As you are probably gathering, multiple pregnancy is complicated! In this article, I am going to focus on growth problems. This is where a baby is not reaching the expected size for the current gestation.

What causes growth problems?
Before we discuss how growth problems are picked up, why might there be growth problems? Multiple pregnancies are more likely to have growth problems than singletons. It is thought that this is, in part, due to the requirement for a larger part of the surface of the uterus to form the placenta. As the pregnancy progresses, the placenta(s) are bigger than in a singleton pregnancy and this may result in a less well-established placenta. There is overcrowding! In addition, the way that the placenta attaches (implants) can also be sub-optimal, which results in growth problems but can also lead to pre-eclampsia.

When there is sub-optimal placental size and function, the babies adapt to this environment of reduced nutrition. This will often be manifested as a reduction in the growth of the babies.

How are growth problems detected?
In current practice, it is usual to have regular scans when a woman is pregnant with more than one baby. In a singleton pregnancy there are two government funded scans, at 11-13 weeks and 18-20 weeks. These cover the screening scans for abnormalities in the baby. These scans are also available to all women with multiple pregnancy (see my article on screening in multiples, published in Multiple Matters, March 2010).

In multiple pregnancy, the method of measuring the Symphysio-Fundal Height (using a tape measure on the mother’s abdomen) is prone to more errors, and as I said earlier, there is a higher chance of growth problems. Therefore, a regular ultrasound scan is used instead, to monitor the babies growth.

During the scan the sonographer will assess the babies’ growth using measurements of the head, abdomen and thigh bone (femur). These will be used to calculate an estimated fetal weight. This can vary by 10-15% either way, so there is quite a big error! In addition, the activity of the babies and the fluid around them (liquor) will be assessed. These are also assessments of wellbeing.

How do growth problems affect the babies?
When a baby has restricted nutrition from the placental blood flow, it will adapt—it is like an adult not eating enough food. The baby has essential organs which will always get priority. These include the brain, heart muscle and the adrenal glands, which produce adrenaline. Other areas will miss out. This includes the kidneys, which make urine, which then forms the majority of the liquor around the baby. So, when there is reduced nutrition, reduced liquor maybe a sign of the baby adapting to this. In addition, the baby will move less and grow less, as these both burn up calories.

In addition to assessing the growth, activity and liquor, the sonographer will examine the blood flow in the umbilical cord. This gives an indication of the way the placenta is functioning and is also another surrogate marker of the baby’s wellbeing.

What about the placentas?
In Dichorionic twins (where there are two placentas), growth scans will usually start around 24 weeks gestation and will usually be once a month. These twins are at lower risk of problems than Monochorionic twins (one shared placenta).

In Monochorionic twins, the New Zealand Fetal Maternal Medicine Network (NZFMFN) recommends that scans are started at 16 weeks and are performed every two weeks. This seems very early, but is important to detect other problems which only monochorionic twins have, in addition to growth problems. To determine if twins are dichorionic or monochorionic (and also in higher-order multiples), a scan needs to be performed and comment noted on this, at less than 15 weeks. After this, it is much less accurate. If you have a scan at less than 15 weeks and it does not say what type of placenta is present, then you need to find out!

Can growth problems be prevented or treated?
The short answer is no! Certainly, if you smoke this is associated with growth restriction and women should be encouraged to stop or at least cut down. This can help even when the woman is halfway through the pregnancy. If you don’t smoke, then there is not a great deal that can be done. The placenta is formed by 24 weeks.
And after that, cannot be changed in terms of the implantation.

So there are growth problems, what now? In Dichorionic twins this often occurs well after the time the babies become viable (can survive if born). It mostly requires more scans and closer monitoring. Typically, one is the troublemaker (small and growth restricted) and the other is growing okay. However, usually the troublemaker needs to be born at some stage because of concerns on ultrasound scan, and this is often early. This means that the well grown twin also has to be born early, even if it is well. It is quite curious, as after birth in the neonatal unit, the smaller twin often does better! It seems to be hungry and catches up quickly, whilst the bigger twin gets a shock at being brought out early.

In Monochorionic twins, there is more likely to be a situation where the growth problems become an issue around the time of viability (22-28 weeks). This means the pregnancy becomes very high risk and requires increased scans and surveillance. There can be difficult decisions for the parents around how much intervention to take.

Summary
In summary, multiple pregnancies can have growth problems and they are more common than singleton pregnancies. Regular growth scans can detect problems and surveillance is likely to increase. However, in the majority of cases, watchful waiting is all that is required, with earlier delivery usually being only a couple of weeks earlier than planned.

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Multiples with special needs

You’ve given birth and have now been told by a medical professional that you have one or more children with a special need or needs. What do you do now? Where can you turn for help? How will you cope?

This is a very difficult time of adjustment. This is a time to adjust your expectations and take on new ones. Spend time with each other and your children. Recruit promises of help and support from family and friends. Take advantage of all help offered to you and your family. Consider joining the Multiple Birth Club near you. You’ll find other parents who have been through (or are currently going through) exactly what you are. There is great comfort in making these connections.

Multiples are automatically at “high risk” for problems during pregnancy and birth, due to sharing (often unequally) of maternal nutrition and lack of growing space. This also means that twins and higher-order multiples have a relatively high incidence of preaturity, low birth weight and other attendant problems. Some problems may have long lasting effects, resulting in children with special needs, handicaps or disabilities.

In addition, there are disabilities that may have nothing to do with being a multiple and be solely due to the child’s genetic make-up. Whatever the cause of a child’s disability and whatever its nature, it presents an additional challenge to a family already handling the pressures of raising two (or more) young babies. Dealing with all of these challenges will not be easy.

Here are some words of advice from parents who have gone through what you may be facing, and want you to know what helped them:

- Be patient
- Keep a sense of humour
- Take time out
- Give a little of your time to yourself and your partner
- Take one day at a time, with a hug at the end of each one
- Talk to others
- Don’t be afraid to talk about your “special children”
- Always remember who gave support and give it to someone else
- Don’t blame yourself—guilt is a waste of time and energy
- Accept the challenge, then your child will learn to accept it too

- Don’t create problems—many problems arise from the expectations of others
- There is always “someday”.

These are sound and practical bits of advice from parents who have already walked in your shoes.

Remember the little achievements. Never take ‘no’ for an answer, especially when you know what you ask for is right and fair.

Look upon your multiples as being very fortunate to have each other. They will become richer due to this unique situation because the care they show for each other will be spread to those around them throughout their lives.

Cheers,
Raewyn

Courtesy of the Canadian Multiple Birth Association