Most babies are healthy when they’re born. To help monitor your twin babies’ health during pregnancy, you can choose to have prenatal testing. Testing can help find specific medical conditions, called birth defects. By finding out about birth defects before your babies are born, you can make:

- Choices about pregnancy.
- Special arrangements for your babies’ delivery and newborn care.

Prenatal testing can be done with screening tests, diagnostic procedures, and ultrasound. You can talk with your Ob/Gyn clinician to help you decide about prenatal testing for birth defects. Remember that testing isn’t required, so you can decide whether or not to have it.

**Screening Tests**

Screening tests look for specific medical conditions. These tests don’t increase your risk of miscarriage. Keep in mind that these tests don’t look for every medical condition. They can estimate whether a baby is at high risk for:

- Down syndrome, a chromosome condition. This causes intellectual disability and sometimes physical birth defects.
- Trisomy 18 or trisomy 13. These chromosome conditions cause severe intellectual disability, physical birth defects, and shortened life span.
- Open neural tube defects. These spinal (neural tube) defects can cause paralysis.
- Abdominal wall defects. These are openings in the wall of the belly (abdomen). They can allow a baby’s intestines to bulge out of their body.

Screening tests don’t always detect these birth defects in babies who have them. Also, “false positives” can occur. This means that some babies who are actually healthy may have test results that show high risk of birth defects.

Screening tests don’t provide a final result. We offer further testing if results show high risk for a birth defect. For some types of birth defects, only 2 diagnostic procedures—either chorionic villus sampling (CVS) or amniocentesis—can give a definite answer.

**California Prenatal Screening Program (“State Screening”)**

State screening is available for pregnant women living in California. For twin pregnancies, the program screens for Down syndrome, neural tube defects, and abdominal wall defects. Trisomy 18 screening is available for women who choose to have an optional ultrasound (NT ultrasound). State screening includes 1 or 2 blood tests and an optional NT ultrasound.

**Results.** Initial results are ready in the 1st trimester soon after the NT ultrasound (if done). Complete results are ready in the 2nd trimester about 2 weeks after the final blood test.

Most women’s results show low risk for birth defects (screen negative). About 1 in every 20 women get high-risk results (screen positive). They’re offered follow-up testing. Most women who get high-risk results go on to have healthy babies.

**Noninvasive Prenatal Testing (NIPT) or Cell-Free Fetal DNA Testing**

We usually offer NIPT to pregnant women with higher risk for chromosome conditions. This includes women who:

- Are age 35 or older.
- Screen positive on state screening.
For women who are pregnant with twins, NIPT screens for Down syndrome, trisomy 18, and trisomy 13. This blood test checks bits of mothers’ and babies’ (fetal) DNA (genetic material). Women who have NIPT don’t need 1st trimester state screening or NT ultrasound. We recommend state screening in the 2nd trimester to check for neural tube defects and abdominal wall defects.

**Results.** NIPT results are ready about 2 weeks after the blood test. Some women get no result. This is more likely for women with twins. They can repeat the blood test or choose different testing.

Getting an NIPT result can be difficult because fetal DNA is complex. Usually, getting no result doesn’t mean a baby is at high risk. Women who are overweight are more likely to get no result.

**Diagnostic Procedures**

The 2 diagnostic procedure options are chorionic villus sampling (CVS) and amniocentesis. We use them to check for Down syndrome, trisomy 18, trisomy 13, and other chromosome conditions. These procedures have a small risk of miscarriage (fewer than 1 in every 500 women). This risk is slightly higher for twin pregnancies.

**Chorionic villus sampling (CVS), available from 10 to 13 weeks of pregnancy**

CVS gives you test results early in your pregnancy. We perform the procedure by passing a thin needle through the lower belly or a flexible tube through the vagina. We take a small sample from each twin’s own placenta (the organ that nourishes each developing baby). CVS isn’t an appropriate option for some women with twin pregnancies. In about 1 of every 30 CVS procedures, we need to do a follow-up blood test or a different procedure to get a definite result.

**Amniocentesis, available from 15 to 20 weeks of pregnancy**

We perform amniocentesis by passing a thin needle through the belly and into the womb (uterus). We take a small sample of the fluid (amniotic fluid) around the first twin. Sometimes we then put a safe, temporary dye into the fluid. Then the procedure is repeated to take a sample of the fluid around the second twin.

**Results.** Final results are ready about 2 weeks after the procedure. If one or both babies have a chromosome condition, we offer genetic counseling with specialists.

**Ultrasound**

Ultrasound exams are routinely done around the 5th month of pregnancy. We look at the babies and placentas and take pictures with a special camera. This exam can detect neural tube defects, abdominal wall defects, and other medical problems. It can also find signs of possible chromosome conditions.

**Test Costs**

Prenatal testing costs may not be fully covered by your Kaiser Permanente plan. The costs vary depending on your coverage. Call Member Services at 800-464-4000 to confirm what your policy covers.