<table>
<thead>
<tr>
<th>What (best practice/strategy)</th>
<th>Brief description</th>
<th>Implementation Institution</th>
<th>People implementing it</th>
<th>Target of this practice</th>
<th>How to achieve (specific steps)</th>
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</table>
| Identify twins and chorionicity in first trimester | First trimester ultrasound for fetal number and chorionicity                        | All offices and clinics providing prenatal care | •Nursing  
•Prenatal provider (physician, midwife, nurse practitioner) | Who: Nursing, Prenatal provider  
What: Ultrasound/NT  
How: Provider education | • Early prenatal care  
• Order ultrasound/ NT scan at first PN visit  
• Train sonographer to identify chorionicity |
| Serial scans for TTTS for monochorionic twins    | Ultrasound every 2 weeks from 16 weeks                                             | In office ultrasound or referral to MFM | •Nursing  
•Obstetric providers  
•Sonographers | Who: Nursing, prenatal provider  
What: Serial scans from 16 weeks  
How: EMR & education | •Educate nurses and providers  
•Educate sonographers  
•Integrate into EMR |
| No recommendation for TVU CL screening           | No TVU CL screening in twins, as no effective interventions for prevention of PTB in twins with short cervix yet available | All offices, clinics, and hospitals providing obstetric care | MFM and Obstetric providers | MFM and Obstetric providers  
Patients | • Educate providers and patients |
| Avoid cerclage in twins with short cervix        | No benefit or increased harm with cerclage in twins                                | MFM’s and Obstetric providers- outpt | MFM and Obstetric providers | MFM and Obstetric providers  
Patients | • Educate providers  
• Provide alternative options  
• Medico-legal support |
| Counseling for short cervix in twins             | Provide MFM and other providers with tools to discuss short cervix                  | In office of MFM and OB providers | MFM and OB providers | MFM and OB providers | Counseling materials for twins with short cervix  
Referral to randomized trial (e.g. PROSPECT study or other); if not available, discuss vaginal progesterone |
Disclaimer

This algorithm and key driver material was written by a group of experts in the field of Preterm Birth. It was then reviewed by the Society for Maternal-Fetal Medicine's (SMFM's) Publications Committee, Executive Committee and Risk Management.

Standardization of healthcare processes and reduced variation has been shown to improve outcomes and quality of care. SMFM developed these documents to help facilitate the standardization process. These algorithms and key driver documents are “tools” to assist clinicians and practices. The practice of medicine continues to evolve, and individual circumstances may vary. They reflect clinical and scientific advances as of the date issued and are subject to change. They are not intended to dictate a certain management or course of action. We encourage users to adapt them to their particular situation, environment and patient population.

This publication is not expected to reflect the opinions of all members of the Society for Maternal-Fetal Medicine.