imba

irish multiple
births association

babies on board

expecting twins, triplets or more

A unique insight into the issues facing expectant parents and families of multiples during pregnancy, birth and the early days of childhood.

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1 About us

1: Introduction to IMBA

The Irish Multiple Births Association (IMBA) is a charity which was founded in 1996 by parents of multiples. IMBA is managed by volunteers who are all parents of multiples themselves. This offers a unique insight into the issues facing expectant parents and families of multiples during pregnancy, birth and the early days of childhood.

IMBA was set up by Jeanette Brophy, an Irish mother of twins. Jeanette was living in the UK for a number of years and had used the support services of organisations such as TAMBA and The Multiple Births Foundation. Upon her return to Ireland, she was dismayed to find a total lack of support or assistance for parents of multiples in Ireland. She decided to organise a series of meetings for parents of multiples in her own sitting room and from there IMBA was born.

From these humble beginnings IMBA has grown over the years and has offered support and information to thousands of expectant parents and families of multiples across Ireland. Information and support is also provided to health professionals, students and the media. The office is now based in Carmichael Centre in central Dublin but committee members are based all over the country. We also have multiples clubs in many different parts of the country, with more being set up all the time.

Relying entirely on the voluntary efforts of its members, IMBA has become a strong support group where parents of multiples help and advise other parents or expectant parents of multiples. IMBA members enjoy the following benefits:

- **Dedicated phone line support** available to parents and expectant parents, run by members who are themselves parents of multiples;
- Organisation and promotion of **local twin and multiple groups for parents of multiples** and support for the set up of new clubs. Expectant parents are welcome to attend.
- **IMBA Membership Card Discount Scheme** providing discounts for popular retail outlets nationwide and some online sites e.g. Clarks shops nationwide, Eurobaby etc. In most cases the discount card more than covers the cost of membership each year!
- **The IMBA quarterly newsletter** covers items from travelling with multiples to tips on breastfeeding, sleep, potty training etc. Contributions from members are always welcome and help to foster a sense of community.
- The **IMBA website** provides a wealth of information i.e. details of entitlements, articles on various issues relating to multiples, links to other useful sites.
- **Information evenings for expectant parents of multiples** are organised quarterly at The Coombe and Holles Street in Dublin, in Cork and Galway with plans to include other maternity hospitals soon.
- **IMBA Family Fun Events** held at regular intervals during the year. Events vary from year to year from summer picnics to Christmas parties with presents for all the children!

IMBA's income is derived primarily from membership fees, along with the occasional fundraiser or sponsorship. All funds go towards maintaining the office, producing the newsletters and information packs and subsidising the various family social occasions.

Membership costs €30 per annum and can be paid by cheque or online through PayPal.

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www.imba.ie

2 Support

2: Support for multiple parents

2.1 Local Support Groups

New parents of multiples often find it very hard to leave the house (all that double packing seems like too much effort) but yet they also crave the company of other parents in the same boat and they have many questions unique to multiple parents – how do other parents survive on so little sleep? How do you feed two or more babies at the same time? How have other parents got on with crèches and childminders?

In particular in the first three years after birth, local support groups are a great way of meeting with parents in the same busy boat and comparing notes. Most groups are very informal and there are no time pressures – everyone knows how difficult it is to get more than one child in and out of the car in between feeding and nap times. Similarly it will be reassuring to see other multiple parents grappling with the noise levels and demands of more than one small baby at the same time. For expectant parents it is a great way of preparing yourself for the new arrivals and finding out practical information on the challenges and joys of multiples from new parents who are going through it.

For babies and toddlers too, a new environment is always a great distraction, and with toys or books or best of all other babies to occupy your children it gives parents a moment for a cuppa and a chat. So Mum or Dad, expectant parent, single parent or support partner, whatever your situation we look forward to meeting you at a local multiple group in the near future.

There are currently clubs in Dublin (Northside, Southside and Citywest), Galway (Galway city and Tuam), Cork (Cork City and Clonakilty), Kerry, Mayo, Tipperary/ Kilkenny, Longford, Westmeath, Donegal, Wexford and Meath. For the latest information on IMBA clubs please see www.imba.ie, check them out on Facebook or email info@imba.ie.

2.2 Child Benefits Payments and other government payments (i)

Twins

Child Benefit is paid at one and a half times (150%) the normal monthly rate for each child.

All other multiple births

Child Benefit is paid at double the normal monthly rate for each child.

Tax back on Maternity Benefit:

Don't forget to claim your tax and PRSI back at the end of your maternity leave. Contact revenue for an MB21 form.

Useful Site:

Visit the Department of Social Protection website for the most up to date info: http://www.welfare.ie/

2.3 Home Help

Some families with multiples are provided with home help services by the Health Service Executive (HSE). Home help is very much provided at the discretion of your local public health nurse (PHN) who usually comes to see you at home soon after your babies come home from hospital. Typical examples of when a home help would be required are mothers who may have other young children and no family or support network nearby, mothers who have suffered from post natal depression in the past or who have additional medical complications. It can take some time to organise home help which is usually required by multiple parents sooner rather than later. Therefore if you think you may require home help it may be advisable to contact your PHN before the babies arrive. Some parents have said they used local TD clinics to hurry things up (with mixed results). Keep in mind home helps are a scarce resource but don't be afraid to ask for help if you need it!

The home help can help you with anything from taking care of the babies or older children to light housework, cooking and shopping.

In some cases the service is provided free of charge; in other cases you may be asked to make a contribution.

Useful Sites:

For more information on home help or to find details of your local health centre visit: http://www.citizensinformation.ie/categories/health/care-in-your-community/home_helps

Home Start Ireland also provide support to parents of preschool children. See their website www.homestartireland.ie.

3 Pregnancy

3: Pregnancy

3.1 What to expect in a multiple pregnancy [ii]

Although nothing can compare to the amazing joy of feeling more than one baby moving inside you, multiple pregnancies do bring some extra challenges. In the early months, your higher hormone levels may make you more susceptible to morning sickness, breast pains, indigestion and other early pregnancy symptoms.

Later, your increased weight and the extra burden of multiple babies makes you more likely to suffer from tiredness, insomnia, backache, heartburn, piles and varicose veins.

The vast majority of women expecting multiples find that they are much bigger than those expecting a single baby. You may find that you outgrow some standard maternity clothes. The last few weeks of a multiple pregnancy can make you feel awkward and uncomfortable – be prepared to do very little in those final weeks.

3.2 How to look after yourself and your babies [iii]

A multiple pregnancy places extra demands on your body, so make sure you follow all the recommended guidelines for a healthy pregnancy. In addition:

- You need more protein, calcium, iron, folic acid and Vitamin B12 than in a singleton pregnancy, so make sure you have a healthy and varied diet. It may be advisable to take iron and vitamin supplements. Eat little and often, but don't go overboard – eating for three (or four or more) is a sure way to develop unwanted post-pregnancy flab.
- Mild exercise such as swimming or walking is a good idea – but be careful not to overtire yourself, and slow down long before the babies are due. It is very important to practise pelvic floor exercises.
- As for all pregnancies, it is advisable not to smoke and to drink alcohol in moderation only. This is particularly important for multiple pregnancies as the babies have an increased risk of prematurity and low birth weight.

3.3 Antenatal care [iv]

Your antenatal care will be much the same as for a singleton mother – but you will have more of it, especially in the last two months of pregnancy.

- You may attend a 'twin clinic' and have more scans, to check on the growth of the babies. In some hospitals you may be asked to take part in a twin study which means regular scans.
- If a scan shows that the babies are not growing well, you may need regular

monitoring to check the babies' hearts, or Doppler scans to measure the placental blood flow.

- Your blood pressure will be measured and your blood and urine tested more frequently.

3.4 Are they identical? (v)

What is zygosity determination?

Zygosity determination means finding out whether your twins, triplets or more are identical (monozygotic – arising from one egg and one sperm) or non-identical (dizygotic – arising from two separate fertilised eggs).

Why is zygosity determination important?

