

Guideline scope

Twin and triplet pregnancy

In this document

- [What the guideline currently covers](#)
 - [Updates in progress](#)
 - [Progesterone for preventing preterm birth](#) (publication planned January 2024)
-

What the guideline currently covers

Populations

- Women or pregnant people confirmed as having a twin or triplet pregnancy by the 11 to 13 week ultrasound.

Exclusions

- Women or pregnant people with a quadruplet or high-order pregnancy.

Equality considerations

NICE has carried out [equality impact assessments twin and triplet pregnancy](#).

The assessments:

- list equality issues identified, and how they have been addressed
- explain why any populations are excluded from the scope.

Settings

All settings in which NHS care is received or commissioned.

Activities, services or aspects of care

We looked at evidence in the areas below when developing the recommendations:

- Determining gestational age and chorionicity.
- General care.
- Delivery of antenatal and intrapartum care.
- Fetal complications.
- Preventing preterm birth.
- Maternal complications.
- Indications for referral to a tertiary level fetal medicine centre.
- Planning birth: information and support.
- Timing of birth.
- Mode of birth.
- Fetal monitoring during labour in twin pregnancy.

- Analgesia.
- Managing the third stage of labour.

We normally recommend medicines within their licensed indications in guidelines. However, we may recommend licensed medicines outside of the terms of their marketing authorisation (off-label use) if it is in the best clinical interests of patients. For example, off-label use may be recommended if the clinical need cannot be met by a licensed product and there is sufficient evidence or experience of using the medicine off-label to support its safety and effectiveness.

Review protocols

For detailed review protocols, see [the full guideline, which covers the evidence behind the 2011 recommendations](#), and [the evidence reviews, which cover the evidence behind the 2019 recommendations](#).

Economic aspects

We have taken economic aspects into account when making recommendations. For relevant review questions (or key areas in the scope), we have reviewed the economic evidence and, where appropriate, carried out economic modelling and analyses, using an NHS and personal social services perspective.

Updates in progress

Progesterone for preventing preterm birth: publication planned January 2024

New information suggests that recommendations on progesterone for preventing preterm birth updating or adding to. Full details are set out in the [May 2022 surveillance review decision](#).

Approach to updating

We will take a proportionate approach for updating these recommendations in line with [appendix N of the guidelines manual](#).

Populations this update covers

The [groups covered by the current recommendations](#) will remain unchanged.

Equality considerations

We will publish an equality impact assessment with the consultation of the updated recommendations.

Settings this update covers

The [settings covered by the current recommendations](#) will remain unchanged.

Activities, services or aspects of care this update covers

We will look at the evidence and, if needed, make new recommendations or updating existing recommendations on progesterone for preventing preterm birth. Depending on the outcome of the evidence review on progesterone for preventing preterm birth we may also consider making new recommendations on cervical length screening.

Draft review questions

We have drafted the following review question:

- 1 What is the clinical and cost effectiveness of progesterone in preventing spontaneous preterm birth in twin and triplet pregnancy?

Economic aspects

We will take economic aspects into account when making recommendations. For relevant review questions (or key areas in the scope), we will review the economic evidence and, where appropriate, carry out economic modelling and analyses, using an NHS and personal social services perspective.

Main outcomes

The main outcomes that may be considered when searching for and assessing the evidence are:

- Stillbirth or neonatal death.
- Preterm birth (birth before 37 weeks of pregnancy).

- Early preterm birth (birth before 34 weeks of pregnancy).
- Mid-trimester birth (birth before 28 weeks of pregnancy).
- Adverse neonatal sequelae associated with early births using a composite of serious neonatal complications and individually.
- Respiratory distress syndrome.
- Neonatal respiratory support.
- Birthweight/poor fetal growth.
- Admission to neonatal intensive care.
- Adverse maternal outcomes as a composite and individually.
- Miscarriage.

NICE guidance and quality standards that may be affected by this update

[Multiple pregnancy: twin and triplet pregnancies. NICE quality standard QS46.](#)

This is the final scope for this update. You can follow [progress of the update](#).

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

Methods

The original guideline was developed using the methods and processes in [developing NICE guidelines: the manual](#). All updates are developed using the methods and processes in [developing NICE guidelines: the manual](#) and the [interim principles for methods and processes for supporting digital living guideline recommendations](#).

NICE has produced guidance on the experience of people using the NHS and best practice in health and social care. This guideline does not include additional recommendations on these topics unless there are specific issues not covered by this guidance.

For all other areas not included in the updates:

- There will be no evidence review as part of this update.
- We will retain the existing recommendations but may revise them to update language, to reflect current practice or to ensure consistency.

Where this guidance applies

NICE guideline recommendations cover health and care in England.

Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

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