

Ultrasound surveillance and outcomes in dichorionic diamniotic twin pregnancies: a district general hospital experience

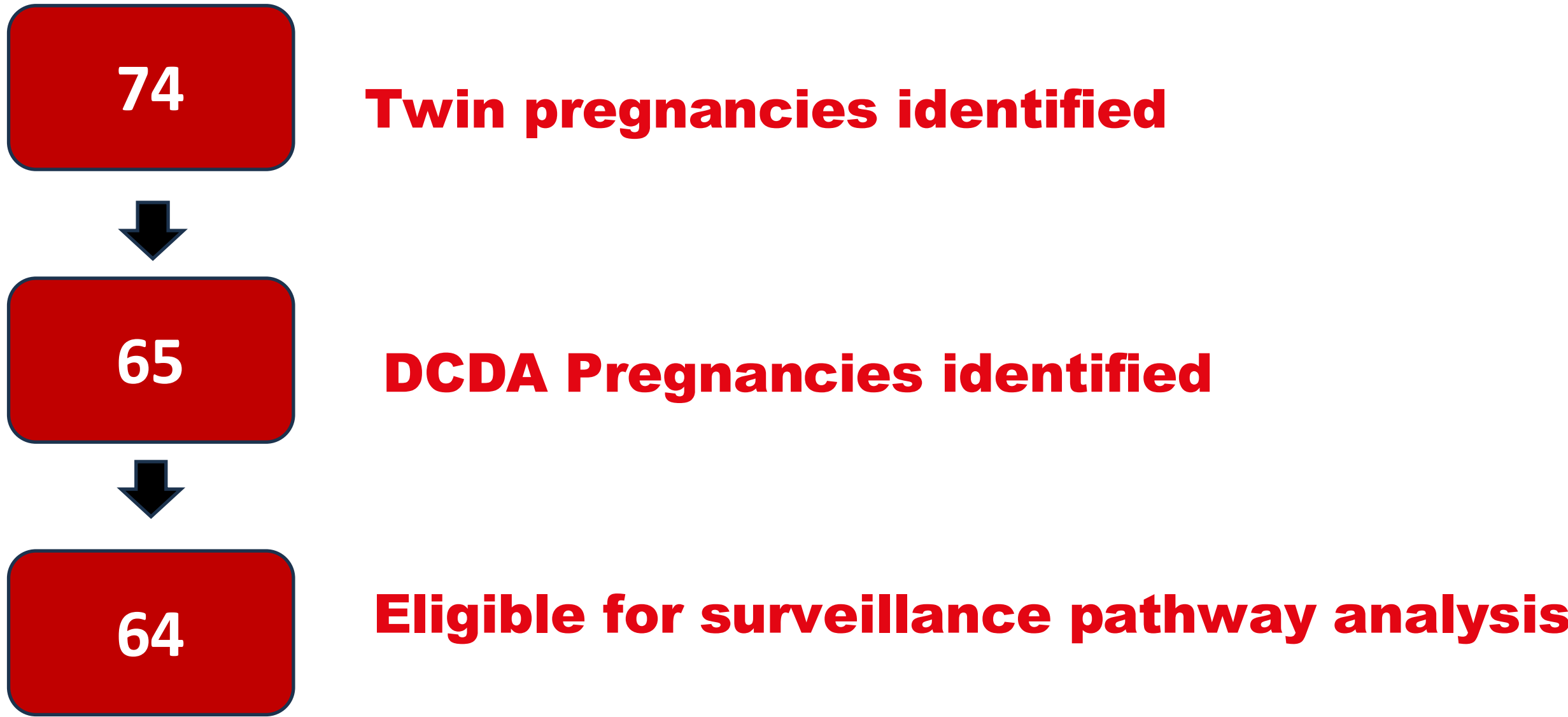
Nathiira Ali, Zohra Haiderkhan, Elukchiha Vivekananthan, Ramsha Rafiq, Suad Hirsi-Farah

Introduction

Twin pregnancies are associated with increased maternal and perinatal morbidity, including fetal growth restriction (FGR), preterm birth and hypertensive disorders. In dichorionic diamniotic (DCDA) twin pregnancies, structured ultrasound surveillance enables early determination of chorionicity and ongoing assessment of fetal growth and wellbeing.

Objectives: To evaluate adherence to recommended ultrasound surveillance and assess maternal and neonatal outcomes in DCDA twin pregnancies managed in a district general hospital.

