**CARE PROTOCOL: Twins**

<table>
<thead>
<tr>
<th>Gestational age</th>
<th>Mono-Di Twins</th>
<th>Di-Di Twins</th>
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| **<23 weeks gestation** | • Confirm GA/EDC.  
• Confirm placenta.  
• Review risks and signs and symptoms of preterm labor, pPROM.  
• Initiate checks for twin-to-twin transfusion syndrome (TTTS) every 2 weeks (may be performed in clinic).  
• Measure cervical length (CL) with transvaginal ultrasound (TVU) at 20–24 weeks gestation; if CL <2.5 cm refer to short cervix protocol on page 15 for guidance. | • Confirm GA/EDC.  
• Confirm placenta.  
• Review risks and signs and symptoms of preterm labor, pPROM.  
• Measure cervical length (CL) with transvaginal ultrasound (TVU) at 20–24 weeks gestation; if CL <2.5 cm refer to short cervix protocol on page 15 for guidance. |
| **23–28 weeks gestation** | • Perform ultrasound to assess fetal growth and AFI at 28–30 weeks gestation.  
• Check BP and determine need for treatment; if BP >160/100, initiate antihypertensive therapy:  
  – Labetalol – first-line medication choice.  
  – Nifedipine – second-line medication choice.  
• Perform glucose tolerance testing at 26–28 weeks.  
• If indications of preeclampsia, IUGR, fetal distress, or documented preterm labor:  
  – Admit for evaluation of maternal/fetal condition. Transfer to tertiary care center if appropriate NICU services are not available.  
  – Give steroids. See PTL/PTB Medication Table on page 23.  
  – Give magnesium sulfate. See PTL/PTB Medication Table on page 23.  
  – Give tocolysis for PTL indication. See PTL/PTB Medication Table on page 23. | • Perform ultrasound to assess fetal growth and AFI at 28–30 weeks gestation.  
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| **29–32 weeks gestation** | • Perform ultrasound to assess fetal growth and AFI at 28–30 weeks gestation.  
• Check BP and determine need for treatment; if BP >160/100, initiate antihypertensive therapy. See medication choices in row above.  
• Initiate antenatal surveillance: twice weekly NST/AFI beginning at 32 weeks gestation.  
• If indications of preeclampsia, IUGR, fetal distress, or documented preterm labor:  
  – Admit for evaluation of maternal/fetal condition. Transfer to tertiary care center if appropriate NICU services are not available.  
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**Delivery Timing**

- Delivery will occur at >37 weeks GA unless one of the following occurs:
  - Severe preeclampsia.
  - Fetal distress noted on antenatal surveillance.
  - IUGR of one or both infants (<10%).
  - pPROM.

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  - Severe preeclampsia.
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**Patient Education Materials**

- Intermountain fact sheets supporting this risk-specific protocol:
  - **Fetal Testing (nonstress test, amniotic fluid assessment, and biophysical profile)**
    - Fact sheets available in English and Spanish. See page 25 for a list of all related resources, instructions for accessing them.

**Key Actions for Providers:**

- Initiate twice weekly NST/AFI surveillance beginning at 32 weeks.
- Follow delivery timing guidelines in this protocol.