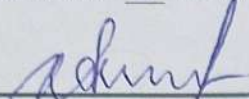


THE MINISTRY OF HEALTH OF UKRAINE
NATIONAL PYROGOV MEMORIAL MEDICAL UNIVERSITY, VINNYTSIA

«AGREED»

at the Methodical council
of surgical disciplines

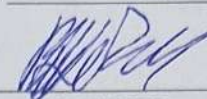
Protocol № 5 from «19» 03 2025


Sergiy KHIMICH

«APPROVED»

Head of Examination Commission №3

«20» 03 2025


Vadym ZHEBEL

EXAMINATION MATERIALS

STATION №10 "EMERGENCIES IN OBSTETRICS AND GYNECOLOGY"

SPECIALTY

222 Medicine

EDUCATIONAL PROGRAM

«Medicine»

FACULTY

Faculty of Foreign Citizens Training

Vinnytsia – 2025

APPENDICES TO EXAM MATERIALS

1. Instructions for students' work at the station (Appendix 1).
2. List of practical skills (Appendix 2).
3. Algorithms for performing practical skills (Appendix 3).
4. Sample task (Appendix 4).
5. Regulatory documents (Appendix 5)

Appendix 1

STUDY INSTRUCTIONS FOR WORKING AT STATION № 10

“EMERGENCIES IN OBSTETRICS AND GYNECOLOGY”

The higher education (HE) candidate must greet and present to the examiner the identification number that was assigned during registration for the OSCE. The candidate's response is videotaped at the station. The HE candidate receives a clinical task that involves communicating with the patient, asking about complaints and anamnestic data, and conducting a certain objective examination.

Competencies that are assessed according to the OSCE matrix: communication, complaints and anamnesis, objective examination, ethical aspects, diagnostics, tactics and treatment.

The HE candidate at the station with a standardized patient must:

- Greet, introduce himself, get acquainted with the patient/his representatives.
- Collect a targeted anamnesis: ask about complaints, detail the complaints, what the occurrence is associated with, how long it lasts, etc.
- Conduct an objective examination. Before conducting an objective examination, the patient must be explained the purpose and course of the procedure, the hands must be treated, and the patient's consent to conduct an objective examination must be obtained.
- Assess the vital parameters and additional data entered into the outpatient medical record (025o) (provided by a nurse at the request of a higher education applicant).
- Conduct a dialogue with the patient about a possible diagnosis/condition and differential diagnosis - explain the opinion on a possible diagnosis, provide information/clarifications on the differential diagnosis,
- Assign a patient examination plan and evaluate the results of the data obtained, formulate a final diagnosis.
- Determine the tactics and treatment of the patient.
- Wait for the signal about the end of the time spent at the station, leave the station and move on to the next one.

A candidate for a HE qualification at the station is prohibited from:

- communicating with the examiner,
- using educational and auxiliary materials,
- using gadgets,
- transmitting, copying, and distributing any information related to the exam that is not publicly available.

Note. If a candidate for a higher education qualification violates the above-mentioned norms, his/her exam is terminated, and the exam grade is given as “failed” (violation of the rules of academic integrity).

Duration of passing the station is 8 minutes.

Appendix 2

LIST OF PRACTICAL SKILLS AT THE STATION

| № | Diagnosis | Symptom | Manipulation |
|----|---------------------------|--|--|
| 1. | Ectopic pregnancy | Aching pain in the lower abdomen | Bimanual examination of the pelvic organs |
| 2. | Acute abdomen | Lower abdominal pain, with irradiation | Bimanual examination of the pelvic organs |
| 3. | Acute abdomen | Intermittent lower abdominal pain | Bimanual pelvic examination Interpretation of ultrasound results |
| 4. | Abnormal uterine bleeding | Bloody discharge with clots from the genital tract | Speculum examination with collection of material for cytological examination |
| 5. | Postpartum hemorrhage | Vaginal bleeding with clots | Speculum Examination Interpretation of Laboratory Tests |
| 6. | Postpartum hemorrhage | Vaginal bleeding | Speculum Examination Interpretation of Laboratory Tests |
| 7. | Preeclampsia | Headache, "flies" before the eyes | Fetal auscultation Interpretation of laboratory parameters |

