

Defining Success in Multiple Birth

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Where you sit defines success in the world of multiple births. One person's success is a failure to others. Comments and observations come from years of working with parents of multiple clubs and presentations to and discussions with obstetricians and neonatologists.

Success in the world of multiples has a multitude of faces; one person's success is another's failure. In multiple gestations, when fertility specialists succeed in inducing the conception of three, four, or five fetuses, they claim success. For better or worse, these specialists do not have to deal with the consequences of high-order multiple births. Six to 9 months later, the beleaguered neonatal/pediatric team holds a different view when suddenly three, four, or five critically ill new siblings arrive in the Neonatal Intensive Care Unit (NICU) at the same time.

When it is time for the parents to bring their babies home, they must obtain help from any source, often to raise the children as well as assist in their transport home. Later, teachers must school them, and at this time, specialists must assess and plan for the special needs of multiples. All the individuals who have dealt with the children thus far in their young lives have their own point of view of their success.

But what of the children themselves, how will they view their own success? The multiples must have an awareness of self, each with their own personal special identity. That is the greatest achievement any parent can hope for. Because multiple birth children have obtained care from many individuals with different needs, definitions of success, and points of view, this special individual sense of identity may be difficult to achieve.

Background

In general, the ready availability of artificial reproductive technology (ART) has become a crucial determinant of the number of multiples born throughout the world. In the period 1997–1999, the numbers of ART cycles increased 24% across Europe, for a total of nearly a quarter of a million cycles in 1999. In a survey of 48 countries there were an average of 289 ART cycles per million of population per annum. This ranged from two in Kazakhstan to 1657 in Israel. In just eight countries, physicians performed 943 ART cycles per million inhabitants and 3.9 cycles per 1000 women aged 15–49 years.

ART is an expensive process. ART and ovulation induction (OI) are scientifically demanding, personnel-intensive, costly procedures. The average cost per ART

cycle and per live birth in 2002 was \$9547 and \$58,394 respectively in the United States, and \$3518 and \$22,048 elsewhere. Scientists estimate that each couple's expenses ranged from 10–25% of their annual household expenditures in Europe and North America.

The antenatal, intrapartum, and postnatal events in the world of multiple births and, in particular, high-order multiple births can be technically, financially, and emotionally challenging and involve a multitude of physicians and various medical specialties. Many knowledgeable physicians, and in particular, obstetricians, liken the arrival of high-order multiples to a military operation. Players must have well defined roles. An action plan and one or two contingency plans are required for success. Rehearsals often are required. The team must train as it will perform in the operating theater and perform as it trained. Several primary players in the "battalion" of medical personnel will generally lead the "assault". Let us take a close look at the individuals who address the medical problems. Each is vital to the overall success and each defines and views success from different vantage points and with a special dictionary peculiar to his or her training.

- The obstetrician, who may have a 7- to 9-month care provider history for the mother. This specialist may or may not be part of the team who actually delivers the children depending on time, distance, and chance place of delivery or premature arrival of the multiples
- One neonatologist for each baby because in the vast majority of cases, they are either premature or small for gestational age
- NICU nurses for round-the-clock care of the newborns
- One pediatrician for each child
- A "battalion commander" who orchestrates the mass casualty incident, interacts with the media spokesperson and the hospital administrators, and fine-tunes the competing needs of the various medical specialties.

In military terminology, the arrival of a set of multiples is not a drill. It is like combat, hours and hours of boredom, punctuated by moments of anxiety, panic and fear. Furthermore, the cost of the highly organized team is expensive to

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say the least. To justify such costs, one would like to see success optimized.

The initial definition of successful reproductive technology was viewed as a maximal number of embryos per ART cycle, resulting in an inevitable increase in the number of multiple pregnancies and births. Without reasonable success rates, the existence of an entire ART unit could be endangered. This existentialistic view is best epitomized by the statement, "it is only with the appearance of assisted reproductive technologies that we have seen a burgeoning 'explosion' of multiple births".

The reasons for this phenomenon are apparent. ART and OI are high-cost procedures in terms of time, money, and emotional investment. Therefore, anything to optimize success rates is considered fair by the professions involved and these techniques are used to promote the process(es). However, if observers take a step back and look at the steps, procedures, and disciplines as part of a larger system, then perhaps it is more prudent to redefine success in the world of multiple birth as the number of *live healthy births per cycle*. This is a defensive definition, taken to highlight the fact that anything less than a healthy live birth can be considered as a failure!

