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COVER TWINS

Jenna and Alexis Rokosny
of Warren, New Jersey,
age 7 months

Talk to thousands of other parents of multiples ... in the comfort of your own home.

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Some of our forums are:

- **Pregnant with Multiples:** 23,925 posts in 2,166 threads
- **Your Twins' First Year:** 38,304 posts in 3,920 threads
- **Breastfeeding Two or More:** 3,041 posts in 467 threads
- **Family Talk:** 1,944 posts in 295 threads
- **Married with Twins:** 1,020 posts in 47 threads
- **What's Bugging You?** 72,399 posts in 7,425 threads

Jump in, log on, have fun, get advice, find answers!
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DREW AND CLAY, AGE 1 YEAR, WITH THEIR MOTHER, JULIE.
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There are moms, and then there are Super-MOMs. A Super-MOM is a Mother of Multiples. Believe me, you'll deserve the honor of being called Super-MOM when you've come through this endurance test!

You can look forward to unprecedented periods of joy when your babies reach out and touch each other gently... when they roll towards each other and entwine in hugs... when each one grasps your fingers and smiles... when they burble and giggle at your mommy antics.

Super-MOMs are some of the most organized people I've ever had the privilege of knowing. A year from now, you'll look back and hardly know yourself.

When you feel as if even tiny events are overwhelming, causing tears to flow or your temper to flare, go take a nap. As any Super-MOM will tell you, the tears of frustration can be chalked up to simple exhaustion.

Since 1984 when TWINS Magazine was first published, thousands of Super-MOMs have called and written to us. Here is some of their sage advice:

- Subscribe to TWINS Magazine. "It'll save your life and your sanity, during that first year especially!"
- "Join the closest Twins Club right away, and attend meetings, even if you have to get two sitters." You need it. Here's where you'll find your best support group—in addition to being on the TWINS Message Board at midnight.
- "Recruit family, friends, neighbors and anyone else willing to help." They can cook meals, wash laundry, clean house and shop for groceries for you during that first six months, so you can focus on your babies and getting some sleep.
- "Learn to catch some ZZZs at a moment's notice. And sleep when your babies sleep, for heaven's sake." The 15-minute catnap or 30-minute power nap will become your friend for life.
- "If you have same-sex twins or triplets, have them tested right away for zygosity. You'll figure things out about your twins much faster and better if you

know whether they are truly identical or fraternal." Zygosity matters, as we state in a regular column in TWINS Magazine—and on page 25 of this Guide.

- "Swaddle your babies when they're infants." Twins respond well to swaddling, especially if they are colicky—probably because they're often premature and small at birth.
- "Talk to your twins or triplets as if they are REAL people right from the start." You'll develop a special, separate relationship with each child as an individual. Even identical twins are really very different people.
- "Use bouncers to calm your babies." The seats are the best things since sliced bread.

I'd like to contribute my personal two cents' worth:

- Don't put your babies into walkers, ever. They're safer and better off on the floor or in a playpen than in a walker, which can seriously delay development of motor skills and coordination.
- Read to your twins or triplets from the earliest possible age. Start with fun little picture books and soft books. You will give your children the greatest gift of all—literacy.

Have a wonderful year with your special children, Super-MOM! You are very special. Let us know how it goes: Send your thoughts, ideas and comments to twins.editor@businessword.com.

Susan Alt
Editor-in-Chief



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Getting Started: a Basic Layette

Do I need two of everything? The answer is no. Check out the following suggested items to get you started on building a layette for twins.

Clothing

- Diapers, cloth – 3½ dozen (+ 4 diaper covers per baby)
- Diapers, disposable – Newborn triplets will use about 1,000 per month; twins, 650 per month
- Baby undershirts – 6 per baby
- Onesies – 4 per baby
- Cotton one-piece outfits/sleepers – 5 per baby
- Two-piece knit outfits – 2 per baby
- Sleepers – 3 per baby
- Baby hats – 2 hospital type, 1 fancy
- Booties – 3 pairs per baby
- Sweater – as needed for climate or 2 per baby
- Washable bibs – 6 per baby

Linens

- Waterproof crib mattress cover – 1 per crib
- Quilted crib mattress pads – 2 per crib
- Rubber flannel crib pads – 2 per crib
- Crib sheets – 4 per crib
- Crib bumper pads – 1 set per crib
- Receiving blankets – 5 per baby
- Heavier blankets – 2 per baby
- Rubber flannel lap pads – 4 per baby
- Burp cloths – 12 per baby
- Baby wash cloths – 8 per baby
- Baby hooded towels – 3 per baby

Nursery Furnishings

- Bassinet (or crib)
- Crib (1 or 2; infants can co-bed)
- Bottles, if bottle feeding, 6–12 per baby,
- Breast pump and storage bottles, if nursing
- Diaper pail
- Diaper bag(s)
- Dirty clothes hamper
- Night light
- Changing table – 1 or 2
- Small penlight-night checks
- Baby monitor – 1
- Large, upholstered rocker



Equipment

- Infant car seats – 2
- Bathtub – 1
- Bouncer seats – 2
- Head supports – 2
- Baby carriers or slings – 2
- Swings or gliders – 2
- Stroller – 1 double
- Cordless phone
- Voice mail or answering machine

Receive the full version of our “Getting Started” Layette for twins and reprints of the **TWINS Guides** to car seats, strollers, breast pumps and more, FREE with a 1-year subscription to TWINS Magazine (see pg. 18).

“I never could have made it without...”

TWINS Magazine asked message board members to recall the first year with their twins and complete the statement “I never could have made it without...” Apart from bouncer seats and nursing pillows, the most frequent and most important... at the Number 1 spot, top of the list... was a “DH,” darling (or dear) husband. Here are a few replies.

- Two bouncer seats, “Transitions” CD of sounds from the womb, advice from experienced mothers of twins, meals from co-workers, and the love and support of family and friends.

Alicia

- My mom who lives 70 miles away and only went home on the weekends; couldn’t have made it without her love and support.

Trish

- “Fathers Lullaby’s” CD, bath seats, snap-on car seat covers so they would not get cold and I wouldn’t lose the blankets, meals cooked even once a week, crockpot to thaw breast milk quickly.

Carol

- A wonderful and very helpful older daughter, an encouraging grandma, infant bathtub, double stroller, baby monitor, two floor gyms, two bouncer seats, one cradle, pacifiers, two swings.

Angie

- Two swings, my mom, disposable diapers, pacifiers, two Exersaucers, double stroller, my mother-in-law, rocker recliner, those who provided huge wardrobes to my babies and the TWINS Magazine message board.

Tiffany

- My dh, my sister’s advice, this board, naps, bouncer seats, restaurants, Duoglider, friend who cleaned house for us, Tiny Love animals and the Gymini play mat.

Laurie

- My dh, two bouncer chairs, a stockpile of disposable diapers, wipe warmer, dishwasher, swing, exersaucers, Duoglider stroller, take-out, my best friend Lori whogave me with love, support and lots of hand-me-downs, Baby Einstein videos.

Jennifer

- The TWINS message board, two battery-operated swings, sea waves nature sounds machine, crockpot, Hamburger Helper, hot showers at 3 a.m. to unwind, Mountain Dew, my dh, warped sense of humor, vibrating bouncer seats.

Beth

- *Having Twins* by Elizabeth Noble, my twin pregnancy bible.

Lisa

To contribute to the list, or read more replies, visit our message board at www.TwinsMagazine.com.

Back to Sleep

Placing sleeping babies on their backs reduces the risk of Sudden Infant Death Syndrome. SIDS occurs in babies under 12 months of age, usually between 1 and 4 months. Although the risk for SIDS remains slight, parents should take every precaution to prevent the tragedy. To significantly reduce the risk of SIDS:

- Place infants under 12 months on their backs for sleep.
- Make sure the crib meets current safety standards and has a firm, tight-fitting mattress.
- Remove all soft bedding—pillows, comforters, sheepskins, stuffed toys and all soft items—from the crib.
- Use a sleeper with no bed covering instead of blankets.
- Make sure your baby's head remains uncovered.
- Do not place babies on a water bed.
- Do not allow people to smoke around your babies.
- Place babies in a comfortable room that is not too warm.
- Breastfeed if possible.

Some infants with certain medical conditions may need to be placed on their stomachs to sleep. Talk to your pediatrician about which sleeping position is best for your child.

Some mothers worry that babies sleeping on their backs may choke on spit-up while they are sleeping. There is no evidence that sleeping on the back causes choking. Millions of babies around the world now sleep on their backs and doctors have not found an increase in choking or other problems.

If your babies don't like sleeping on their backs, they will get used to it quickly. Although back-sleeping is the best sleep position, your babies can be placed on their sides. Although side position does not provide as much protection against SIDS as back sleeping, it is much better than placing your babies on their tummies.



COHEN AND MARINA, AGE 2 MONTHS

Possible explanations

Some experts believe a “triple-risk model” best explains SIDS. The infant must have a vulnerability like sleep apnea or low birth weight plus a trivial stressor such as a mild respiratory infection or partial lack of oxygen. When these factors come together in an infant during a critical period of development, usually between 3 and 8 months, SIDS can occur, experts believe.

Although inconclusive, recent research has found a pattern of high

levels of the protein cytokine in the brains of SIDS babies. Further investigation may be able to establish or rule out a link.

Until recently, scientists believed that a single area in the brain generated breathing rhythm, enabling breathing to speed up or slow down to adapt to the body's activity and position. UCLA neurobiologists have discovered that two systems in the brain interact to control breathing. Understanding how the brain organizes breathing may shed light on why babies stop breathing and on SIDS. ♡



MADELINE AND THEODORE, AGE 3 MONTHS

Tummy time

While placing sleeping babies on their backs is best, it may hinder them in meeting the developmental milestones that occur during the first year. To compensate for the sleeping time spent on their backs, doctors recommend that, while awake, 2- to 6-month-olds spend at least 20 minutes, three times a day, on

their tummies. Dr. Marjory Hogan of the department of pediatrics at Hennepin County Medical Center in Minneapolis says, “Tummy time will strengthen the neck, trunk and limb muscles needed to lift heads and eventually crawl.” So, while they're on their tummies, get on yours. Crawl between your twins. Encourage them to turn their heads toward the sound of your voice. They'll get a great baby workout and you'll get quality time with two at once. ♡

Early Arrivals



MADISON AND JACOB, AGE 4 WEEKS

At least half of twins and 90% of triplets are born prematurely (before 37 weeks gestation). Preterm babies, particularly those born very early and very small, often face medical and developmental issues. The good news is multiple preemies have an advantage over singletons.

In the womb, multiple babies typically mature faster than singletons. Also, premature delivery and low birth weights of multiples often result from crowding in the womb and not a mother's health problem. Multiple preemies, therefore, are often better prepared for breathing and developing in the outside world, and healthier. Even those born too soon for medical reasons are likely to grow up healthy, thanks to today's medical advances—and their parents' involvement. But learning to love and care for these tiny, fragile babies takes time, patience and practice.

Bonding in bulk

Bonding with preemies can take longer. Fortunately, any nurturing you do in the nursery benefits your parent-child relationship. As your babies become more stable, ask to hold them. Resting diaper-clad babies on your bare chest with a blanket covering you both, called kangaroo care, can help create a special closeness. Continue kangarooing after coming home.

Another practice gaining popularity in intensive-care nurseries is co-bedding, placing your babies together (preferably in their womb position as identified by ultrasound).

Babies who were agitated immediately settle down when they're together. Their heart rates stabilize, temperatures regulate and they usually fall asleep.

It's only natural for preemies, who by all rights should still be together in the womb, to suck on each other's hands and intertwine their limbs. If co-bedding is not possible in the NICU, ask if your babies' beds can be placed near each other.

Once home, caring for preemies can be overwhelming, and it's difficult to spend one-on-one time. You may bond with them as a unit first and get to know them individually later.

Growing up healthy

A healthy full-term child can overcome a cold, but in a preemie it can lead to more serious complications. To keep your babies healthy, practice preventive care by washing hands and avoiding crowds of people who may be carrying germs. Also, ask your doctor about preventive vaccines. Preemies need close monitoring of their growth,

nutrition and development. Have regular doctor appointments.