It is natural for parents to want to learn all they can about their children, and, with twins, this includes their zygosity. The reasons given by parents for wanting to know include:

- For their own interest
- To avoid embarrassment when asked "are they identical?"
- To reinforce their resolve to treat them as individuals if they are identical
- To assess the risks of having twins again (there is an increased risk for women who have non-identical twins).

How can zygosity be determined?

Physical Features – In a third of cases, determination is straightforward, because the children are of unlike sex, therefore must be non-identical. Amongst twins of the same sex, by the time the children are around two years old, their zygosity may be quite clear from their physical features e.g. Colour of hair and eyes, shape of ears etc

Examining the placenta – The placenta provides the answer in two thirds of monozygotic twins. If the babies have a single outer membrane, (the chorion), they must be monozygotic. But one third of identical twins, those whose egg has split early before the placenta started to form, have two chorions with either a fused placenta, where the two placentas have grown together, or two separate placentas. These placentas are indistinguishable from those of dizygotic twins.

DNA testing using cells from the inside of the cheek – This is currently the most accurate method of determining zygosity.

How to arrange DNA Testing?

You can arrange for DNA testing through DNA Solutions Ireland (www.dnasolutions.ie). They will send you mouth swabs and instructions on how to

use them. After you send these back results take 10-14 days. DNA Solutions offer a discount to IMBA members.

Parents' Experience:

One mother recalled how she was told her twins were non-identical due to each being in separate sacs but as they grew older she grew sick of people constantly asking were they identical. After hearing a speaker on the subject at an IMBA conference she got her twins tested through the UK MBF and found out they were identical after all. This situation isn't uncommon. On the other hand one family also got DNA testing as they were told their boys were identical but they didn't think this was correct. So parents' advice seems to be, if you want to be sure get the test done!

And if you are blessed with identical twins and concerned about telling them apart in the early weeks, some parents have suggested painting a finger nail on one baby in the early weeks or keeping hospital bracelets on.

Newsletter article: "Identical or not?" by Judy

(All articles mentioned are available from the IMBA website www.imba.ie)

3.5 Twin-to-twin Transfusion Syndrome (TTTS)

In 80% of twin pregnancies there are two sacs and two placentas. In the remaining 20% (or about two-thirds of identical twins) each twin has their own sac but they share the same placenta (monochorionic). Monochorionic twins are higher risk and will be more closely monitored.

About a third of monochorionic twin pregnancies will develop a condition called twin-to-twin transfusion syndrome (TTTS). This occurs when there is an imbalance in the flow of blood across the placenta, with blood flowing from one twin (the donor) to the other (the recipient). In half the cases the condition is mild to moderate and will require no treatment. The pregnancy will be monitored very closely, with scans every 1-2 weeks, and delivery is usually undertaken between 32 and 34 weeks.

In the other half – about 15% of all monochorionic twins – severe TTTS develops, and both babies are at very high risk. The donor twin suffers from restricted growth and it tries to compensate for the blood loss by stopping urine production. This leads to a severe decrease in amniotic fluid and the baby can become 'stuck'. The lack of oxygen and blood mean the donor twin is at high risk of death or handicap.

The recipient twin produces more urine to try to compensate for the extra blood it receives. This leads to an increase in the amniotic fluid known as polyhydramnios. The recipient twin is at high risk of heart failure.

Without any treatment both babies are at serious risk.

Diagnosis

Once it is confirmed that twins are monochorionic, the pregnancy will be closely monitored with scans approximately every two weeks. TTTS is most likely to develop between 16 and 22 weeks of pregnancy. Generally the only outward sign is that the mother will notice a sudden increase in the size of her bump, as a result of the polyhydramnios.

Treatment

The most effective form of treatment for TTTS is laser surgery. In Ireland this is carried out in the Rotunda hospital and the National Maternity Hospital in Dublin.

The treatment consists of foetal keyhole surgery using a laser to block the blood vessels in the placenta which connect the circulation of the twins. First of all a detailed ultrasound examination is used to choose the best site of entry in the mother's abdominal wall. A tiny (2mm) camera is inserted into the uterus, into the sac of the recipient twin. With the aid of this camera and the view by ultrasound, the surgeon locates the blood vessels which are causing the problem and then uses the laser to block these off. This effectively stops the flow of blood from the donor twin to the recipient twin.

Useful website:

http://www.tttsfoundation.org/

Further reading:

TAMBA have produced a booklet on TTTS. We have copies in the IMBA office for anyone who may be going through this. Contact info@imba.ie.

Newsletter articles:

Archive newsletter articles are available sharing the experience of two sets of Irish parents whose babies were diagnosed and treated successfully for Twin-to-Twin Transfusion – one in Dublin and one in London.

Natasha's story on TTTS treatment in London (2005)

Margaret's story on TTTS treatment in Ireland (2007)

3.6 When to stop work?

Most mothers expecting multiples will stop work earlier than those expecting a singleton, but there is really no right time. If you have had a straightforward pregnancy and your job is not particularly demanding (take into account mental and emotional stress as well as physical demands!) you may feel well enough to continue working for longer.

If you intend returning to work you will no doubt want to keep as much maternity leave as possible for after the babies are born, but don't overdo it – your health and the babies' wellbeing must come first. Ask your doctor or midwife for advice.

If you have to stop work early due to pregnancy complications, you can go on sick leave rather than maternity leave. You will need a letter from your doctor. You may also be entitled to Illness Benefit (previously known as Disability Benefit). See www.citizensinformation.ie for more information.

Parents' Experience:

"I worked until 36 weeks and my babies were born at 38 weeks healthy and well – in hindsight I wouldn't recommend it though as you need plenty of rest to prepare for the first weeks of sleepless nights after the babies arrive."

Useful sites: http://multiples.about.com

3.7 Exercise during pregnancy

Consult your doctor or midwife about what type of exercise would be suitable. Generally speaking, activities like walking, swimming and pregnancy yoga or pilates are fine. Some hospitals offer pregnancy yoga classes, or they may be available in your local area. If you are attending a class (such as yoga, pilates or aerobics) which is not specifically targeted at pregnant women then it is best to make the teacher aware of your pregnancy. Some exercises will not be suitable for you, such as upside-down poses or lying flat on your back.

Parents' Experience:

"My babies were born on a Tuesday morning at 38 weeks and 2 days. My last swim was the previous Thursday. Would I recommend it? Well I wasn't really doing more than 20 lengths by the end and I had to stop after every one but I felt like at least I was staying fit and it was definitely great for me for preventing the back pain I suffered with during my first pregnancy. Mind you I was lucky my waters didn't break in the pool as this was the first sign I got that labour had started!"

"I found pregnancy yoga great during labour. Not sure if it helped things along but definitely helped with relaxation and breathing and doing the exercises at least gave you something else to think about... for a while!"

Useful Sites: http://www.babycentre.co.uk/pregnancy/twins/exercise/

3.8 Preparing for the birth (vi)

When can I expect the babies to be born?

The average length of a pregnancy depends on how many babies you are expecting:

- A single baby usually arrives at around 40 weeks
- Twins usually arrive at around 37 weeks
- Triplets usually arrive at around 33 weeks
- Quadruplets usually arrive at around 31 weeks

How big are my babies likely to be?

The average weight of a baby at birth depends on the number of babies and on the gestation

- Single babies average around 3.40kg (7.5 lbs) at 40 weeks
- Twins average 2.49 kg (5.5 lbs) at 37 weeks
- Triplets average 1.80 kg (4 lbs) at 33 weeks
- Quadruplets average 1.40kg (3 lbs) at 31 weeks

Your babies may weigh much the same as each other, or their weight may be very different.

How are my babies likely to arrange themselves in the womb?

Twins can present themselves in the same way as singletons, the main presentations being vertex (head down) and breech (bottom first). With triplets, it is common for the first baby to be lying transverse (across).

Both vertex

One vertex, one breech

Both breech

One vertex, one transverse

One breech, one transverse

One vertex, one breech and one transverse

3.9 Delivery (vii)

Will I be able to have a vaginal delivery?

Multiples are delivered by Caesarean section more often than singletons. Nearly sixty percent of twins, the majority of triplets and almost all quadruplets are delivered this way.