High-order multiple births cost at least approximately 100 times the expense of a normal singleton birth. Factors that are difficult to control, such as the length of pregnancy, number of infants, and prenatal and perinatal complications determine most of the cost. The parents and physicians cannot change the reality and must deal with it the best way they can. If babies are sick, parents, the medical community, and ultimately, the taxpayer must deal with the particular needs of each child and pay what it costs to correct whatever is possible. Unfortunately, in the case of many damaged multiples, the best efforts of the medical community cannot "make things right." This single point is the driving, critical reason for all who work or deal with the multiple birth world to judge "success" by the medical outcome of the multiple birth. We, as a concerned community, cannot claim success on the short-term triumph of any particular medical specialty. In the end, it is the totality of the outcome that determines success where the best definition of success is in the lives of the multiples.

Discussion

A main thrust of this paper is the concept that where you sit in this "Greek drama" determines your perspective and your personal definition of success. Notice the emphasis on "personal." One parent of a world-renowned pair of twins defined his view of success on their 50th birthday. He defined his success as a parent of multiples as "that they did not go to jail."

What are appropriate definitions of success and goals for parents of multiples? The first would be to raise healthy children to adulthood, to provide examples and role models for their children to build on. The overarching definition for these parents is instilling a sense of individuality and independence for each child without breaking the special bond that exists between the siblings. Of all the gifts a parent can give to children who are multiples, their own special identity is the most precious and valuable gift imaginable. The

parents' primary goal for any multiples must be to bring them to adulthood with responsibility for themselves and confidence in their individual ability. This is particularly true in the case of twins.

Most people are aware that the "bond of multiples" is very close, particularly in twins. Many twins say that it is closer than with their parents. This bond is wonderful and valuable, but those close to the multiples must remember and recognize that multiples must learn to fit into the singleton world. Most multiples, especially monozygotic twins do not permit other people, including parents and spouses to get between them. In many cases, this leads to spousal friction. Many multiples are more open and accepting of their multiple partners than they are of their spouse. This is not difficult to understand; after all, they have a life-long relationship as a background. School, work, marriage, and death are all situations and events that tend to separate multiples that may have difficulties adjusting to a change in the past relationship with their sibling. Parents and offspring of multiples need to recognize that while the bonds between multiples are important, all family members should work towards a mutual goal of multiples being able to "go it alone" just as singletons do. Each multiple's individuality strengthens both themselves and the family.

For physicians, the authors would like to define success as the responsible use of available technology. After all, unless the medical outcome of a multiple pregnancy is favorable the lives of the multiples and those around them may be severely impacted. Professionals might consider the following as ideal parental goals; can the parents answer the following questions with a yes?

- Can the multiples take responsibility for their actions and have confidence in their own abilities and do they?
- Do the multiples have physical, emotional, and psychological independence?
- Can the multiples function in a world of singletons without relying or being co-dependent on their multiple partner(s)?
- Have you and your partner provided positive examples of good behavior and been good role models for the children to follow?

Parents may view success as the ability to encourage the individuality of each child without destroying the bond between them. The authors, a twin, and his daughter, stress this point repeatedly because it is so important and is the toughest challenge for parents and families of multiples.

For multiples themselves: love = success, success = love. Multiples may be special people but they are not freaks in a sideshow and the public often tends to treat them as freaks. All multiples live in a singleton world. Not everyone knows that multiples are part of a multiple set and if this bothers their ego and sense of self worth, then they may have a real problem. Many multiples have personal goals of "breaking out" of the twin, triplet or quadruplet mold. Some of the most photographed and famous twins in the world have had great difficulties in being able to function apart.

Multiples must learn to accept their sibling as a separate and distinct individual. This is probably the most difficult

concept for multiples to accept. The realization that you cannot make your sibling into what you think you are is difficult for many multiples. Some never make this distinction. Unless this acceptance is there, the multiples are “stuck” and have difficulty maturing and developing their relationship. They may deal with these difficulties with unhealthy competition. After all, society compares multiples unmercifully!

Nonetheless, the bonds between multiples can be a source of love, comfort, and success. For example, the Maecher twins, Olympic medallists used their bond in training to help propel them on to success. Other multiples did the same in the pursuit of their life goals. Physicians, parents, and multiples need to understand the concept of the bond between these siblings because it is always there. It varies between sets, is strong in some, weak to nonexistent in others, and can cause extremes of love and even hatred.

Conclusion

The thoughts behind the concepts presented in this paper are not only those of the authors. They come from the pleas of responsible obstetricians throughout the world including the United States, the United Kingdom, Portugal, Croatia, Poland, Italy, Australia and elsewhere in conferences that discuss multiple birth, the explosion in the number of high-order multiple births, and the costs to society and taxpayers from the irresponsible use of technology.

The choice is ours, we can be part of the solution, or we can contribute to the problem. I for one enjoyed my life as a twin. My brother and I are obliged to grow older, but we have no obligation to “grow up.” Enjoying our twinship and our bond is a high priority for each of us. We still get a kick out of fooling our colleagues and friends as to who is the “real twin.” Our obligation to those that follow is to help them do the same!