Developmentally, experts say that most preemies catch up by age 2 or 3. Until then, evaluate your babies' milestones by their adjusted age. Children with more severe delays may take longer. Each child, including twins, develops at his own rate. Look for progress over time. If concerned, ask your pediatrician for an evaluation.

Feeding the masses

Your breast milk has nutrients designed especially for your preemie multiples, and antibodies that help fight infection. But breastfeeding isn't easy: Your babies may have weak sucks, they may tire easily and your milk supply may be low because of the stress of caring for more than one infant. Many mothers pump and store their milk, then begin nursing when their babies are developmentally ready. ♡

Amy E. Tracy, co-author of Your Premature Baby and Child (Berkley, 1999), lives in Colorado Springs, Colo., with her husband and two sons.

Adjusted Ages For Preemies

Birth weight:	Gains per week:	Usual time to gain 7 pounds:
3 pounds	4 to 7 ounces	9 to 16 weeks
4 pounds	4 to 7 ounces	6 to 12 weeks
5 pounds	4 to 7 ounces	5 to 8 weeks

Adjusted ages provide a more accurate picture of your preemie twins' probable needs, development and maturation. When preterm multiples reach the 39-week mark, start at 0 and count from that point on to determine where they would be developmentally for the first six months of life.

Or, subtract from 39 the number of weeks your multiples were born early. If they were born before 36 weeks, use the adjusted age for the first year of life or longer.

To encourage their development in the early weeks at home, continue the warmth and security of a womb-like environment.

At the 7-pound mark, you can begin to consider feeding on cue. Feedings aren't for nourishment of the body only. Babies need to be cuddled and loved, held and sung to, as much as they need physical sustenance. And sometimes they cry simply because they are lonely or frightened. This new world demands major adjustments and the only form of communication babies have is to cry and hope someone will help. ♡



NICU Primer

When newborn multiples need medical intervention, they are generally transferred to the neonatal intensive care unit. A health-care team comprised of neonatologists, neonatal nurses, pediatricians, pediatric surgeons, pediatric resident physicians and neonatal respiratory therapists will be caring for your infants. Additional resources are provided by social services and pastoral counseling. Here are some issues parents encounter when infants require a stay in the NICU.

Bonding. Physical and visual contact are very important in establishing a lasting attachment to your infants. When bonding is delayed, it can be “made up” through hands-on parenting in the NICU.

Therapeutic handling. Proper handling of tiny babies can enhance and encourage relaxation, improve digestion, facilitate the development of head control and more. The staff will guide parents in proper techniques.

Kangaroo care. This places the infant skin-to-skin with the parent. The baby sees, hears, smells and touches his parent while his temperature is monitored on a regular basis. Studies indicate this technique may lower infection rates and hasten discharge times.

Nutrition. Feeding can be a complex challenge with high-risk infants. Depending on weight and condition, NICU infants may require intravenous, tube feedings (stomach or nasal) to provide sufficient caloric intake.

Weight gain. Feedings, by any method, must begin as soon as possible. Babies are weighed daily, and more often, if they have fluid imbalances.

Temperature control. A constant temperature is necessary for survival and is handled aggressively in the NICU.

Oxygen therapy. When infants are on oxygen, they are monitored very closely, administered blood tests and may require continuous readings, including transcutaneous monitoring or pulse oximetry. These methods measure babies’ levels of oxygen saturation in the blood.

Pain management. By 24 weeks’ gestation, the body processes that allow painful impulses to be transmitted are completed.

Medication and non-pharmacological measures, such as comfort measures and positioning, can help manage pain.

Monitors and machines. The electronic eyes of the NICU watch heart rate, blood pressure and breathing, as well as equipment function. Never to take the place of constant attention, monitors are necessary but should be viewed only as part of the landscape.

Ultrasound. Ultrasound is a non-invasive, fast, painless diagnostic tool used to investigate clinical problems.

Ventilators. The use of ventilators revolutionized the NICU. They provide oxygen and assistance with breathing or may actually breathe for the baby. A tube is placed in the baby’s nose or mouth, or through the trachea (windpipe). ♡

—Cheryle G. Levitt, R.N., M.S.N.

Co-bedding in the NICU

For twins, there is a natural attachment and only a sibling’s presence can provide substantial comfort and security. Co-bedding can offer incredible stress-reducing therapy in times of crisis. Some observed benefits to co-bedding include:

- Better heart rate and lower oxygen requirements
- Co-regulation of vital signs and body temperature
- Improved physical growth and motor development
- Shorter length of hospital stay
- Decreased hospital readmissions
- Enhanced parent-infant bonding
- Easier transition to home

More NICU articles

TWINS Magazine publishes many stories on life in the NICU and preemie twins. Among them are:

- “23-week twins Georgia state record,” by Clay Owens, *Special Miracles*, July/August 2004
- “Easing the Pain of Tiny Patients,” by Sheree Geyer, *March/April 2002*
- “The Emotional Toll of Premies,” by Jennifer Reising, *July/August 2003*

To download copies of these and other stories, visit www.TwinsMagazine.com

HELP! I Need Somebody

An Australian study found that caring for newborn triplets and all of their needs—laundry, feedings, baths, diapering, etc.—required 184 hours of work per week (twins about 125 hours per week). The problem is, a week has only 168 hours.

How much help you need when you first come home with multiples depends on a variety of circumstances: the gestational age of your babies at birth, the number of babies, the flexibility of Dad's work schedule, your health and how much you are able to organize your home for babies before delivery.

You could use some help for at least a couple of months. The secret to finding good help is having a detailed list of tasks and learning to feel comfortable delegating. And never turn down an offer of help. Maybe they would like to help with laundry, care for the baby, grocery shop



EDEN, EMMA AND ERIN, AGE 4 1/2 MONTHS.

or watch older siblings. If you have a friend who is great at organizing, you can ask her to arrange your help. It is very helpful to have one person who is willing to coordinate the efforts.

Think about all of the groups you are involved with—places of worship, coworkers, sports teams—and let people know you'd appreciate whatever help they are comfortable providing.

If you don't have willing volunteers for the first few weeks, find a professional postpartum doula, preferably one who specializes in multiples. Usually doula services are less expensive than nursing

FINDING HELP

How volunteers can help you

- Help with feeding time
- Bathe babies or older children
- Cook meals
- Clean house
- Play with older children
- Take older children to school
- Go to doctor's visits with you
- Watch babies while you rest or play with older children
- Shop for groceries
- Run errands
- Change sheets; wash laundry and diapers

care; however, if one of your multiples has a health problem that requires in-home nursing care, insurance may cover the expense. ♥

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Welcome Home

Bringing home twins marks the start of a new lifestyle... full of questions, challenges and joy.

Freeze meals—casseroles are good. Other easy meals are salads, soups, sandwiches or even pancakes for dinner. Also, have your

local grocery and restaurant delivery phone numbers handy.

Along with baby items, ask for gifts such as meals for your freezer or a gift certificate for housecleaning or a postpartum massage, or for a donation to a doula fund.

Stock your home with nonperishables. Paper plates, cups, and plastic utensils will give you a break from dishwashing.

Lower your housecleaning standards during postpartum. Rest and getting to know your babies should be the priorities.

Clean out clutter. Organize your house so items are near where you use them. Use a laundry basket system that allows you to sort dirty clothes right when you take them off.

Wash baby clothes in advance (they can contain chemicals that irritate baby's skin), but don't wash everything. You probably have more infant clothes than your babies will ever wear, so set some of them aside to exchange for bigger clothes or a store credit.

Set up diaper changing and baby feeding areas on every floor of your house so you're not running up and down the stairs all day. Some nice items for a feeding area are burp cloths, a water bottle, a breastfeeding pillow for nursing moms, books, a journal and whatever "comforts" you will need while you feed your babies.

Plan to sleep

Don't underestimate the power of sleep deprivation. Feeding and caring for newborns is an around-the-clock job. Newborns eat every two to three hours, yet

adults need a seven- to nine-hour stretch of sleep to function well.

Sleep deprivation increases your levels of cortisol, a stress hormone. This leads to feelings of hopelessness and a shorter fuse. The old advice of sleeping whenever your babies do is crucial. Although you may have a hundred things to do, your body needs to rest to make up for the lack of night sleep. This is especially important for the new mom's recovery from childbirth. Don't hesitate to ask others to come over and watch your babies while you nap.

Once breastfeeding is well established or if you are formula-feeding, consider letting someone else handle some nighttime feedings. Start looking for ways that each parent can get at least a five-hour chunk of sleep—the amount required to get your body into a restful state. Maybe you and your partner can split the night in half. Some couples even trade off whole nights. Sure, when it's your night it's exhausting, but at least you know that half of the time you will get a full night's sleep.

Limit visitors

Spread out your visitors and help as much as possible. Maybe dad is home for two weeks to help and then, after that, grandma comes. It's OK to set a time limit on visits or say that you won't be having visitors at all until after a certain number of weeks. Answering the door in your bathrobe also gets the message across quickly that you're too tired for socializing. This is your postpartum experience so do what's best for your family.

A happy "babymoon"

Having a postpartum plan in place helps bring relief to what might be a stressful time. Later, you can recall a wonderful 'babymoon.' ♡

—Melanie Bowden



When you first gaze upon your newborns' faces, you see the most beautiful, wonderfully made miracles in the world. They've spent months preparing for their debut. Researchers now know that brain development begins in utero. Before birth, babies are sensitive to light, sounds and temperature changes—and they've been sucking their thumbs for weeks. Even the twin bond begins in utero. Ultrasounds have shown them with limbs entwined, hugging each other in the womb.

As you look at them and think how fragile and tiny they are, remember how tough they had to be to make it into this world. Nonetheless, caring for twins in the first days can be perplexing, exhausting and stressful. Some parents call it "twinshock." The good news is you can prepare.

Your postpartum plan

It helps to develop a postpartum plan in writing. Think of contingencies and alternative solutions. In the fog of sleep deprivation and the bliss of motherhood, an unwelcome surprise can be difficult to manage. In her book, *Mothering the New Mother* (Newmarket Press, 2000), author Sally Placksin suggests a list of phone numbers to have on hand postpartum: a lactation consultant, new parents' support group, housecleaner, friends and neighbors who have offered to help.

Clean and organize

Do as much as you can in advance of the birth to reduce your household workload.

Getting out *and about*

Once you've brought your twins home from the hospital you may wonder if you'll ever leave the house again. When "twinshock" wears off, you'll find yourself on the go again, and this time, with your twins.

WHEN YOU FIRST GO OUT

Most sling carriers have a minimum weight requirement so you may have to hold off using them until your children gain some weight. Carrying small, new twins in heavy car seats is difficult: Give yourself plenty of time and bring a friend. As your twins get older, you'll be able to go about on your own.

THE DIAPER BAG

The most important thing is to not over pack. Remember that you're going out for a few hours, not on a safari.

- Wipes and diapers
- "Toxic waste" bag
- A few plastic baggies

- Damp washcloth in a plastic bag
- Ointment
- Pacifiers
- A small spray bottle of water to cool things off on hot summer days
- Infant Tylenol (for teething woes)
- Change of fresh clothing and fresh blanket for each child
- Bottles of formula (insulated)

Make it a policy to reload your diaper bag as soon as you get home from a trip then you'll have no worries about getting out the door the next time.

SHOPPING WITH BABY TWINS

I personally swear by the Gemini carriers made by Maxi Mom. They're made of soft, study fabric that pack well and allow you to carry your children right on you: Both can be in the front or one in the front and one in back. Most shopping carts have a baby scoop, but they are only for little ones who can sit up on their own.

PLANNING FOR SURVIVAL

Did you really think that you would be able to just zip in and buy your groceries in a half-hour? My rule of thumb is to add 30 minutes to every stop I make on an outing. You will be approached by everyone, from twins to people who knew twins to people who are overwhelmed by the beauty of your children. It will be wearing, but try to submit gracefully. You will quickly learn short responses to common questions.

