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School: apart
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intimacy and
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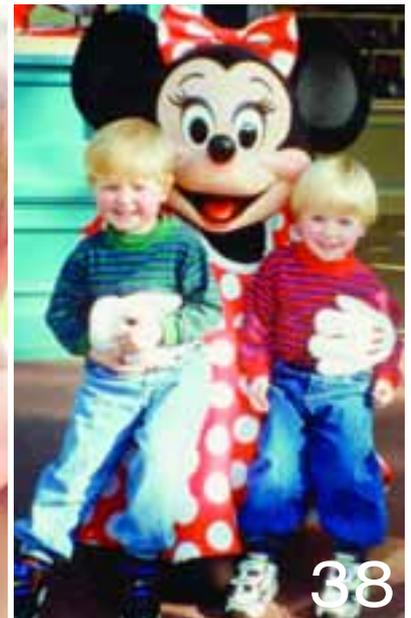
ON THE COVER

Emily Stark with her monozygotic twins Lexi and Syd who were born conjoined. Today the girls are rambunctious, healthy 3-year-olds who love monkeys and making up words only they understand. Read about the Starks' experience on page 26.

Cover Photography by Murray J. Elliott

Emily's clothes by Ann Taylor

Lexi and Syd's clothes by Hanna Andersson



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Join us **online** at www.TwinsMagazine.com

When we have toddlers, the rewards of parenting often come in small packages such as spontaneous hugs. I experienced a great reward of parenting Feb. 11, 2004—many years after my children's toddler days. It was hard, painful and, at the same time, joyful.

As I lay on the gurney in the casting room of my orthoped's office, my grown son Rob held my hand while the doctor pushed my broken wrist bones back into place. I recalled days when the roles were reversed, such as the sleepless nights when Rob's temperature soared high and he could not get relief from a hacking cough except when I held him and rocked him. And I recalled the many miracles bestowed on us when I fell asleep rocking him to sleep—and didn't drop him. I remembered the cuts and scrapes with a string of stitches every now and then. Most of all, however, I recalled when Rob was 10 or so and broke his wrist, and the trip to the hospital and then the long recovery.

Two days later Rob and his wife Molly brought me a Valentine's Day gift. I opened the box to find a red linen photo album. Placed in the little cutout window on the cover was a black-and-white image from an ultrasound... dated Feb. 11. I was stunned. The day of my accident they never let on in any way that they had other—very important—plans; I had absolutely no idea that I was taking Rob away from anything but work. I felt so sad that Rob had not been with Molly for their first ultrasound appointment as planned, yet so grateful for those two very generous children. It seems those rewards just keep coming and coming. And a very big one, a single one, is due Sept. 27.



Moms of twins take a day off and hit the slopes at Beaver Creek, Colo.: (l. to r.) Robye Nothagel, Gerilyn Karroll, Erin Osbourne, Mikel Obourn and Sharon Withers

A few days before the jogging accident that resulted in my broken wrist bones, I got in my last day of the ski season—although, of course, I didn't know that at the time. I had a great day skiing Beaver Creek with moms from the Eagle Valley Mother of Twins Club on their first-ever Moms' Ski Day. Dads kept the twins and we hit the slopes. Club president Robye Nothagel has the dream job: One day a week, as a market research surveyor-on-skis for Vail/Beaver Creek, she rides the lifts and ask visitors what they think about the resort. So, if you're skiing Beaver Creek keep an eye out for Robye.

One issue note: In working on "Conjoined Twins: Intimacy and Independence," (page 26) Joann Amoroso was so touched by the death of Esther Alphonse that she secured a commitment from Atlanta-based ChildSpring International to help the Alphonse family if further surgery is needed for the surviving twin, Stella. Esther survived a hard stretch of separation surgery, only to lose her life to malaria in her Tanzanian home village.

Do you know...



what drugs and supplements to avoid while breastfeeding? A reader told us about Dr. Thomas Hale, author of *Medications and Mother's Milk*, and a professor of pediatrics at the Texas Tech University School of Medicine. At <http://neonatal.ama.ttuhsu.edu> you'll find his helpful list. For more on Dr. Hale, visit <http://neonatal.ttuhsu.edu/lact>. But as always, check with your personal doctor about what's best for you. An article on feeding your infants begins on page 14 of this issue.