Your obstetrician may recommend a Caesarean section if:

- You have had a Caesarean section before
- There is a problem, such as placenta praevia (low lying placenta)
- You are suffering from raised blood pressure or pre-eclampsia
- You are expecting three or more babies
- Your babies are lying in an awkward position for delivery
- The babies' growth is severely retarded

What is a vaginal delivery like with multiples?

Some hospitals prefer to deliver twins in an operating theatre

- You may be advised to have an epidural, as there is a greater risk of complications in delivery. For example, the second baby may need to be turned in the womb after the first is delivered.
- The babies are usually monitored for signs of fetal distress throughout the delivery.
- In the first stage of labour (as for a singleton birth), contractions build up and the cervix dilates.
- In the second stage of labour, push as you want to (or, if you have had an epidural, as instructed by your midwife) until the first baby is born – possibly with assistance, for example, by forceps or ventouse.
- If the second baby's waters haven't broken, the membranes are artificially ruptured after the position of the baby has been checked or corrected.
- Contractions recommence (sometimes with the help of an intravenous hormone drip) and you continue pushing, until the second baby is born (usually within twenty minutes or so).
- In the third stage of labour, the placentas are delivered.

What happens with a planned Caesarean?

Your obstetrician may recommend that you have a planned (or elective) Caesarean, particularly if the first baby is breech, if you have had a complicated pregnancy, or if you have had a previous Caesarean birth. A date will be agreed and arrangements made for the operation.

- Before the operation, you will be asked to sign a consent form.
- Caesareans are always performed using appropriate pain relief. If you have an epidural or a spinal analgesia you will remain awake for the operation and your partner will normally be allowed to stay with you during the delivery. If you have a general anaesthetic you will not be conscious during the delivery.
- Throughout the operation, an anaesthetist will monitor your heart and blood pressure.
- A screen will be raised across your chest so that you can't see what is happening during the operation.
- To keep the bladder drained of urine, a catheter will be inserted. This will remain in place for approximately 24 hours after the birth.
- The surgeon will usually cut an incision across your bikini line (which will probably have been shaved beforehand). If you have had an epidural, you may feel the babies being taken out – some women describe this as a tugging feeling, others as a sort of rummaging, but it is not painful.
- If all is well, the babies should be handed to you when they come out and you can cuddle them. Even if the babies need to go to the Special Care Baby Unit, there should usually be time for you to see and touch them before they go.
- Meanwhile the surgeon cleans up inside your womb, stitches the layers closed, and finally, stitches the skin incision closed.

Most women stay in hospital for 4-5 days after a Caesarean, depending on their recovery and the babies' conditions. You are recovering from an operation and from the associated blood loss, so you are bound to feel tired, although you will be encouraged to move around after the operation. A physiotherapist should visit you on the ward, to tell you about the exercises you should do to aid recovery.

4 Getting organised

4: Getting organised for your new arrivals

4.1 Be prepared: organising yourself, your family and your home

The best advice for parents preparing for a multiple birth is often from those who have already been through it. So to follow is a summary of advice and tips on preparing the home for multiple babies from parents who've been through it and come out smiling (most of the time) on the other end:

- ***Other children:*** Spend some quality time with your other children if you have any and especially with your partner. It will be a busy time ahead and free time will be very limited. Make arrangements with familiar friends and family to take older children out and about doing the things they would normally have done with you before the little ones arrived (for more tips on older children see the section on preparing siblings for the arrivals). Stock up on DVDs for when urgent distraction is needed.

- ***Your partner:*** Make a pact with your partner to allow the small things to pass over unnoticed for a short time. It will be difficult enough without sweating the small stuff. Going from two to three puts a huge strain on many relationships. Going straight from two to four, five or more makes it nigh on impossible in the early days to enjoy any semblance of an adult relationship so enjoy the good times now. If you have the energy get out for dinner or away for the weekend and store up on the good memories for the sleepless nights ahead.

- ***Pamper yourself:*** Get your hair done, have a pedicure (you'll be able to see your toes again shortly), have a pregnancy massage, read a book or two (you won't read another one, unless it's about raising multiples, for a very long time). Basically rest up and make time for yourself before the birth. It's not just for your good – a well-rested mum means happier babies so no more excuses, put those feet up!

- ***Organise help in advance:*** Devise a plan with extended family members to help out. A few prepared dinners arriving to the door would alleviate the stress of mealtimes too. You'll be too tired and busy to organise making a cup of tea let alone running a home. If you don't have family close by, consider paying for help at least for the first 2 to 6 weeks or requesting a home help (see section 2.3 on home help). When you're organising your support network though, keep in mind that babies born prematurely can be particularly vulnerable to respiratory syncytial virus (or RSV), a flu-like illness that can be highly contagious and cause serious health problems. Establish hand-washing procedures around the house for your helpers.

- ***Housework:*** Decide that you will not be house proud while the babies are small. It is not possible to do all you did before the children came along – give yourselves a break and relax. Housework is never ending but the babies will only be small for a short time. Alternatively ask some house-proud family members to help out with the cleaning, washing, ironing for a few weeks or if you can afford it consider paying for a cleaner/ironer in the early months.

- ***Eat well:*** Spend a few hours cooking up at least one week's supply of microwave friendly meals and freeze them. If you don't have room – can you leave them in someone else's freezer for collection? Or prioritise – it might be essential to freeze meals for toddlers and you can rely on takeaway for the time being. However it's important in particular for mum to eat properly at this busy time. Gather easy menus together so that you don't have to think too much about what to cook each day. Perhaps do a shopping list of food that you would normally eat as well as cleaning and new baby supplies and stick it permanently on the fridge, that way if you get a volunteer to shop for you, you can just check off what you need on the list. That may sound a little over the top but you'd be amazed at how the tiredness will prevent you from drawing up a simple shopping list. Ask any visitor to bring dinner rather than presents!

4.2 Baby equipment: What do we need to buy, and how many of each?

Below is a list of what parents most commonly stock up on before the birth of their multiples. You can adapt it to suit yourselves – many parents will manage without a lot of these items – others will add in many more! But hopefully you will find it a good starting point for getting set up for the new arrivals.

For upstairs

Cot *1 per baby*

Cot bedding – 3 fitted sheets, 2 cellular blankets *1 set per baby*

Changing mat and cheap towels

Chest of drawers or other storage for clothes and nappies

Chair for night feeds

Curtains with blackout lining or blackout blind (or both)

Baby monitor

Room thermometer

Baby thermometer

For downstairs

Another changing mat and cheap towels

Bouncy chair *1 per baby*

Moses basket and bedding *1 per baby*

Or carry cot *1 per baby*

Or one travel cot for the babies to share

Out and about

Twins: Double pushchair
Triplets: Triple pushchair or Double pushchair plus single pushchair
Sunshade
Raincover
Car seat *1 per baby*
Sunscreens for car
Baby carrier or sling *1 per baby*
Changing bag

Bathing and Changing

Baby wipes
Baby shampoo
Cotton wool
Vaseline
Sudocreme
Nappies
Nappy bags
Baby nail scissors
Bath thermometer
Face cloths
Baby bath

Feeding

Breast pads
Breast pump
Steriliser
Formula
6 Bottles and teats *1 set per baby*
Bottle and teat brush
Formula dispenser *1 per baby*
Muslins
Bibs

Clothes

8 Babygros *per baby*
8 Vests *per baby*
2 Cardigans *per baby*
2 pairs of scratch mitts *per baby*
1 snowsuit *per baby*
2 Hats *per baby*

Practical tips:

- Buy yourself two reasonable sized baskets and put one upstairs and one downstairs. Fill them with nappies, wipes, creams, cotton wool, baby bath, a few vests, babygros, bibs, socks, cardigans and burp cloths (one parent used face cloths as burp cloths, small and easy to wash and dry). By placing one basket upstairs and one downstairs you will save your legs every time you need to do a change...and there will be a lot of them! If you do have older children give them the job of replenishing the baskets daily. It's one less thing for you to do and a way of involving the other children also.

