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## Essential Nonmedical Perinatal Services for Multiple Birth Families

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**Abstract.** Parents of multiples suffer unique stresses which can severely impair family health and welfare. Access to information, counseling, and community resources increase parents' abilities to cope, and reduce the risk of child and spousal abuse. Twinline, a social service agency in California, provides a variety of free and low-cost nonmedical perinatal services to meet the needs of a heterogeneous population of over 1,000 multiple birth families and parents expecting multiples in the urban and rural counties of the San Francisco Bay Area.

**Key words:** Twins, Family stress, Perinatal care, Social services

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### INTRODUCTION

Twins, triplets, quadruplets, and quintuplets are among the world's great wonders, but for some parents, especially those who are single and low-income, multiple birth babies can hit with the force and intensity of a natural disaster [2,7,8,11,14,15]. It was in recognition of this fact that in 1980 and 1981, the Morris Stulsaft Foundation granted seed money to a project of the Alameda County, California, Childcare Information and Referral Agency, Bananas, Inc., called the "Twin Care Study Center". That first funding launched the development of a series of services designed to reduce the stresses of the multiple birth children and families of the Bay Area. The success of these services led to funding by the California Department of Health Services and the evolution of the Twin Care Study Center into an independent, non profit agency called Twinline. The agency is now located in its own offices in

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At Twinline, multiple birth families can find up-to-date information on the care and development of their children, free phone counseling, support groups, classes, and respite (free in-home childcare) for high-risk or emergency situations [6]. Other service agencies may help multiple birth families as the exception, but at Twinline, multiple birth families and children are the rule.

One in every 90 U.S. births results in twins. One in every 10,000 births produces triplets [4,10,13]. Multiple births cross all racial, ethnic and socioeconomic lines; multiple birth families are a diverse and scattered population [13,15]. Twinline's primary service area, the nine counties of the San Francisco Bay Area, covers 18,000 km<sup>2</sup> of urban and rural land, including Oakland, the fourth largest city in California. In 1983, the most recent year for which data are available, there were 932 multiple births — 21% of the state's total — in these counties [13].

With Twinline's help, hundreds of these families are getting the information, moral support, and household help they need to insure healthy mothers, healthy babies, and stable families [1,15].

What makes having multiples a remarkably difficult situation for families? Beginning with the pregnancy, the mother and her babies are medically classified as being in a "high-risk" condition. Expectant mothers of multiples often need bedrest for weeks or months before delivery, or are told to drastically reduce their daily activity. Even so, more than 60% of the babies are born prematurely or weigh less than 2.5 kg. Consequently there is a higher rate of birth defects for multiples than singletons, and a high neonatal death rate — realities which sharpen the anxiety of new and expectant parents [3,4].

Once the babies are home, parents are faced with the problem of feeding them at the same time. And how can they transport two babies at once? How can they best manage in a house that is suddenly too small? Perhaps most importantly, how can they get enough sleep? (As experienced parents of twins know, it is normal to get just 1-1/2 to 2 hours of unbroken sleep during the first three months). When the parent is single, these difficulties may seem truly insurmountable. Families are likely to have economic difficulties, trying to stretch a paycheck to support an additional, unplanned infant. Mothers who need to return to work discover that childcare for multiples is scarce and expensive [8,9,11,15].

Unalleviated, the combination of hardships can seriously damage the fabric of family relationships and lead to heightened risk for emotional breakdown and drug and alcohol abuse [2,5,7,9,11,15].

Despite the evidence of their acute need for psychosocial support, families with multiples have few places to turn for professional guidance. To illustrate, the Parents of Multiple Births Association of Canada (POMBA) reports that 27 of the 500 respondent to their 1984 survey on multiple pregnancy said they received no information on multiple birth from either their prenatal instructors, obstetricians, or maternity staff [12]. This finding was not surprising to Twinline staff who are in daily contact with expectant and new parents of multiples seeking information on the basic facts of multiple birth and care. Their concerns range from the facts of

multiple birth conception, to zygosity testing, bonding with multiples, and concerns about the effects of "twinshock" on siblings. One distraught mother of newborn twins told Twinline with chagrin that her training as a pediatrician had given her no useful preparation for the care of multiples!