The more the merrier? Brothers and sister Landon (left) and Carson (right), 3 years; Ella and Garret (center), 6 months

Would you like more twins?

38% Yes!

34% Hmm, maybe.

28% Are you crazy? No way!

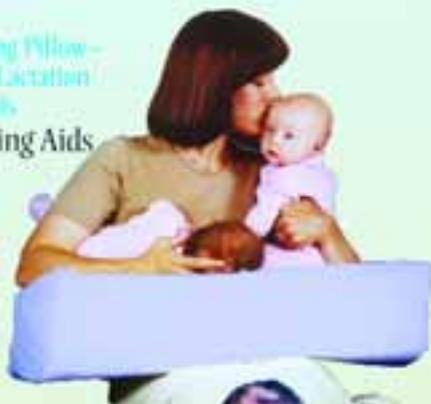
From a TWINS Message Board reader feedback poll

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Surprising family trend? When Morgan Elizabeth and Heather Lynne Carter were born Sept. 19, 1990, to Jimmy Groome's sister, little did Jimmy and his wife Stacey of Chesterfield, Va., realize they would repeat the pattern. To their surprise, Tori Lynne and Cassidy Anne Groome, also were born on Sept. 19, but 11 years later. Heather Lynne (l.) is holding Tori Lynne; Morgan Elizabeth is holding Cassidy Anne.

Brian and Brad

I am the proud mother of 2-month-old twin boys, along with a 3-year-old boy. I enjoyed the addition of the Twin Vision comic strip, particularly the "self portrait." I know that I will be able to relate to many of their adventures over the next few years. Are their comic strips published in a book that is available for purchase?

Jamey Phillips
Lubbock, Texas

Editor's Note: We want to publish a book of Twin Vision cartoons next year, but it is still in the planning stages. If we do, we will sell it on our Bookshelf at www.TwinsMagazine.com. Meanwhile, follow the adventures of Brian and Brad on the last page of every issue of TWINS Magazine.

Seeing double doubles

I was so excited yesterday to be at our pediatrician's office, pick up a TWINS magazine and look at all of the pictures in your issue with two sets of twins. We have two sets of twins—one set identical (monozygotic) one set fraternal (dizygotic)—both conceived without fertility assistance. It was so awesome to actually see that there are families out there like ours!

Lori McIntire
via e-mail

I am the mother of 21-month-old boy twins. I have been receiving and reading your magazine cover to cover since I was first told I was having twins. Lately I have been very disappointed, as you seem to be focusing more upon either triplets or families with more than one set of twins. Why not make another magazine for them? I feel like having one set of twins is just not interesting enough, in the magazine's opinion. I find it very challenging, frustrating, exhausting and rewarding to have just my one set of twins. I used to look forward to each and every issue; now I am not so sure I will subscribe. We who just have twins are still a valuable source of information and no matter how old they are we still need a

resource we can count on. I had a horrible pregnancy: I was hospitalized at 22 weeks; my boys were born eight weeks early and in the NICU for a month. They have many health problems. We almost lost our home because of the medical bills. I think you should let us families of twins have our magazine back.

Julia Stiles
via e-mail

Editor's Note: The majority of our articles are devoted to twins, so we aren't ignoring you. A few times each year we cover higher-order multiples, too. Readers had been asking for a story on families with two sets of twins, and we responded. We appreciate your taking the time to write and want you to stay with us.



Reader contributions

We love your magazine. We read some of the articles online; they can be very helpful. It is always nice to connect with people who know what you are going through. Here is a picture of our 2½-year-old twins Kandace and Trinity, on the cover of their first magazine. Our local newspaper chose a picture of them from more than 100 entries. This was the first issue of *Go!Family* magazine, so we were very proud. We only hope that maybe you will consider using them for any future editions that you will have.

Marie Moore
via e-mail

Editor's Note: We receive many wonderful photos and wish we had space to use all of them. Many photos from readers appear in Double Takes; occasionally we use a photo with an article or in Growing Stages. All cover photos are shot here in Colorado. For consideration of your photos, please fill out the release form on page 45 of this issue and mail it along with your photos. If you e-mail photos, we need large, high resolution images.