- Beg, borrow or steal (well maybe not) as many nursery items as you can. The only absolute necessities are two cots (eventually - one will often suffice at the start), some sort of transport system (from single pushchair and sling combination to a top end all in one system) and some sort of feeding chair for when solids are introduced (again parents have used everything from baby bouncers to high chairs depending on budget and space). For everything else, consider the expense against the amount of time you will be using it and see if you can borrow it from a friend who has just finished with hers. The Classified section of sites such as

www.rollercoaster.ie and magicmum.com are brilliant for getting good quality second hand nursery items and equally importantly for getting rid of yours when you're finished with it!

- If you're planning to bottlefeed, consider the practicalities of washing and sterilising 12 or more bottles a day (newborns often require 6 to 8 bottles each a day at the start so multiply that by 2 or more and if you haven't already got a dishwasher it might be time to invest and that's before you start sterilising!)

- Put a cot/travel cot/Moses baskets downstairs as well as upstairs. This will also save your legs when it comes to nap times. While the babies are tiny they can share a sleep spot. You may feel daunted by the idea that they are sleeping together, that one might wake the other but they have just spent approximately 9 months together in very tight quarters, they won't object to sleeping in the same cot for a short while. The sooner they get used to the other crying the more likely they will sleep through any kind of noise. Alternatively some parents have found that they have spent 9 months in very cramped conditions so a bit of space to stretch is what they want when they eventually come out! Try both options and see what works best for your babies.

- If you don't already have one, you won't regret investing in a tumble dryer. It is invaluable in an Irish climate when it comes to drying the babies' clothes. It saves on ironing too as they came out soft and ready to put back on. "Colour-catchers" come recommended for bunging everything in together to save time...

- One triplet dad recalls how they converted their downstairs living room into the baby zone for the first 10 weeks. The dining room table was set up with three changing stations. Prams, Moses baskets and travel bassinettes were parked side by side and the parents took it in 12 hour shifts to look after the babies with the other parent catching up on their sleep and looking after older children.

- For peace of mind: a room thermometer (baby's room is ideally supposed to be 18-21 degrees) and an ear thermometer (easy to use) would be good presents to receive. Cellular blankets for sleep safety would also be useful or baby sleeping bags (for babies over 7lbs) are also great for babies who kick off their blankets a lot.

Newsletter articles:

"Our triplet story" by Paul
"My Story and My Top Tips for Expectant Mums" by Judy
"Ready, Set, Go!!! Get yourself and your home ready for the Big Day!" by Lynda

4.3 Buggies & Carseats

Buggies/Pushchairs

Your pushchair is one of the most expensive things you will buy for your multiples, and also one of the most important – you'll use it more often and for longer than almost anything else. No wonder then that so many IMBA members go through several pushchairs in their quest to find the perfect one! In the hope of making your search a little easier IMBA published a review of 20 of the most popular double buggies and triple buggies based on feedback provided by Irish parents of twins and triplets.

Things To Consider When Buying A Pushchair

Side-by-side or tandem?

Side-by-side doubles have the advantage that your twins can see each other and interact together, and neither of them is looking at the back of the other's head! However they are obviously wider and probably won't fit through all doorways. Tandems are narrower and make it easier to get in and out of places, however one child may dislike being behind the other, and they also tend to be heavier to push.

Ordinary wheels or pump tyres?

Pushchairs with pump tyres are much easier to push, especially with older babies and toddlers. However they tend to be a lot bulkier, especially when folded, and are generally more expensive. If you will be doing a lot of walking, pump tyres are more or less essential. If you will be mostly driving and using the buggy for shorter walks, ordinary wheels will be fine.

Does it need to fit through your front door/internal doors?

For some people it's essential to be able to fit the buggy through the front door; others manage fine by putting the babies in and out of the buggy just outside the door.

Does it fit in your boot?

Try before you buy, or check the measurements if buying online.

Is it worth getting two buggies?

Some people use a lighter pushchair for in the car and a sturdier one for long walks from home. Don't forget your IMBA discount! Many nursery stores offer a discount for IMBA members. For a full up-to-date list see the IMBA newsletter.

Do you want a travel system or not?

Travel systems (where you can attach car seats to the pushchair frames) are very convenient, but bear in mind that you are not supposed to have babies under six months in car seats for long periods as it's bad for their spines.

Do you want a pushchair that will last all the way through?

Most pushchairs will say they are suitable from birth to 3-4 years, but the truth is that some are better for newborns and small babies while others are better for toddlers. If you really want to buy one of the models which are most suitable for newborns (prams and those with carry cots) you can always sell it on afterwards and buy a different one.

Expecting Triplets?

There are some triple buggies reviewed in the IMBA pushchair review, however many triplet parents find that a double and single, or double plus sling, are more practical for everyday use.

Car seats

Rearward-facing baby car seats

Your babies' first car seats will be rearward-facing seats (also known as rock-a-tots). These are suitable from birth up to approximately 12-15 months of age. These car seats can be used to carry babies about and can attach to some pushchairs (e.g. Jane Powertwin or iCandy). However babies should spend as little time as possible in their car seats.

It's important to remember that a child's height and weight – not their age – should be the determining factor as to when you move them to a forward-facing seat. Rearward-facing seats provide greater protection for their head, neck and spine. The Road Safety Authority recommends keeping a baby rear-facing for as long as possible. They should only be moved to a forward-facing seat when their weight exceeds 13kg (29lbs) or when the top of their head is higher than the top of the seat.

As multiples tend to be smaller than average, you may find your babies are still small enough for their rear-facing seats until they are well past 12 months.

The safest place for rear-facing seats is in the back seat. If you place one in the front seat you need to make sure the passenger airbag is disabled.

Convertible seats

These can be used for children from 0-4 years, starting as rear-facing seats for infants and then converting to forward-facing depending on weight. They are used with either a 3 or 5 point harness or a normal seatbelt. They are a more economical option as they last longer, however babies can't be carried around in them.

Cars

Most standard cars will easily accommodate two of any type of car seats from infant seats through to booster seats. Most standard cars can also fit (albeit at a tight squeeze) two 'rock-a-tot' or equivalent type infant car seats suitable from birth and a booster seat for older children.

The problems generally start if you have three or more children who require full car seats (i.e. not a booster seat) and you're trying to fit in three car seats in one row. This is generally not possible in most standard cars (apart from a Ford C Max one parent informs us) and you might have to consider changing to a seven seater such as an Espace, Galaxy, Ford S-Max etc where you can accommodate three car seats in one row or more than three in two rows. The extra boot space is also handy for those double buggies...

Parents' Experience:

For premature babies the 'Maxi-Cosi Cabrio Fix' has been recommended by some parents as it can accommodate babies from 5.5 lbs in weight.

If you are thinking of changing your car many parents recommend bringing the car seats you plan to use with you and trying them out in a new car to see how easy it is to get the seats and the babies in and out.

Useful sites:

www.rollercoaster.ie

http://www.rsa.ie/RSA/Road-Safety/Road-safety-for-kids/Child-safety-in-cars/

4.4 Preparing Siblings for the arrival of twins or more

The news that you are expecting more than one baby is a shock to most couples, but if you already have another child or children you may wonder how on earth you're going to be able to continue to meet their needs while caring for new babies.

The good news is that unlike first time parents you do have experience of the newborn days and know that the hard parts don't last forever and that it's all worthwhile. Some parents who've had twins after a singleton even say they found it easier second time around, despite the fact that there were twice as many babies, simply because they felt more confident and were already used to broken sleep and putting someone else's needs before their own.

How to prepare your children may depend on their age and gender and how many children are already in the family. Children under two are often little more than babies themselves and don't really understand the whole concept of babies. If they have older siblings this is good as they are already used to sharing your time and they will often

mimic the reactions of older children so concentrate on making sure the older ones view the new arrivals in a positive light.

Some parents have found that little girls who are already well used to playing with dolls are delighted with real live babies of their own. Boys may not find the new toys so interesting!

