nursery or Intensive Care Nursery)

We have a level III NICU, which gives the highest level of care for newborn babies. We have a team of 14 Neonatologists plus many Pediatric specialists who can tend to babies with all types of problems. Our NICU nurses are specially trained to handle sick or premature infants.



If your baby is taken to the NICU, you will be able to go see them as soon as possible. Usually about 12 hours after a C/Section, mom will feel strong enough to sit up in a wheelchair to go to the NICU briefly. Dad (or other banded support person) is allowed into the NICU to check on babies as soon as the doctor has completed assessment and any initial tests or treatments.

NICU visitation is allowed at any time by banded persons. Two visitors are allowed at a time, but one of them must be banded. Visitors must be 16 years or older and not have any symptoms of illness. Proper hand hygiene is observed with all visitors.

Our NICU nurses are excellent at helping moms and dads learn to hold and care for their new babies. As soon as baby's condition is stable enough, your baby's nurse help you with kangaroo care (holding baby skin-to-skin against your chest). They will show you how to change a diaper, give a sponge bath, and feed a bottle once your baby is stable enough for you to do this.



We have a lactation consultant for the NICU who is available to help mom get started pumping right away.

We strongly recommend breastmilk for our NICU babies because of all the advantages it has for sick and premature infants. You can bring in your pumped breastmilk so that babies can get it through tube feedings and when it's time for baby to start nursing, our lactation consultant will instruct you and help you to get baby suckling.

