

## Checklist for Monochorionic Diamniotic (MC/DA) Twin Gestation Management

Patient \_\_\_\_\_ Date \_\_\_\_\_ mm/dd/yyyy DOB \_\_\_\_\_ mm/dd/yyyy MR# \_\_\_\_\_

Physician \_\_\_\_\_

Estimated date of delivery \_\_\_\_\_ mm/dd/yyyy

Establish EDC, chorionicity, and amnionicity by 14 weeks of gestation

Counsel parents about risks of MC/DA twins. Document discussion of:

Fetal anomalies

Pregnancy complications, including spontaneous preterm birth, growth restriction, TTTS, and postpartum hemorrhage

Intrauterine fetal death including potential sequelae to a surviving co-twin

### 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 of gestation; 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, if uncomplicated, by 37 6/7 weeks of gestation

*Disclaimer: 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/DA Twin Gestation and can also be used to audit the performance of a specialist providing comprehensive care for a patient with MC/DA Twin gestations.*

### Reference

[Society for Maternal-Fetal Medicine, Simpson LL. Twin-twin transfusion syndrome.](#) Am J Obstet Gynecol. 2013 Jan; 208(1):3-18.