Preparing children for the new arrivals:

- Talk about what's going to happen, read special 'baby arrival' books, let them feel the bump and show them your scan photos.
- Take them with you when you go shopping for nursery items or let them pick out outfits for their new siblings.
- It is very important to have children in a routine before the babies arrive and to stick to that routine no matter what.
- Discipline is a sticky issue. For some parents no form of discipline has been established before the babies come along. Many find that when the babies are two or three months old the novelty has worn off for the older child, they realise the babies are here to stay and it's then that behaviour problems start. If at all possible some parents suggest introducing whatever discipline system you plan to use before the birth so that the child doesn't associate the naughty step or whatever it might be with the babies' arrival.
- It might be a good idea to familiarise your child with an 'external safe haven' before the babies are born – somewhere they love going, where they get lots of individual attention. Grandparents, other family members and friends are good options but it's important to make sure this 'safe haven' is well established before the babies arrive. Even very young children are very perceptive to being 'shunted off' so don't expect them to go off with aunts they only see once in a blue moon!

After the babies are born:

- Some parents suggest that Mum is not holding the babies when siblings arrive in the hospital or when the babies are brought home.
- Many parents buy a present 'from the babies'. If your children are a little bit ambivalent about the new arrivals you can try to drum up some enthusiasm by turning the present into a Santa-like miracle where they write letters to the babies about what they want, how much they're looking forward to meeting them and so on.
- It's important for both parents to spend quality time with older children – possibly when the babies are sleeping.
- When feeding the babies, some parents recommend having a box of new toys

or books or DVDs to hand so the other children are occupied too – one mother encourages her children (including the boys) to pick up a doll and feed their baby too!

- Get older children involved with helping with the babies – bringing you wipes or nappies, helping to bath them, giving the babies some toys.Be conscious that they may not want to be to be taken out by relatives even if it's for a treat – they may see it as them being pushed out. They need extra reassurance and need to know you still love them – make sure they get lots of cuddles.

Useful sites and other references:

Help brothers and sisters of twins prepare for their arrival.
http://multiples.about.com/od/familyissues/a/siblingtwin.htm

Newsletter articles:

"Oh my God there's two in there" by Olivia
"Now I've got three sisters" by Paul
"Raising my Four Little Men" by Caroline

5 After your babies are born

5: After your babies are born

5.1 Premature babies

A premature baby is any baby born before 37 weeks. As the average length of a twin pregnancy is 37 weeks (shorter for higher multiples), it stands to reason that the risk of premature birth is considerably higher for multiple pregnancies than for singleton pregnancies. Other known triggers include anaemia, overwork, malnutrition, pre-eclampsia (pregnancy-related high blood pressure), and abnormal placenta. But there are still cases in which the premature birth is not explained.

Some premature babies need to spend time in the Neonatal Intensive Care Unit (NICU), or the Special Care Baby Unit (SCBU), where they will get the extra help needed with things like breathing, feeding and regulating body temperature. As a general rule premature babies will be ready to come home around their due date but each case is different.

The site www.prematurebaby.ie provides useful information for parents at this very difficult time. It prepares parents for what to expect in terms of their baby's appearance and movements, what some common medical tests for premature babies mean and how best to care for their newborn baby while in hospital. There is also extremely valuable information on going home with a premature baby including feeding issues and how to deal with common problems such as reflux (GORD). Finally in the links section you can find details of where to get extra small baby equipment and clothes.

Tips and advice from parents who have had premature multiples:

- Discuss the possibility of premature multiples in advance and prepare a contingency plan. If you have older children think about how you will divide your time. If you have a C-section, keep in mind that you may not be able to drive for several weeks. Who could help out?
- Don't feel you have to spend every waking moment in NICU. Premature babies spend a lot of time sleeping and you need your rest too to be ready to look after them when they come home. Find out what time feeds are at so you can time your visit accordingly.
- If you planned on breastfeeding you still can. You will probably have to express at first. The hospital may have a breast pump you can use or ask them to recommend one. Ask the midwives for advice and make sure you get as much skin to skin contact as possible. Ask for the hospital's lactation consultant to come to see you in NICU.

- Ask the staff lots of questions. You can ring at any time to ask how your babies are doing. They're your babies so don't be afraid to ask for the information you need.
- Make contact with other parents of premature babies – in the hospital, in a support group or online. It helps to talk to other people who are going through (or have gone through) the same thing.

Useful sites:

www.prematurebaby.ie is probably the most comprehensive Irish site for parents of premature babies. Parents also recommend talking to other parents in the same situation through the support groups/sites for parents of premature babies on www.rollercoaster.ie and www.magicmum.ie

Newsletter articles:

"Twins in NICU" by Yvonne
"A Stay in the NICU" by Ciara
"From Small Acorns Grow Mighty Oaks" by Daniel

5.2 Breastfeeding

Daunting though it may seem, it is perfectly possible to breastfeed more than one baby at a time, as your body can produce as much milk as is required. Many women manage to successfully breastfeed twins, and it is possible with triplets and more too, though obviously more difficult. Breastmilk is the best thing you can give your babies and any is better than none.

Getting Started

In the beginning it is better to breastfeed one baby at a time until you (and they) get the hang of it.

To help establish your supply it is a good idea to breastfeed as soon after the birth as you can. But if the babies are in NICU and/or you have had a section, this certainly does not mean you have to give up on the idea of breastfeeding.

If your babies are unable to feed directly from you you can express for them. Try to find out before the birth whether you can hire a pump in the hospital or supply your own (in which case you will also need to find out about the facilities for sterilising). You will need to express every 3-4 hours (including during the night) to get your supply going. The amount of milk you produce depends on the amount of sucking or pumping which is done.

Feeding the babies together

Once both babies are at home and are able to feed well, some mothers find it easier to breastfeed them both at the same time. There are a number of different positions which you can try:

- Rugby hold – tucking one baby under each arm
- Holding one baby in the cradle hold (or conventional position), with the other baby parallel
- Holding both babies in the cradle hold, lying across one another
- Lying on your back with the babies lying on your tummy

Looking after the mother

When breastfeeding more than one baby it is even more important to make sure you eat as well as possible, drink plenty of fluids and get as much rest as you can manage. Accept all offers of help with cooking, housework and looking after other children. Foods such as oats (porridge or flapjacks!) can help boost your milk supply.

Getting support

If you are having any difficulties breastfeeding there are lots of different forms of support open to you.

- Lactation consultant in the hospital where you gave birth
- Lactation consultant at home - see www.alcreland.ie - some or all of this fee may be refunded by your private health insurance
- Local breastfeeding support groups - check with your public health nurse
- Cuidiu - www.cuidiu-ict.ie
- La Leche League - www.lalecheleagueireland.com

Parents' experience:

"Anything is better than nothing". Take it day by day, then week by week. If you really want to breastfeed, give it your best shot. For new mums it might be tricky to get the hang of it at the start but by four weeks it will be second nature. Honest! If it doesn't work out, be that after 2 weeks or 2 months, don't beat yourself up over it. Every ounce of breastmilk counts. Even if you stop when you leave hospital at least you tried.

Premature babies: Multiple births are often premature and in some cases premature babies have to spend time in a special care baby unit. One of the best ways you can care for them is to express milk to feed them with.

Everyone has an opinion: Be prepared for conflicting advice (often from different midwives in the same hospital). Be prepared for amazement. Be prepared for negative if well-meaning reactions (usually from friends and family with your health in mind).

Try everything: Feed together, apart, express, don't. Breastfeed both, breastfeed one. Wake one after feeding the other. Try it all for first few weeks and then decide what's best for you. Look after yourself. Sleep anytime you can. Go back to bed at the drop of a hat. Eat well. Drink lots. Remember at the end of the day a healthy happy mum is the best chance for healthy happy babies!

Feeding cushion: Many mothers recommend the EZ-2 Nurse Twins Feeding Cushion which makes it easier to feed both babies at once. You can buy it on the internet http://www.twinsuk.co.uk/more_details.php?id=100699 or contact IMBA about the possibility of getting one secondhand from another member.

Expressing: Most parents and hospitals recommend the Medela electric breastpump (single or double). Although most mothers will not want to buy one until they see how breastfeeding goes, it may be helpful to borrow one so you have it on hand in case the going gets tough. An alternative is to rent one from either the hospital or www.medicare.ie.

