Twin Pregnancy Ultrasound Evaluation

1. Establish chorionicity/EGA
2. If EGA discrepancy from clinical EGA:
   - Use smaller CRL for determination of EDC if difference between CRLs is < 10mm
   - Use larger CRL for EDC if difference is > 10 mm
3. NT screening

Monochorionic, diamniotic

- Targeted anatomy US at 18-22 weeks; cervical length*
- Fetal echo if IVF conception

Monochorionic, monoamniotic

- Targeted fetal US, fetal echo at 18-22 weeks
- MVP, bladder visualization q 3 weeks after 16 weeks
- Fetal testing at viability (26-28 weeks)
- Consider inpatient evaluation
- UA/UV Doppler in setting of SGA/sIUGR

Delivery 32-34 weeks EGA

Conjoined twins

- Targeted US, fetal echo
- Individualize care
- NCCC, peds surgery, peds cardiology consult
- CMIH referral
- Consider fetal MRI

Dichorionic, diamniotic

- US q 3-4 weeks EGA for fetal growth, MVP
- Doppler assessment for EFW < 10th % tile or AC < 10th % tile or discordant EFW > 20% (in affected/smaller twin)
- UA S/D ratio, AREDF
- Consider multivessel Doppler if longitudinal evaluation likely
- Antenatal testing: weekly NST at 36 weeks or prn for
  - Maternal indication
  - Discordant EFW (>20%)
  - EFW < 10th % tile or AC < 10th % tile

Targeted anatomy US at 18-22 weeks; cervical length*
Fetal echo 18-22 weeks

MVP either twin > 8 cm or < 2 cm

Delivery 37-38 weeks EGA if uncomplicated
- EFW < 10th % tile; AC < 10th % tile; discordant EFW, individualize antenatal testing/delivery

37-38 weeks EGA

See complicated monochorionic twin pregnancy algorithm

* There are currently no evidenced based recommendations for optimal management of short cervix in twin pregnancy. If short cervix is noted (<30mm) recommend enrollment in MFMU Prospect Trial via UNC MFMU research nursing
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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