I had twins April 11, 2003. During my pregnancy I had a rough time—from the news of having twins to having postpartum depression and everything in between. Reading TWINS Magazine helped me out a lot in terms of what to do and I'm not the only woman out there with concerns. Thank you and everyone at TWINS Magazine for that. I hope in the future you can publish the story of my "roller coaster" of having my twins.

Angie Schraub
via e-mail

Editor's Note: We welcome personal experience stories from readers, especially for our Special Miracles and Life with Twins columns. We also plan to publish a book of readers' stories. Please type "reader story" in the subject line and e-mail your story to twins.editor@businessword.com. Or mail it; our address can be found on page 9.

Twin loss

Thank you for your article "Finding a New Normal" in the March/April issue. Last month, my husband and I lost our twins

at 21½ weeks gestation. We currently are experiencing the grief that you wrote about. A friend had bought a subscription to TWINS for me and she e-mailed me the other day to warn me that she had canceled the subscription, but that the first issue was already on its way. It came today and I had planned to just toss it, but I saw the title "The loss of a twin" on the cover. I found it helpful and especially appreciated the part about other people trying to offer comfort by saying "at least." We have heard, "At least you already have one child." Yes, and I am so grateful for him right now, but how can you say "at least" about losing two children?

I also appreciated Diane Grothe's article about losing a triplet, especially the line, "...we were completely unprepared for the depth of love and sorrow we would feel." That exactly describes our feelings upon holding little Noah David and then, three days later, his sister Emily Rose. We sent out birth announcements, telling the story and describing each baby. In the section about Noah we wrote, "Nothing could have prepared us for the mixture of joy and sorrow we would feel as we were handed Noah immediately after his delivery." Thank you for shedding some light on the grieving process we are going through so that others can better understand.

Rachel Murfitt
via e-mail

I just wanted to say that your "Loss and blessing" article in the March/April issue brought tears to my eyes. After having three girls and trying one more time for a boy, we lost two babies in two years, one at 13 weeks and the other at 18 weeks. The second baby we had to deliver and found out it was our firstborn son, Seth. Through the trial, we found out I had Leiden Factor V, a blood disorder. We thought hard about trying again and felt the Lord was giving us signs to go ahead. Today I have twin sons, Luke and Caleb, who can only be special blessings from God.

I also want to share what we went through a couple months ago. Luke had a hair tourniquet around four of his toes. (Especially likely to happen to infants, a hair tourniquet is a strand of hair wrapped tightly around a protruding body part—such as a finger, toe or penis—that can impair the circulation of blood to that part.) They told us in the emergency room that he was going to lose his toes. Thank the Lord that he still has them today. The pediatrician told us that they look for that if a baby is fussy for no reason. After having five children, that is the first time we had ever heard that. I think that might be a good article so that more parents can be aware.

Jennifer Cheatham
via e-mail

Stuff our mailbox! E-mail your letters to twins.editor@businessword.com; please type "Mailbox" in the subject line. Or, voice your opinion the old-fashioned way: Mail your letters to Mailbox, TWINS Magazine, 11211 E. Arapahoe Rd., #101, Centennial, CO 80112.

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Solo trip with twins to pool nixed



Zack and Zane, 10 months

A reader writes:

I want to take my 18-month-old twins to our community pool this summer, but it seems like an impossible outing by myself. Any advice?

Readers respond:

I started taking my 18-month-old dizygotic girl twins to the community pool and found two things were a must. First, my double jogger stroller with three-point harness (no escaping!) was vital. It allowed me to transport the girls between the pool grounds where we sat and the car without having to worry about either one falling into the pool or running into traffic in the parking lot. It also made getting ready to go home easier; the girls could not run off while I cleaned up our things. Secondly, I enlisted the help of a 14-year-old girl who was a member of the swim team to help me at the pool. We both played with the girls in the baby pool and she helped me take the girls into the big pool. Just remember that you may not be able to have your eyes on both twins always and it only takes a blink of an eye for one to slip under the water. The \$5 per hour that I paid my helper was worth every penny for the extra set of eyes and hands. By the following summer, when the girls were 2½, I was able to go to the pool on my own since the girls were big

enough to use some of the flotation devices. The most important thing is to never allow yourself to be distracted by other people or cell phones while around the pool with small children.