Useful sites:

www.breastfeeding.ie is a very useful Irish site with links to breastfeeding support networks in your area, La Leche League, lactation consultants etc.

www.drjacknewman.com

www.kellymom.com

Breastfeeding Multiples / Nursing Twins, Triplets or More: http://multiples.about.com/od/breastfeeding/Breastfeeding_Multiples_Nursing_Twins_Triplets_or_More.htm

Books:

Mothering Multiples: Breastfeeding and Caring for Twins and More by Karen Kerkhoff Gromada is the breastfeeding multiples bible.

Double Trouble: Twins and how to Survive Them by Emma Mahony has some good tips too.

Newsletter articles:

"Breastfeeding Twins" by Susan

"Breastfeeding twins – what happens when one baby can't?" by Natasha

"Expressing for Triplets" by Sandra

5.3 Bottlefeeding

If you decide to bottlefeed your babies make sure you are aware of the current guidelines about the safest way to make up formula feeds. Your hospital should be able to give you the information you need.

One of the advantages of bottlefeeding is that both parents can help feed the babies, as can grandparents and any other helpers you have available.

In the early days you will need to feed one baby at a time, but as time goes on you can experiment with ways to feed two babies together. These are some of the ways parents of multiples have recommended:

- Put the babies in bouncy chairs and sit on the floor between them.
- Prop them up against cushions on the couch and sit in front of them. (Never leave them unattended.)
- Cradle one baby in each arm and twist your wrists in such a way that the arm which is cradling Twin One is holding the bottle which is feeding Twin Two, and vice versa.
- Try the Podee feeding bottles, a hands-free feeding system which many parents of multiples have found helpful.
- Remember that you should never leave a baby propped up with a bottle or unattended during feeding as this leads to a serious choking hazard.

Parents' Experience:

Preventing/Treating colic: Some parents have reported that they found the Dr. Browne's bottles good for preventing colic. Others have said it makes no difference. Other parents have recommended podee bottles for both colic and reflux www.podee.com. Still other parents have recommended cranial osteopathy. Unfortunately it seems the solutions differ from baby to baby.

5.4 The early days with multiples

Some more advice from parents about those first few weeks and months with your new babies

Visitors: Firstly although it is hard, mothers should be encouraged to turn off their mobile phones for at least the first two weeks after birth. Of course everyone wants to talk to you and you want to talk to them but they'll still be there in two weeks. However these first two weeks are very important for precious bonding time with your babies (and catching up on sleep when they're sleeping) so turn your mobile off and only check your messages once a day.

If you can, limit visitors to family only in the first two weeks, longer if you can and let your partner play gatekeeper. Make sure all visitors bring food! One parent says "if

they don't arrive with dinner, then you don't want to see them!" Don't be afraid to ask them to pick up some shopping for you along the way. People want to help so do ask!

Prepare yourself to say no when visitors ask to pick the babies up just to have a cuddle. It is lovely to see and hold two or three babies at a time ... but it will be you who will have to comfort and settle them when they get over tired. Comforting one baby is difficult at times but it's a whole other ball game comforting two or three. New babies get tired very easily and too much handling and activity will tire them out very quickly. However, if they're prepared to feed and change them, well that's a different story.

Feeding chart: Keep a chart of each baby's feeding, sleeping and nappy changes and note down any comments or concerns you may have. When you tot everything up at the end of the day often you will be reassured that your difficult feeder is actually getting enough to eat and having enough wet nappies. More importantly though you'll be so tired you won't always remember who had what or did what when so it's great for keeping track and handing over the reins to someone else while you sleep. Contact IMBA for a feeding chart if you don't already have one.

Bathing multiple babies can be quite a challenge. Some parents bathe their children separately in the interests of both safety and one-on-one time. For higher-order multiples, though, this may be impractical. Your best bet is to recruit some help during bathtime. When the infants are older, it will become easier to bathe more than one at a time. Bath seats can be very handy for bathing twins or more once they can sit up by themselve but never ever leave babies in a bath unsupervised.

Dressing your babies in the first few months doesn't have to be a big deal apart from their first excursion of course! Many multiple parents keep babies' wardrobe curtailed to vests, babygros and cardies for the first six weeks. A good tip is never to cut the tags off clothes you get as presents. If you never get round to putting on the newborn clothes (and really it's unnecessary hassle getting the babies all dolled up every day) then you can always bring the clothes back and exchange them for something you need when the babies get older and you do enjoy dressing them up. In the early days as well if babies are similar in size it makes sense to share basic items of clothes – stacks of white vests, baby-gros and bibs anyone? For babies of different sizes it is often easier to have different shelves with the clothes presorted to avoid rooting through everything all the time. As babies get older, it is important to give them their own clothes and establish their unique identities. (See section on individuality.)

Going out: Don't expect to be going out in the first few weeks, sit back and let everyone come to you (when you're good and ready). But when you are up to it, pack the nappy bag and be ready for your first excursion out to show off your new babies! Believe me the attention you will get makes the sleepless nights almost worth it... If you're ever feeling down as well, take the babies out for a walk, the 'oohs' and 'aws' and 'you have your hands full' will make you feel better!

Get your sleep: Any chance you have, go back to bed and don't feel guilty about it in the slightest. Sleep deprivation can make you susceptible to many illnesses not least of which is post-natal depression. A well rested mother is essential for you and your family's health. It is even more important if you are trying to breastfeed your babies as rest is essential to maintaining a good milk supply. So cut out the visitors unless they bring dinner and can let you go back to bed. Keep your phone off and check all your messages once a day or you will go demented trying to reply to everyone and getting no sleep. In the rare moments when all babies are asleep, put your head down too. Forget about the phonecalls, the washing, the ironing, sleep is more important than anything!

Many parents alternate "night shift" feedings and take turns napping during the day. Alternatively if you can afford it you might consider a night nurse – especially for the first few weeks. It can be expensive but do shop around – maternity hospitals will have contact details they can give you.

Many multiple parents often recommend breaking the 'never wake a sleeping baby rule' and wake and feed all the babies at one time. Eventually this will help you to coordinate your babies' schedule and minimise the number of wake-up calls in particular at night.

Useful sites:

Twin tips on a whole range of matters from breastfeeding to coping with crying:
http://www.twinsuk.co.uk/res_about_twintips.php
What not to do! Top Ten mistakes made by new parents of multiples
http://multiples.about.com/od/twinfants/tp/twinfantmistake.htm

Newsletter articles:

"Bonding with Twins"
"Top Tips from 0-9 Months" by Catherine

5.5 Sleep strategies

With regard to sleep in the early months of a child's life, Senior Child Clinical psychologist Anne O'Connor gave the following pointers at a previous IMBA conference:

- Don't expect too much too soon. Newborns do not sleep through the night for nutritional and growth reasons.
- Aim to establish a routine and change with babies' needs.
- Learn to distinguish between your babies' cries.
- Be sure your baby is awake before picking them up - small babies can be very active in their sleep.
- Put your babies to sleep on their backs or sides for safety reasons.

Her tips for a peaceful night are as follows:-

- Use the same bedtime routine every night
- Keep to the same timetable – children like predictability and routine.
- Let your child get to sleep in a quiet area and avoid going in and out of their room.
- Take turns at putting the child to sleep so that if one parent is away the other is aware of the routine.
- Try to avoid your child being over-tired when going to bed as this can lead to tears etc.
- Allow your child to go to sleep in their own bed and don't get into the habit of moving him/her after they've fallen asleep.
- Try not to be in the same room on a regular basis when your child falls asleep as they will associate falling asleep with your presence and may be unable to go to sleep without it.
- Remember all children do have sleepless nights at various times e.g. sickness, time of change and so forth, but these should be temporary.