And finally, ask for help! If you can't reach something safely or if you need to respond to a crisis, find the nearest mother (one who's not overwhelmed herself) and ask for help. Chances are that she remembers what it was like and would be happy to give you a hand.

The benefits of moving about with twins far outnumber the difficulties. Enjoy your independence, enjoy the many compliments you'll receive, but most of all, enjoy your twins. ♡

—Claire Cundiff



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Breastfeeding your twins

by Christine Bradley

Several months ago, at the start of a prenatal breastfeeding class for mothers of multiples, I asked mothers to give me a list of some of their biggest questions about breastfeeding their babies.

“Questions? I’m just terrified!” replied one mother.

“I’m only here because my friend dragged me,” responded another. “There’s no way I’m going to be able to breastfeed my twins. I had a cousin who had twins and she had to switch to formula by the fourth day.”

In this class of seven, five moms were able to breastfeed their babies exclusively for at least six months. One mom who decided to switch to formula after one month called me frantically asking me how she could re-lactate: “I just don’t have time to prepare 20 bottles of formula a day. I’m going crazy. Please help me get my milk supply back!” Only one mother chose not to breastfeed her babies. All of my clients who breastfed their multiples agree: Breastfeeding is worth it!

While breastfeeding twins can sometimes be a challenge, there are far more rewards than drawbacks.

Why should I go through the trouble of trying to breastfeed?

First, relax! If you keep an open mind about feeding your babies, you may find that it is no trouble at all. In fact, in addition to the amazing plethora of health benefits that breastfeeding offers, mothers of twins report many other pluses.

- Breastfeeding saves time. Breastfeeding moms save eight to 10 hours a week, especially when twins are simultaneously breastfed, because they don’t have to prepare bottles, shop for formula and care for sick babies as often (breastfed babies have stronger immune systems). And, moms who co-sleep with their



babies may not have to get up at night to nurse, gaining valuable time for sleep.

- Breastfeeding moms are more relaxed. Prolactin, a hormone released during breastfeeding, has a very calming natural effect on the mother. This comes in handy when you have two or more little ones. And since you can feed on command, you can satisfy your babies immediately instead of having two babies scream while you heat up formula.
- Breastfeeding saves money. Breastfeeding twins for one year saves about \$2,000 on formula costs alone. This does not include costs for bottles, artificial nipples, sterilizing and extra visits to the doctor.
- Your breastmilk is custom-made to suit your babies’ needs. Twins are more likely than singletons to be born prematurely. Premies have very specific healthcare needs: They have less-developed immune systems and need to gain weight rapidly. When you deliver pre-term babies, your breasts compensate. Colostrum—a thick, clear yellow substance that your breasts produce throughout your pregnancy and during the first few days after birth until your milk comes in—is packed with nutrients and immunities, and this is especially true for mothers of pre-term babies. Even after mature milk comes in, mothers of multiples often produce milk that is richer in fat, protein and immunities than that of their singleton counterparts. Try finding a formula that will change its nutritional content daily

to meet your babies’ needs!

- Breastfeeding promotes bonding. Mothers of twins are more prone to postpartum depression. But postpartum depression does not occur as frequently among breastfeeding mothers and this can help strengthen the bond between a mother and her babies.

Will I really be able to make that much milk?

Yes! The most common problem I see as a lactation consultant is a lack of confidence in milk supply. For some reason, many people are told by friends and occasionally even well-intentioned healthcare professionals that they won’t have enough milk. Very rarely is this the case. While it may be difficult for mothers who have had breast surgeries prior to nursing or mothers on certain medications or in other special circumstances to produce a full milk supply, most mothers are fully capable of producing more than enough milk for their twins or even triplets. Watch your babies for signs that they are getting enough milk—six to eight wet and three to four dirty diapers each day, weight gain and no dehydration. As long as they are healthy, your milk supply is probably plentiful.

Make sure you are getting adequate nutrition. Lactating women need about 500 extra calories per day per baby. Keep nutritious snacks handy to meet your increased caloric demands. This is very important: Don’t judge your milk supply by how much you pump. Babies are much more efficient nursers than breastpumps. Remember that breastmilk is a supply-and-demand system. The more often you nurse, the more milk you will produce. If you go for long periods without nursing or pumping and find yourself frequently engorged, your milk supply will go down. Also, if you introduce formula or other supplements, your milk

supply will go down because your babies are not nursing as often.

How do I hold two at once?

Many positioning techniques work for mothers of multiples. Sometimes, especially in the early days, moms nurse one baby at a time, just to get used to proper latch-on and also to be able to have special time alone with each baby. Most moms, however, tell me that it saves time and is easier to learn how to nurse both babies at once. Experiment with various holds to find what works for you and your babies. I highly recommend attending a local La Leche League meeting or twins support group where you can watch other moms of multiples nurse their babies.

I have found that using regular pillows works just fine. Have lots of pillows handy to help position your babies and get comfortable.

- **Criss-cross cradle.** Both babies are cradled with their necks in the crooks of mom's arms. One's body is behind the other and

they are snuggled close in an "X" shape. Make sure that both their bodies are facing yours. Twin moms have a tendency to develop sore nipples because babies may "hang" on the nipple when their bodies lean toward the ceiling instead of mom.

- **Double football hold.** Both babies lie at their mother's sides and her hands support their heads. This is a very popular hold for mothers of twins because they are so much more likely to have had a Caesarean-section and there is no pressure on the abdomen with this hold. This also gives moms a little more control, especially if they are large-breasted or their babies have a difficult time latching on.
- **Cradle and football.** One baby is in the football hold and another is in the cradle hold.

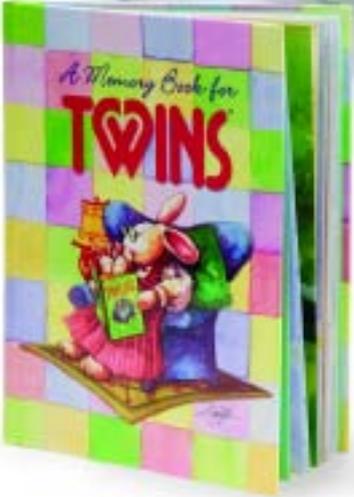
No matter how you choose to feed your babies, good health and overall well being should be your number one concern. Don't sweat the small stuff and enjoy this precious time you have with your babies! ♡

—Christine Bradley, C.L.E.

Tips for successfully nursing multiples

- Have an open attitude.
- Have faith in your milk supply.
- Avoid introducing artificial nipples and pacifiers, as this can cause nipple confusion and make it difficult for babies to latch on.
- Take breastfeeding classes or find a good lactation consultant before your babies arrive.
- Visit with your lactation consultant shortly after your babies arrive to make sure feedings are going well.
- Attend La Leche League meetings.
- Read as much material on breastfeeding multiples as possible.
- Find other mothers of multiples in your community and ask them about their breastfeeding experiences.
- Get lots of support! Enlist your husband, mother, neighbors and friends to help with housework and cooking so that you can spend your time with your babies.

Brad and Jake, 3 days old

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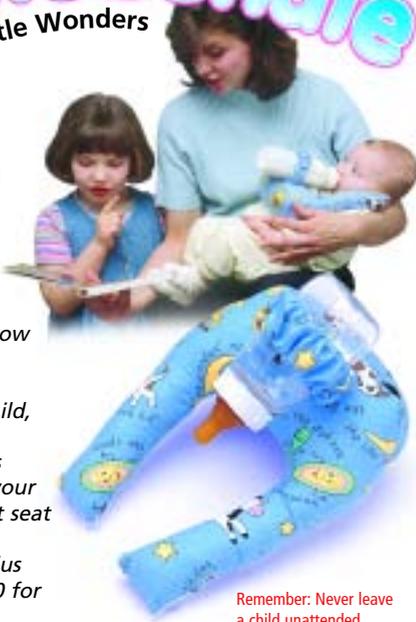
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Pumping primer



Why you pump determines what pump you need. Having a good electric pump handy is great for mothers of twins, even if they do not work outside the home. If you want to initiate or increase supply, pump exclusively for preemies, or want to maintain supply for long absences—such as full-time work—then a hospital-grade rental pump is essential. Some mothers, however, never use their pumps because it is just as time-consuming to pump and much more enjoyable to nurse their babies. Investing in at least a good-quality hand pump is great for occasional pumping so that your babies can be fed breastmilk while you take an evening off or go run errands.

When evaluating a pump's features, look first for ease-of-use. And be sure to check out types of power sources, portability, noise level, ease of cleaning, efficiency of the pump, flexibility in suction and cycling levels, and the collection system. Read reviews, ask friends and lactation consultants.

Many moms of twins prefer double-sided pumping for efficiency and because their letdown is usually trained for simultaneous nursing. If you are nursing one baby and pumping for the other, you may pump one side while nursing on the other side. If, despite your best efforts, you have problems pumping, then it may be that all you need is a different pump. ♡

—Trina Lambert

Expressing Milk for Preemies

- Begin regular pumping within a few hours of giving birth
- Stick to a schedule of pumping every two-to-three hours (with one break at night) to build and maintain your supply (Short, frequent sessions are better than long, infrequent sessions)
- Select a quiet, private place with comfortable seating
- Take care of yourself through proper eating, drinking lots of fluids and resting
- Relax with deep breathing, massage, hot compresses, mental exercises and music
- Connect with your babies by keeping their pictures or objects with their scents at your side
- Surround yourself with supporting family and friends
- Once your babies are ready to start breastfeeding, ask their nurses to make sure the babies are introduced to nursing from your breast before being given a bottle nipple.
- When starting to breastfeed preemies, begin with one at a time.
- Be sure to pump for a few minutes first. This not only keeps them from getting too much milk, it ensures that the milk is readily available and is the calorie-rich hind milk.

—Margann Duke, M.S., C.P.C., and Trina Lambert

Bottle babies

Feeding is one of the first ways you interact with your newborns. It's a time for nurturing, cuddling and getting to know each other. Babies will benefit most when you are relaxed and comfortable with the feeding method you have chosen.

For a variety of reasons, many mothers elect to bottle feed. One of your first considerations is what kind of bottles and nipples will work best for your babies. Select a formula with the help of your pediatrician. Today's commercial products come in ready-to-feed liquid, liquid concentrate and powdered form. Most formulas are iron-fortified.

Using bottles offers the opportunity for fathers, siblings or grandparents to feed the babies. Feeding time is the perfect time for you to talk to your babies and enjoy the closeness. ♡



HELPFUL HINT

When twins are on different formulas, wrap a rubber band around one bottle. During night feedings or times when you are particularly tired or stressed, you won't grab the wrong bottle. For safety reasons, don't do this for an older baby who could remove the rubber band.

BOTTLE FEEDING TIPS

- Always wash your hands before preparing formula.
- Thoroughly wash all feeding equipment.
- Carefully check expiration dates of formula.
- Refrigerate prepared bottles until you use them.
- Don't use leftover formula.
- Replace nipples that become hard or stiff.
- Hold the bottle at a 45-degree angle for a steady flow of milk.
- Don't allow babies to sleep with bottles and never prop a bottle.
- Burp after 2 ounces or when baby becomes disinterested in continuing to feed, and then offer the bottle again.
- You may need to stop feeding one baby to burp the other. Be prepared for a screaming baby, although a pacifier may work in a pinch. Some parents briefly prop one twin's bottle while burping the other.
- Use simple charts to track eating patterns for your doctor or for planning purposes, but don't worry if your babies occasionally share a bottle.
- When babies are born early, a mother's breastmilk is naturally formulated for the needs of preterm infants. Formula also comes especially made for these infants. Your pediatrician will recommend such a formula, if necessary, as well as advise you on how long to provide the special formula for your babies.



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The early days



Fontanelles. All babies have two soft spots on their heads—one near the crown and a smaller one toward the back—that are covered with a tough membrane. The smaller soft spot closes by 4 months and the larger one by 18 months as the bones knit together.

Forceps marks. When forceps are used in a delivery, they leave marks that should disappear after a few days.

Umbilical cords. The stump usually falls off within three weeks. Sponge-bathe your babies until then. Alert a pediatrician if you see pus or redness at the base of the cord.

