Specialised antenatal clinics for mums of twins, triplets & more

Women who are pregnant with more than one baby (twins, triplets, or more) have a higher risk of complications in pregnancy and birth. "Specialised" antenatal clinics may improve the health of these pregnant women and their babies.

We found 1 study (randomised trial) involving 162 women with a multiple pregnancy. It compared standard antenatal care with specialised clinics.

What’s best for babies?

It was not clear whether specialised clinics made a difference to the number of babies who died.

Standard antenatal care

About 2 out of 100 babies in each group died.

Specialised antenatal clinic

There were not enough women in the study to show clear differences in rare outcomes, like babies dying.

There was no evidence that specialised clinics made a difference to the number of babies who were breastfed for 6 months or more.

The study did not look at the number of babies who were small for their age, or born prematurely (before 34 weeks).

What’s best for mums?

More women who went to specialised antenatal clinics had a Caesarean section:

Standard antenatal care

49 women out of 100 had a caesarean section

51 women out of 100 did not have a caesarean section

Specialised antenatal clinics

67 women out of 100 had a caesarean section

33 women out of 100 did not have a caesarean section

18 out of 100 more women at specialised clinics had a caesarean section

There was no evidence that specialised clinics made a difference to the number of mums who had postnatal depression 6 months after giving birth.

What does this mean?

We don’t know if specialised clinics are better or worse for pregnant women and babies. More randomised trials comparing antenatal care for multiple pregnancies are needed to find out.

How good is the evidence?

There was only one study, and not many women took part.

The study did not look at some important outcomes: if babies were small for their age or born prematurely.

We cannot be very certain about the results.

The quality of the evidence was moderate for caesarean section, and very low for death, postnatal depression, and breastfeeding.