

Checklist for Monochorionic Monoamniotic (MC/MA) Twin Gestation Management

- Establish EDC, chorionicity, and amnionicity by 14 weeks of gestation
- Counsel parents about risks of MC/MA twins. Document discussion of:
 - Fetal anomalies
 - Pregnancy complications, including spontaneous preterm birth, growth restriction, twin-twin transfusion syndrome and postpartum hemorrhage
 - Intrauterine fetal death, including potential sequelae to a surviving co-twin
 - Types of antepartum fetal monitoring surveillance regimens
 - Planned preterm cesarean delivery
- Pregnancy Monitoring
 - Serial ultrasound assessment beginning at 16 weeks of gestation
 - Assessment of greatest vertical pocket and visualization of fetal bladder a minimum of approximately Q 2 weeks until 28 weeks; thereafter a minimum of approximately Q2-3 weeks
 - Fetal growth approximately q4 weeks
 - Detailed anatomic survey at approximately 18-22 weeks of gestation
 - Fetal echo at approximately 18-22 weeks of gestation
- Delivery via planned cesarean delivery, if otherwise uncomplicated, at 32 – 34 weeks of gestation

This checklist reflects emerging clinical, scientific, and patient safety advances as of the date issued and is subject to change. The information should not be construed as dictation of an exclusive course of treatment or procedures to be ordered.

This checklist can be used as a prospective guide to managing patients with MC/MA Twin Gestation and can also be used to audit the performance of a specialist providing comprehensive care for a patient with MC/MA Twin gestations.