Thumb sucking. Almost all newborns suck their thumbs or clenched fists, but it is simply by accident until they are about 2 months old.

Crying. Babies cry—it's the way they communicate. Babies cry for a reason, and it's not always hunger. Because they have immature temperature regulators, they may need to be swaddled in a blanket or have some clothes removed. Or the crying itself may startle your infant, causing him to step up the crying. Twins can startle each other, and the chorus escalates until you calm them. (You'll come to recognize each twin's individual style.) To break the crying cycle, firmly hold an arm or leg until your baby settles down. You cannot spoil an infant with too much holding or too much attention. Don't try to maintain a library-like hush in your home. Let your twins become accustomed to noise and each other's crying so that they will sleep more soundly later.

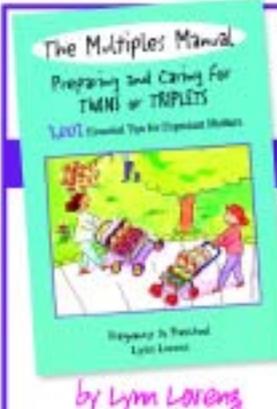
Weight loss. Your baby's birth weight includes excess body fluid that is lost during the first few days. Most babies lose about one-tenth of their birth weight in the first five days and regain it with-

in the next five. Newborns typically gain an average of about two-thirds of an ounce a day. At about seven to 10 days they have their first growth spurt.

Jerks and reflexes. The most obvious reflexes in infants are rooting, sucking and bringing their fists to their mouths. They also have certain reflex postures and grasps that they outgrow by the age of one. Jerky movements are normal and gradually evolve over the first month or so to become swimming- or cycling-like motions.

Time for attachment. Bonding at birth is not as critical as once believed. The attachment relationship progresses along with an infant's development of the senses, emotions and intelligence. Although your infants will snuggle with just about anyone who picks them up during the first month, they can identify your voice. Infant twins observed at the Louisville Twin Study program led researchers to believe that being a twin may buffer the type and degree of upset infants feel when their mother leaves. Clearly, infant twins provide support to each other. Although the twin bond is strong, it is not unusual for infants within a twin pair to differ from each other in their reactions to their mother's departure and return.

Immunizations. There may be an easy and inexpensive way to make shots less painful: Hold your babies. Infants receiving their 2-month immunizations who were given a bottle containing a sugar-water mixture two minutes before injections and then held by a parent and given a bottle or pacifier during the injections cried for two-thirds less time than infants who were placed on the examination table for the injections. ♥



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Protecting Your Child from RSV

Respiratory Syncytial Virus (RSV) is one of the most troublesome viruses in the pediatric infectious disease world and especially dangerous for children under age 2. Highly contagious, RSV poses a serious threat to multiples. Because many multiples are born prematurely, they are at special risk for a more virulent course.

RSV attacks the respiratory system and is easily transmitted through direct contact with the secretions of an infected infant via the hands of well-meaning caregivers and parents. It is a real problem in day care centers, in home care and among family members.

Originally thought to survive in the body for only a few days, RSV is actually believed to be a hit-and-hide virus because it can survive for many months or even years, perhaps causing long-term health effects, such as lung damage. Experts say that long after symptoms have disappeared the virus can hide, waiting for an opportunity to re-emerge. The dormant nature could explain the prolonged wheezing in children who have "recovered" from RSV and the seasonal reappearance of the outbreaks.

Symptoms are generally mild—cough, clear runny nose, low grade fever, irritability, decreased appetite and congestion. In

children under 1 year of age, however, the virus can present with high fever, lethargy, significant wheezing, respiratory distress and a complete loss of appetite. In severe cases, infants may experience extreme lethargy, very rapid and heaving respirations and audible wheezes on expiration and dehydration. Premies who become very ill are often hospitalized, placed on oxygen and receive IV therapy for one to several days.

Perhaps the major factor in the declining rate of hospitalization may be the use of the preventive therapy palivizumab, marketed as Synagis. Typically reserved for at-risk infants, the drug is given as a series of injections (usually five) throughout the fall and winter when RSV peaks.

Insurance often pays for the injections, which can cost \$1,000 each, but the cost of one hospitalization can reach \$70,000.

What do you do if you suspect that your baby may be coming down with RSV? Trust your instincts. If your child refuses to eat or drink, looks pale, is clearly struggling to breathe with a rapid respiratory rate and wheezing expirations, has a very high temperature that is difficult to control, shows signs of dehydration and is so lethargic that you are having trouble arousing him for feedings, call your pedi-



MARIA ALEJANDRA AND MARIA ISABEL, AGE 15 DAYS

Protecting Multiples

- During the winter season, avoid exposing infants and toddlers to anyone who has a significant cold.
- Insist on frequent hand washing by all who handle your babies.
- Be scrupulous about the cleaning of hard surfaces at home and in daycare centers.
- Call your physician if your child has a cold that seems "out of the ordinary."
- Watch for wheezing, blueness, uncontrollable coughing and extreme lethargy.
- Some parents of multiples avoid taking their babies to stores and malls during their first RSV season.

atrician immediately. Even gray-zone symptoms that you are not sure about should be checked out with your doctor, especially if your child was born prematurely and is under 1.

The most important message about RSV is wash your hands... and make sure everyone around your babies washes their hands. ♥

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The TWINBOND



JILL AND VICTORIA, AGE 1 MONTH

...the relationship between them will shape their lives right from the start.

Congratulations! Welcome to the grand adventure of twin care. If you're anything like the rest of us parents who have given birth to multiples, it's likely that you have little on your mind but survival—the babies' and your own. You did all you could to maintain a healthy pregnancy. As family and friends help you accomplish the practical things on your to-do list, you will begin to feel more in control. Your worries will fade a little and you will begin to imagine what life will be like for your babies who are born together.

“How will I bond with both or all of my babies at once?” you may wonder. This is a natural concern, for we know that newborns need loving attention in order to thrive. The truth is you can indeed bond with two or more, but the process will be a little different from bonding with one. Perhaps your experience won't meet your expectations of falling equally in love with each of the babies on day one. More than likely, you first will bond with the group. In the early foggy days you put one foot in front of the other to meet their needs. One mother recalled, “Our life was a marathon of feeding, changing, burping, walking the floor, then starting all over again. Some days I couldn't remember which baby had been fed and which one still needed his bath.”

Gradually, through the haze of your daily routines, you begin to pick up the clues that each baby gives you about who they are and what they need. Harry may need to be walked for 15 minutes to settle him down after every feeding. Roger, on the other hand, may fall asleep while nursing and need to have his feet tickled to keep him awake. As you respond to each baby's individual needs, you learn more about each other and your connections will deepen.

But supposing one or more of the babies has to stay in the hospital longer than the other? How can you bond when

your heart is stretched between the baby in the nursery at home and the one in the hospital? One dad explained, “We did our best to give each baby what he needed. We worried day and night about Andy in the hospital. We took turns visiting him and caring for Charlie at home. My mother came and helped with Charlie, too, so that Anne and I could visit Andy together sometimes. Knowing that Charlie was in good hands was a terrific relief.”

You will have plenty of time to get better acquainted when everyone comes home from the hospital. Remember that bonding is not a single event; it is a process. And you can take heart from the adage that “all good things take time.”

Keep in mind, too, the benefits the babies gain from their relationship. They have already bonded with each other in the womb. Research is beginning to produce evidence that newborn twins are a comfort to each other. The presence of one even can improve the other's health. You may be able to tap this resource by arranging to bring the well baby for a visit with his or her twin in the hospital.

Whether your babies come home together or separately, the relationship between them will shape their lives right from the start. They are individuals born as a team. They will grow up with a strong relationship to the other team members. Their bond brings with it life-enhancing possibilities seldom enjoyed by singletons. Soon they will light up with joy at the sight of each other. Their daily companionship during early childhood lays the foundation for lifelong camaraderie. Even pairs who have a feisty relationship will come to each other's defense when another child tries to take

away a toy or a stranger is critical of one.

Their close connection also challenges common notions regarding the individuation process. Since they come into the world in a relationship with each other, they will experience and relate to you and the rest of their family both as individuals and as members of their team. They share many early experiences as a team, yet they have their own perception of those experiences. You will soon discover that they are not “two little bookends,” as one mother imagined her girls would be.

The way parents respond to this reality affects the way multiples see themselves and it affects the way others relate to them, too. Think through the ways in which you will help yourself and others identify each child as an individual. People will have no trouble seeing the babies as a group!

As you experience your babies' different personalities, they will teach you about themselves by the ways they respond to you and their environment. One may be content to snuggle and sleep for long periods. Another may be wide-eyed and curious, following everything that goes on in the household. You may be surprised and amazed to find that although you are the one nurturing and caring for them, they are the ones leading the way. ♡

—Patricia Malmstrom

DEVELOPMENTAL GUIDELINES

PHYSICAL

MONTH 1

- Head flops back if unsupported
- Strong reflex movements
- Startles unexpectedly (Moro reflex)

MONTH 2

- Lifts head 45 degrees
- Jerky reflexes begin to smooth out
- Holds object for a few seconds
- Bats hands at objects

MONTH 3

- Raises head and chest when lying on stomach
- Tracks moving object from side to side
- Opens and closes hands

MONTH 4

- Lifts head to 90 degrees
- Supports upper body with arms briefly when lying on stomach
- Rolls over one way
- Grasps a rattle or slim object

MONTH 5

- Keeps head steady when held upright
- Guides dangling toys to mouth
- Sucks toes

MONTH 6

- Sits alone briefly
- Turns head in both directions
- Wants to feed self and play with food

MONTH 7

- Sits without support
- Rolls over in both directions
- Rocks on hands and knees
- May crawl

MONTH 8

- Sits alone for several minutes
- Picks up small objects
- Crawls forward or backward
- Stands while holding onto something

MONTH 9

- Pulls to sitting position from stomach
- Pulls up from sitting to standing
- Begins to climb

MONTH 10

- Walks around furniture
- Sits from upright position
- Can carry small objects in one hand
- "Dances" to music

MONTH 11

- Achieves better balance
- Squats and stoops
- May stand on tiptoes
- Tastes everything
- Fits small objects inside larger ones

MONTH 12

- Crawls up and down stairs
- Stands alone
- May walk, or try to walk
- May climb out of crib

These developmental markers are only a guide. From reflex movements to controlled, intentional movement and the emergence of social skills, all infants develop at their own pace. If your multiples were born prematurely, check the premie gestational age adjustment chart on page 8.

SOCIAL

MONTH 1

- "Molds" to person holding him
- Focuses on a face, within vision range of 8 to 12 inches
- Makes eye contact

MONTH 2

- Responds with smiles
- Soothes self with sucking
- Responds to voices and people who hold and play with him

MONTH 3

- Responds to play with laughs and squeals; may cry when play stops
- Distinguishes parents and other family

MONTH 4

- May smile at reflection in mirror
- Makes more effort to self-soothe
- Smiles and gurgles to get attention

MONTH 5

- Vocalizes more to gain attention
- Responds to others' expressions of emotions

MONTH 6

- Expresses pleasure and displeasure
- May have separation anxiety from mother
- May react negatively to strangers
- Recognizes own name

MONTH 7

- Shows sense of humor
- Becomes more socially oriented

MONTH 8

- Demands attention
- Pushes away unwanted objects or food
- Smiles at own image in mirror

MONTH 9

- May cry simply because twin is crying
- Likes to perform to an audience
- Wants to play near mother

MONTH 10

- Likes to play peekaboo
- Enjoys social interaction and attention
- Becomes more self-aware
- Displays moods

MONTH 11

- Indicates wants by gestures and sounds
- Seeks approval but may be stubborn
- Likes to roll a ball
- Learns meaning of "no"

MONTH 12

- Displays affection on own initiative
- Throws temper tantrums
- May become a picky eater

COGNITIVE

MONTH 1

- Prefers black-and-white or high-contrast patterns
- Prefers human face to all other patterns
- Turns head toward familiar sounds and voices

MONTH 2

- Anticipates objects or activities and shows excitement
- May begin to differentiate voices, people, tastes and objects

MONTH 3

- Follows moving objects
- Studies own hands

MONTH 4

- Makes consonant sounds
- Reaches for objects
- Responds to music
- Begins to display memory

MONTH 5

- Imitates sounds: vowels and a few consonants
- Looks for fallen objects
- Evaluates new environments

MONTH 6

- Combines sounds
- Studies and compares objects

MONTH 7

- Says "Mama" and "Dada"
- Waves bye-bye

MONTH 8

- Claps hands and plays patty-cake
- Remembers past events, people or objects when out of sight

MONTH 9

- Begins to use objects (telephone, hairbrush) appropriately
- Finds hidden objects easily

MONTH 10

- Babbles and chatters
- Imitates gestures, facial expressions and sounds
- Follows simple instructions
- Likes to discover contents of drawers, purses, boxes, etc.