## TWINLINE'S WARMLINE SERVICE

Twinline provides a variety of nonmedical services to reduce the stresses of this heterogeneous population through its free telephone counseling service, correspondence, and a variety of publications. Twinline also provides respite care [6], classes, support groups, and events for multiple birth families living in the San Francisco Bay Area. Twinline's counseling services reach close to 2,000 expectant and new parents annually. Twinline literature and other services reach many thousands more. At the heart of Twinline's services is the Warmline, a free telephone service offering information, counseling, and referral for parents and family service providers who have questions about the care and development of multiples. A Warmline staff of two half-time social workers provides information about pregnancy, newborn multiples, nursing, twin development, toddlers, school placement, and the twin relationship. The Warmline is staffed three days a week. At other times, an answering machine records the calls which are returned within 24 hours. To date, the Warmline has been Twinline's most expedient tool for putting the widest range of people in touch with our services and with each other.

During fiscal year 1985-86, the Warmline received 1627 calls from parents and health service providers. In deference to client privacy, Twinline does not request information about ethnicity, marital or financial status. Only information volunteered by clients is recorded. Based on this partial data, at least 16% of these callers were racial minorities, 11% were single parents, 9% were low-income. Another 821 parents and providers received information and/or counseling by correspondence. Two-thirds were from the Bay Area; the rest were from California at large, other states in the U.S., and Canada.

The Warmline staff talks with parents whose situations are as alike and different as are their multiple children. All callers are concerned in some ways with multiples, but while one mother may simply suspect she is carrying more than one baby, another may be worried over her inability to cope with nursing premature twins. Teenage mothers, unmarried and unprepared emotionally or financially to take care of multiples, call the Warmline, as well as experienced parents who, in their late thirties, suddenly find themselves in "twinshock" (Table 1).

The Warmline worker can give information about community services for which the caller may be eligible, put parents in contact with other parents when peer support seems to be the greatest need, and send callers Twinline information sheets (handouts) on the topics they want to learn more about (for example, "Symptoms of Plural Pregnancy", "Getting Help", or "Helping Siblings Adjust to Twins"). The

Table 1 - Twinline's "Warmline" services: frequency of request for information/counseling by issue during fiscal year 1985-86.

	Quarter				All year
	1	2	3	4	
Pregnancy	78	181	206	178	643
Newborns	133	213	257	209	812
Nursing	16	105	107	64	292
Toddlers	66	133	N/A	79	278
Resources/Equipment	93	81	94	91	359
Respite	N/A	N/A	63	42	105
Technical Assistance	N/A	N/A	82	71	153

Warmline staff is trained to listen patiently to all parents; those with extreme financial burdens, those with disabilities or with children who have disabilities, those in abusive situations. Our counselors validate their feelings of frustration and unhappiness, then offer the appropriate services and information that may alleviate their stress (Table 2).

Table 2 - Twinline's approach to Warmline service

Twinline's approach to telephone support remains a combination of pre-crisis counseling and information and referral appropriate to the individual needs of parents.

Examples of parent's use of Twinline's services:

- A single father with 9-month-old twins received counseling to relieve a crisis of fatigue and exhaustion. Referrals to child care resources also enabled him to look for a job.
- A low-income single 17-year-old expectant mother of twins received counseling in parenting skills and prenatal nutrition. Twinline also found a donated twin stroller, clothes, and diapers for her babies. She now has close bonds to Twinline and comes to the office for weekly support.
- A married father who is the primary caregiver for toddler twins received information on appropriate discipline during their transition into the "terrible two's". He now attends Twinline activities, including a parent support group.
- A low-income Spanish-speaking mother received help with transportation of her 7-month-old twins for medical therapy after they were badly burned in an accident. A Twinline counselor served as interpreter/liason with the hospital social worker who then arranged for a volunteer to provide subsequent transportation on a three-times-weekly basis.

