HEALTH BASICS

Triplets

Triplets are three babies who develop during the same pregnancy.

WHAT IT IS
A pregnancy or birth involving three babies

WHERE IT COMES UP
Prenatal ultrasound, maternity care, and birth records

WHY IT MATTERS
Raises monitoring and care needs during pregnancy and birth

WHAT IT IS NOT
Not a disease or a diagnosis of illness

WHO TO ASK
Obstetrician, midwife, or maternal-fetal medicine team

HOW IT IS CHECKED
Ultrasound confirms fetal number, placentas, and amniotic sacs

Overview

Triplets are three babies who develop during the same pregnancy. The word can also describe the three children after birth. Being a triplet is not a disease.

A triplet pregnancy is a type of multiple pregnancy. It may begin naturally or after fertility treatment. Fertility treatments can increase the chance that more than one egg is fertilized or more than one embryo develops.

Triplets are not always all identical or all non-identical. They may develop from three separate fertilized eggs, one egg that splits, or a combination of these events. For example, two babies may be identical twins while the third develops from a different egg.

An early ultrasound usually confirms the number of developing babies. It also looks at how many placentas and amniotic sacs are present. The placenta supplies oxygen and nutrients. An amniotic sac is the fluid-filled membrane surrounding a developing baby.

These details matter because babies who share a placenta or sac may need different monitoring from babies who each have their own.

How it works

Each baby develops from a fertilized egg called a zygote. Triplets can form in several ways.

Three separate eggs may each be fertilized by a different sperm. These babies are genetically similar in the same way as other siblings. They may be the same or different sexes.

One fertilized egg may split into genetically identical embryos. If it splits into three, all three babies are usually genetically identical. More often, one egg splits into identical twins while another fertilized egg develops separately.

Clinicians also describe triplet pregnancies by chorionicity and amnionicity . Chorionicity means how many placentas there are. Amnionicity means how many amniotic sacs there are.

A trichorionic triamniotic pregnancy has three placentas and three sacs. A dichorionic triamniotic pregnancy has two placentas and three sacs, so two babies share a placenta. Other arrangements are possible, including three babies sharing one placenta.

Separate placentas can grow next to each other and appear joined later in pregnancy. Placental number therefore does not always show whether babies are genetically identical. Ultrasound findings, the babies' sexes, and genetic testing can provide more information.

Ultrasound is most useful for assessing placentas and sacs early in pregnancy. Later scans monitor growth, fluid levels, and blood flow. The schedule is based partly on whether any babies share a placenta or sac.

Why it matters for your health

A triplet pregnancy places greater physical demands on the pregnant person than a pregnancy with one baby. The uterus becomes larger sooner, and the body must support three developing babies and their placentas.

Triplets are more likely than single babies to be born early. Premature babies may need care in a neonatal unit, which provides specialist support for newborns. Babies born very early can need help with breathing, feeding, maintaining body temperature, or preventing infection.

Regular maternity care checks the pregnant person's blood pressure, blood counts, and general health. Ultrasound checks each baby's growth and wellbeing. More frequent appointments do not mean that a problem has been found. They are routine in triplet pregnancy because changes may develop more quickly and can affect the babies differently.

Care often involves an obstetrician, a clinician who specializes in pregnancy and birth. A maternal-fetal medicine specialist may be involved when additional expertise in complex pregnancy is helpful. Midwives, ultrasound specialists, neonatal clinicians, feeding specialists,

and mental health services may also be part of the team.

Planning for birth usually takes place in advance. The recommended timing and method of birth are based on placental arrangement, the babies' positions and growth, the pregnant person's health, and any complications. Triplets are often born by caesarean birth, but an individual care team should explain the options and reasons.

What can go wrong

Triplets themselves are not an illness. However, triplet pregnancy is associated with a higher chance of certain pregnancy and newborn conditions.

Preterm birth means birth before 37 completed weeks. It is common in triplet pregnancy. The earlier a baby is born, the more likely specialist newborn support will be needed.

Fetal growth restriction means a baby is not growing as expected. Triplets may grow at different rates, so ultrasound measurements are recorded separately for each baby.

