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The Death of a Newborn Twin: How Can Support for Parents Be Improved?

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Abstract. The experiences and needs of mothers who lose a newborn twin were explored by sending semistructured questionnaires to 14 bereaved mothers. All mothers continued to think of the surviving child as a twin. Six had feelings of resentment towards the survivor. All felt their loss had been underestimated. Support could be improved by acknowledging the mother's grief and encouraging her to talk about the dead baby. Zygosity should be determined and reminders, such as photographs (of the babies together) and ultrasound scans, provided. All parents should be offered counselling and the opportunity to meet similarly bereaved parents.

Key words: Perinatal death, Surviving twin, Bereavement counselling, Self-help groups

INTRODUCTION

Once they have recovered from the initial shock, most parents are excited at the prospect of twins and society reinforces the impression that a multiple birth is a special event. When one twin dies at birth, the parents' loss is profound. Not only do they lose a precious baby, but also their special prestige. They also face many other problems which are rarely appreciated by other people.

In a study of a group of mothers about a year after a perinatal death, Rowe and her colleagues found that a prolonged or abnormal grief reaction was more common amongst those mothers who had a single surviving twin than amongst those who had lost their only baby [1]. The aim of this study was to discover more about the problems and need of mothers who lose a newborn twin and to see how their support could be improved.

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MATERIAL AND METHODS

A semistructured questionnaire was sent through the Twins and Multiple Births Association (TAMBA) to 14 mothers who were known to have lost a newborn twin or triplet. The questionnaire sought factual information on the pregnancy, the delivery, the babies, the cause of death of the twin and events surrounding it, including the mother's contact with the babies, photographs and funeral arrangements. This section was followed by open-ended questions on a variety of subjects including the early and late problems encountered by the mother, the support she received and how it could have been improved; the reaction of other people to the death; the mother's relationship with the surviving child and his own later reactions to the loss of his twin. Encouragement was given throughout to provide additional comments.

RESULTS

All the questionnaires were completed in full, some at considerable length. Of the 14 multiple pregnancies 12 were twin and 2 triplet. In the triplet sets, one baby had died in one and two in the other. Of the total of 15 deaths, 8 infants were stillborn and 7 died in the neonatal period. Six twin pairs were monozygotic, five dizygotic and in one case the zygosity was not known. The triplet set with two survivors was MZ; the second set was DZ and both MZ infants died. The mean age of the surviving child was 47 months with a range of 3 months to 22 year, but in only two cases were the survivors over 6 years of age.

All mothers still thought of their surviving child as a twin (or triplet). One felt that her son was "only half a child", another that he was "incomplete", and several commented that their child seemed unusually lonely.

Several mothers found difficulty in distinguishing the dead baby from the survivor in their mind. Others had periods of doubting the very existence of the second baby. This was a particular problem to those mothers who had no substantive memories. Only six had photographs of the baby who died although thirteen would have liked to have had them. The mothers encountered a number of particular problems in the early weeks after the baby's death. Nearly all mothers were made to feel guilty about their grief. One mother commented "I spent a lot of time defending our right to mourn our baby".

Six of the fourteen mothers admitted to feelings of resentment or rejection towards the surviving child, and for some this persisted for many months. Many had exaggerated fears for the safety of the survivor which often led to overprotection long after the child's period of increased vulnerability. This in turn sometimes spoilt their enjoyment of the child.

Several mothers commented on the difficulty of mourning a death and celebrating a birth at the same time. One wrote "It's incredibly difficult to look after a baby while mourning a dead twin". Many found it difficult to face friends and neighbours because they felt their failure to produce twins was such an anticlimax. All mothers felt their loss was underestimated by friends and relatives and also, in many cases, by the doctors and nurses. Most mothers felt that they were discouraged from talking about the dead

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baby and pressed to concentrate on the survivor.

Friends often ignored the bereaved mother. At other times they offered hurtful comments such as: "It would have been hard to cope with two"; "Don't think about him – you have a lovely baby"; "God only meant you to have one".

As with any perinatal death [2] many mothers regretted their lack of substantive memories. Several experienced pain from the constant reminder of the dead twin in their surviving child and this became particularly intense at anniversaries such as the child's birthday when the celebration was shrouded in painful memories. Several mothers commented on their difficulty in facing other mothers with twins in the early months and for some this was an enduring problem. Many mothers said they would have appreciated some professional counselling and/or the chance to meet another bereaved mother of twins.

DISCUSSION

The results of this study highlight some of the many problems encountered by mothers who lose one of their newborn twins. It appears that there are many ways in which the support of these bereaved parents could be improved.

A mother (and father) should be given every opportunity to spend time with her dying baby. She has many years to give her care to the survivor. The hours or days spent with her ill baby can become precious memories and can help to lessen her inevitable feelings of guilt.

Most mothers need to grieve their dead baby before they can relate properly to the surviving child. We should respect this need and be prepared to talk about the dead baby just as much as the mother wishes. It is important that a mother realises that her feelings of guilt and confusion are not abnormal.

Substantive memories of the lost baby are as important to a mother of twins as to a mother who loses her only baby. Indeed, they may have added importance in that mementoes help a mother to separate the two babies in her mind. A photograph or ultrasound scan showing the babies together can be particularly helpful. If one baby is critically ill, a photograph of the two babies (together with the parents if they so wish) should be taken as quickly as possible. This photograph may later become very important to the surviving twin as well as to the parents.

The zygosity of the twins should always be determined. Apart from the importance of this in relation to genetic counselling for both abnormalities and for risks of another multiple pregnancy, most parents feel it is important information for themselves and for the surviving twin.

All parents should be offered expert counselling and many will appreciate written information. A leaflet for parents who have lost a newborn twin has recently been produced by TAMBA in England [3]. Equally important is the opportunity for parents to meet others who have shared their experience. Again, TAMBA has established a self-help group specifically for parents who have lost a newborn twin. Through this, newly bereaved parents may be put in touch with others.

Finally, the grief of these parents must never be underestimated. Because a mother has another baby born at the same time, the survivor can never replace or compensate

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for the precious baby that has died.

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