Debbie Van der Sleen
Mohrsville, Pa.

My twin boys are now 3 years old and I rarely go anywhere with them alone. My two places are the park and the grocery store, but never to a swimming pool. Toddlers are very fast and you would not want one to get away from you. When the boys were just 18 months old, Alex got away from me in a parking lot. It was very scary for me, but a lot of fun for him. Since I also have a 14-month-old son, I always have someone with me now. I have a teenage babysitter who likes to go places with me and help with the kids. I would suggest that, or ask a friend or your mother to go along. My mother has been a lifesaver for me.

Sara Yeaman
Kemmerer, Wyo.

I am a mother of five children, ages 11, 9, 6, 6 and 4. We go to the pool five days a week. My neighbor, a mother of triplets, and I spent every morning at the pool for five summers. We think it's a great way to get the kids to exercise, keep the house clean and reduce air conditioning bills.

Load up the car before getting your kids ready. Apply lotion and dress them in swim diapers and suits at home. I find two-piece suits are much easier when changing a diaper. And I love surf shirts: They are the same material as swim suits, dry fast and there is so much less sunblock to apply.

Check out the pool and rules before your first visit. A brief introduction to the lifeguards lets your kids know that they should listen to them and also makes the lifeguards aware of your situation.

Keeping constant watch on two kids is challenging. Extended stays require more planning and a pool buddy. This can be a friend at the pool who will help keep an eye on your kids or a babysitter you hire.

Go when the pool is less busy so kids will have the lifeguard's full attention. Consider things such as the likelihood of late-in-the-day thunderstorms or that the water is warmer late in the day. Don't fight or change your kids' eating, sleeping and especially bathroom schedule.

Have a plan for a fast meal. Food and drinks should be wind-, bee- and tip-resistant. Many families at our pool bring a snack towel instead of sitting at a table.

Small children usually spend more time playing with the water than swimming, but they often have trouble sitting to play while wearing many types of flotation devices, so they take them off. Find ones that work for your kids. When my twins wanted to swim, I pulled them together on a pool noodle in waist-high water. And I always stayed next to them in the water. If your pool has a small wading pool you

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might not leave that area. The more often you go to the pool, the easier it gets.

Diane Buchan
via e-mail

For eight years I was the mother of only one child, and then in one year I had three more. The twins and their "Irish triplet" brother are all wonderful toddlers now. I have found, however, that there are just some things I can't do with toddler multiples that I could do with only one child, or at least I can't do them safely, easily or gracefully. Maybe you could wait until next year when your twins will understand instructions better, cooperate with routines and might even be potty trained.

Karen Duncan
Vandenberg Air Force Base, Calif.

I put my twins in swimming lessons when they were 18 months old, but the only way I could do it was to sign them up for a "Mommy and Me" class. I paid a babysitter for the hour we were there twice a week. All four of us got in the pool and switched back and forth so that I had equal time with each child. The kids loved it, the babysitter got paid and I enjoyed some unstressed "cooling" play with my twins. Never go alone. Find someone you trust—a sister, a friend or pay a babysitter; it's worth it!

Kellee McGee
Ridgecrest, Calif.

My twin boys were 18 months old last summer. My suggestion is to bring help. Like just about everything we do, we need extra

hands and the pool is no exception. If your husband or another family member is not available then you should look for a "mother's helper," maybe a neighbor or a friend's teenager. If you go with a friend and her child, do not think that will be enough help. Without question you need one person per child. My sons loved the water, but more than that they loved getting in and out of the water. That required close following and sometimes chasing them around, and they only go in different directions. I personally didn't use them, but I did see swimsuits made with built-in float devices. Lastly, the water is very scary and they have no fear whatsoever.

Nikki Fox
Lumberton, N.J.

When my twins were 18 months old, I signed up my 5-year-old for swim lessons at the local lake. While she was in lessons, we used the beach. The twins ran in two directions every minute we were there. Fortunately, another mom who was there recognized them from church and helped watch one while I watched the other. On several days, I brought a mother's helper. I don't know if I could have done it alone. Another thing to think about is flotation devices. Some places allow only Coast Guard-approved life preservers, which most kids do not find comfortable to wear or "swim" and play in. Also, pools usually are less crowded in the late afternoon, after their naptime, because many families head home around 3 p.m. when day camps dismiss.

