Twin and triplet pregnancy (update)

Consultation on draft scope
Stakeholder comments table

15/18/17 to 03/10/17

Organisation name	Page no.	Line no.	Comments	Developer's response
British HIV Association	General	General	BHIVA recommends the need to conduct routine antenatal HIV testing.	Thank you for your comment. This topic was not part of the original guideline and has not been prioritised as a new topic because it is not specific to twin or triplet pregnancy. HIV testing is already recommended as part of NICE guidance on 'Antenatal care for uncomplicated pregnancies' CG62 (2017).
Bliss	7	1	It's not clear from the surveillance review document why the research recommendation on 'Does additional information and emotional support improve outcomes in twin and triplet pregnancies' is being stood down. The surveillance review document on the NICE website does not make reference to research recommendations being reviewed. Bliss strongly supports the retention of a research recommendation relating to information and support for parents. Providing appropriate information and support to enable parents to be leaders in their babies' care can lower babies' stress levels, promote better health, shorten hospital stays and reduce hospital readmissions. It helps parents bond with their babies and can result in better long tem outcomes for the whole family. References are: POPPY steering group (2009) Family-centred care in neonatal units: A summary of research and recommendations from the POPPY project O'Brien, K., Bracht, M., Macdonell, K., McBride, T., Robson, K., O'Leary, L., Christie, K., Galarza, M., Dicky, T., Levin, A., Lee, S. (2013) 'A pilot cohort analytic study	Thank you for your comment. Based on your comment and feedback from other stakeholders it has been decided to retain the 3 research recommendations in the NICE version of the guideline and the NICE research recommendations database.

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			of Family Integrated Care in a Canadian neonatal intensive care unit,' BMC Pregnancy and Childbirth, 13(Suppl 1), S12	
Department of Health	General	General	Thank you for the opportunity to comment on the draft scope for the above clinical guideline. I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	Thank you for your comment.
Royal College of Obstetricians and Gynaecologists	3	25	Consider replacing "triplet" with "higher order". So it will read as twins or higher order pregnancy	Thank you for your comment. This guideline only covers women with twin or triplet pregnancy because an update needs to be consistent with the population of women covered in the original guideline. Women with a quadruplet or higher-order pregnancy were not covered by the previous guideline and therefore have been excluded from this update. Higher order pregnancies are rare and require specialist care which cannot be adequately covered within the same guideline. Consequently the term 'triplet' cannot be replaced with 'higher order'. The guideline title has now been changed from 'Multiple pregnancy (update); to 'Twin and triplet pregnancy (update)' to be explicit about who the guideline covers.
Royal College of Obstetricians and Gynaecologists	4	3	Why excluding higher order pregnancy in this guideline (with having "multiple pregnancy" as the title of the document)	Thank you for your comment. This guideline only covers women with twin or triplet pregnancy because an update needs to be consistent with the population of women covered in the original guideline. Women with a quadruplet or higher-order pregnancy were not covered by the previous guideline and therefore have been excluded from this update. Higher order pregnancies are rare and require specialist care which cannot be adequately covered within the same guideline. Consequently the term 'triplet' cannot be replaced with 'higher order'. The guideline title has now been changed from 'Multiple pregnancy (update); to 'Twin and triplet

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				pregnancy (update)' to be explicit about who the guideline covers.
Royal College of Obstetricians and Gynaecologists	3	15-16	Minor typo- repetition of 'an equality impact assessment'	Thank you for your comment. We have corrected this typographical error.
Royal College of Obstetricians and Gynaecologists	4	13-26	Could the authors confirm whether the management of intrauterine fetal death of one twin be included in the guideline, This is an important topic both in the management of monochorionic and dichorionic twins	Thank you for your comment. The management of intrauterine fetal death has not been prioritised as a specific separate topic. However, section 3.6 describes that mortality is one of the outcomes that will be prioritised in relation to the review questions within the scope. The committee may therefore be able to comment on the death of one twin in the context of the guideline topics.
Royal College of Obstetricians and Gynaecologists	4, 6, 9	16	The RCOG has replaced the term 'intrauterine growth restriction' with 'fetal growth restriction'	Thank you for your comment. These terms are used interchangeably. NICE have used intrauterine growth restriction in other guidelines and to be consistent this will remain as it is.
Royal College of Obstetricians and Gynaecologists	6		TAPS is discussed in section 3.3 but is not included in the table below	Thank you for your comment. This has now been included in the table.
Royal College of Obstetricians and Gynaecologists	5		Will the management of preterm birth in multiple pregnancy be discussed including mode of delivery for monochorionic and dichorionic twins?	Thank you for your comment. This issue does not require a change to the scope because both monochorionic and dichorionic twins are included in the population of this guideline. If evidence is identified related to this, a subgroup analysis can be specified to address this within the relevant reviews.
Royal College of Obstetricians and Gynaecologists	5	18	Minor typo remove 'to' after 'detect'	Thank you for your comment. This has been deleted.
Royal College of Obstetricians and	General	Fetal complicati ons	Will the management of FFTS and selective growth restriction in twins be discussed? The intrauterine laser ablation document from NICE which is referred to is now	Thank you for your comment. This update will focus on screening for these conditions. Management was not in the scope of the original guideline and it was not

