

INTRODUCTION

The care of women in the multiple pregnancy journey can be complex and multi-faceted. As such, national guidance exists to allow centres to focus their care and aim for reduced complications and high-quality outcomes.

AIMS

To ascertain the current level of care being provided to women and families with multiple pregnancies, by means of assessing whether this is in line with current national guidance (1).

METHOD

- Twelve-month retrospective audit reviewing the multiple pregnancy journey of women attending ante-natal clinic between 1st May 2020 and 1st May 2021
- Standards were pre-defined based upon the NICE guidance 'NG137 - Twin and Triplet Pregnancy' (1)
- Expected compliance defined at 100%
- Following exclusion for cases with missing data, 62 cases were identified; 30 cases were included for this initial data collection
- Clinical notes were analysed, including 'Trakcare' and 'Viewpoint' systems, to collate maternal, fetal and neonatal data points and assess these against audit standards
- We recognise the limitations when auditing clinical discussions via documentation retrospectively

RESULTS

100%

- ✓ Booked for Consultant-led care
- ✓ Chorionicity/amnionicity documented at first scan
- ✓ Growth discordance calculated at each scan
- ✓ Referral to fetal medicine if <10th centile
- ✓ Active management of third stage of labour
- ✓ MCDA: Counselling on risks of twin: twin transfusion syndrome

Full Blood Count 20-24 week 16.7%
28 weeks 63.3%

Discussed Mode of Delivery 90%

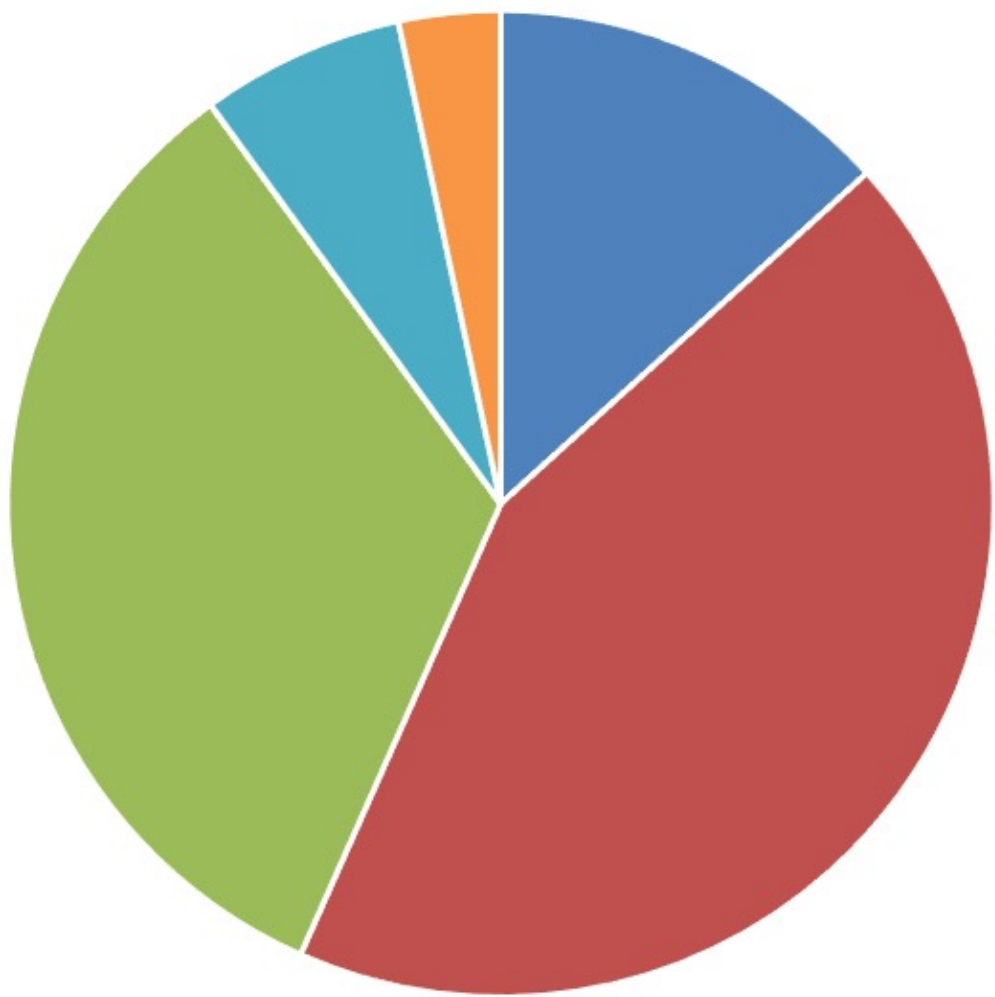
Delivered at recommended gestation (or earlier with compromise) 93.3%

USS Schedule for fetal growth assessment 66.7%

COUNSELLED ON THE FOLLOWING RISKS:

PPH – 16.7%
Pre-term birth – 66.7%
Growth concerns – 70%
Pre-eclampsia – 70%

PRESCRIPTION OF ASPIRIN:



Not prescribed, not indicated – 33.3 %
Prescribed with unclear indication – 43.4%
Prescribed with indication – 13.3%
Alternative – 3.3%
Late booker – 6.7%

CONCLUSIONS

- Results are encouraging for intra-partum and post-natal care, particularly with regards to timing of deliveries and discussion regarding mode of delivery
- Areas for improvement include effective assessment of need and subsequent prescription of aspirin, optimisation of haemoglobin levels via full blood count monitoring and improvement in discussion of risks, particularly post-partum haemorrhage
- Following a period of staff education and implementation of an updated care pathway, we will reaudit to ensure the best possible care is being provided to our patients

REFERENCES

1. NICE Guidance NG137 Twin and Triplet Pregnancy, 2019: <https://www.nice.org.uk/guidance/ng137>

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