The full text of Anne's presentation on sleep strategies for older children is available through IMBA and covers issues such as:

- Difficulty getting to sleep
- Frequent waking during the night
- Sleep terrors and nightmares
- Feeding during the night
- Sleeping at the wrong time or "sleep phase shifts":
- Refusing to sleep alone

Parents' Experience:

Sleeping together or apart? This is one of the most common questions expectant parents ask and there are often concerns about safety. A TAMBA study on the subject concluded that:

- Co-bedding of twins does not seem to be intrinsically more risky than separate sleeping arrangements (babies didn't overheat, compress each other, get under one another's covers).
- Co-bedded infants did not wake more frequently than those sleeping separately – infants in closest proximity had synchronous arousal patterns.
- Hospital practices were very influential in parental practice.
- Guidance on use of bed-covers for co-bedded twins might be useful for some parents (e.g. over-wrapping, and positioning so covers can be tucked in securely).
- Swaddling can be problematic (covering of airways), but not specifically related to co-bedding (unless parents use it as a means to restrain babies' arms).

- Most importantly – parents of twins need strategies to encourage them to put newborn twins in parents' room, and keep them there – co-bedding might be most useful here (saving on space and expense).

Feedback from Irish parents varies – some parents have found that their babies are used to sleeping so closely together during the 9 months of pregnancy that they settle better when put sleeping together in their first months post partum. Other mothers have found that their babies settled better apart – probably because they were enjoying having some space to themselves for the first time in months. Try both and see what works for your babies.

Sleep safety:

- Keep your babies' room at a constant temperature - 18-21 degrees C (64-70 F) is ideal. Put a room thermometer on the wall near the cot, out of the sunlight and away from the heat of the radiators. Never use a hot water bottle or leave the cot near a radiator or in direct sunlight.
- Use a firm mattress, but no pillow – A new mattress is advised for each child using the moses basket or cot. Avoid stuffed toys, fluffy blankets, baby nests, duvets, cot bumpers or anything with strings attached.
- Don't overdo the clothing or the blankets - A nappy, vest and a sleep suit plus a sheet and three light blankets is plenty (1 blanket folded in half is counted as two blankets) or alternatively use a baby sleeping bag once they're over 7 lbs in weight.
- If you're worried check their temp when they have nodded off - Feel the back of their neck or their chest rather than their hands or feet, as they are not great indicators of temperature. If their neck or chest feels too cold add a blanket; if they feel hot or sweaty remove some. Put socks and mittens on cold hands and feet rather than putting more blankets on as small babies often have poor circulation in their hands and feet.
- Always place baby on their back and with their feet to the end of the cot. That way they can't wriggle under the blankets.

Useful sites:

Full results of TAMBA study:
http://www.dur.ac.uk/resources/sleep.lab/presentations/TAMBA%20talk.pdf

Newsletter articles:

"Here's to sweet, safe and peaceful sleep" by Fiona

5.6 Routines

In recent years the merits of feeding on demand vs routine have been hotly debated. Demand feeding where no routines are established and you go with your baby's flow works very well for some parents, in particular with single babies. With twins and higher multiples however, getting babies into a structured routine is seen as the Holy Grail by many.

Whatever your stance on the subject (and somewhere in between is probably where we find most Irish parents), below are some tips on how to get some kind of structure to your day with your new babies.

In the early days...

Newborns sleep a lot. Just not at night. Their body clock is often mixed up – they don't know what is day and what is night. Think about it – before they were born when you were on the go during the day the movement helped to rock them to sleep. Conversely when you lay down to rest, that was the babies' cue to practise their acrobatics. So it's not surprising that when they arrive at last, babies often sleep a lot during the day and they are used to being awake in the relative calm of the night.

So you need to help them to learn a new sleep pattern. Many parents recommend starting the bath, feed, bed routine for babies as early as six to eight weeks. Some parents try to keep the babies awake more during the day, in particular after a feed, in the hope that they will sleep more at night. This can often be difficult as a well fed baby is often a sleepy baby. However the 'feed, play, sleep' routine does work well for some babies so it's worth a try. Just remember for a newborn, staying awake any longer than two hours at a stretch can lead to an overtired and cranky baby so keep an eye on how long they've been awake and learn to read the cues for a tired baby.

Another way to help them to learn the difference between night and day is to keep night feeds as calm and quiet as possible. Feed the babies in a darkened room and don't talk to them as much as you would in the daytime – just feed, wind, change and back to bed.

How soon can a routine be established?

Be realistic with your expectations. Of course we've all heard the stories of miracle babies who were sleeping through the night from birth but this is really not the norm. Newborns have small tummies so they need to feed little and often, so it's perfectly normal for them to wake at night for feeds for at least the first few months.

It can also take a while to establish a daytime routine where feed times become more predictable. If you think about it for 9 months each baby has been feeding and sleeping on demand so it will take a few weeks if not a few months to get one baby into a routine and then coordinating that with their twin or triplet siblings will take some fine tuning.

If you are breastfeeding do bear in mind that letting the babies feed when they want is an important part of establishing your supply, so don't get too hung up on routines in the early days.

Getting two or more babies into a routine can be more difficult if babies are different sizes (smaller babies have smaller tummies so may need to be fed more often), babies have different personalities (active babies tend to wear themselves out quicker so may

sleep better than more placid babies), medical issues with colic/reflux etc. One size does not fit all at first but by four to six months you will hopefully have a lovely routine going. And the bad news? This is approximately when teething starts and then you'll be back to square one again...

Parents' Experience:

- Don't stress about a routine in the first few weeks – you're learning, they're learning. By 6 weeks though it's a good time to start if you haven't already.
- If you're sticking to a routine you might have to wake up the babies to feed them. Many parents find it easier from day one to wake up one baby when feeding the other to try to get their feeding and sleeping habits synchronised as early as possible
- Whatever your routine, make sure you write it down and update it regularly if there are other people caring for your babies - partner, family, friends, childminders etc
- Try to do the same things every day until the routine is established. Once this happens you can change things to suit you but use the routine as the foundation for your day.
- From about 8 weeks getting a good bedtime routine going will make life much easier for all of you in the long run. Suggested format: At bedtime start with a relaxing bath, Get them dressed, then go to their room for their last feed, Wrap them snugly, Sing or talk to them as you feed them, Aim to put them in their cot before they are asleep.
- One of the few upsides of a stay in the NICU is that babies often come home with a well established routine. It is often easiest just to keep this going – so make sure you find out what the hospital routine is before baby leaves. One triplet parent recalls how their babies were in a good routine coming home from the NICU, they coordinated that routine with Gina Ford's twin routine (see below) and by 8 weeks all 3 babies were sleeping though the night!
- Difficult as it may seem, try not to let babies get used to being rocked to sleep or going to sleep in your arms. Once they identify this as their routine it can be difficult to change further down the line!
- If the bedtime routine is shared with someone else it is better if both of you follow the same routine. This allows things to go a little more smoothly when you find you or your partner are putting the children to bed on your own.

Book recommendations:

A Contented House with Twins: In this book, a parent's frontline experience of coping with twins is combined with Gina Ford's routines specially adapted for twins. Together they tackle the practical and emotional aspects of parenting two babies.

Many parents have found the Gina Ford method helpful, though most adapt it to suit themselves rather than following it too strictly as it can be quite militaristic! It won't suit everyone though and many of her recommendations such as limiting feeding times are not suitable for breastfed babies.

The Baby Whisperer: This book has a more laidback approach though still routine-led, using the EASY method – Eat, Awake, Sleep, You (i.e. time for mum and dad – what's that?!)

Do remember that your babies haven't read the books so if the routines don't seem to be working it doesn't mean you're doing anything wrong! It may just take them a little while longer to find their own routine but you'll all get there in the end.

Useful websites:

Useful tips on helping twins establish sleep routines:

http://www.babycentre.co.uk/baby/sleep/twins/

"Twins –Establishing a routine" Useful article by twin mum and author on twins Vicki Morris http://www.essentialbaby.com.au/parenting/baby/twins-establishing-a-routine-20081028-59vr.html

Twin mums following Gina Ford's routines share their experience on Gina's official site http://www.contentedbaby.com/Mum-of-the-Moment.htm

Coping with babies crying

http://fatherhood.about.com/od/adjustingtonewroutines/a/baby_crying.htm

Newsletter articles:

"The Importance of Routine" by Lynda

5.7 Developing individuality

Choosing names

People nowadays are generally more aware of the need to treat multiples as individuals and not just as a unit. One of the first ways you can do this is when choosing their names. Try not to give them names that start with the same initial. This can reinforce the sense that they come as a set, and will make it a nightmare to identify their possessions as they get older – not to mention future rows about opening each other's post! Equally, don't give them rhyming names or names that sound like a set (e.g. Charlie and Lola!). Believe us, they won't thank you for it.