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Gynaecologists			over 10 years old.	prioritised as an additional topic for this update. In line with NICE processes the Interventional Procedure guideline Intrauterine laser ablation of placental vessels for the treatment of twin-to-twin transfusion syndrome IPG198 (2006) will not be removed or updated, because there has not been any new evidence to prompt this.
Royal College of Obstetricians and Gynaecologists			In terms of management of triplet pregnancies it would be helpful if NICE would provide some guidance on the management of triplet subtypes e.g. MCTA, DCTA, TCTA and timing of delivery/complications. Will the document also discuss selective termination of triplets and the evidence surrounding this?	Thank you for your comment. The scope will cover all triplet subtypes and if evidence is identified related to this, a subgroup analysis will be undertaken to address this within the relevant review. Selective termination of triplets was not part of the original guideline and therefore is not a topic that will be updated.
Royal College of Midwives	General	General	The RCM welcomes the update of this guideline and the current inclusion in the scope of recommendations on intrapartum care that were not included in guideline CG129.	Thank you for your comment.
Royal College of Midwives	General	General	It is important that the guideline contains some statements about expected good outcomes as well as the discussion of potential risk.	Thank you for your comment. Section 3.6 of the scope outlines the main outcomes that will be considered when searching and assessing the evidence and these align with the original guideline. The outcomes were also selected on the basis of relevance to the questions that will be updated. However, women's experience of labour and birth (including psychological wellbeing) may capture important positive outcomes for the topics that will be updated.
Royal College of Midwives	7		It is not clear why these existing important research recommendations are being stood down - Does additional information and emotional support improve outcomes in twin and triplet pregnancies? - What is the pattern of fetal growth in healthy twin and triplet pregnancies, and how should intrauterine growth restriction be defined in twin and triplet pregnancies?	Thank you for your comment. Based on your comment and feedback from other stakeholders it has been decided to retain the 3 research recommendations (including the 2 in the comment) in the NICE version of the guideline and the NICE research recommendations database.

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Royal College of Midwives	9	3.5	We consider all the key issues and review questions to be relevant	Thank you for your comment.
Royal College of Midwives	9	3.6	An outcome to be included here should be the woman's preparedness for parenthood. In this context it is important for the woman to see ordinary midwives as well as those who are specialist in multiple pregnancies and births. When seeing only members of this team it is possible for women to have had limited advice on minor disorders, detecting preterm labour, transition to parenthood etc. and never having met any of the community midwives that will be caring her postnatally. This will also lead to midwives losing competences in caring for these pregnancies and twin babies.	Thank you for your comment. Whilst appreciating the importance of preparation for parenthood, this issue is not specific to multiple pregnancy and therefore has not been included in the scope of the guideline. The outcomes in section 3.6 are the main outcomes that will be considered when searching and assessing the evidence. Postnatal care is not part of the scope of this guideline update and is relevant to the NICE guideline on 'Postnatal care up to 8 weeks after birth' (CG37). This guideline is currently in the process of being updated, so your comment has been forwarded to the relevant team at NICE (please see this link for documents related to this update).
Royal College of Paediatrics and Child Health	General	General	We would like to emphasise the importance of predicting preterm labour (with all the inherent difficulties), and of ensuring that the mother is moved in a timely fashion to a Neonatal Unit capable of providing the anticipated level of care required for two or more babies. We would also like the guidelines to emphasise the importance of keeping families together. Multiple pregnancy, particularly if extreme preterm delivery occurs, will have major consequence for staffing in neonatal units. We recognise that delivery cannot always be predicted, but we would like emphasis the need for careful consideration in conjunction with neonatal colleagues of when, and to where mother and babies are moved. The gold standard should be that all transfers are antenatal. We refer the guideline group to Bliss Baby Charter which sets standards for care of the newborn and his/her	Thank you for your comment. The prediction and prevention of preterm labour are included in the scope of this update and evidence reviews will be conducted to inform recommendations in these areas. With regard to choice of place of care and antenatal transfer to this place, these issues were not prioritised for inclusion in this update as it was agreed that the most appropriate place for care will be influenced by local facilities and geography, and decisions may be based on the individual woman's circumstances. However, place of care will be affected by many factors that are covered in the scope, such as preterm birth, discordant fetal growth or mode of birth.