Denise LaFogue
Wappingers Falls, N.Y.

For July/August

I have healthy 15-month-old twin boys, but one of them bites his brother all the time whether they're playing nicely or if he gets upset with him. When he bites I pull him away and say "No, no." He thinks it's funny. Please help.

E-mail your replies to twins.editor@businessword.com; please type "Family Talk" in the subject line. Or, post your replies on the TWINS message board at www.TwinsMagazine.com.



The search for “identical” knowledge

The words dizygotic and monozygotic could have been the latest formulas for colicky babies for all I knew as a new mother of twin girls.

Leah and Carly were born six weeks early on Oct. 14, 1999. As a 40-year-old mother of a 16-month old girl, I was more concerned about how to physically, emotionally and financially survive the care of three babies. The scientific splitting of eggs was not top of mind at the time.

Naturally, I was curious to know if they were “identical.” I asked the nurses in the NICU, whom I know had seen hundreds of multiples. “No,” they said. “These babies don’t look at all alike.”

Then, my OB, a twin himself, offered little insight. He told me to call the office in a couple of weeks when the pathology results would be available. He did tell me, however, the morning after their birth that they had experienced twin to twin transfusion syndrome (TTTS), something I had read about briefly during my pregnancy. My heart skipped a beat, as I remembered reading about its severity. He told me I was very lucky that they were born when they were, as I probably would have lost one or both within a week. That was sobering news, to say the least.

Luckily, Carly, the second-born, experienced jaundice for only a few days. Both were released after 14 days with a clean bill of health.

Several weeks later, I called as instructed to find out the results of the pathology report. A nurse’s assistant read the results, which sounded like Swahili to me. When

I asked her to tell me whether that meant they were “identical” or “fraternal,” she paused and said, “fraternal.” Fine, I thought, I didn’t really care. I had two beautiful healthy babies. That’s all that mattered to me. Besides, I had read that older mothers had a higher probability of having multiples. Dropping multiple eggs would explain my having “fraternal” twins.

Thereafter, when I was asked that all-too-frequent question, “Are they

...MZ twins don't have to be, and never are, 'identical.'

‘identical?’” I would smile and say, “No, just the daughters of an older mom.”

The debate did seem never-ending, however. Because the girls don’t look exactly alike and one always has weighed a few pounds more than the other, many people reinforced the “fraternal” theory by saying the twins didn’t look anything alike. Others, like their grandfather, have always had trouble telling them apart. My husband and I, of course, saw great differences between them. Yet, a deep down gnawing question remained for us.

About two years passed and I befriended another mother of twin girls, a former nurse. She kept telling me that she could not believe my girls were “fraternal.” She also told me that she remembered reading that TTTS babies were always “identical.” So, at her urging, I began doing what I should have done originally. I began my own research.

I hit the Internet, landing first on the

TTTS Foundation site (www.tttsfoundation.org). Mary Slaman-Forsythe, the founder and president, responded to my late-evening e-mail within minutes. She urged me to get my own copy of the pathology report and look for the word “monochorionic,” which means one placenta.

“Babies who share a placenta are always ‘identical,’ she wrote and guided me to sections of her Web site with simple charts explaining monozygotic twinning.

With pathology report in hand, I typed out the final diagnosis, “diamnionic/monochorionic and e-mailed it immediately to Mary. “They would definitely be ‘identical!’” she typed back.

I felt relieved to have an answer, but betrayed by medical advisors. It seemed incomprehensible that out of a well-respected OB/GYN, two neonatologists, a team of nurses and a pediatrician, no one could have explained it to me.

Believe me, during the girls’ infant year, I repeatedly brought up the question. Yet, I was met with shrugs or “Why does it really matter?” I guess I was too tired to question them, all of whom were excellent doctors.

The saga, however, does not end here. Feeling both proud and smug, I took my bulging fact file to my most recent annual OB/GYN checkup. When confronted with my findings, my doctor, the twin, said, “Pathology reports can be wrong. You may not really know for sure.”