MONTH 11

- Says a few words, other than "Mama" and "Dada"
- Drinks from a cup without assistance
- Links words with objects

MONTH 12

- Tries to imitate words
- Identifies animals and objects in picture books
- Recalls objects and people for longer periods of time

CRADLE CAP: Solutions to itching



Two forms of the common, non-contagious skin condition eczema that affects more than 5 million children in America are Infantile Seborreic Dermatitis (cradle cap) and Atopic Dermatitis. According to Dr. Marta Rendon, a dermatologist with the Cleveland Clinic Florida, cradle cap primarily affects babies under 1 year of age and spreads quickly from the scalp or face. Although characterized by red, flaky skin, this non-hereditary condition does not cause itching. Atopic Dermatitis, however, is believed to be hereditary and is linked with asthma and hayfever. It manifests itself over the child's entire body as small, oozing blisters and thickening or scaling of the skin with severe itching. The condition may worsen when children scratch their skin with dirty fingernails.

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If your twins suffer from eczema, use a topical medication such as Exorex Eczema Gentle Formula.

To learn about treatment options for eczema and to receive counseling and emotional support if your twins suffer from eczema, call the toll-free National Psoriasis/Eczema Helpline (888-3-EXOREX). ♡

Dr. Rendon suggests the following tips to maintain healthy skin:

- Apply unscented, hypo-allergenic moisturizer whenever possible, especially after washing.
- Avoid hot water, which dries the skin. Warm or tepid water is best.
- Avoid harsh soaps that remove oils from the skin. Opt instead for a mild soap with a moisturizer.
- Pat skin after washing; never rub.
- Double rinse machine-washed clothing and bedding and avoid fabric softeners, which may irritate skin.
- Switch to 100% cotton clothing, bedding and towels.
- Keep your twins' fingernails clipped and sanitary.

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TWINS Double Delight

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Sleeping through the night likely is related to biological maturation of the central nervous system. The hypothalamus acts as a control center for regulating a number of biological processes, including the cycle of sleep and wakefulness. Infants who have endured problems during pregnancy or delivery may be delayed in this maturing process.

One study of infant twins indicated that when there were large birth weight differences (more than 1 pound) within twin pairs, the smaller twin at birth was more likely to have sleeping problems, including repeatedly waking up at night, throughout infancy. And, when one or both twins are quite premature, parents might expect night awakenings to occur into late infancy.

Individual infants seem to develop their own pattern of the frequency and duration of sleep. The best evidence suggests that these individual patterns are somewhat influenced genetically because the patterns for identical twin pairs are more similar than those for fraternal twin pairs.

Nonetheless, some identical twin pairs differ in their nightly sleep patterns. Therefore, factors other than genetics must contribute to the development of sleeping through the night. A number of studies have ruled out age, being bottle or breastfed, feeding schedule, introduc-

SLEEPING *through the* NIGHT

don't know day from night. By about 3 months for term infants, and about 6 months, for premature infants, the stages become delineated and synchronized with night as their nervous system matures. It is at this point that babies can be expected to sleep through the night.



MICHAEL AND KATIE, AGE 6 MONTHS

tion of solid foods, teething, length of naps or sleeping positions. Recent information suggests that sleeping habits in the first six months of life are inherent in each infant's individual style of behavior.

During the first few months of life, an infant sleeps about 16 out of 24 hours, but the stages of sleep—active or rapid eye movement (REM) sleep and quiet or non-REM sleep—can be blurred. The move from non-REM sleep to REM sleep is not seamless and involves a period of arousal at the point of transition. Just after birth and for the first weeks, babies

A sleep-inducing environment

Research has shown positive effects for newborn twins placed in the same warmer or crib. For the first weeks, it may be comforting for your children to sleep together. As they get bigger and more active, you will have to decide if they may sleep better in their own cribs. ♥

Contributing to this article were Richard Leonard, M.D., F.A.A.P., of Phoenix, Ariz., a pediatrician and the father of twin girls, and Adam P. Matheny Jr., Ph.D., a professor of pediatrics at the University of Louisville School of Medicine, Louisville, Ky. He is the retired director of the Louisville Twin Study.

sleep tips

From the early days, it is important to try to synchronize your twins' sleep schedule. If one wakes to eat, wake the other. If your twins sleep at the same time, you can grab some shut-eye. If their sleep schedules are staggered, you may begin to feel like your sleep deprivation qualifies for the Guinness Book of World Records. Sometimes babies need a little extra help to calm down and sleep.

Learn methods to soothe a crying baby. In his book, *The Happiest Baby on the Block: The New Way to Calm Crying and Help Your Baby Sleep Longer*, (Bantam, 2002), author Harvey Karp outlines the 5-S method for calming a baby. Mothers say it really works. In order **the 5-S steps** are:

- **Swaddle** the baby
- Hold him in a **side** or **stomach** lying position
- **Shush** loudly in his ear
- **Swing** him from side to side
- And then, give him something to **suck**.

Try it, and your babies may sleep like... well, babies.



CHRIS AND ANNA, AGE 5 DAYS OLD

Newborn NOTES

Some theories suggest colic is caused by an immature digestive or central nervous system. As many as one-fourth of all babies younger than 3 months develop colic at some point. Crying jags may continue for three hours or more, and may take place three or four times a week. Don't lose hope. Colic is a passing phase. It won't affect your babies' long-term health, either.

Babies who cry because of colic don't experience any more pain than those without colic, so don't worry that your babies are suffering if they're colicky. Colicky crying is fairly normal. Babies are hardwired to cry, and some babies are hardwired to do colicky crying. Colicky crying usually tapers off after 8 weeks, disappearing by about 6 months of age.

Change your diet. Avoid certain foods if you breastfeed (dairy, beans, onion, caffeine, cabbage, chocolate) or switch to a hypoallergenic formula if your babies are bottle-fed.

Waiting periods. Try waiting at least 2½ hours between feedings, and limit each feeding to 30 minutes. This might help calm the system. Feed your babies in a calm, quiet spot. This may help your twins sleep longer and cry less.

Swaddle your babies. Flailing arms and legs can start a crying jag. Swaddling works. Wrap your fussy infant in a swaddling blanket to replicate the sensation of being in the womb—this prevents a “startle response” that triggers more crying.

The “colic hold.” Hold your baby face down, supporting him with one arm between his legs. Clasp your hands under his



MICHAEL AND MATTHEW, AGE 3 MONTHS

tummy. The pressure of the babies' own weight puts gentle pressure on his abdominal area.

Back rubs. Lie on your back with baby on your chest; rub your baby's back.

Pacing. Try the old standard: Hold your child and pace the floor.

Music. Play music or sing. Create “white noise” using a background noise machine, a vacuum cleaner, or radio static (this simulates the sound your babies heard while in the uterus).

Change of scene. Go to another part of the house or outdoors to break the cycle of crying.

Driving. The car's motion and hum of the engine soothe some babies.

Swing. Battery-operated swings are great for unhappy babies. ♡

To Pacify... or Not?



The World Health Organization discourages the use of pacifiers, based on the belief that they may interfere with successful breastfeeding.

North American studies have shown that pacifier use may indirectly interfere with continued and exclusive breastfeeding. In these studies, women who introduced the pacifier to their babies' in their first four weeks of life tended to breastfeed their babies less frequently and, as a result, experienced breastfeeding problems related to infrequent feeding. Any decrease in breastfeeding duration is thought to be a consequence of the less frequent feeding.

One of the studies also claimed that a pacifier is not any more effective in calming a fussy infant than rocking, holding or breastfeeding. Therefore, it may be wise to

hold off on offering pacifiers to your babies in the first month. And never give a pacifier to a hungry baby to delay feeding, at any age.

If, after the age of 4 weeks, your babies need to suck longer than adequate nursing provides, a pacifier—or their hands or thumbs—may help.

Be sure to use a pacifier safely. Look for a one-piece pacifier that has a soft nipple and a shield at least 1¼ inches wide that is made of firm plastic and has air holes. (Do not use the nipple from a baby bottle as a pacifier. If the baby sucks hard, the nipple may pop out of the ring and choke him or her.)

Never tie a pacifier around your baby's neck or hand, or to your child's crib. The danger of serious injury or even death is too great. ♡

THE 4 Ss OF Stress

Here's an easy-to-remember four-step stress buster for moms of multiples

Smile.
Smile and make your eyes sparkle.

Slack.
Then, take a deep breath. As you let it out, let your jaw hang slack.

Sag.
Let your shoulders sag.

Smooth.
Let your forehead relax and smooth out.

Repeat.

Does zygosity matter?

Q: *Why does zygosity matter? Isn't it enough to know that my children are twins?*

A: There are two opposite poles of parents' feelings about the zygosity of their twins. Some parents do not think that zygosity matters at all; they really are interested in getting on with their lives and enjoying seeing their twins grow up and have fun. Another group, whom I often meet at parents of twins group meetings, really want to learn more about zygosity and what it may have meant for their twins before they were born and how it may

ZYGOSITY PRIMER

Zygotes—a single cell formed by the joining of a sperm and an egg

Monozygotic twins—formed by the dividing of one (mono-) zygote; MZ; “identical” twins. About 28% of all twin pregnancies in U.S.

Dizygotic twins—formed by the fertilization of two (di-) zygotes; two eggs fertilized by two sperm; DZ; “fraternal” twins. About 72% of all twin pregnancies in U.S. About 30% are boy/girl; 70% are same-sex.

Chorion—placenta and membrane

Monochorionic—one (mono) placenta

Dichorionic—two (di) placentas; about 33% of MZ pairs have truly separate chorionic placentas, like all DZ pairs

Amnion—sac in which fetus develops

Monoamniotic—one (mono) amniotic sac (about 2% of monochorionic, MC, placentas are monoamniotic, MA)

Diamniotic—two (di) amniotic sacs

impact the rest of their lives. I expect there are many parents whose views lie somewhere between those extremes. Judging by the response I get at twins group meetings and in e-mail from my TWINS Magazine articles, many parents want to know more, and find it difficult to sift through the information available in books and journals. Also, much inaccurate information is given to parents, particularly on the basis of ultrasound exams during twin pregnancy.

So, does zygosity matter? Here is a quick summary of why I think it does matter:

Many parents feel foolish when the first question they are asked about their twins is whether they are identical or fraternal (the I- and F-words), and the parents do not know. I can't think of anything worse. It is like not knowing whether your child is a boy or a girl.

Many parents have been given incorrect information during the pregnancy. All two-egg (dizygotic, DZ) twins have one placenta each, so they are dichorionic (DC). The majority of one-egg (monozygotic, MZ) twins have to share a single placenta, and they can develop severe complications such as twin-twin transfusion and lagging growth of one twin. One-third of MZ twins, however, are DC, just like DZ twins. It is very common for parents to be told that their like-sexed DC twins are DZ, and this is not true. Most of them are DZ, but some of them are MZ. This is one of the most common reasons why parents request my help with zygosity testing; they are puzzled because their “fraternal” DC twins look so alike. If newborn twins have significant medical problems, such as cerebral palsy, the causes are different in MC (monochorionic) and DC twins. It is essential that parents know this before they start any discussions with lawyers about possible litigation for financial support of their disabled twin children.

MZ twins can look very different. They are never “identical” and they are sometimes very unlike, especially if they were MC and had very different experiences during pregnancy.