| | | | |
|-----|---|--|---|
| 8. | Preeclampsia | Headache, "flies" before the eyes, decreased fetal movements | Fetal auscultation Interpretation of laboratory parameters Analysis of cardiotocography (CTG) results |
| 9. | Preeclampsia | Dyspnea, cyanosis, increased blood pressure | Fetal auscultation Interpretation of laboratory parameters |
| 10. | Bleeding in the second half of pregnancy. | Bright red vaginal discharge | Fetal auscultation Interpretation of laboratory parameters Analysis of cardiotocography (CTG) results |
| 11. | Postpartum endometritis | Vaginal discharge with an unpleasant odor | Bimanual pelvic examination |
| 12. | Bleeding in the second half of pregnancy. | Lower abdominal pain, slight vaginal bleeding | External obstetric examination Interpretation of laboratory parameters Analysis of cardiotocography (CTG) results |

Appendix 3

ALGORITHMS FOR PERFORMING PRACTICAL SKILLS

PERFORMING A SPECULUM EXAMINATION WITH THE COLLECTION OF MATERIAL FOR FOR BACTERIOSCOPIC EXAMINATION

1. Ethical aspects:

1. Ethical aspects:

- 1.1. Explain to the patient the purpose of the examination – conducting a mirror examination with the collection of material for cytological examination.
- 1.2. Obtain the patient's consent to conduct the examination.
- 1.3. Explain to the patient the course of the examination: first, a speculum examination must be performed.
- 1.4. Take a sample of material for bacterioscopic examination.
- 1.5. Ask the patient about her feelings after the examination.

2. Objective examination

- 2.1. Put on gloves, treat hands with antiseptic.
- 2.2. Perform examination of external genitalia
- 2.3. Lubricate the speculum with lubricant
- 2.4. Correctly install the speculum
- 2.5. Examine the vagina and cervix
- 2.6. Assess the nature of the discharge
- 2.7. Insert a gynecological spatula (Eyre type) into the cervical canal, collect the material in a circular motion and place it on a slide under the sign "C"
- 2.8. Insert the other end of the gynecological spatula (Eyre type) into the posterior vaginal vault, collect the material, apply it to the appropriate slide under the "V" sign
- 2.9. Properly uninstall the gynecological speculum
- 2.10. Insert one end of the Volkmann spoon into the urethra by 0.5-1 cm, collect the material, remove the instrument, apply the material to the slide under the "U" sign

PERFORMING A SPECULUM EXAMINATION WITH THE COLLECTION OF MATERIAL FOR CYTOLOGICAL EXAMINATION

1. Ethical aspects:

- 1.1. Explain to the patient the purpose of the examination – conducting a mirror examination with the collection of material for cytological examination.
- 1.2. Obtain the patient's consent to conduct the examination.
- 1.3. Explain to the patient the course of the examination: first, a speculum examination must be performed.
- 1.4. Collect material for cytological examination.
- 1.5. Ask the patient about her feelings after the examination.

2. Objective examination

- 2.1. Put on gloves, treat hands with antiseptic.
- 2.2. Examine external genitalia.
- 2.3. Lubricate gynecological speculum with lubricant.
- 2.4. Correctly install gynecological speculum.
- 2.5. Examine vagina and cervix.
- 2.6. Assess nature of discharge.
- 2.7. Remove mucus from cervix and cervical canal with swab.
- 2.8. Insert straight cervicobrush into cervical canal and rotate 90-180° in circular motion, collect material and apply to slide.
- 2.9. Bend brush and collect material from surface of vaginal part of cervix. Apply material to slide.
- 2.10. Visually interpret cervical pathology.

2.11. Properly uninstall a gynecological speculum.

BIMANUAL EXAMINATION OF THE PELVIC ORGANS

1. Ethical aspects:

- 1.1. Explain to the patient the purpose of the examination – a bimanual examination of the pelvic organs.
- 1.2. Obtain the patient's consent to the examination.
- 1.3. Explain to the patient the course of the examination: first a vaginal examination should be performed, followed by a bimanual examination.
- 1.4. Ask the patient about the sensations after the examination.