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Totally deflated, I went home only to find an issue of TWINS Magazine in my mailbox. I flipped to Dr. Geoffrey Machin's column and his passionate plea to change the whole "identical/fraternal" labeling to dizygotic (DZ) and monozygotic (MZ) to reflect more accurately what happens to the egg, not what the children look like.

Inspired once again, I retold my story to Dr. Machin via e-mail. He, too, responded with speed and eagerness to help. I zapped him photos, a copy of the pathology report and answers to a litany of questions. His conclusion was the same, "identical"—oops, monozygotic. He even offered to examine the slide to confirm the results, a step he later agreed wasn't necessary.

He also explained that my twins probably experienced "acute perinatal TTT," a much less dangerous subtype of TTT that occurs after the first twin is born and the cord is clamped, causing a quick boost of blood to the second twin.

"I feel you can be totally confident that the girls really are MZ," wrote Dr. Machin, finally putting my mind at ease and giving me the correct set of facts I need to properly raise and care for my twin daughters. "Your twins have the best possible proof that they truly are MZ. I don't think there is any basis for your OB saying the report might be wrong."

I will be forever grateful for the knowledge and caring of Dr. Machin and Mary,

who took the time to educate me about something my own healthcare providers didn't have the facts or time to do earlier.

Perhaps experiences like mine, if shared with the medical community at large, can help other parents of twins find quicker and clearer answers. As Dr. Machin wrote, encouraging me to write this article, "I think this would be a great step toward calming parents' minds that MZ twins don't have to be, and never are, 'identical.'" ♥

Ellen Crane Schulman is a freelance writer and public relations consultant who lives in Ft. Lauderdale, Fla., with her husband and three daughters, Tara, Leah and Carly.

Geoff Machin, M.D., Ph.D., our Zygoty Puzzle columnist, is on vacation.

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My mermaid and the millstone

Swimming is natural for babies. Babies love to swim. Swimming classes with babies are lots of fun.

I am not by any definition a water person, but this is what I thought when I enrolled my 1-year-old daughter Emmalyn in a swimming class. One of my co-workers assured me that I wouldn't even get wet.

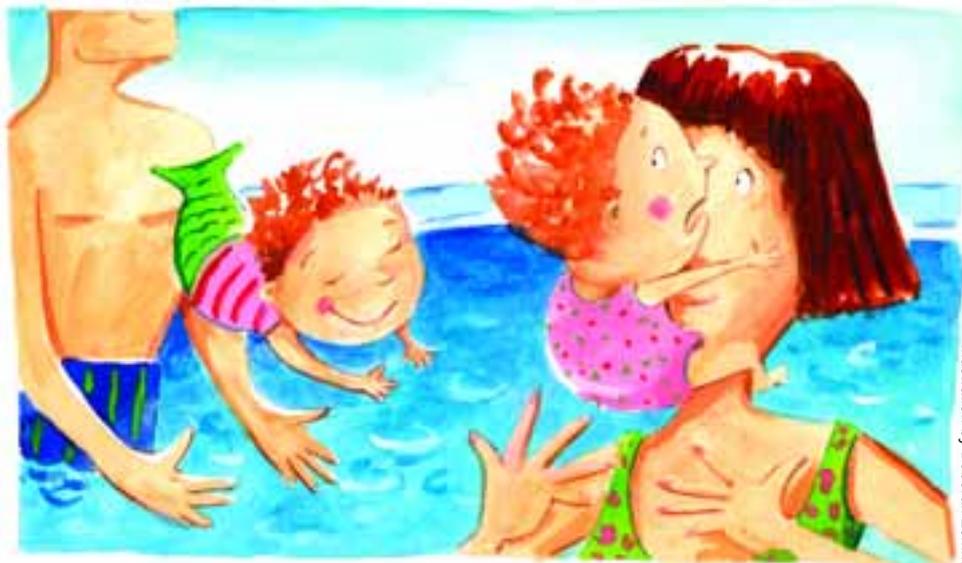


Illustration by Deborah Zenke

She described a sort of storytime near water, just a bunch of moms getting together for a lovely afternoon. It sounded euphoric. My husband Ken agreed. "I'll hang out with Alexa; you and Em can have an evening to yourselves. When your classes are over, Alexa and I will take them together."