Try to avoid referring to them as 'the twins' or 'the triplets', and gently encourage others to do likewise.

Dressing multiples alike

If your multiples are the same sex you will probably get lots of presents of matching clothes, and may even prefer to dress them the same yourself (it certainly makes shopping and choosing clothes in the morning that bit simpler). Whatever makes life easier for you at this stage is fine – dressing a three-month-old the same as her sister is unlikely to cause any psychological issues! Do bear in mind though that in the longer term dressing them alike can reinforce the notion for other people of them as 'the twins' or 'the triplets'. You will probably find that by the time they start playschool or creche you will need to start dressing them differently to help others to be able to tell them apart (even for non-identicals).

As a compromise some parents choose to dress their multiples in the same outfits but in different colours.

If you yourself have trouble telling them apart as newborns then it may be a good idea to dress them differently from the start. At the very least make sure they have some identifying items – you could leave the hospital identity bracelets on, or paint a toenail on one baby. Rest assured though, most parents find it easy to tell their multiples apart, even when they look absolutely identical to others.

Building memories

Try to spend one-on-one time with each baby, even if it's just for a few minutes at a time in the early days. It will help you to get to know each of them as an individual.

Make sure to take photos of each baby on his/her own as well as together – if for no other reason than that once they start school children are often asked to bring in a photo of themselves as a baby!

6 Looking After Mum and Dad

6.1 Postnatal Depression

Postnatal Depression, or PND, is a depressive illness which affects some women after having a baby. It is very common for new mothers to suffer from 'baby blues' – feeling low after the birth, overwhelmed by the responsibility of the new baby/babies and unsure of her ability to cope. For most mothers this passes within a few days or weeks but for mothers affected by PND this does not improve and may get worse.

One in seven women suffer from PND after giving birth. A recent study by TAMBA (Twins and Multiple Births Association) in the UK found that mothers of twins and more are twice as likely to suffer from PND compared to mothers of singletons. It can affect women of all ages and social backgrounds.

What are the symptoms?

- The symptoms of PND include:
- Feeling low, crying for no apparent reason
- Losing interest in or being unable to enjoy activities which normally make you happy
- Irritability
- Fatigue (although of course all new mothers, particularly of multiples, are tired, those suffering from PND may experience extreme fatigue)
- Anxiety
- Feeling unable to cope

What should you do if you suspect you have PND?

- Tell your partner and family how you feel – don't try to bottle it up
- Talk to your GP or public health nurse
- Remember that this is not your fault. PND is an illness like any other and you need help to get better.
- Don't be afraid that the babies will be taken away – this is most definitely not the case. Your GP and PHN will in fact make sure you get the help you need to be able to cope with the stresses of motherhood.
- Don't try to overdo things – get as much rest as you can.
- Keep up your normal diet - you will need all the energy you can get. Some mothers recommend Udos Oils for helping with mood swings.
- Keep your partner involved. Encourage him to speak to your GP or PHN so he can understand what you are going through and how best to help you through.

- Try to get some time to yourself and with your partner if you can. Even if it's only going to WeightWatchers – the important thing is getting out of the house and turning off 'the baby channel' even for an hour a week.
- Talk to other mums with twins – come to the IMBA twin clubs, ring the IMBA helpline. You will find that they also feel many of the same things you do. A lot of women feel that it is their inability to cope that is causing the depression – in fact it is the reverse – it is the illness that is causing the inability to cope.

Useful sites and other references:

www.pnd.ie There is lots of useful information on their site, including a list of Dos and Don'ts, and details on how to get support.

www.apni.org : Association for Post Natal Illness. A charity which offers information and support for postnatally depressed mothers. Based in the UK.

www.netdoctor.co.uk

www.vhi.ie/postnataldepression.html

Books:

Surviving the Baby Blues by Jane Feinmann (Published by Ward Lock)

Newsletter articles:

"Surviving PND" by Valerie

"Post Natal Depression – Isolating and devastating...but not the end of the world" by Lynda

6.2 Relationships

Whether or not these are your first children, having multiples will cause a huge change in your lives. With the stress you're both going through it's all too easy to take it out on each other and forget to make time for your marriage. Don't let it! Although it may seem like an impossible task in the early days, your relationship needs time and attention too, and it will make a much happier home for all of you if you can keep that in mind.

Talk! Whatever you're feeling, whatever you're going through, tell your partner. This doesn't mean your lives should become one long moaning session. Remember to talk about the happy things too – to share all the cute little things the babies are doing, to tell your partner how proud you are of what a good parent s/he is, and how much you appreciate everything s/he is doing. While it may seem a small thing to compliment your partner for getting the baby off to sleep, all these little things add up to a happier relationship.

Let the small things go. So Dad bought the wrong brand of nappies, or Mum didn't have time to do the laundry. Does it really matter at the end of the day?

Make time on your own together. Even if it is only for a walk in the park or down to the local, just getting out as a couple and talking away from the chaos of 'babydom' is essential. You have to make it a priority! Don't be worried nobody else can look after

your babies. Babies are a lot more resilient than you think and grandparents a lot more capable – after all they raised you!

Once they are going to bed at a reasonable hour, don't fall into the habit of spending every evening separately, with one of you glued to the TV and the other to Facebook. At the very least have one 'date night' a week where you have dinner together (a takeaway counts!) and watch a DVD or just chill out together.

Remember that the day will come when your babies will have flown the nest. If you want to still have something to talk about with your other half when that day comes, make the effort now.

Useful sites:
Married with Multiples – What Men Need? What Women Need?
http://multiples.about.com/od/familyissues/a/marriagetwins.htm
www.minderfinders.ie for Irish babysitters with multiple experience.

Book:
Babyproofing Your Marriage by Stacy Cockrell, Cathy O'Neill and Julia Stone.

Further Reading:

IMBA publications:

Pushchair review

Quarterly newsletters – Archive newsletters and individual articles, with a wealth of advice from experienced multiple parents, are available in the members' section of the IMBA website – www.imba.ie

Books:

Dr Carol Cooper, Twins and Multiple Births

Emma Mahony, Double Trouble: Twins and How to Survive Them

Karen Kerkhoff Gromada, Mothering Multiples: Breastfeeding and Caring for Twins and More

Susan M. Heim, It's Twins! Parent-to-Parent Advice from Infancy through Adolescence

Barbara Luke and Tamara Eberlein, When You're Expecting Twins, Triplets or Quads

Jackie Clune, Extreme Motherhood: The Triplet Diaries

Tracy Hogg, The Baby Whisperer

Gina Ford, A Contented House with Twins

Jo Tantum and Barbara Want, Baby Secrets

We are grateful to TAMBA (Twins and Multiple Births Association UK) for their kind permission to reproduce some of the material from their handbook, Expecting More than One.

References:

i. http://www.welfare.ie/EN/Publications/sw19/Pages/sw19_sect4.aspx

ii. Expecting More than One, TAMBA (Twins and Multiple Births Association, 2002)

iii. Expecting More than One

iv. Expecting More than One

v. UK Multiple Birth Foundation http://www.multiplebirths.org.uk/identical.asp

vi. Expecting More than One

vii. Expecting More than One

Useful contacts:

IMBA: Carmichael House, North Brunswick St, Dublin 7; Tel: 01-8749056; Email info@imba.ie; Web: www.imba.ie

Cuidiu: Carmichael House, North Brunswick St, Dublin 7; www.cuidiu-ict.ie

La Leche League: www.lalecheleagueireland.com

Breastfeeding support: www.breastfeeding.ie

Post Natal Depression Ireland: Tel: 021-4923162; Email: support@pnd.ie; www.pnd.ie

Additional websites:

www.tamba.org.uk

www.multiplebirths.org.uk

www.prematurebaby.ie

www.irishprematurebabies.com

www.bliss.org.uk

Support, guidance and information on parenting: www.parentline.ie

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