Objective
The aim of this systematic review was to quantify the perinatal outcome in monochorionic diamniotic (MCDA) twin pregnancies complicated by selective fetal growth restriction (sFGR), according to the type (umbilical artery Doppler) and treatment received.

Methods
From a total of 2355 articles, 13 studies (1095 pregnancies) were included in this review. The overall survival rate in MCDA twin pregnancies complicated by type 1 sFGR managed expectantly was 97% (95% CI 93-100). The survival rate of the smaller fetus was similar to that of the larger fetus 96% (95% CI 89-100). The overall survival rate in MCDA twin pregnancies complicated by type 2 sFGR managed expectantly was 92% (95% CI 79-99). The survival rates of the smaller and larger fetuses were 91% (95% CI 73-99) and 95% (95% CI 87-96), respectively. The overall survival rates in MCDA twin pregnancies complicated by type 2 sFGR with and without coexisting TTTS treated by fetoscopic placental laser coagulation were 53% (50-56) and 53% (47-58), respectively. The survival rates of the smaller fetus were similar whether there was coexisting TTTS (40%; 95% CI 36-44) or not (38%; 95% CI 31-45). Similarly, the survival rates of the larger fetus were similar whether there was coexisting TTTS (63%; 95% CI 49-76) or not (67%; 95% CI 60-74). The overall survival rate in MCDA twin pregnancies complicated by type 2 sFGR treated with cord occlusion of the umbilical artery of the smaller fetus was 44% (34-55), and that of the larger fetus was 86% (74-95). The overall survival rate in MCDA twin pregnancies complicated by type 3 sFGR managed expectantly was 92% (95% CI 79-99), while the survival rates of the smaller and larger fetuses were 86% (95% CI 72-96) and 93% (95% CI 86-98), respectively. The overall survival rates in MCDA twin pregnancies complicated by type 3 sFGR treated by fetoscopic placental laser coagulation were 64% (49-77). Finally, the overall survival rate in pregnancies complicated by type 3 sFGR treated by cord occlusion was 50% (29-71).

Results
From a total of 2355 articles, 13 studies (1095 pregnancies) were included in this review. The overall survival rate in MCDA twin pregnancies complicated by type 1 sFGR managed expectantly was 97% (95% CI 93-100). The survival rate of the smaller fetus was similar to that of the larger fetus 96% (95% CI 89-100). The overall survival rate in MCDA twin pregnancies complicated by type 2 sFGR managed expectantly was 92% (95% CI 79-99). The survival rates of the smaller and larger fetuses were 91% (95% CI 73-99) and 95% (95% CI 87-99), respectively. The overall survival rates in MCDA twin pregnancies complicated by type 2 sFGR with and without coexisting TTTS treated by fetoscopic placental laser coagulation were 53% (50-56) and 53% (47-58), respectively. The survival rates of the smaller fetus were similar whether there was coexisting TTTS (40%; 95% CI 36-44) or not (38%; 95% CI 31-45). Similarly, the survival rates of the larger fetus were similar whether there was coexisting TTTS (63%; 95% CI 49-76) or not (67%; 95% CI 60-74). The overall survival rate in MCDA twin pregnancies complicated by type 2 sFGR treated with cord occlusion of the umbilical artery of the smaller fetus was 44% (34-55), and that of the larger fetus was 86% (74-95). The overall survival rate in MCDA twin pregnancies complicated by type 3 sFGR managed expectantly was 92% (95% CI 79-99), while the survival rates of the smaller and larger fetuses were 86% (95% CI 72-96) and 93% (95% CI 86-98), respectively. The overall survival rates in MCDA twin pregnancies complicated by type 3 sFGR treated by fetoscopic placental laser coagulation were 64% (49-77). Finally, the overall survival rate in pregnancies complicated by type 3 sFGR treated by cord occlusion was 50% (29-71).

Conclusion
In view of the limited available literature, this meta-analysis provides valuable data for counselling parents with MCDA twin pregnancies complicated by sFGR.