

Twin Ultrasound Surveillance

Monochorionic-Monoamniotic Twins:

- 18 weeks:** Targeted ultrasound, q3 week interval growth after “viability”
18-20 weeks: Consider cervical length measurement¹⁻⁶
By 23 weeks: Maternal-Fetal Medicine visit to discuss inpatient versus outpatient management and gestational age at intervention

Monochorionic-Diamniotic Twins:

- 16 weeks:** US q 2 weeks (AFV, alternating with interval growth)^{†7-9}
18 weeks: Targeted ultrasound
18-20 weeks: Consider cervical length measurement¹⁻⁶
28-32 weeks: Begin antenatal testing¹⁰⁻¹²

†If concordant AFI and difference in EFW < 20%

- Continue ultrasound q2 weeks for AFI
- Continue ultrasound q3-4 weeks for growth
- Weekly NST starting at 28-32 weeks

†If discordant AFI/abnormal dopplers/EFW difference > 20 %

- Weekly ultrasound for AFI and Dopplers (umbilical artery)
- Ultrasound q3 weeks for growth
- Twice weekly NST or BPP starting at 28 weeks

†If absent fetal bladder: Dopplers (ductus venosus, umbilical artery, MCA PSV)

Dichorionic-Diamniotic Twins

- 18 weeks:** Targeted (Genetic counseling if maternal age is > 32 years at EDD)
18-20 weeks: Consider cervical length measurement¹⁻⁶
26 weeks: Begin ultrasound q4-6 weeks for growth assessment¹³
After 24 weeks: Antenatal testing for IUGR, oligohydramnios, discordant growth (20%), or maternal conditions mandating testing

References

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Revised 10/15/2009

Notification to Users

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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