Characteristics of the callers, their situations, their strategies for coping, and the information and advice the worker gives them are all recorded, so that first, the Twinline staff can analyze the needs of parents, and secondly, to develop a network of peer support and help for multiple birth families by introducing them to others who are or were in similar situations. Veteran parents donate clothes, equipment and toys that their children are no longer using which, through Twinline's network, may be donated or sold to other parents of multiples. The staff makes an effort to keep in contact with parents and family service providers who call the Warmline to keep Twinline's resources replenished for the future.

## CLIENT EVALUATION OF TWINLINE'S WARMLINE, FY 85-86

Between June 1 and June 30, 1986, a random sample of 24 Bay Area clients was contacted by phone to evaluate the services received from the Warmline.

– A total of 62% had contacted the Warmline during pregnancy; the remainder during the first few weeks after birth. Most were referred through a hospital, social worker or doctor. Some had learned of Twinline from our own outreach (television and radio, posters, notices in other publications) and through classes.

– A total of 57% had taken Twinline's advice to get help with care of their twins, but generally only for the first few weeks. Sources of help included Public Health Nurses, family, nanny and friends.

In general, clients reported satisfaction with service. Suggestions for improvement ranged from requests for more respite to a nanny service for multiple birth families!

Some comments:

"It was so good to know that someone who knows is there to listen."

"To know that I could just call was very reassuring."

"You have provided more support to me than my Mothers of Twins Club was able to give, and you were always available."

"It helped to learn about families with older twins and their stresses."

"When I am confused I call Twinline."

These responses, together with the fact that use of Twinline's services is increasing at a rate of 50% a year, validate the tremendous need for resources to meet the psychosocial needs of multiple birth families.

## CONCLUSION

The unique stresses of multiple birth families deserve special attention from those in the medical and social service world who would contribute to their well-being. Multiple birth families who have appropriate information and counseling and help with infant care in the perinatal period can make positive adjustment to this life-changing experience.

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## REFERENCES

1. Chamberlin R (1984): Strategies for disease prevention and promotion in maternal and child health: the "ecologic" versus the "high risk" approach. *Publ Health* 185-197.
2. Goshen-Gottstein ER (1980): The mothering of twins, triplets and quadruplets. *Psychiatry* 43:189-203.
3. Katz M (1986): The problems of preterm birth. Preterm Labor and Birth Prevention and Management Conference, June 2, 1986, Children's Hospital, San Francisco, California.
4. Keith L, Hugh MJ (1979): Twin gestation. In: *Gynecology and Obstetrics*, Vol 2. Baltimore: Harper and Row, Chap 74.
5. Leonard L (1985): Positive approaches to multiple pregnancy. *Double Feature* 8:4-6.
6. Malmstrom PEM, Wedge MW, Faherty T, Wagner P (1986): Respite care: a Lifeline for low-income multiple birth families (Abstract). *Acta Genet Med Gemellol* 35:207.
7. Nelson H, Martin C (1985): Increased child abuse in twins. A report from the Department of Psychiatry, University of Kentucky Medical Center, Lexington, Kentucky.
8. Noble E (1980): *Having Twins*. Boston: Houghton Mifflin Co, p 71.
9. O'Brien P, Hay D (1983): Is rearing twins different? The development and needs of multiple birth children and their families from birth to school age. *LaTrobe Twin Study*.
10. Papiernik E, Mussy MA, Vial M, Richard A (1985): A low rate of perinatal deaths for twin births. *Acta Genet Med Gemellol* 34:201-206.
11. POMBA (1979): *The Impact of a Multiple Birth on the Family in Home Help and Social Services*. Alberta: Parents of Multiple Births Association.
12. POMBA (1985): Preliminary report from the survey on multiple pregnancy. *Double Feature* 8:10.
13. Rust KJ, Rust FP, Williams RL (1986): 1979-1983 maternal and child health data base descriptive narrative. Health Data Research Facility Community and Organization Research Institute, University of California, Santa Barbara.
14. Siegel SJ, Siegel MM (1982): Practical aspects of pediatric management of families with twins. *PIR* 4:8-12.
15. Twinline (1983): *The needs of multiple birth families*. Testimony to the U.S. Children's Select Committee Hearing, Los Angeles, California, December 21.

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