2. Objective examination

- 2.1. Put on gloves, treat hands with antiseptic.
- 2.2. Perform an examination of the external genitalia.
- 2.3. Examination of the vestibule of the vagina and Bartholin's glands.
- 2.4. Description of the vagina.
- 2.5. Assessment of the condition of the vaults.
- 2.6. Description of the cervix (position, length, consistency, sensitivity, mobility).
- 2.7. Description of the uterus (size, position, density, sensitivity, mobility).
- 2.8. Determination and assessment of the state of the appendages.
- 2.9. Determination of the presence of volumetric formations in the pelvis.
- 2.10. Assess the nature of the discharge.

EXAMINATION AND PALPATION OF THE MOTHER GLAND

1. Ethical aspects:

- 1.1. Explain to the patient the purpose of the examination – visual examination and palpation of the mammary glands.
- 1.2. Obtain the patient's consent to the examination.
- 1.3. Explain to the patient the course of the examination: palpation of regional lymph nodes.
- 1.4. Explain to the patient the need to determine the presence of discharge from the nipples.
- 1.5. Ask the patient about the sensations after the examination.

2. Objective examination

- 2.1. Put on gloves and treat your hands with an antiseptic before the examination.
- 2.2. Provide the patient with the correct position.
- 2.3. Perform an examination of the mammary glands, assess the condition of the skin, symmetry and deformation.
- 2.4. Determine the presence of pathological inclusions in the right breast.
- 2.5. Determine the presence of pathological inclusions in the left breast.
- 2.6. Assess the lymph nodes by palpating the supraclavicular and infraclavicular fossa (on both sides).
- 2.7. Assess the lymph nodes by palpating the axillary areas (on both sides).
- 2.8. Assess the nature of pathological discharge from the nipples.

EXTERNAL OBSTETRICAL EXAMINATION

1. Ethical aspects:

1.1. Explain to the patient the purpose of the examination - conducting an external obstetric examination.

1.2. Obtain the patient's consent to conduct the examination.

1.3. Explain to the patient the course of the examination.

1.4. Ask the patient about the sensations after the examination.

2. Objective examination

2.1. Put on gloves, treat hands with an antiseptic.

2.2. Correct manual performance of the 1st Leopold maneuver.

2.3. Measure the height of the fundus of uterus with a centimeter tape.

2.4. Correct manual performance of the 2nd Leopold maneuver.

2.5. Correct manual performance of the 3rd Leopold maneuver.

2.6. Determine the lie of the fetus (say).

2.7. Determine the position of the fetus (say).

2.8. Determine the type of position of the fetus (say).

2.9. Determine the presentation of the fetus (say).

FETAL AUSCULTATION

1. Ethical aspects:

1.1. Explain to the patient the purpose of the examination - fetal auscultation.

1.2. Obtain the patient's consent to the examination.

1.3. Explain to the patient the course of the examination.

1.4. Ask the patient about the sensations after the examination.

1.5. Explain to the patient the result of the examination.

2. Objective examination

2.1. Put on gloves, treat hands with an antiseptic.

2.2. Determine the position of the fetus and the position of the fetus (say).

2.3. Determine the presentation of the fetus (say).

2.4. Press the stethoscope with a wide part to the mother's abdomen.

2.5. Press the stethoscope according to the location of the fetus.

2.6. Listen to the fetal heart for 1 minute.

2.7. Voice the fetal heart rate (correct response range ± 5 beats/min).

2.8. Evaluate the fetal heart rate result (normal, tachycardia, bradycardia).

CONDUCTING VAGINAL DISCHARGE FOR THE PRESENCE OF AMNITIC FLUID

1. Ethical aspects:

1.1. Explained to the patient the purpose of the examination – conducting a speculum examination with the collection of material for the presence of amniotic fluid.

1.2. Obtain the patient's consent to conduct the examination.

1.3. Explained to the patient the course of the examination: first, a speculum examination should be performed, then discharge from the posterior vaginal vault should be collected for the presence of amniotic fluid.

1.4. Ask the patient about the sensations after the examination.

1.5. Explain the results of the examination to the patient.

2. Objective examination

2.1. Put on gloves, treat your hands with an antiseptic.

2.2. Inspect the external genitalia.

2.3. Lubricate the speculum with lubricant.

2.4. Correctly install the speculum (position, depth).

2.5. Examine and describe the condition of the vagina and cervix.

2.6. Assess the nature of the discharge.

2.7. Collect discharge from the posterior fornix with a cotton swab and place the swab in the buffer solution, shake.

2.8. Correctly uninstall the speculum.

2.9. Use a pipette to collect the resulting solution and apply it to the test strip.

2.10. Assess the presence of amniotic fluid – none, test negative.

Appendix 4

SAMPLE TASK

Clinical situation for a student

Ask the patient about complaints and anamnesis.