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			family.	
Swansea University	4	19	The cost of screening all women is not effective given that 50% of all multiple pregnancies will end in preterm birth and that there is little evidence to support a reliable test to diagnose this.	Thank you for your comment. One of the draft evidence review questions covers the topic of 'what is the optimal screening programme to predict the risks of spontaneous preterm delivery'. The committee will discuss the clinical and health economic evidence from this review and make appropriate recommendations based on this evidence.
Swansea University	4	20	How would this be undertaken?	Thank you for your comment. In the evidence review for the previous version of the guideline factors such as progesterone and length of cervical cerclage were investigated as possible predictors. The factors to be investigated by this update will be discussed by the Committee when they finalise the review questions and review protocols during their first few meetings.
Swansea University	9	31	Supporting women to achieve a safe vaginal delivery would prove more cost effective than planned elected caesareans sections.	Thank you for your comment. One of the draft evidence review questions covers the optimal mode of birth to improve outcomes for mothers and babies. The committee will discuss the clinical and health economic evidence from this review and make appropriate recommendations based on this evidence.
Swansea University	10	8	Supporting women to breastfeed her babies will prove very cost effective and decrease mortality and morbidity, both of which are costly to the NHS.	Thank you for your comment. Postnatal care is not part of the scope of this guideline update and is relevant to the NICE guideline on 'Postnatal care up to 8 weeks after birth' (CG37). This guideline is currently in the process of being updated, so your comment has been forwarded to the relevant team at NICE (please see this link for documents related to this update).
Tamba – Twins & Multiple Births Association	6	General care No evidence review: retain recommendations	Tamba's department of health sponsored maternity engagement quality improvement programme is currently working with around 29 targeted units. They vary in size and have been identified because they are different stages in implementing the NICE guidance currently under review. The programme has provided us with evidence that many units do not adopt effectively the	Thank you for your comment and the information about the stakeholder's involvement in the maternity engagement quality improvement programme. NICE also support the implementation of the guideline and produce resources to facilitate this (e.g. shared learning information, implementation advice and clinical audit tools). Recommendations from the current guideline as

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		from existing guideline	guidance and the most common theme is many do not have a multi-disciplinary team. In particularly, very few units have named specialist midwives for multiples. We have also found that with monochorionic pregnancies the women are often seen by the same consultant, but with dichorionic pregnancies and especially in smaller units, mum tends to be seen by many different doctors who may not have specialist knowledge of multiples. The updated guidance needs to draw out further the importance of implementing the guidance and how it can be practically achieved. NHS resolution has collected the costs of litigation in multiple pregnancies when things go wrong and this should be highlighted as a reason for greater adherence. The emerging evidence also highlights the possible reduction in stillbirths and neonatal admissions. The former is a National Ambition and mandated as a Department of health priority. The later has considerable potential costs savings and these can be made available if helpful.	well as the update, once published, are intended for general application throughout the country. It is therefore the responsibility of the individual units to implement the recommendations, and so this has not been included in the scope.
Tamba – Twins & Multiple Births Association	6	Fetal complications	A consensus definition of selective fetal growth restriction in twin pregnancy is about to be submitted for publication. This may be helpful. The lead author is Dr Asma Khalil	Thank you for bringing this to our attention.
Tamba – Twins & Multiple Births Association	6	Timing of birth	The BMJ timing of multiple births study should help to confirm this http://www.bmj.com/content/354/bmj.i4353	Thank you for bringing this to our attention.
Tamba – Twins & Multiple Births Association	6	Intrapartum care • mode of birth • fetal monitoring • analgesia •	Agree should be included. This needs to consider the staffing composition of these teams including likely minimum number of professionals involved and their skill sets and experience. In light of the maternity transformation plans increased emphasis on choice of place of care, there should also be clear guidance (including advice for parents) on place of antenatal care but perhaps more importantly delivery. In helping Local Maternity Systems identify their pathways across STP	Thank you for your comment. Specialist multidisciplinary care was recommended in the original guideline and the composition of such teams was also described. Therefore it was not prioritise for an update and no new evidence review would need to be conducted. With regard to choice of place of care and antenatal transfer to this place, these issues were not prioritised for inclusion in this update as it was agreed that the most

