Objective
Identify regional and provider differences in the management and outcomes of MCDA twin pregnancies around the world.

Methods
Cross-sectional web-based survey of members of a Facebook group called “MoDi Twins”. Participants freely shared link via “snowballing” technique.

Results
2,357 participants completed survey (42% of clicks)
• 22% (n=497) had developed TTTS
• 6% (n=145) had developed spontaneous TAPS
• 2% (n=35) had developed TTTS-TAPS
• ACOG recommended timing of delivery 34’0-37’6 was similar around the world
• Overall live birth rate rose if MFM was involved

Conclusion
In this survey data, the overall live birth rate was highest in patients at least co-managed with an MFM with no regional differences in timing or method of delivery.