Objectively: the general condition is satisfactory, body temperature is 36.8 °C.

Edema: Moderate edema of the legs up to the knees, also swollen hands and face.

Palpation of the abdomen: Tension is detected in the right upper quadrant and epigastrium. The uterus is normal, the height of the uterus is 28 cm.

Assessment of vital signs – ask a nurse to help you.

Additional data – in the outpatient medical record (025o), which is kept by the nurse.

Tasks:

1. Ask the patient's complaints and anamnestic data.

2. Listen to the fetal heartbeat.

3. Establish a preliminary diagnosis, determine a plan for further examination

4. Determine a treatment plan (indicating the dose and duration of treatment) and provide the patient with recommendations

INSTRUCTIONS FOR A STANDARDIZED PATIENT

The patient answers the questions of a higher education applicant (HE), gives permission for the interview and objective examination. Behaves like a real patient,

demonstrating not the medical history, but the manifestations of the disease (complaints, symptoms or problems (clinical situation)), conveys the emotional and personal characteristics of the simulated patient in the same standardized way to objectify the assessment during the OSCE. The simulation of the manifestations of the disease, health status, and limitations in vital activities is standardized for each higher education applicant.

Immediately reports all complaints that concern him without detail. The details of the complaints and anamnesis are provided only in the case of an interview by a HE applicant.

The HE applicant must greet the patient and introduce himself.

- Inform the patient about the purpose of the actions (a higher education student must interview the patient and examine him)

- Ask the patient's name, age

- Obtain the patient's consent to interview and conduct an objective examination

- Ask the patient's complaints and anamnesis

- Explain to the patient the purpose of the objective examination and its course

- Conduct an objective examination

Scenario for a patient with trichomonas vulvovaginitis

A 24-year-old woman at 31-32 weeks of pregnancy was admitted to the emergency department of a maternity hospital.

Complaints:

general malaise for 24 hours

- headaches,
- floaters before the eyes, "double vision" of objects,
- nausea
- slight aching pains in the epigastric region
- shortness of breath

Medical history:

• She initially attributed her symptoms to a viral infection. Her legs had been swollen for several weeks, but now the swelling had spread to her hands and face.

Gynecological and obstetric history:

• First pregnancy, in the first trimester the woman was treated in a hospital for early toxicosis of pregnancy (according to the woman, she took pyridoxine, doxylamine, ginger). In addition, she takes Elevit-complex 2, 1 capsule per day from the 12th week of pregnancy.

EVALUATION CHECKLIST

| Components of the clinical case being evaluated | Number of points per position | Number of points of the applicant |
|--|--------------------------------------|--|
| Student's communication skills | 0,75 | |

| | | |
|--|-------------|--|
| Greetings. Introducing himself | 0,15 | |
| He announced that he had to interview the patient and examine her. | 0,15 | |
| He asked the patient's name, her age. | 0,15 | |
| Explained to the patient the purpose and course of the examination | 0,15 | |
| Warned the woman what she might feel during magnesium therapy | 0,15 | |
| Patient complaints and history | 1,65 | |
| Asked what the patient was complaining about | 0,3 | |
| Asked when the above complaints appeared | 0,15 | |
| He asked what the patient attributed the complaints to. | 0,15 | |
| Asked the woman about the medications she took during pregnancy | 0,15 | |
| Asked about the progress of the pregnancy | 0,15 | |
| Evaluation of vital indicators | 0,15 | |
| Checking for swelling | 0,15 | |
| Explains thoughts about a possible diagnosis | 0,3 | |
| Ask the woman if she understands the doctor's actions and what questions she has | 0,15 | |
| Manipulation | 1,5 | |
| Perform an external obstetric examination (Leopold's techniques) (correct sequence) | 0,15 | |
| Determine the position of the fetus | 0,15 | |
| Determine the position of the fetus | 0,15 | |
| Determine fetal presentation | 0,15 | |
| Press the obstetric stethoscope with a wide bell to the patient's abdomen in accordance with the position of the fetus | 0,15 | |
| Listen to the fetal heartbeat for 1 minute | 0,3 | |
| Sound the fetal heart rate | 0,15 | |
| Inform the patient of the result and explain the meaning | 0,3 | |