There is some evidence that MZ twins do not become independent as easily as DZ twins. They may need more help with this during development.

Because MZ twins are very similar from a genetic point of view, it is more likely that both twins will get the same minor ailments and major medical problems at some stage in their lives, but not always at the same time. These disorders are wide-ranging and include allergies, mental disorders, diabetes and cancers. For instance, there is a significant possibility that, when one female MZ twin develops breast cancer, her co-twin will also get the disease at some time over the next few years. The same applies to testicular cancer in male MZ twins. If it is true that all diseases respond best if we catch them early, it seems clear that we should monitor co-MZ twins when the other twin has a significant medical problem. The chances that this will happen in DZ twins is much less, because these twins only share about half of their genes in common.

There are dramatic examples where MZ twins have been excellent transplant donors and recipients, with no possibility that the transplanted organ will be rejected. There is no need to use anti-rejection chemotherapy when organs are donated between MZ twins. DZ twins might make quite good matches, but anti-rejection therapy will always be required.

Some of these points may seem a bit grim and serious, but they are within the experience of every professional who helps twins deal with their lives and their biology. Fortunately, most twins do not run into these problems. If I were a parent of twins, I would definitely want to know their zygosity, but not everyone shares this view. ♥

Geoffrey Machin, M.D., Ph.D., an internationally recognized fetal pathologist, has been helping twins and their parents with questions of zygosity for more than 10 years. In that time, more than 300 twin pairs have had their zygosity determined by DNA studies, and almost all of them were MZ. You may e-mail your zygosity questions to him at geoffmachin@shaw.ca

Are they twins?



CAROLINE AND REBECCA, AGE 8 MONTHS

A few months ago while I was shopping I spied a familiar scene. An elderly lady stopped a mother of twins. “Are they twins?” she asked. The tired mom was somewhat rude, giving

each shopping trip is a part of the blessing of being a parent of twins. Here are some ways I dealt with the interruptions.

- ▶ I allowed ample time to get my shopping done.

her a quick answer.

“It’s OK,” I said to the elderly lady. “I’m a mother of twins and it is hard to keep a smile on your face when you haven’t slept in a month.”

I discovered early on that answering dozens of questions with

- ▶ I grinned and accepted the curiosity of others. A smile always made me feel better.
- ▶ I realized that twins are unique and they would draw extra attention.
- ▶ I tried to be courteous and kind when others wanted to share their twin stories. I discovered that everyone is either related to a twin or knows someone who is a twin.

When I felt impatient after being stopped a dozen times, I thanked God for the blessing He gave me. In a lonely world, twins can bring a smile to even the longest face or joy to the saddest heart. ♡

—Nancy. B. Gibbs

Juggling Act...one Mom's story

Most parents agree, feeding multiples is a challenge when you also have other small children. My goal was to keep my singleton son safe and entertained while the twins were feeding. I had to make the space next to me more interesting than the rest of the house for at least 20 minutes per feeding.

Snap/unsnap—Baby sleepers with all those crotch snaps provided great entertainment. He could quickly undo the snaps, but it took lots of time to match the pieces and snap them again.

Quick change—Challenge your toddler to get out of his clothes or jammies and get dressed again. Footed sleepers worked best for us, they took the longest to get on.

Roll/doesn't roll—Put various round and other-shaped items in a plastic container. Tell your child to find the ones that roll and put them in a pile.

Mystery gadget—What could this be? Our honey dipper, garlic press and spatula had their moment in the spotlight. I was often surprised by what my son imagined for each object.

Surprise package—Fill a plastic peanut butter jar with different things: a toy car, playing cards or some blocks. I'd grab familiar toys, but found that he stayed interested longer when at least one item was a surprise. It also took a fair amount of time to get the lid off.

Laundry basket car—My son loved to “drive” the laundry basket. He'd get inside and pretend it was a car. Sometimes he'd drive to Grandma's house or Daddy's office. Other times he'd go to the store for milk or just plain crash the “car” and roll out. When he returned home, he'd tell me all about his trip.

Window watching—Do you see... a school bus, leaf, snow, duck? Ask your child to point these things out if he sees them. Since we had just moved into a new neighborhood, this entertaining activity helped us get acquainted with our surroundings.

Screw and bolt—I'm still amazed at how long my son struggled to put these pieces together and take them apart. Because of the choking hazard, he could practice this only right at my side and then with a large screw and bolt.

“Tell me about...”—My son would name something. We'd talk about how it was made, what people did before they had it, similar products or how it got its name. ♡

—Kay Lynn Isa



What About Me?



Having to compete with twin babies for the time and attention of parents, relatives and friends is not something the average singleton can fully anticipate, even with the best preparation. Sibling rivalry, a nearly universal phenomenon, can reach new heights with multiples. Resentments can erupt in temper tantrums and behavior problems, or simmer out slowly in pouting or teasing. Increased dependency or regression is not uncommon. More covert singletons disguise their feelings by excessive pleasing and helpful endeavors.

You can help singletons understand and deal with the perceived threat of twins.

You need to remind them often of their advantages:

They are older, bigger, more mature and independent. By comparison, twin babies are totally dependent, needing to be fed, bathed and diapered, just as they did when they were babies. Sometimes it helps to point out that since they are older they enjoy many personal, social and educational opportunities. Older siblings can give back to the family by doing chores and possibly earning allowances or special outings.

To minimize the sense of abandonment and to help your singletons feel that they are a continuing and essential part of the family, you might enlist their help in caring for the twins, but try to avoid excessive demands. In fact, sheer practical necessity prompts many moms to do this. Be sure to provide positive verbal feedback for helping; describe it as being a responsible member of the family and “grown-up.”

Talk with your singleton while you do your chores and verbally editorialize: “Talking with just you alone is important to me.” Devoting time to singletons individually reinforces the message that they are important and just as much a part of the family as ever.

Sometimes older singletons will not display their jealousy and aggression toward the twins, but toward a parent, most often the mother. In this case, allow them to get the anger out in the open, look at it and discuss it. Then quietly reassure them that they are important in the family and that they have a special relation with you.

Family dynamics vary from one home to the next, although the themes and threads may be similar. The most pressing problem for all parents of twins and singletons is there are never enough hours in a day to achieve a sense of completeness or closure. ♡

Tips for preparing your singleton for multiples

1. Take your singleton with you when you shop for the twins and let her pick out gifts for them.
2. Show your singleton her baby pictures and talk about her birth and her first weeks at home.
3. Use dolls to act out “coming home from the hospital,” the first days at home and how to touch and play with twins.
3. If necessary, adjust your singleton’s daily habits, schedules and routines before your twins arrive, so that the disruption is minimized.
5. When you pack your bag for the hospital, pack one for your singleton. Include art supplies, snacks, a new toy, disposable camera and a book on bringing home multiples.
6. Make arrangements for a close relative to care for your singleton at home while you are in the hospital.
7. Prepare your singleton for your visit to the hospital; say good-bye if possible and call every day.
8. If your older child comes to the hospital to visit, try to not hold the twins during the visit.
9. When you come home have someone else bring in the newborns. Greet your older child and spend some private time together.
10. Praise positive behavior and encourage your singleton to talk about her thoughts and feelings.
11. When people fuss over the twins, defuse the situation by saying something like, “This is Amy. She is their older sister and very helpful.”
12. Spend time alone with your singleton to communicate that she is important and just as much a part of the family as ever.
13. Verbalize as you interact with your singleton: “I like these talks just you and I have,” or “These times are special for me.” When you tuck your child in at night, review the day to reinforce togetherness memories.

It's Child's Play



TRIPLETS ALYSSA, ZACH AND TYLER, AGE 7 MONTHS

Early forms of perceptual and motor skills that mold the rudiments of infant intelligence are represented in infant play. Psychologists explain the development of infant play as a series of stages that are more or less typical of all infants.

Many people think babies only eat and sleep. Actually, they are far from passive. Infants spend a great deal of time looking and listening. By 3 months old, they study their hands and fingers, fixate on one object and then another, watch and follow faces within close range and search their surroundings. Hearing a sound, they turn their heads to find the source. They may respond to a song with a smile.

Infants often imitate gestures, such as sticking out their tongues. Infants love noisemakers, mobiles, brightly colored objects and mirrors. They like textured objects, such as baby quilts and soft balls, that are easily held and squeezed. The advent of smiling during these stages helps parents confirm their babies' enjoyment of play.

By 4 to 6 months, most infants can sit independently, giving them a new perspective. In this position, they are able to play with toys that provide a wider range of action. They enjoy bathtub toys and love splashing, filling and pouring water.

Most babies readily grasp the connection between their actions and the actions of toys. Infants shake new toys to see if they produce sounds like the old toys. They bounce or kick to make mobiles over their cribs move. At first, these actions seem like idle repetitions, but repeating the same play, along with smiling, intense interest and excitement show that the game is fun.

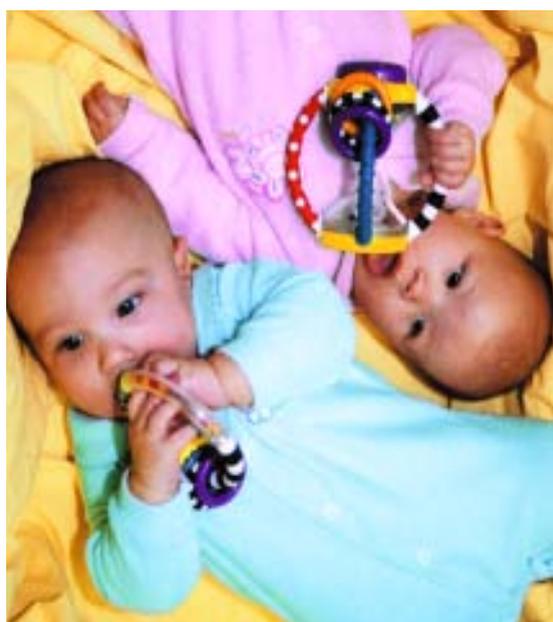
Some of these games exasperate parents. When multiples play at meal time—spraying food from their mouths or dropping pieces on the floor—feeding time not only is doubled or tripled, but also dirties the floor. Messy play is one way infants see the results of their actions.

Parents also may notice infants playing with their own voices. Crooning noises, repetitive babbling and imitating sounds anticipate the onset of language. Vocal-play activities often result from imitating some aspect of others' activities. But after imitation, they become part of their larger play routines.

During earlier months, infants learn to hide their faces to play peek-a-boo. The inclusion of vocal play results in infants starting peek-a-boo after someone says the word or by initiating peek-a-boo to get someone to say the word. In this sense, play connects language and actions and develops the relationship between symbols and concrete actions and things.

From about 7 to 9 months, play routines sometimes become part of ritual activities. Most parents report that their children become dependent upon following a pattern that is familiar and helps them feel secure.

Psychologists take play very seriously and view it as an activity engaged in for its own sake. Infant play is linked with the growth of intelligence throughout childhood and adolescence. ♡



Teething Times Two

Identical multiples typically teethe around the same time. Mirror image identicals probably will get their first teeth on opposite sides of their mouths. Fraternal twins' first teeth may come in months apart.

Most babies' initial teeth arrive anywhere between 3 and 18 months of age. Teething begins with the central incisors, the two center bottom teeth. A month or two later, the central and lateral incisors, or four upper teeth,

come in. Then in about four weeks, you'll find the two lower incisors followed by the first molars and eye teeth.

Ease sore gums by rubbing them with your finger and giving babies a teething ring. A pain reliever such as Infant's Tylenol drops will reduce any mild fever that results from teething.

