

Monochorionic Twins

Recommendations for patients and providers

The following recommendations are meant for both patients and their providers as guidance during a pregnancy with monochorionic twins.

Complications Unique to Monochorionic Twins

- Amniotic fluid discordance
- Growth discordance (> 20%)
- Unequal placental sharing
- Selective intrauterine growth restriction (S-IUGR) in one fetus
- TTTS clinically defined as a deepest vertical pocket (DVP) of > 8 cm in one twin and < 2 cm in the other twin, simultaneously Growth discordance may also be seen but not necessary for the diagnosis.
- Anomalies in one fetus
- TRAP Sequence

Components of UCSF Evaluation

- Level II anatomic survey for fetal anomalies
- Special attention paid to cord insertions and vascular mapping
- Fetal echocardiagraphy both for the structural integrity and functional (systolic and diastolic) pathology
- Fetal brain MRI > 22 weeks when indicated and appropriate

Potential Surgical Procedures

- Selective fetoscopic laser ablation
- Radiofrequency ablation (RFA) cord occlusion

Timeframes for Referrals to UCSF

Consider Referral

- Significant amniotic fluid discordance While TTTS is defined as having a DVP > 8 cm and < 2 cm simultaneously, we encourage referral for evaluation if the fluid pockets become significantly discordant even before TTTS criteria are met
- Significant growth discordance defined as > 20% difference
- Polyhydramnios in one twin with normal fluid in the other
- Suspicion of discordant anomaly

We encourage you to call our center to discuss your findings if you have concerns at 1-800-RX-FETUS

Call For Timely Referral (need to see patient within 1 week)

• DVP > 8 cm and < 2 cm with bladder visualized in donor and normal umbilical artery dopplers

Call For Urgent Referral (need to see patient within a couple days)

- DVP > 8 cm and < 2 cm with no visible bladder in donor and/or abnormal umbilical doppler
- Suspected hydrops



What is Needed For Referral

Patients referred to UCSF for an evaluation should have the following faxed to 415-502-0660:

- Demographic information
- Copy of the front/back of their health insurance card
- All OB/Perinatal medical records
- If insurance authorization is required, please download the Monochorionic Evaluation Codes PDF for the proper codes.

Patients looking to make an appointment and providers making a referral, please call us at 1-800-RX-FETUS

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