

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Multiple pregnancy (update)

This guideline will update the NICE guideline on [Multiple pregnancy: antenatal care for twin and triplet pregnancies](#) (CG129). To see which areas will be covered in this update, see the [proposed outline for the guideline](#).

The guideline will be developed using the methods and processes outlined in [Developing NICE guidelines: the manual](#).

This guideline will also be used to update the NICE [quality standard](#) for [Multiple pregnancy: twin and triplet pregnancies](#) (QS46).

1 Why the update is needed

New evidence that could affect recommendations was identified through the surveillance process. Topic experts, including those who helped to develop the existing guideline, advised NICE on whether areas should be updated or new areas added. Full details are set out in the [surveillance review decision](#).

The surveillance process also identified that the topic of intrapartum care related to multiple pregnancy should be added. NICE guideline CG129 does not include recommendations on intrapartum care because this area was not included in the original scope. In current practice a significant proportion of multiple pregnancy losses occur intrapartum and the risk of adverse perinatal outcomes is greater in multiple than in singleton pregnancies.

Why the guideline is needed

Key facts and figures.

- Twins or triplets occur in approximately 1 in 60 pregnancies (16 in every 1,000 women giving birth in 2015 had a multiple birth), and 3% of live-born babies are from multiple gestations. The incidence of multiple

1 births has risen in the last 30 years. This is due mainly to increasing
2 use of assisted reproduction techniques, including in vitro fertilisation
3 (IVF), and also to changing demographics as women defer pregnancy
4 and twinning is more common at later ages (102 in every 1,000 women
5 giving birth aged 45 or over in 2015).

- 6 • Multiple pregnancies have higher rates of all antenatal complications
7 compared to singletons. This includes increased risk of chromosomal
8 anomalies and structural malformations. Preterm birth occurs in 50% of
9 twin pregnancies. There are also higher rates of intrapartum and
10 postnatal complications. As a result there are increased rates of
11 maternal and perinatal mortality (including stillbirth) and morbidity.
- 12 • Because of the increased risk of complications, women with multiple
13 pregnancies need more monitoring and increased contact with
14 healthcare professionals than women with singleton pregnancies, both
15 during their pregnancy and also at the time of birth; this will impact on
16 NHS resources. Multiple pregnancy may also have a significant
17 psychosocial and economic impact on women and their families; for
18 example, awareness of the increased risks might increase anxiety in
19 women, resulting in an increased need for psychological support.

20 **Current practice**

- 21 • Since publication of the existing guideline on the antenatal care of twins
22 and triplets, which made recommendations on service organisation,
23 'multiples antenatal clinics' have been established in larger centres.

24 **Policy, legislation, regulation and commissioning**

- 25 • There is specialist commissioning (NHS England Clinical Reference group
26 for Specialised Women's Services) for Fetal Medicine services caring for
27 twin pregnancies with complications and triplet and higher-order multiple
28 pregnancies. This includes, for example, invasive diagnostic tests,
29 multifetal pregnancy reduction, and the management of feto-fetal
30 transfusion syndrome (FFTS; also known as twin-to-twin transfusion
31 syndrome).

1 **2 Who the guideline is for**

2 People using services, their families and carers and the public will be able to
3 use the guideline to find out more about what NICE recommends, and help
4 them make decisions.

5 This guideline is for:

- 6 • Obstetricians, midwives, anaesthetists and other healthcare professionals
7 involved in the care of women with multiple pregnancy in maternity
8 services.
- 9 • Providers and commissioners of maternity services.
- 10 • Pregnant women, their families and carers and the public.

11 NICE guidelines cover health and care in England. Decisions on how they
12 apply in other UK countries are made by ministers in the [Welsh Government](#),
13 [Scottish Government](#) and [Northern Ireland Executive](#).

14 ***Equality considerations***

15 NICE has carried out an equality impact assessment [an equality impact](#)
16 [assessment](#) during scoping. The assessment:

- 17 • lists equality issues identified, and how they have been addressed
- 18 • explains why any groups are excluded from the scope.

19 The guideline will look at inequalities related to women who find it difficult to
20 access or derive full benefit from the care available. These include women
21 with cognitive or physical disabilities.