My swimsuit, when I excavated it, didn't seem so flattering now. It must have shrunk since Emmalyn and Alexa were born. But I reassured myself that no one was going to see it anyhow, so I threw on some more clothes, got Emmalyn ready and headed out the door.

When we arrived poolside I realized that this might not go as I had envisioned. Moms and dads were actually in the pool with their babies. Taking a deep breath, I told myself that I could get through this so that Emmalyn could have some real fun.

My little mermaid promptly changed to a millstone about my neck and let out the soft, mumbling moan of a doomed child. I stood rooted there, with her clinging to me like a boa constrictor, as I considered the reality that, within seconds, I would have to strip down to my swimsuit. I really hadn't lost as much weight as I had thought, nor

was I in as good a shape as I had imagined.

So I did what any mom would do. I focused on Emmalyn, mostly to avoid everyone else's gaze, and lied to her in a singsong voice, "Oh, it's OK, honey. This is going to be so much fun! Fun, fun, fun." Emmalyn stared up at me with a look that indicated this might be many things, but fun was not one of them. Her whimpers serenaded me all through class, and the acoustics of the pool amplified them until the sounds seemed to rise from the waters and drone into everyone's head.

Fortunately we had arrived so late that we weren't long in the water. What a stroke of luck! I waded out of the pool, grabbed my towel and clothes, and fled to the locker room. It was over.

Later, as I frantically recounted it all to my

husband, he tried hard but failed to hide his grin. "Well," he said, "Just think how much better next week will be by comparison."

He was right, of course. The next week did go much better, although still fraught with humiliation. I learned that when we participated in a song, I was supposed to make Emmalyn clap her hands; I was not supposed to clap my own hands. I also learned that I had to put my own face in the water if I expected Emmalyn to do it, and that if I was the only person in the class with dry hair, everyone else would know I hadn't. By the time classes ended, Emmalyn could kick, splash, plunk into the water on her own, reach out for floating toys and even blow bubbles underwater.

My thoughts now turned to Ken and Alexa as they signed up for their classes. Alexa was more emotional and less adaptive than her sister. How would Ken, lacking the obvious composure and insight of a twin mom, handle it? That night of their classes, I paced the floors and wrung my hands at home, envisioning the torture they must be enduring.

Ken came home with what must be a forced smile. I waited in silence to hear how awful it had been. At least I'd prepared him well. But that exuberant smile was still plastered on his face.

"How was it?" I finally had to ask.

He pulled Alexa close for a big kiss. "She loved it! You should have seen her in the water. She was laughing the whole time and kicked so hard no one would get near us." He paused in his happy account as he saw my stricken face. "But I read somewhere that swimming is natural for babies. Babies love to swim. Swimming classes are going to be lots of fun!" ♥

Kandace York is a freelance writer who lives in Luckey, Ohio, where she, her husband and twins go for the occasional swim.

All in the family

Most parents are overwhelmed at the thought of having twins. Not so for monozygotic twins Kelli and Allan Mena of Parker, Colo. Kelli gave birth Feb. 27 to dizygotic twin boys: Hayden Robert, 6 pounds, and Hunter Edward, 6 pounds, 8½ ounces.



The Menas welcome another set of twins to the clan. Standing left to right: Brian Mena, Antoinette Jones, Laura Jones Portier; seated: Allan and Kelli Mena holding their newborns, Hayden and Hunter Mena

"We were not surprised [to learn we were expecting twins]," said Kelli, whose mother Antoinette Jones of Baton Rouge, La., is a dizygotic twin. "We're accustomed to sharing two of everything."

Being a twin gives Allan an edge in rearing twin boys. "I understand the bonding between two boys, like always being there for each other," he explained. "And I understand the fighting, from a guy point of view; it's just easier to relate. Individuality is good, but commonality is always good, too." Today he and Brian are very close. And in June, Brian also will marry a twin, but he hopes to avoid a newspaper announcement headline similar to the one for Kelli and Allan: "Identical twins joined in holy matrimony."

"Twins is the norm for us," Kelli said one week after delivery. "We have our moments, but we're pretty calm."