| | | |
|---|-------------|------------|
| Diagnostics | 0,75 | |
| Establish a preliminary diagnosis: 1 pregnancy 31-32 weeks | 0,15 | |
| Severe preeclampsia | 0,15 | |
| Perform lung auscultation | 0,15 | |
| Evaluate the results of laboratory tests presented in the outpatient medical record | 0,3 | |
| Tactics and treatment | 0,75 | |
| Call for help (anesthesiologist, senior doctor on duty). | 0,15 | |
| Place the patient on the left side. | 0,15 | |
| Prescribe magnesium therapy (16 ml of 25% magnesia + 34 ml of physiological saline bolus at a rate of 5 ml/min). | 0,15 | |
| Assign continuous CTG | 0,15 | |
| Prescribe drugs for the prevention of fetal RDS (betamethasone 12 mg intramuscularly per day, or dexamethasone 6 mg 2 times a day intramuscularly. Course - 2 days). | 0,15 | |
| Prevention | 0,6 | |
| Check blood pressure again 2 minutes after starting magnesium therapy | 0,3 | |
| Give instructions to the medical staff and explain to the patient that she will be in the ICU | 0,3 | |
| Maximum points per station The amount of points scored by the applicant | 6,0 | ### |

Appendix 5

REGULATORY DOCUMENTS ON THE BASIS OF WHICH CLINICAL CASES ARE CREATED

1. Unified clinical protocol for primary, secondary (specialized) and tertiary (highly specialized) medical care “Endometriosis”: Order of the Ministry of Health of Ukraine No. 620 dated 03.04.2018. - Kyiv, 2018.
2. ESHRE Guideline Endometriosis (2022). <https://www.eshre.eu/Endometriosis-guideline>
3. National Guideline Alliance (UK). Endometriosis: diagnosis and management. London: National Institute for Health and Care Excellence (NICE); 2017 Sep.

4. Unified clinical protocol of primary, secondary (specialized) and tertiary (highly specialized) medical care "ABNORMAL UTERINE BLEEDING" Order of the Ministry of Health of Ukraine dated 13.04.2016 No. 353 (as amended on 23.09.2016 No. 994)
5. Clinical recommendations (protocol) for the management of patients with Shereshevsky-Turner syndrome. Institute of Pediatric Endocrinology. – 2013. – 42 p.
6. Primary Care Management of Abnormal Uterine Bleeding AHRQ Publication USA No. 13-EHC025-EF March 2013
7. Clinical practice guidelines for the care of girls and women with Turner syndrome/ESHRE/2023
8. Order of the Ministry of Health of Ukraine dated March 26, 2025 No. 535 Standard of medical care "Benign diseases of the breast. Tactics of managing abnormal results of breast examination"
9. Abhinandan Gupta*, Hong Zhang, Jingbai Huang The Recent Research and Care of Benign Breast Fibroadenoma: Review Article / Yangtze Medicine, 2019, 3, 135-141
10. Order of the Ministry of Health of Ukraine dated 06/18/2024 No. 1057 "On approval of the Standard of Medical Care "Cervical Cancer Screening. Management of patients with abnormal screening results and precancerous conditions of the cervix""
11. 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors (<https://pubmed.ncbi.nlm.nih.gov/32243307/>)
12. Updated Cervical Cancer Screening Guidelines ACOG 2021 (<https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines>)
13. Updated global guidelines to treat infections with Neisseria .IUSTI (iusti.org › 2024/03 › Updates-on-treatment-of-GC.-FN-2024-2.pdf)
14. Order of the Ministry of Health of Ukraine dated 05/18/2023 No. 928 "On approval of the Standards of medical care "Inflammatory diseases of the pelvic organs"" (<https://moz.gov.ua/uk/decrees/nakaz-moz-ukraini-vid-18052023--928-pro-zatverdzhennja-standartiv-medichnoi-dopomogi-zapalni-zahvorjuvannja-organiv-malogo-taza>)
15. M Unemo 2020 European guideline for the diagnosis and treatment of gonorrhoea in adults International Journal of STD & AIDS 0(0). 2020. – p. 1–17. <https://www.cnr-ist.fr/ressources/editeur/IUSTI-Gonorrhoea-2020.pdf>
16. Order of the Ministry of Health of Ukraine dated January 25, 2023 No. 147 Standards of medical care "Uterine leiomyoma".
17. American College of Obstetricians and Gynecologists' Committee on Practice Bulletins–Gynecology. Management of Symptomatic Uterine Leiomyomas: ACOG Practice Bulletin, Number 228. Obstet Gynecol. 2021 Jun 1; 137(6):e100-e115.
18. Evidence-based clinical guideline "Normal pregnancy", 2022, 187 p.