22 **3 What the updated guideline will cover**

23 **3.1 *Who is the focus?***

24 **Groups that will be covered**

- 25 • All women confirmed as having a twin or triplet pregnancy by the 11–13-
26 week ultrasound scan.

1 No specific subgroups of women have been identified as needing specific
2 consideration.

3 **Groups that will not be covered**

- 4 • Women with a quadruplet or higher-order pregnancy.

5 **3.2 Settings**

6 **Settings that will be covered**

- 7 • All settings where NHS funded care is delivered.

8 **3.3 Activities, services or aspects of care**

9 **Key areas that will be covered in this update**

10 We will look at evidence in the areas below when developing this update. We
11 will consider making new recommendations or updating existing
12 recommendations in these areas only.

13 ***Areas from the published guideline that will be updated***

14 1 Fetal complications

- 15 – screening to identify feto-fetal transfusion syndrome (FFTS)
- 16 – screening to detect intrauterine growth restriction
- 17 – screening to detect of twin anaemia polycythemia sequence (TAPS).

18 2 Preterm birth

- 19 – predicting the risk of preterm birth
- 20 – preventing preterm birth.

21 ***Areas not in the published guideline that will be included in the update***

22 1 Intrapartum care

- 23 – mode of birth
- 24 – fetal monitoring
- 25 – analgesia
- 26 – management of third stage of labour.

1 **Proposed outline for the guideline**

2 The table below outlines all the areas that will be included in the guideline. It
3 sets out what NICE plans to do for each area in this update.

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Area in the guideline	What NICE plans to do
Determining gestational age and chorionicity	No evidence review: retain recommendations from existing guideline
General care	No evidence review: retain recommendations from existing guideline
Fetal complications <ul style="list-style-type: none"> • screening to identify chromosomal abnormalities • screening to identify feto-fetal transfusion syndrome • screening to detect intrauterine growth restriction 	<ul style="list-style-type: none"> • Refer to the National Screening Committee (NSC) recommendations on cfDNA screening • Review evidence: update existing recommendations as needed • Review evidence: update existing recommendations as needed
Maternal complications	No evidence review: retain recommendations from existing guideline
Preterm birth <ul style="list-style-type: none"> • predicting the risk of preterm birth • preventing preterm birth 	Review evidence: update existing recommendations as needed
Indications for referral to a tertiary level fetal monitoring service	No evidence review: retain recommendations from existing guideline
Timing of birth	No evidence review: retain recommendations from existing guideline
Intrapartum care <ul style="list-style-type: none"> • mode of birth • fetal monitoring • analgesia • Management of the third stage 	Review evidence: new area in the guideline

<p>Research recommendations</p> <ul style="list-style-type: none"> • 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? • What is the incidence of monochorionic monoamniotic twin and triplet pregnancies, and what clinical management strategies are most effective in such pregnancies? 	<p>Stand down these research recommendations</p>
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2 Recommendations in areas that are being retained from the existing guideline
3 may be edited to ensure that they meet current editorial standards, and reflect
4 the current policy and practice context.

5 **Areas not covered by the guideline**

6 These areas will not be covered by the guideline.

7 1 Management of fetal complications.

8 **Related NICE guidance**

- 9 • [Intrapartum care for healthy women and babies \(2017\)](#) NICE guideline
10 CG190
- 11 • [Antenatal care for uncomplicated pregnancies](#) (2017) NICE guideline CG62
- 12 • [Preterm labour and birth](#) (2015) NICE guideline NG25
- 13 Antenatal and postnatal mental health: clinical management and service
14 guidance (2015) NICE guideline CG192
- 15 • [Caesarean section](#) (2011) NICE guideline CG132
- 16 • [Induction of labour](#) (2008) NICE guideline CG70

- 1 • [Intrauterine laser ablation of placental vessels for the treatment of twin-to-](#)
2 [twin transfusion syndrome](#) (2006) NICE interventional procedure guidance
3 IPG198.
- 4 • [Septostomy with or without amnioreduction for the treatment of twin-to-twin](#)
5 [transfusion syndrome](#) (2006) NICE interventional procedures guidance
6 IPG199.

