NICE National Institute for Health and Care Excellence

Twin and triplet pregnancy (NG137) – Update to recommendations on preventing preterm birth

Draft for consultation

This guideline covers the care that should be offered to women with a twin or triplet pregnancy in addition to the routine care that is offered to all women during pregnancy. It aims to reduce the risk of complications and improve outcomes for women and their babies.

These recommendations will update NICE guideline NG137 (published September 2019).

Who is it for?

- Healthcare professionals
- Commissioners
- Pregnant women and pregnant people with a twin or triplet pregnancy, their families and carers

What does it include?

- revised recommendations on preventing preterm birth

- rationale and impact information that explains why the committee made the 2024 recommendations and updates, and how they might affect practice and services. Full details of the evidence and the committee's discussion are included in evidence review C: progesterone for preventing spontaneous preterm birth in twin and triplet pregnancy

Information about how the guideline was developed is on the guideline's webpage. This includes the evidence review, details of the committee and any declarations of interest.

Updated recommendations

We have reviewed the evidence on preventing preterm birth. You are invited to comment on the revised recommendations only. These are marked as **[2024].**

ID Number (please use to identify what comment relates to at consultation)	Existing recommendation in NG137	Proposed revised recommendation	Rationale for change	Impact of change
1	**1.5 Preventing preterm birth**	1.5.1. Offer a cervical length scan between 16 and	There was evidence of benefit for vaginal progesterone, with	The committee noted that there would be a

	The committee did not make any recommendations on vaginal progesterone for preventing preterm birth in twin pregnancies because of emerging evidence in this area. NICE will carry out an exceptional update based on the new evidence when it becomes available.	20 weeks to women or pregnant people with a twin or triplet pregnancy. **[2024]** 1.5.2 Offer progesterone 200 mg vaginal capsules once a day at bedtime to women or pregnant people with a twin or triplet pregnancy and a cervical length of 25 mm or less, measured between 16 and 24 weeks of pregnancy. Continue treatment until 34 weeks (or birth if sooner). **[2024]** 1.5.3 Consider progesterone 200 mg vaginal capsules once a day at bedtime for women or pregnant people with a twin or triplet pregnancy who are found to have a cervical length of less than 25 mm later than 24 weeks of pregnancy. Continue treatment until 34 weeks (or birth if sooner). **[2024]** In January 2024 this was an off-label use of progesterone	reduced preterm birth and reduced serious neonatal complications in women or pregnant people with a twin pregnancy and a short cervix (defined as 25 mm or less). There was no evidence of benefit for vaginal progesterone in women or pregnant people without a short cervix. There was also no evidence of benefit in those with or without a previous history of preterm birth, but this differed from the evidence for singleton pregnancies so the committee made a research recommendation. There was no evidence available for vaginal progesterone in women with a triplet pregnancy, but the committee agreed that it was reasonable to extrapolate on a physiological basis that benefits in twin pregnancies would also be seen in triplet pregnancies. The committee noted that the study showing benefit had administered progesterone up to	resource impact of carrying out cervical length screening for all women or pregnant people with a twin or triplet pregnancy and treating those with a short cervix with vaginal progesterone. However, the health economic modelling conducted for this review showed that carrying out cervical length screening of women or pregnant people with a twin or triplet pregnancy and offering vaginal progesterone to those with a short cervix would reduce preterm births and the associated neonatal morbidity and was a cost-effective use of NHS resources.

		200 mg vaginal capsules. See NICE's information on prescribing medicines.	34 weeks of pregnancy and so included this in their recommendation. The committee noted that the majority of the studies had used a dose of vaginal progesterone 200mg daily and that this was the dose approved in singleton pregnancies, and so they recommended this dose. The committee agreed that, to determine which women and pregnant people would benefit from treatment, it would be necessary to determine cervical length. Consequently, they made a recommendation to screen cervical length in women or pregnant people with a twin or triplet pregnancy. The committee noted that in the evidence cervical length screening had been carried out before 20 weeks of pregnancy but the committee were aware that screening was usually carried out between 16 and 20 weeks and so included this in their recommendation. However, the committee noted that	

			sometimes cervical length measurement would be carried out later in pregnancy, for example if a woman or pregnant person presented with threatened preterm labour, or if they were late booking. In this case, the committee agreed to make a strong 'offer' recommendation for progesterone up to 24 weeks (as there was evidence of benefit when started at this time) and a weaker 'consider' recommendation if a short cervix was identified after 24 weeks, as there was less evidence of benefit at this gestation.	
2	1.5.1 Do not offer intramuscular progesterone to prevent spontaneous preterm birth in women with a twin or triplet pregnancy. **[2019]**	1.5.4 Do not offer intramuscular progesterone to prevent spontaneous preterm birth in women or pregnant people with a twin or triplet pregnancy. **[2019]**	No change	No change
3	1.5.2 Do not offer the following interventions (alone or in combination) routinely to prevent spontaneous	1.5.5 Do not offer the following interventions (alone or in combination) routinely to prevent spontaneous preterm birth in women or pregnant	No change	No change

	preterm birth in women with a twin or triplet pregnancy: • arabin pessary • bed rest • cervical cerclage • oral tocolytics. **[2019]**	people with a twin or triplet pregnancy: • arabin pessary • bed rest • cervical cerclage • oral tocolytics. **[2019]**		