Pre-eclampsia is a pregnancy condition involving high blood pressure and signs that organs, often the liver or kidneys, are being affected. Routine blood pressure and urine checks help screen for it.

Gestational diabetes is high blood sugar first recognized during pregnancy. It is checked using blood tests when appropriate.

Anaemia means there are too few healthy red blood cells to carry oxygen effectively. A blood count can identify it.

Babies who share a placenta can develop conditions caused by uneven blood flow. Twin-to-twin transfusion syndrome , despite its name, can affect two babies within a triplet pregnancy. One baby receives more blood while another receives less. Other shared-placenta conditions include twin anaemia-polycythaemia sequence and selective growth restriction. Specialist ultrasound and blood-flow measurements help assess these conditions.

Sharing one amniotic sac can increase the risk of umbilical cords becoming compressed or entangled. This arrangement requires specialist assessment.

Pregnancy loss can affect one, two, or all three developing babies. When one embryo stops developing early, it may be called a vanishing twin or triplet. The medical and emotional effects depend on when it happens and whether placentas are shared.

After birth, premature or smaller babies may have feeding, breathing, temperature, or developmental support needs. Follow-up may use corrected age , which adjusts a child's age for how early they were born.

What you can do

If an ultrasound shows triplets, ask the maternity team to record the number of placentas and amniotic sacs. You can also ask how this affects the scan schedule and where specialist care will take place.

Useful actions include:

There is no home test that can reliably assess placental sharing, fetal growth, or blood flow. These require ultrasound and clinical assessment.

Contact the maternity assessment service promptly if you have possible labour contractions, leaking fluid, vaginal bleeding, a noticeable change in fetal movement, or other new pregnancy concerns.

Seek urgent or emergency help for heavy bleeding, severe or persistent abdominal pain, chest pain, serious breathing difficulty, a seizure, fainting, or a severe headache with vision changes. Use the emergency service available where you live rather than waiting for a routine appointment.

Questions about scan results, birth planning, feeding, or support can usually wait for a scheduled appointment unless the maternity team has told you otherwise.

- Keep a record of appointments, scan findings, and each baby's label
- Ask where to call with concerns outside normal clinic hours
- Discuss the expected place, timing, and method of birth
- Ask whether neonatal care is available at the planned birth hospital
- Request feeding, practical, financial, or mental health support when needed
- Follow the care team's instructions for monitoring fetal movements

Common questions

Are triplets always identical?

No. They may be genetically identical, non-identical, or a combination. Two may be identical while the third is not.

Do three placentas prove that the babies are non-identical?

No. An embryo can split early enough for identical babies to develop separate placentas. Placentas can also appear joined on later scans.

Can ultrasound prove whether triplets are identical?

Ultrasound can provide clues, including placental arrangement and fetal sex, but it may not give a definite answer. Genetic testing after birth can usually clarify genetic relationships if the family wants to know.

Will all three babies be the same size?

Not necessarily. Some difference is expected, but scans look for larger differences or slowed growth that may need closer monitoring.

Is caesarean birth always required?

The delivery plan is individualized, although caesarean birth is common for triplets. Placental arrangement, fetal positions, gestational age, previous births, and current complications all affect planning.

Can someone breastfeed triplets?

Breast milk can be provided for triplets, including by breastfeeding, expressing milk, or combining breast milk with formula. Prematurity and feeding needs may affect how feeding begins. A neonatal or infant-feeding team can help develop a realistic plan.

Sources

- National Institute for Health and Care Excellence. Twin and triplet pregnancy . NICE guideline NG137, published 2019 and updated 2024.
- American College of Obstetricians and Gynecologists. Multiple Pregnancy . Patient education FAQ.
- Royal College of Obstetricians and Gynaecologists. Multiple pregnancy: having more than one baby . Patient information.
- NHS. Pregnant with twins . Pregnancy guidance covering twin and multiple pregnancy care.
- Society for Maternal-Fetal Medicine. State of the science on multifetal gestations: unique considerations and importance . American Journal of Obstetrics and Gynecology, 2020.