Once the new teeth come in, it's essential to keep them clean. In the evenings, after their last feeding, gently brush them with a soft-bristled toothbrush or rub them with a soft, clean cloth. Never allow your babies to fall asleep in their cribs with their bottles. ♡

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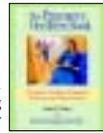
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Guide to facing the challenging and often costly ordeal of giving birth to and caring for premature babies. Revised edition. *Paperback, 336 pages.*



The Psychology of Twins:

A practical handbook for parents of multiples.
Herbert L. Collier, Ph.D.
\$13.95
Dr. Collier, a psychologist and father of twins, draws experience from rearing his twins who are now well-adjusted adults and also from counseling hundreds of families with multiples. Offers compassionate wisdom seasoned with patience. Practical and down-to-earth, a must-have book for parents who want to understand and value each child as an individual. *Paperback, 120 pages.*



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Amy E. Tracy, Diane I. Maroney, R.N.
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Breastfeeding Your Premature Baby

Gwen Gotsch
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Elizabeth Pantley
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By sharing the very early birth of twin daughters, Woodwell looks at the heartache and miracles of NICU, the death of a twin, and survival. *Hardcover, 216 pages.*



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TWINS Magazine
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The leading source of information for parents of multiples. Handy, one-of-a-kind guidebook helps you understand your multiples from birth through the school years and into adulthood. Topics include temperament and personality, twin-types, and whether to separate in school. If you have only one book on multiples, this is the one to have! *Paperback, 272 pages.*



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Rebecca E. Moskwiniski, M.D., ed.
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Compiled by National Organization of Mothers of Twins Clubs, edited by Education Vice President Rebecca E. Moskwiniski, M.D., packed with research, expert advice and practical "been there, done that" tips from moms of multiples. *Paperback, 298 pages.*



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The Parents' Guide to Raising Twins:

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Elizabeth Friedrich; Cheryl Rowland
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Authors are mothers of twins, deliver a bounty of useful guidance. Readers tap into a wealth of practical tips and advice from doctors, nurses and dozens of other parents of twins. *Paperback, 304 pages.*



The Art of Parenting Twins

Patricia Malmstrom, M.A.; Janet Poland
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Pat Malmstrom, founder of Twin Services, Inc., has adult twins and holds degrees in early childhood education and special ed. Highly readable. Covers organizing your home, breastfeeding, "twinshock," developmental delays, identity issues. *Paperback, 333 pages.*



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Pamela Patrick Novotny
\$16.00
This handbook covers everything from the scientific facts to practical parent-to-parent hints about raising two babies at once. An outstanding book. Highly readable! *Paperback, 326 pages.*



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2nd Edition
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Practical help for nurturing multiples from birth through childhood. Covers breastfeeding, individuality, combined energy, toilet learning, school, development. *Paperback, 216 pages.*



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The simple questions—such as whether to breastfeed or bottle feed, weaning, handling colic, and many more—become more complicated when there are two or more baby appetites to deal with. Full of useful insights from mothers who have been there! *40 pages.*

Tips and Tools for New Parents of Twins and Triplets

When "twinshock" hits new parents, it hits hard. This compilation of special articles will be a blessing to new parents of multiples when their babies are young, providing practical, encouraging advice about coping with day-to-day challenges. *52 pages.*

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From choosing a pediatrician to ear infections and diaper rash, all parents of multiples will benefit from the simple, essential advice about the health of their babies. *40 pages.*

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This wonderful collection of articles helps frightened parents deal with the big and little traumas they must face as their small, prematurely born multiples enter life with extra health problems. *44 pages.*

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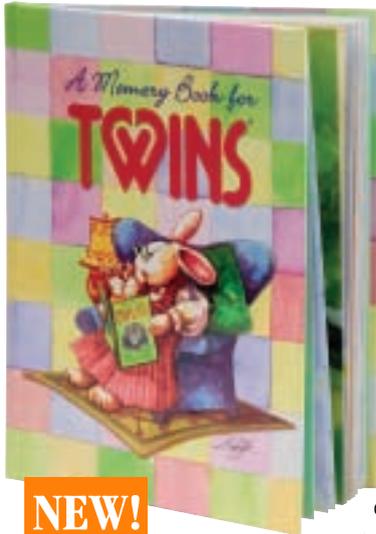
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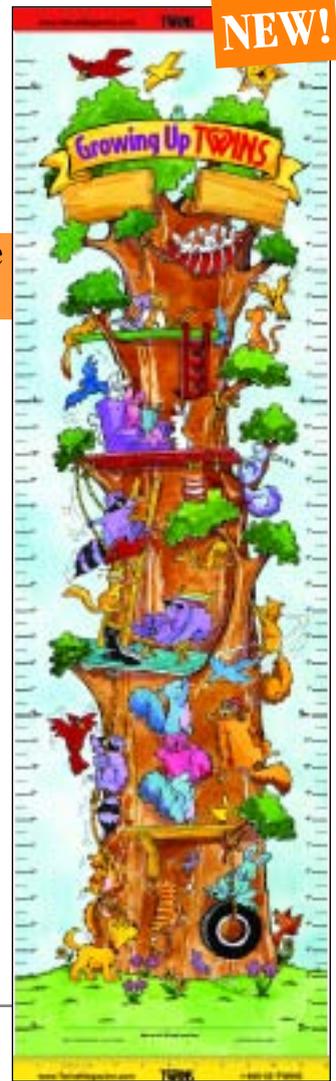
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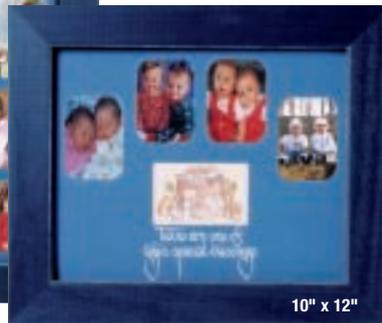
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Twin Sisters Hand-in-Hand

Colorful, high-quality print exudes the warmth of twin sisters' special relationship, and the strength and support they gain from their twinship. This picture belongs on the wall of every twin girl's bedroom. Verse surrounding print says,

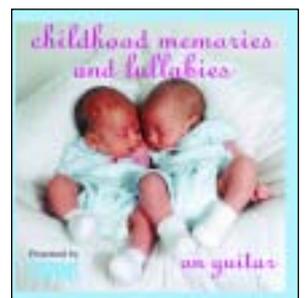
"Little girls are precious gifts, Wrapped in love serene, Their dresses tied with sashes, And futures tied with dreams." Framed print is 18"x18" overall, double-matted in dusty blue and rose, then beautifully surrounded in 1" gold leaf frame. Comes with glass.

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Childhood Memories and Lullabies On Guitar

EXCLUSIVE! You and your twins will truly love this delightful award-winning collection of lullabies and childhood favorites performed by Michael Kolmstetter (a father of twins!). And because these delightful songs are collected on one compact disc, you'll play them as background music while you feed, read to, and prepare your twins for bedtime. The collection includes such classics as Brahms Lullaby, Are you Sleeping?, Mary Had a Little Lamb, All Through the Night, Rock-A-Bye-Baby, Twinkle Twinkle Little Star, Mozart's Lullaby and Spanish Melody. 19 songs.

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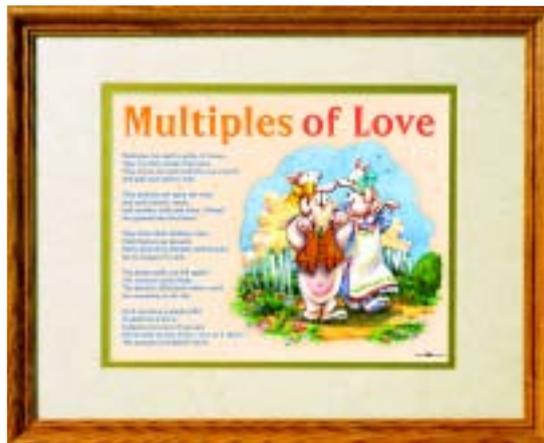
B. Toes - SF90036 \$39.99 each



A. 12" x 15"



B. 12" x 15"



Multiples of Love

Your love is doubly deep when you have twins, in spite of the challenges they present and the amount of work you do while they are tiny babies. And this plaque expresses the perfect sentiments. You are filled with joy, and your heart overflows with love, but there are times when you are ready to tear your hair out! Hang this on your wall, or on the wall of your darlings' bedroom as a reminder of the wonder of having multiples and the beauty they've brought to your life. The colorful, heartwarming art is a print of a watercolor original by renowned California artist Jerianne Van Dijk created exclusively for TWINS® Magazine and TWINS Shoppe. Oak frame, glass included.

Creamy parchment mat, pale gold liner; 11" x 14" overall.
SS03002 \$31.99 each; two or more \$29.99 each



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A. Creamy parchment mat, pale gold liner; 11"x14" overall.

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When your multiples contemplate walking, it is one of the biggest steps toward independence they will take. A child makes a conscious decision to pull up, hold on or let go and walk away. Even taking just one or two steps causes conflict. By their actions, babies are asking, "Should I wait, or is it time to take a risk?" Some little ones will fall and revert to crawling or scooting. Other children will stand upright, step out and be on their way. Each child is different and sets a different pace. This is important to remember when you are rearing multiples.

Early childhood expert, T. Berry Brazelton, M.D., refers to this developmental milestone as "the calm before the storm." He explains that babies may exhibit new and different behavior when entering this next, more independent stage. Your pre-toddlers may start waking up at night, or they may experience frustration when a parent walks away from them. They are beginning to realize that they want to be the ones to walk away.

As soon as they start walking, children are ready for their first shoes—soft-soled and flexible. Indoors they should be barefoot as much as possible, to strengthen the muscles.

Twins may climb out of their cribs or play yard. Carefully babyproof the room and anchor dressers to the wall.

Babies assert their independence in other ways as well. They begin to develop distinct likes and dislikes. They may love bananas one day and spit them out the next. In fact, you likely will be surprised by how emotional their first tantrums are.

The Road to Independence

Everything they do is a learning and exploring experience. They can climb up stairs but not down. Twins together can climb furniture higher than any singleton would ever try.

The world is a rich and wonderful place to discover. Protect your twins

and teach them how to survive physically, socially and emotionally by setting limits.

Twins may become so stimulated by the discovery and learning in their expanding world that they sleep less. Some 1-year-old babies only take one nap a day. When they cut back on napping time, they are usually cranky by dinner and it's hard to get them to eat. Consider making lunch the biggest meal. Bathing them every night helps relax them—and they need more frequent baths.

Favorite toys may be the toilet (latch the lid down), an empty box and a kitchen cupboard filled with plastics, wooden spoons, pots and pans. They learn to classify objects, studying shapes and sizes. They learn that a smaller object fits inside a larger one, but not the other way around. Every object has to be tasted, shaken, thrown, banged and flushed. Stuffed animals begin to appeal to a 1-year-old.

The road to independence can be a bumpy one, but it is exciting, and if you are enthusiastic and don't worry much about the falls, your multiples will survive and follow in your enthusiasm and positive outlook. ♡

TWINPROOFING



- Use safety gates at doors and stairs.
- Install locks on the toilet seats.
- Relocate pet food and water dishes.
- Move heavy objects from low tables.
- Store medicines, cosmetics and sharp objects on high shelves.
- Cover all electrical outlets with baby safety plugs.
- Put locks on the kitchen and bathroom cabinets.
- Move house plants up off the floor and out of reach.
- Tie up cords from window blinds.

Take a look at your world from a hands-and-knees perspective and remove, lock, cover, relocate and eliminate any potential dangers. Order safety items online and from these catalogs:

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- Perfectly Safe, www.perfectlysafe.com, (800) 898-3696
- Safe Beginnings, www.safebeginnings.com, (800) 598-8911

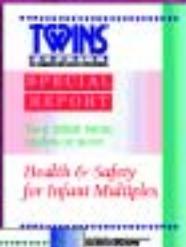
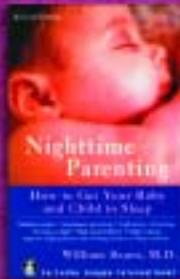
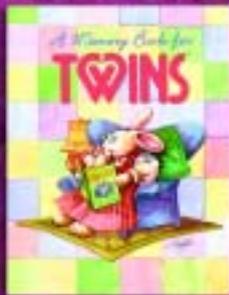
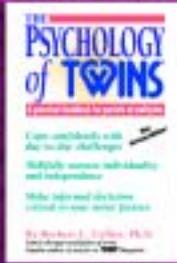
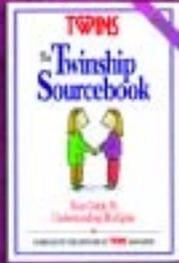
For safety information, contact these agencies:

- National Safe Kids, www.safekids.org, (800) 598-8911
- Paranoid Sisters, www.paranoidsisters.com
- Governmental Recalls (6 agencies), www.recalls.gov
- International Association for Child Safety, www.iafcs.com
- American Academy of Pediatrics, www.aap.org, (847) 434-4000 ♡

When babies start crawling, their horizons expand tremendously and your life becomes vastly more complicated. It's critical for parents to be one step ahead as the babies begin to explore and examine their wider world. Childproofing for maximum safety in the home is a must.