19. Standards for the provision of medical care "Normal pregnancy", approved by Order of the Ministry of Health of Ukraine No. 1437 dated 09.08.2022
https://www.dec.gov.ua/cat_mtd/galuzevi-standarti-ta-klinichninastanovi/.
20. Unified clinical protocol for medical care prevention, diagnosis and treatment of asymptomatic bacteriuria in pregnant women from 10.02.2017(
http://inephrology.kiev.ua/wp-content/uploads/2017/09/Протокол_ББ_вагітних.pdf).
21. Urinary tract infection (lower): antimicrobial prescribing NICE guideline
Published: 31 October 2018
(<https://www.nice.org.uk/guidance/ng109/resources/urinary-tract-infection-lower-antimicrobial-prescribing-pdf-66141546350533>).
22. Order of the Ministry of Health of Ukraine No. 14379 (2022) “Standards of medical care “Normal pregnancy””.
- 23.https://health-ua.com/multimedia/userfiles/files/2021/Akush_1_2021/Akush_1_2021_st12.pdf
24. <https://health-ua.com/akusherstvoginekologiya/ekstragenitalna-patologiya/64765-aktualn-pitannya-dagnostiki-talkuvannya-gestatsjnogo-plonefritu>
25. Unified clinical protocol for medical care prevention, diagnosis and treatment of asymptomatic bacteriuria in pregnant women from 10.02.2017(
http://inephrology.kiev.ua/wp-content/uploads/2017/09/Протокол_ББ_вагітних.pdf).
26. ACOG Guidelines for Perinatal Care. AAP, Elk Grove Village, IL; ACOG, Washington DC: American Academy of Pediatrics, American College of Obstetricians and Gynecologists; 2017. 8th ed.
27. European Association of Urology (EAU) 2016. Guidelines on Urological Infections. R. Pickard (Chair), R. Bartoletti, T.E. Bjerklund-Johansen, G. Bonkat, F. Bruyère, M. Çek, M. Grabe, P. Tenke, F. Wagenlehner, B. Wullt Guidelines Associates: T. Cai , B. Köves, A. Pilatz, B. Pradere, R. Veeratterapillay. – 16 c.
- 28.Unified clinical protocol for primary, secondary (specialized) and tertiary (highly specialized) medical care "Hypertensive disorders during pregnancy, childbirth and the postpartum period": Order of the Ministry of Health of Ukraine No. 151 dated January 24, 2022. - Kyiv, 2022. - 56 p.
29. Hypertension and pregnancy Queensland Clinical Guidelines MN21.13-V9-R26 2021 (https://www.health.qld.gov.au/_data/assets/pdf_file/0034/139948/g-hdp.pdf)
- 30.Standard of medical care “Nausea and vomiting during pregnancy. Excessive vomiting in pregnant women”2025 (https://moz.gov.ua/storage/uploads/10855426-0be1-4627-954d-603270d95a3f/2024_12_31_%D0%A1%D1%82%D0%B0%D0%BD%D0%B4%D0%B0%D1%80%D1%82_-%D0%9D%D0%91%D0%92.pdf)
31. RCOG Green-top Guideline “The Management of Nausea and Vomiting of Pregnancy and Hyperemesis Gravidarum” No. 69, 2016.

32. SOMANZ Guideline for the management of nausea and vomiting in pregnancy, 2019.
33. American College of Obstetrics and Gynecology: Morning Sickness: Nausea and Vomiting of Pregnancy, 2020.
34. Order of the Ministry of Health of Ukraine “Multiple Pregnancy” No. 205 dated 08.04.2015
35. National Guideline Alliance (UK). Twin and Triplet Pregnancy. London: National Institute for Health and Care Excellence (UK); 2019