7 **NICE guidance in development that is closely related to this guideline**

8 NICE is currently developing the following guidance that is closely related to
9 this guideline:

- 10 • [Intrapartum care for high risk women](#) (Publication expected March 2019)

11 ***NICE guidance that will be updated by this guideline***

- 12 • [Multiple pregnancy: antenatal care for twin and triplet pregnancies](#) (2011)
13 NICE guideline CG129

14 **NICE guidance about the experience of people using NHS services**

15 NICE has produced the following guidance on the experience of people using
16 the NHS. This guideline will not include additional recommendations on these
17 topics unless there are specific issues related to multiple pregnancy:

- 18 • [Medicines optimisation](#) (2015) NICE guideline NG5
19 • [Patient experience in adult NHS services](#) (2012) NICE guideline CG138

20 **3.4 *Economic aspects***

21 We will take economic aspects into account when making recommendations.
22 For each review question (or key area in the scope) for which the evidence is
23 being reviewed, we will develop an economic plan that states whether
24 economic considerations are relevant, and if so whether this is an area that
25 should be prioritised for economic modelling and analysis. We will review the
26 economic evidence and carry out economic analyses, using an NHS and
27 Personal, Social Services (PSS) perspective, as appropriate.

1 **3.5 Key issues and questions**

2 While writing the scope for this updated guideline, we have identified the
3 following key issues and review questions related to them:

4 1 Fetal complications

5 1.1 What is the optimal screening programme to identify fetofetal
6 transfusion syndrome (FFTS) in multiple pregnancy?
7 1.2 What is the optimal screening programme to detect intrauterine growth restriction in
8 multiple pregnancies?

9 1.3 What is the optimal screening programme to detect twin anaemia
10 polycythaemia sequences (TAPS)?

11 2 Preterm birth

12 2.1 What is the optimal screening programme to predict the risks of
13 spontaneous preterm delivery?

14 2.2 What interventions are effective in preventing spontaneous preterm
15 delivery in multiple pregnancy, including bed rest, progesterone and
16 cervical cerclage?

17 3 Intrapartum care

18 3.1 What is the optimal mode of birth to improve outcomes for mothers
19 and babies?

20 3.2 What is the most effective method of fetal monitoring in improving
21 outcomes for babies and mothers?

22 3.3 What is the optimal method of analgesia during labour and birth?

23 3.4 What is the optimal method of managing the third stage of labour to
24 reduce the risk of postpartum haemorrhage (PPH)?

25 **3.6 Main outcomes**

26 The main outcomes that will be considered when searching for and assessing
27 the evidence are:

28 1 For the woman

29 – mortality

30 – major morbidities (such as genital tract trauma, blood loss)

31 – mode of birth

- 1 – women's experience of labour and birth (including psychological
- 2 wellbeing)
- 3 – length of hospital stay, and admission to a high-dependency or
- 4 intensive care unit
- 5 – type of anaesthesia and/or analgesia
- 6 – other major morbidity specific to the topic.
- 7 **2 For the baby**
- 8 – mortality
- 9 – major neonatal morbidity (such as hypoxic ischaemic encephalopathy,
- 10 birth injuries and respiratory complications)
- 11 – neonatal infection
- 12 – admission to a neonatal unit
- 13 – long-term developmental outcomes (such as cerebral palsy)
- 14 – other major morbidity specific to the topic.

15 **4 NICE quality standards and NICE Pathways**

16 **4.1 NICE quality standards**

17 **NICE quality standards that may need to be revised or updated when**
18 **this guideline is published**

- 19 • [Multiple pregnancy: twin and triplet pregnancies](#) (2013) NICE quality
20 standard QS46.

21 **4.2 NICE Pathways**

22 When this guideline is published, the recommendations will be added to NICE
23 Pathways. NICE Pathways bring together all related NICE guidance and
24 associated products on a topic in an interactive flowchart. The existing
25 multiple pregnancy flowchart will be reviewed and amended to integrate the
26 updated recommendations.

1 **5 Further information**

This is the draft scope for consultation with registered stakeholders. The consultation dates are 15 August 2017 to 3 October 2017.

The guideline is expected to be published in November 2019.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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