Regional Differences in the Management of Monochorionic Diamniotic (MCDA) Twins Complicated by Twin to Twin Transfusion Syndrome (TTTS)

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Objective
Identify regional differences in the management of MCDA pregnancies complicated by TTTS.

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) developed TTTS
- Biweekly surveillance increased diagnosis at extremes of gestational age
- Treatment occurred in all stages of TTTS
  - 51% (n=246) received laser
  - 9% (n=42) received amnioreduction
  - 16% (n=79) delivered upon diagnosis
- Live birth rate of 2 babies MFM vs. No MFM (73% vs 64%, p<0.01)
- Live birth rate of 1 or more babies MFM vs. No MFM (95% vs 80%, p<0.01)

Conclusion
Guideline recommended biweekly screening increased diagnosis of TTTS at extremes of gestational age. MFM involvement was associated with the highest live birth rates in MCDA twins complicated by TTTS.