

► [Click here](#) to view the complete care process model, *Prevention and Management of Preterm Birth (Spontaneous and Indicated)*

CARE PROTOCOL: Twins

Gestational age	Mono-Di Twins	Di-Di Twins
<23 weeks gestation	<ul style="list-style-type: none"> • Confirm GA/EDC. • Confirm placentation. • 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. 	<ul style="list-style-type: none"> • Confirm GA/EDC. • Confirm placentation. • 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	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> – 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: <ul style="list-style-type: none"> – 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. 	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> – 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: <ul style="list-style-type: none"> – 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.
29–32 weeks gestation	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> – 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. 	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> – 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.
Delivery Timing	<p>Delivery will occur at >37 weeks GA⁴⁷ unless one of the following occurs:</p> <ul style="list-style-type: none"> • Severe preeclampsia. • Fetal distress noted on antenatal surveillance. • IUGR of one or both infants (<10%). • pPROM. 	<p>Delivery will occur at >37 weeks GA unless one of the following occurs:</p> <ul style="list-style-type: none"> • Severe preeclampsia. • Fetal distress noted on antenatal surveillance. • IUGR of one or both infants (<10%). • pPROM.

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.