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## Paediatric Care of Twins

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**Abstract.** For many parents, the joy of having twins and triplets is reduced by the unexpected emotional as well as physical and financial stresses which they experience with children who may suffer from prematurity and low birthweight, and who have a higher risk of language delay and disability. Paediatric care should start from the time of ultrasound diagnosis. The Multiple Births Foundation holds regular meetings for expectant parents. Twins Clinics are held in three centres in the UK as well as three special clinics (Growth, Supertwins and Bereavement), where families may discuss problems relating to the twinship as well as sharing their experiences with parent volunteers.

**Key words:** Twins, Triplets, Clinics, Volunteers

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A family with young twins or triplets always attracts interest, yet few people give any thought to the difficulties facing their parents. Paediatricians are no exception. The difficulties are not only practical and financial but emotional. How does a mother feed and care for two babies at the same time? How can she manage the housework or the shopping without special help? Perhaps hardest of all, how does she relate to both at once? Most mothers of twins find it a stressful task.

Twins tend to be at a disadvantage from the moment of conception. They are more likely to be born to elderly mothers, to those who already have a large family or to those who conceive during the first three months of marriage [6]. All these mothers are likely to be ill-prepared for twins.

The mother is not only likely to have a more difficult than average pregnancy and delivery but is then required to look after two babies instead of one each of whom is likely to be more frail than the average singleton, due to prematurity [10], low birthweight [2] and intrauterine growth retardation. There are also intrauterine hazards peculiar to monozygotic (MZ) twins [4] such as the fetofetal transfusion syndrome and some congenital malformations.

Parents of twins need particular understanding in the neonatal period. They are often faced not only with the problem of caring for and relating to two babies but many twins will be separated from their mother on intensive care neonatal wards. It may be particularly difficult for the mother if the two babies are on different wards; she may well forget the baby in a distant incubator.

If one baby is much more demanding, mothers may feel guilty that they are unable to give their twins equal attention. They should be reassured that sometimes that baby may need more attention. Inevitably a mother may feel more attracted to one baby than the other and this is more common when the babies are of different size [13].

A mother's relationship with her babies will be further impeded if she finds it difficult to tell them apart. The babies should always be clearly identifiable and called by their names. The cots should be made recognisable at a distance. Similarly parents should be encouraged to dress the babies differently from the start despite pressure from friends and relatives. Studies have shown that individuation in twins is slower than that of single children, particularly amongst MZ pairs [12].

The babies should preferably go home from hospital together but if this is not practicable because one needs a longer stay, parents should be encouraged and helped to visit the remaining baby. It has been shown that if twins are discharged separately the second may suffer long-term loss of self esteem which may affect him into school years [7].

Even MZ twins may show very different temperaments and their needs will not necessarily be similar or felt simultaneously. There is no reason, for example, why they should need the same amount of food and sleep. Later, one may prefer to play football whilst the other is reading. These differences are important signs of individuality and should be encouraged. Similarly, opportunities for separate outings – and separate relationships – should be welcomed. Indeed, grandparents and friends often prefer the chance of a one-to-one relationship, and the other twin can then enjoy his mother's or father's undivided attention.

Discipline of twins, even for experienced parents, can be a problem. Because they have the support and encouragement of a partner, twins often prove to be stronger in their resistance to discipline and more imaginative, persistent and ambitious in their escapades! Many mothers become isolated with young twins and this can frequently, together with the exhaustion, lead to depression. Yet parents badly need social contact to boost their moral and to reassure them about how well they are, in fact, coping. A recent study in the UK has shown that mothers of twins have a higher incidence of depression even five years later [14].

## **Triplets and Higher Order Births**

The incidence of triplets and higher order births is rapidly rising in Europe as the result of the increasing use of new techniques for the treatment of infertility. The number of triplets has trebled in the UK between 1982 and 1992. Because of the extreme prematurity of many of these babies their perinatal mortality is over ten times that of a single baby with a similar increase in the risk of disability. Amongst twins the perinatal mortality rate is about five times as high as single babies and the risk of disability between three and four times as great [5,11].

Even when all the triplets are healthy they put considerable stress on the family. Much new information on the lives of families with triplets and more has recently become available from the United Kingdom National Study of Triplets and Higher Order Births [3], which collected information relating to higher order births in 1980 and 1982-1985. The study covered medical and social aspects from the time of conception.

Just the practical difficulties of looking after three babies at once, even when all are healthy, are immense. The UK Triplet Study repeatedly found that help for families had been completely inadequate.

Many parents who have triplets have been upset by thoughtless or intrusive comments by friends or strangers. It appears that, quite unjustifiably, critical comments are much more likely to be directed at those whose babies result from infertility treatment. The implication of such criticisms is that the parents have "asked for it" – a particularly cruel accusation to a couple who may have been trying desperately for many years to have just one child.

Few people appreciate the enormously greater financial cost of triplets compared to that of three single children. Perhaps the worst aspect is that clothes and equipment cannot be handed down from child to child. Three highchairs, three cots, three car seats, and so on, demand painful financial outlay, not to mention the cost of a larger home or larger care... With a family that is only gradually growing, there is less urgency: with triplets everything is needed at once.

A little recognised problem is the effect of twins or triplets on other children in the family. A study from Australia found that 64 per cent of families reported problems with the older sibling and they were found to have "lower self-concept" [8]. Being the older brother or sister of triplets is a most unenviable position. The triplets are not only very demanding, they get far more attention than their older siblings from relatives, friends and passers-by. Life is especially hard for the toddler who has been the centre of the family and is then displaced by an attention-attracting trio.

## Paediatric Care

Paediatric care of a family with multiple births should start from the time of ultrasound diagnosis. Careful prenatal preparation is essential and all maternity units should hold special prenatal classes for couples expecting multiple births. The Multiple Births Foundation holds regular meetings for expectant parents, grandparents and others concerned with the babies' care. The paediatrician gives an illustrated talk on the care and development of twins and triplets and this is followed by a discussion with parent volunteers. Books and leaflets are available as well as the opportunity for informal talks over coffee. Those couples expecting triplets are also invited to the Supertwins Clinic lunch-time meeting to meet other families.

Twins Clinics [1] are held in three centres in the UK as well as three special clinics (Growth, Supertwins and Bereavement). Here families may discuss problems relating to the twinship as well as sharing their experiences with parent volunteers [9]. The volunteers are supervised by the Clinic's paediatric nurse. As well as providing emotional support to the parents they give practical help with the children, so that the parents may have an undisturbed talk with the paediatrician.

In the Special Needs Clinic parents can share their problems of trying to balance the needs of disabled children with those of their healthy siblings. The MBF Bereavement Clinic's main task is to give support to families confronting the problems of grieving for the dead babies at the same time as celebrating the living.

The number of families caring for higher order birth children is likely to increase. It is essential that the special support they need is given urgent consideration.

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