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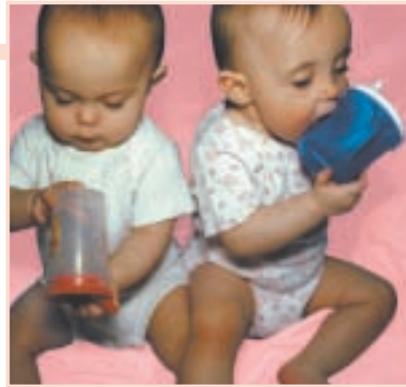
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Weaning babies from the breast or bottle requires planning and patience and it must be gradual. Once you determine when to start weaning, think about how to do it. Your babies can go straight from the breast to a bottle then move on to a cup or they might move right from the breast to a cup with ease. Bottle-fed babies, of course, go straight to a cup.

When weaning babies from the breast, multiples may wean individually or at the same time. “There is no natural rule specifying that complete weaning must occur by a designated age,” explains Karen Kerkhoff Gromada, author of the newly revised book *Mothering Multiples* (La Leche League International). The American Academy of Pediatrics recommends “that breastfeeding continue for at least 12 months and thereafter for as long as mutually desired.”

There are several ways to approach weaning breastfed multiples. “Baby-led weaning” occurs when the mother is breastfeeding based on her babies’ individual cues and works best for fra-



Weaning Awareness

“Mother-guided, babies-led weaning” takes place when the mother “begins to set flexible limits on certain aspects of breastfeeding,” Gromada continues. This can include breastfeeding one at a time, only at home, in a quiet room and/or in a certain position such as lying down.

“Partial weaning” may be initiated by a mother who wants “to decrease the number of feedings while meeting the needs of her babies or toddlers to some extent,” Karen says. Some approaches used in “mother-guided, babies-led weaning” can be used, as well as limiting the duration of the feeding by slowly counting to 20. Mom can limit the number of feedings to the one or two per day that appear to be most important to the children.

Weaning breastfed or bottle-fed multiples is different from weaning singletons and takes twice as much reassurance and support from caregivers. ♡

ternals or multiples who have different temperaments and needs. “The mother doesn’t offer breastfeeding as a distraction or a way to quiet the baby or toddler, but she doesn’t refuse the child when he indicates the need to breastfeed,” Karen emphasizes.

“Mother-guided,

A photograph of a single green pea pod and several individual green peas scattered around it.

Freeze the season
Blend a batch of fresh-cooked veggies for your twins. Freeze the leftovers in ice cube trays or small muffin tins. When frozen, remove the individual portions and store in plastic baggies.



Introducing Solid Foods

Most physicians recommend introducing solid foods about six months after birth. “Infants are geared to suck and swallow. At about 6 months of age, the configuration of the face evolves to allow efficient eating and chewing. There is no nutritional advantage to giving solids early. Breast milk provides 100% of the essential nutrients a baby needs,

including iron in a particularly digestible form. The same can be said for fortified formulas,” explains Steven J. Sainsbury, M.D.

In addition, certain skills are essential for eating solids: Your babies must sit well when supported, have good head control and be able to take food into the backs of their mouths and swallow. Rice cereal is a good first solid. After you give the regular feeding of breast milk or formula, place your babies in a sitting position and offer them the cereal with a spoon. The texture will seem strange to them at first. After they master a few tablespoons once a day, add a second cereal feeding. When you are feeding about a half cup of cereal daily, you can begin to add other solid foods.

Strained solid foods should be introduced one at a time. This will allow you to judge any reactions to a specific food. Fruits and vegetables are easiest to digest. When your babies become more proficient at chewing, add foods with more texture. To encourage good eating habits, offer a variety of foods. If you get a less than enthusiastic reaction to a particular food, try offering it again at a later time. ♡

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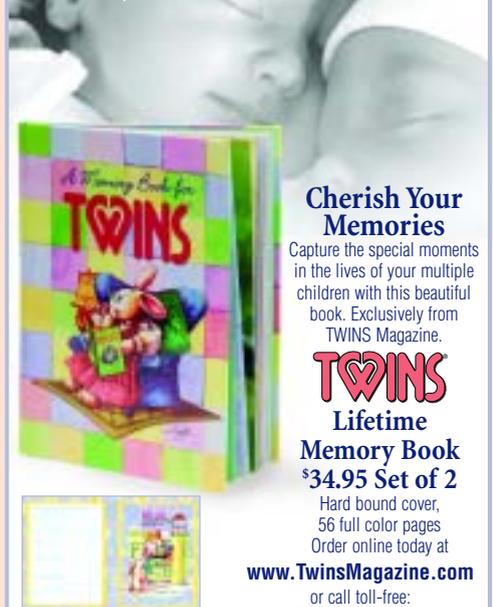
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Support organizations

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The Center for Study of Multiple Birth CSMB, Suite 464, 333 E. Superior St., Chicago, IL 60611; (312) 926-7498; www.multiplebirth.com

Center for Loss in Multiple Birth, Inc. CLIMB, P.O. Box 91377, Anchorage, AK 99509; (907) 222-5321; climb@pobox.alaska.net; www.climb-support.org

Childbirth and Postpartum Professionals Association CAPPA Referrals to certified childbirth educators, labor doulas, postpartum doulas and lactation consultants. CAPPA, 491448, Lawrenceville, GA 30049; (888) 692-2772; info@cappa.net; www.labordoula.com

Home School Families of Twins 1226 Northlake Dr., Richardson, TX 75080; (972) 644-8965; info@hsft.org; <http://hsft.org>

INFAC Breastfeeding support. Infant Feeding Action Coalition, 6 Trinity Square, Toronto, Canada M5G 1B1; (416) 595-9819; info@infactcanada.ca; www.infactcanada.ca

La Leche League International Breastfeeding support. LLLI, P.O. Box 4079, Schaumburg, IL 60168; (800) LALECHE; (847) 519-7730; LaLecheEmail@aol.com; www.lalecheleague.org

Marvelous Multiples® Education for expectant parents of multiples and resource of multiple birth education materials for health care professionals. P.O. Box 381164, Birmingham, AL 35238; (205) 437-3575; marvmult@aol.com; www.marvelous-multiples.com

Moms Offering Moms Support Support for stay-at-home moms. The Moms' Club, 25371 Rye Canyon, Valencia, CA 91355, (805) 526-2725; momsclub@aol.com

Mothers of Supertwins International support network for families of triplets or more. MOST, P.O. Box 306, East Islip, NY 11730; (631) 859-1110; info@mostonline.org; www.mostonline.org

Multiple Births Canada P.O. Box 432, Wasaga Beach, Ontario, Canada L0L 2P0; toll-free in Canada (866) 228-8824; (705) 429-0901; office@multiplebirthscanada.org; www.multiplebirthscanada.org

National Organization of Mothers of Twins Clubs, Inc. NOMOTC, P.O. BOX 700860, Plymouth, MI 48170; (877) 540-2200; info@NOMOTC.org; www.nomotc.org

Nursing Mothers' Association of Australia Postal address: P.O. Box 4000, Glen Iris, Victoria, 3146. National office: 1818-1822 Malvern Rd.,

East Malvern, Victoria, 3145 Australia. (03) 9885-0855; info@breastfeeding.asn.au; www.breastfeeding.asn.au

Sidelines Support for women experiencing complicated pregnancies. P.O. Box 1808, Laguna Beach, CA 92652; (888) 447-4754 (HI-RISK4); sidelines@sidelines.org; www.sidelines.org

Special Children An organization for special needs children. P.O. Box 8193, Bartlett, IL 60103; (630) 213-1630

The Multiple Births Foundation Level 4, Hammersmith House, Queen Charlotte's and Chelsea Hospital, DuCane Rd., London, W12 0HS; 44 (0208) 383 3519 (from the U.S.); info@multiplebirths.org.uk; www.multiplebirths.org.uk

The National Organization of Single Mothers Single Mothers, Box 68, Midland, NC 28107; (704) 888-KIDS or (704) 888-MOMS; solomother@aol.com; www.singlemothers.org

The Triplet Connection P.O. Box 693392, Stockton, CA 95269; (209) 474-0885; TC@tripletconnection.org; www.tripletconnection.org

The Twins Foundation P.O. Box 6043, Providence, RI 02940; (401) 751-TWIN (8946); twins@twinsfoundation.com; www.twinsfoundation.com

The Twin to Twin Transfusion Syndrome Foundation Educational, emotional and financial support. 411 Longbeach Pkwy., Bay Village, OH 44140; (800) 815-9211 or (440) 899-8887 info@tttsfoundation.org; www.tttsfoundation.org

Twin Hope Inc. Education and support for twin to twin transfusion syndrome and other twin-related diseases. 2592 W. 14th St., Cleveland, OH 44113; (216) 228-TTTS (8887); twinhope@mail.ohio.net; www.twinhope.com

Twinless Twins International P.O. Box 980481, Ypsilanti, MI 48198; (888) 205-8962; contact@twinlesstwins.org; www.twinlesstwins.org

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Twins and Multiple Birth Association TAMBA, 2 The Willows, Gardner Road, Guildford, Surrey, GU1 4PG, U.K.; (0870) 770 3305; enquiries@tamba.org.uk; www.tamba.org.uk

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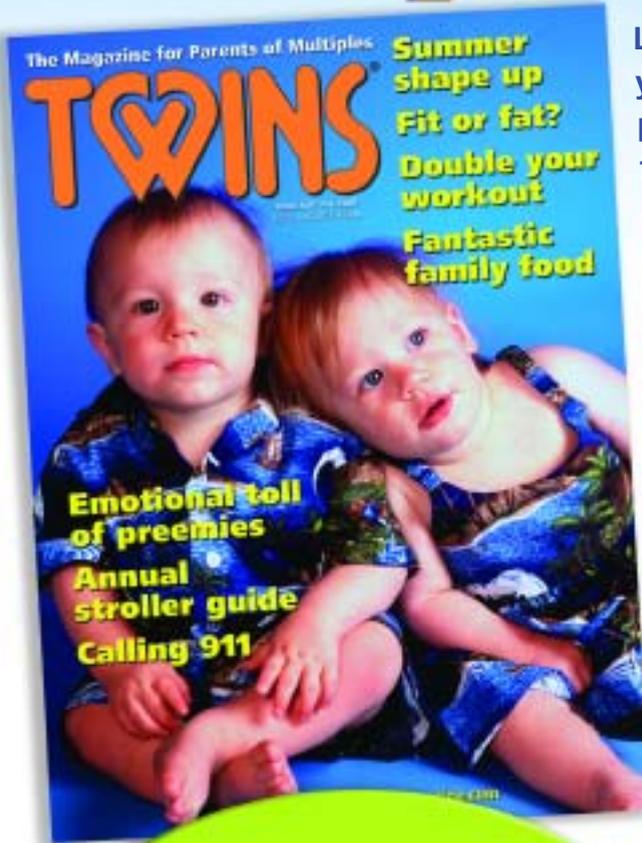
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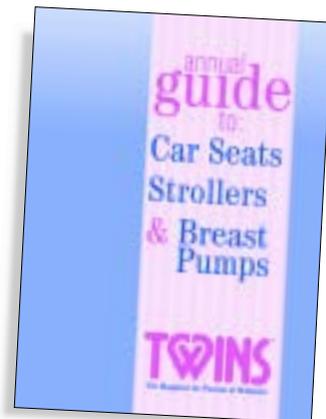
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