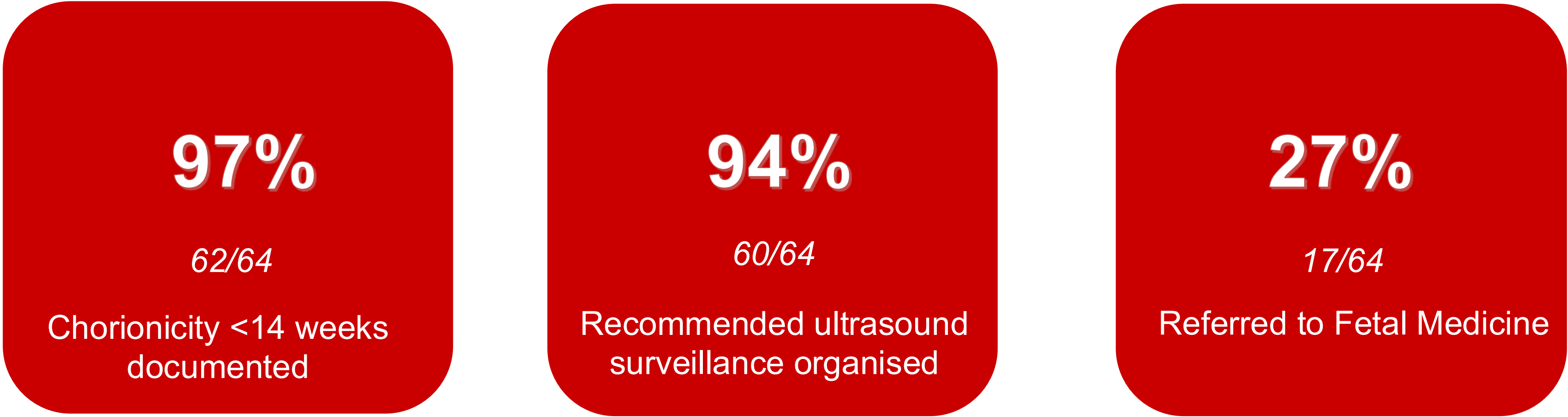
Methods: Retrospective Audit • June 2022- December 2025
BadgerNet maternity records • Descriptive statistics



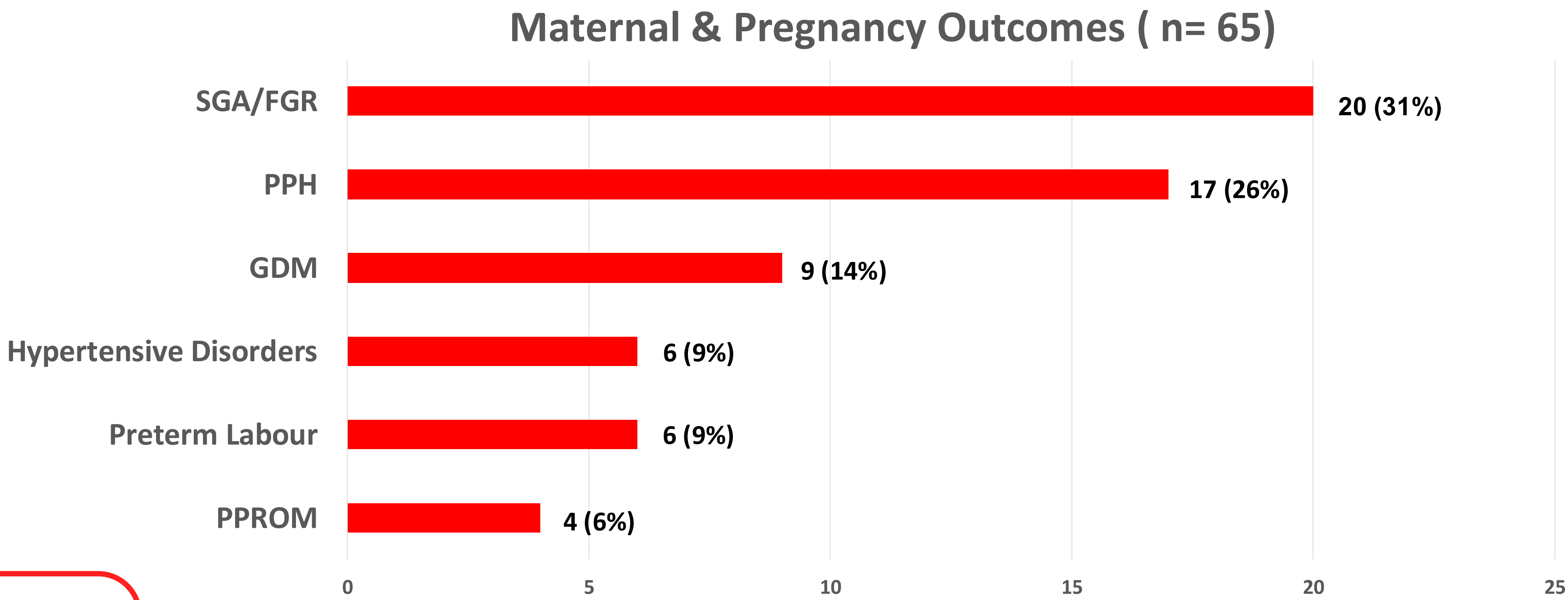
PREGNANCY LOSSES

- Missed miscarriage at 12+3 weeks
- Twin IUFD at 21+4 weeks following PPROM and maternal sepsis; post- mortem confirmed chorioamnionitis

Ultrasound Surveillance



FGR was the most common indication for fetal medicine referral



23% 15/65 conceived via assisted reproduction

Delivery and neonatal outcomes

Median Gestational Age at Delivery

36+5

Pre-term birth <37 weeks

55%

35/64

Pre-term birth <34 weeks

11%

7/64

46%

29/63 NNU admission

NEONATAL MORBIDITY

Prematurity-related morbidity • Jaundice • Respiratory morbidity • Hypoglycaemia • Sepsis

Conclusion:

1. High adherence to recommended ultrasound surveillance

97% early chorionicity documentation • 94% surveillance organised

2. Fetal growth concerns were common

SGA/FGR occurred in 31%; suspected FGR was the most common indication for fetal medicine referral

3. Substantial preterm and neonatal morbidity persisted

55% preterm birth <37 weeks • 46% NNU admission

Serial ultrasound surveillance remains central to identifying higher- risk DCDA twin pregnancies.