

Multifetal Gestation

Definition/ cut-off value

More than one (>1) fetus in a current pregnancy (Pregnant Women) or the most recent pregnancy (Breastfeeding and Non-Breastfeeding Women).

Participant category and priority level

Category	Priority
Pregnant Women	I
Breastfeeding Women	I
Non-Breastfeeding Women	II

Justification

Multifetal gestations are associated with low birth weight, fetal growth restriction, placental and cord abnormalities, preeclampsia, anemia, shorter gestation and an increased risk of infant mortality. Twin births account for 16% of all low birth weight infants. The risk of pregnancy complications is greater in women carrying twins and increases markedly as the number of fetuses increases.

For multiple births, both the optimal range of birth weight and the gestational age associated with the lowest morbidity is achieved earlier than for singleton births. For twins, this optimal range of birth weight is estimated to be 2,500 to 2,800 grams at 36-37 weeks and for triplets, 1,900 to 2,200 grams at 34-36 weeks. Other reports indicate that twins weighing 3,000 to 3,500 grams at birth experience minimal perinatal mortality. (1,2) Outcomes with both twins (or the average of the twin pair) weighing 2,500 grams or more have been reported for maternal weight gains of 40-45 pounds. Weight gain of 0.85 pound/week or less before 24 weeks gestation was significantly associated with poor intrauterine growth and higher morbidity among twins, regardless of subsequent rate of gain. (3)

It has been suggested that clinical guidelines for maternal weight gain during twin gestation should be based on pre-pregnancy BMI, although data to support the development of such guidelines while growing, remains scant. Weight gain should be encouraged throughout a twin gestation in underweight women, with a target gain of 1.75 pounds/week after 20 weeks gestation. The data support a weight gain of 1.5 pounds/week for normal weight women during the second half of twin pregnancy. (3)

Pregnant or breastfeeding women with twins have greater requirements for all nutrients than women with only one infant. Postpartum, nonbreastfeeding women delivering twins are at greater nutritional risk than similar women delivering only one infant. All three groups of women would benefit greatly from the nutritional supplementation provided by the WIC Program.

**Clarifications/
Guidelines**

The Centers for Disease Control and Prevention (CDC) defines a trimester as a term of three months in the prenatal gestation period with the specific trimesters defined as follows in weeks:

First Trimester: 0-13 weeks

Second Trimester: 14-26 weeks

Third Trimester: 27-40 weeks.

Further, CDC begins the calculation of weeks starting with the first day of the last menstrual period. If that date is not available, CDC estimates that date from the estimated date of confinement (EDC). This definition is used in interpreting CDC's Prenatal Nutrition Surveillance System data, comprised primarily of data on pregnant women participating in the WIC Program.

References (cont)

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2. Williams, R., Creasy, R., et al. Fetal growth and perinatal viability in California. *Obstet. Gynecol.*, 1982; 59:624-32.
3. Institute of Medicine: WIC Nutrition Risk Criteria: A Scientific Assessment; 1996; pp. 210-11
4. Sutor, CW. 1997 Maternal Weight Gain: A Report of an Expert Work Group. Arlington, VA: National Center for Education in Maternal and Child Health Bureau.
5. Worthington-Roberts, B. Weight gain patterns in twin pregnancies with desirable outcomes. *Clin Nutr* 1988;7:191
6. Institute of Medicine: WIC Nutrition Risk Criteria: A Scientific Assessment; pp. 210-11