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		Management of the third stage	areas, it would be useful to confirm in what type of hospital and then size of unit different types of multiple birth should be cared for including the neonatal support available should additional postnatal care be required. This also needs to highlight the activities that can be undertaken to help achieve NHS Improvement's key priority to reduce late term admissions.	appropriate place for care will be influenced by local facilities and geography, and decisions may be based on the individual woman's circumstances. However, place of care will be affected by many factors that are covered in the scope, such as preterm birth, discordant fetal growth or mode of birth.
Tamba – Twins & Multiple Births Association	7	Research topics	It would be extremely helpful if future research recommendations prioritised the adherence to the updated guideline and its impact on neonatal admission rates and outcomes for multiple birth babies more generally. It also needs to include the potential cost savings that could be realised. This will be fundamental in helping to ensure greater uptake and implementation.	Thank you for your comment. In line with NICE processes, research recommendations can only be made on topics where reviews have identified gaps or uncertainty in the evidence (see the NICE 'Research recommendation processes and methods guide', 2011). Since no evidence review will be conducted on the topics in the comment, we are not able to include these in research recommendations.
Tamba – Twins & Multiple Births Association	7	Does additional information and emotional support improve outcomes in twin and triplet pregnancies?	This research recommendation should be more specific. The only evidence to date that begins to address this area is a study undertaken in Newcastle http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.12728/full	Thank you for your comment. This is the original research recommendation and the consultation in the scope was related to whether or not this and 2 other research recommendations should be stood down rather than whether it should be revised. Based on your comment and feedback from other stakeholders it has been decided to retain the 3 research recommendations in the NICE version of the guideline and the NICE research recommendations database.
The Multiple Births Foundation	1	18 -23	We are extremely pleased that intrapartum care will be included in the update. We are aware from the queries the Multiple Births Foundation receives from women that there is great variation in the information they are given and in practice. Guidance as itemised on page 5 lines 4-8 will very helpful for women as it will explain the evidence base for the information provided and help them make better informed decisions.	Thank you for your comment.

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The Multiple Births Foundation	5-6	12 (table)	General Care - Although this is not proposed for an evidence review we would like to suggest a small amendment as a good practice point which is to include referral to a bereavement midwife if one or more babies die in utero in the second trimester onwards. Although referral to a perinatal mental health professional is included in the current guidance, someone in this role would not usually have knowledge and experience of the clinical and practical aspects of what happens when one baby dies in utero with regard to planning the delivery, recording of the death, post mortem and other practical details which are immensely important for parents.	Thank you for your comment. The section on general care was not prioritised for an update because no specific new evidence has been identified. Therefore, in line with NICE processes, it will not be possible to amend the recommendations because an evidence review will not be conducted. However, in relation to the death of a twin in utero, section 3.6 describes that mortality is one of the outcomes that will be prioritised. The committee may be able to comment on this outcome in relation to the review questions included in the scope. With regard to referral to a bereavement midwife the Royal College of Obstetricians and Gynaecologists has published a guideline 'Late Intrauterine Foetal Death and Stillbirths' which includes a recommendation related to bereavement 'Bereavement officers should be appointed to coordinate services'. Based on this most units already will have a midwife who is designated to help with bereavement. Preventing stillbirths and neonatal death is also part of the Royal College of Obstetricians and Gynaecologists 'each baby counts' initiative which aims to halve the number of babies who die or are left severely disabled as a result of preventable incidents occurring during term labour by 2020. All trusts and health boards across the UK are engaging with the programme and committed to improving care.
The Multiple Births Foundation	5-6	12 (table)	Fetal Complications - The MBF welcomes the update to guidance on screening to identify chromosomal abnormalities using the NSC recommendations. As screening using cfDNA is widely offered by commercial companies and there is confusion about the efficacy of this for twin pregnancies clear guidance and good lay information for parents would be a great help.	Thank you for your comment. As the National Screening service does not exclude multiple pregnancy, the guideline developers do not intend to make specific recommendations which could lead to overlap and potential inconsistencies. Health professionals with experience in multiple pregnancy would be able to tailor the currently available information related to national screening to the individual needs of women with a twin or triplet pregnancy.

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The Multiple Births Foundation	5-6	12 (table)	Preterm Birth – we welcome the inclusion of the evidence review to update recommendations regarding predicting and preventing preterm birth if needed. Again we are aware at the MBF of variations in practice particularly with regard to the measurement of cervical length and that more research has been published since the first guideline was developed.	Thank you for your comment. We will conduct a full review to identify the evidence that has been published since the first guideline was developed.
The Multiple Births Foundation	6-7	12 (table)	Research recommendations – we would like to suggest that information about the incidence of embryos dividing resulting in monozygotic and monochorionic twin pregnancies after IVF is included in recommendations for research. There are studies indicating that this is higher particularly with embryos transferred after 5 days (blastocysts) as well as anecdotal information. These pregnancies are higher risk if monochorionic and even more so if two embryos are transferred resulting in dichorionic triamniotic triplet pregnancies.	Thank you for your comment. In line with NICE processes, research recommendations can only be made on topics where reviews have identified gaps or uncertainty in the evidence (see the NICE 'Research recommendation processes and methods guide', 2011). Since no evidence review will be conducted on the topic in the comment, we are not able to include this as a research recommendations.

No stakeholders who commented declared any links to the tobacco industry

Registered stakeholders