

Maine Medical

PARTNERS

Women's Health

A department of Maine Medical Center

Protocol for the Management of Twins in Labor and Delivery

This protocol addresses the management of twin pregnancies in labor, with the plan for vaginal delivery. Timing of delivery will depend upon the type of twins:

Dichorionic/diamniotic twins	38 weeks, if otherwise uncomplicated
Monochorionic/diamniotic twins	37 weeks, if otherwise uncomplicated

Of note, those with a non-vertex presenting twin are not candidates for vaginal delivery.

Upon admission:

- Maternal vital signs.
- Labs: Type & screen, CBC.
- Place IV/heplock.
- Confirm fetal well-being with twin monitor.
- Cervical exam, ± sterile speculum exam if presenting with rupture of membranes.
- Ultrasound to confirm presentation of both fetuses.
- Confirm group B streptococcus (GBS) status.
- Anesthesia consult.
- Patient should be consented for cesarean delivery, in case of emergency.

During labor:

- Administer appropriate antibiotic prophylaxis, if GBS positive.
- Continuous fetal heart tracing with twin monitor.
- Perform cervical exam at least every 2 hours, once in active labor.
- Consider use of fetal scalp electrode (FSE) for twin A.
- Consider reassessment of fetal presentations with bedside ultrasound.

Delivery:

- Patient should be brought to OR for delivery.
- Both Anesthesia and Pediatrics/NICU should be present for delivery.
- After delivery of twin A, confirm B's presentation and well-being with ultrasound.
- If twin B is found to be breech/transverse, provider may attempt version.
- Allow adequate descent of twin B's head prior to artificial rupture of membranes.
- Consider use of fetal scalp electrode (FSE) for twin B.
- If reassuring FHR tracing, there is no set limit for timing between deliveries.