Results  The analysis included 5117 twin pregnancies (605 MC and 2512 DC). The total risk of early pregnancy loss (miscarriage and neonatal death) before 24 weeks in MC twins (60.3 per 1000 fetuses) was significantly higher than in DC twins (6.5 per 1000 fetuses), with a hazard ratio (HR) of 9.18 (95% CI, 6.0–13.9). Survival analysis showed a significant difference in overall and early mortality between MC and DC twins (Log-rank test, p < 0.0001), while no difference was noted after 24 weeks of gestation (Log-rank test, p = 0.08).

Conclusions  Early pregnancy loss is significantly more common in MC than in DC twins, but the trend in prospective risk of mortality in MC twins is not evident after 24 weeks’ gestation. This rate has almost halved compared to those in the published literature. Early detection and prompt treatment of complications in MC twins is likely to have contributed to this improvement in outcomes.

Objective  To determine whether there is a reduction in the risk of IUGR with folic acid supplementation.

Design  A retrospective cohort study using the West Midlands Perinatal Institute population based database.

Setting  West Midlands, UK.

Participants  Births to West Midlands residents (July 2009–June 2012). Multiple pregnancies and congenital anomalies were excluded.

Main Outcome Measures  Prevalence and relative risk of IUGR, defined as birth weight <10th customised centile with 95% confidence intervals.

Results  There were n = 117260 births with data for folic acid supplementation antenatally, of which 85% of women reported taking folic acid. Nullipus constituted 42.6% of the cohort overall and 44% of those that took folic acid antenatally. For those women where the dose of folic acid was recorded (n = 42557), 95% took a dose of 400 mcg, 4% at 5 mg and 1% at other dose. For timing of folic acid supplementation, 26% commenced pre-conception, 34% at <5 weeks, 35% at 5–10 weeks and 5% at a later gestation. There were n = 6077 cases with complete pregnancy and demographic data allowing a logistic regression analysis adjusted for maternal age, smoking, hypertension, deprivation, ethnicity, employment status, diabetes (including gestational), BMI, single/partner, drug use, father blood relation, time of booking and parity. The risk of IUGR for women with no folic acid supplementation was prevalence13%, RR 1.09 (1.03–1.16), p < 0.01. For women that took folic acid, only the 400 mcg dose taken pre-conception showed a significant reduction, prevalence 9.7%, RR 0.90 (0.85–0.96) p = 0.01.

Conclusion  Folic acid supplementation pre-conception significantly reduces the risk of IUGR.