TWINS hits the airwaves



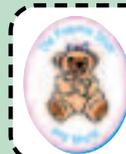
Mikel Obourn, senior account manager for TV8 Vail and mother of 3-year-old twins John and Austin, invited Eagle County Mothers of Twins president Robye Nothnagel, along with her 3-year-old twins Addison and Samantha, and TWINS Magazine Managing Editor Sharon Withers to appear on Good Morning Vail, with hostess Tricia Swenson. Robye told viewers that their club, founded in 1996, doubled in size in 2001 with 12 new members, all new moms. Good Morning Vail is the No. 1 Nielsen-rated morning show in the Vail Valley over Good Morning America and The Today Show.

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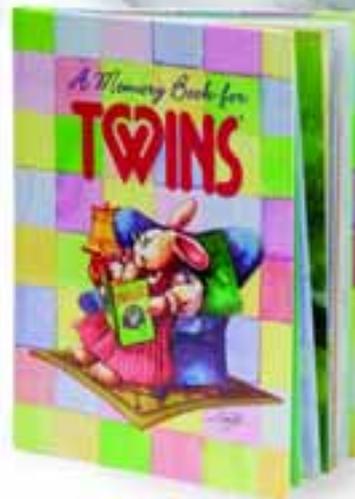
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Brad and Jake, 3 days old



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sample of 2-page spread

Breastfeeding your twins

by Christine Bradley

I breastfed my twins exclusively until they were 13 months old, when we started weaning them to whole milk. I also gave them sippy cups with water, starting around 10 months. Don't allow anyone to pressure you into either breast or bottle, you need to feel comfortable with your own decision. You need to do whatever works best for you.

Teri, Rochester, N.Y.

mom of Meghan and Sean, born Oct. 28, 2001

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 don't have any 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 women, 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 on one thing: Breastfeeding is worth it!

While breastfeeding twins can sometimes be a challenge, there are far more rewards than drawbacks. And the more you know about breastfeeding, the more likely you are to have a great experience.

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

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. A number of mothers in my classes who opted to formula-feed their twins have called me several weeks later for help inducing lactation. It is estimated that moms save eight to 10 hours a week, especially when twins are simultaneously breastfed, because they don't have to prepare bottles of formula, shop for formula and care for sick

when you have two or more little ones to take care of. 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. Preemies 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,

Researchers say decreased levels of the hormone prolactin may be the reason overweight and obese women have less success with breastfeeding.

babies as often (breastfed babies have stronger immune systems). Moms who co-sleep with their babies may not have to get up at night to nurse, so this can save time too.

- Breastfeeding moms are more relaxed. Prolactin, a hormone released during breastfeeding, has a very calming natural effect on the mother. This comes in handy

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 immu-

nities 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. However, 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 breast-pumps. 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 long did you breastfeed?

0 – 6 months	21%
7 – 12 months	29%
13 – 18 months	38%
19 + months	12%

—feedback polls from www.TwinsMagazine.com

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 how other moms of multiples nurse their babies.

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

Here are some popular nursing holds for mothers of twins.

- 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.

Should I get a pump?

Having a good electric pump handy is great for mothers of twins even if they do not work outside the home. This allows others to help feed your babies your breastmilk and helps save time if you find that you prefer to nurse one baby at a time while the other is bottle-fed. Some mothers, however, have told me that they never used their pumps because it was just as time-consuming to pump and it was much more enjoyable just to nurse their babies during that time. I recommend investing in at least a good quality hand pump so that your babies can be fed breastmilk while you take an evening off or go run errands.

Remember that 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., lives in Holladay, Utah, where she is a lactation consultant to mothers of multiples in the Salt Lake City area.

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.

Pumping primer

by Trina Lambert

35% of moms used breast and bottle (filled with breastmilk they pumped), and did not report any problems combining the two.

—feedback poll from www.TwinsMagazine.com

Tip: Check with a lactation consultant on ways to avoid “nipple confusion.”

You've decided to give your babies breastmilk. But what if you can't give it to them all the time—or even any time—from the breast? That's where using a breast pump comes in. And the type of breast pump you need depends on the reasons you are expressing milk.

If you are looking to initiate or increase supply, pump exclusively for premature infants or other babies, or want to maintain supply for long absences—such as full-time work—then the hospital-grade rentals should provide what you need. Many women also use personal electric pumps that can withstand long-term use for full-time work.

For occasional absences, battery-operated, personal electric pumps or hand-held pumps should work. Be aware that the quality of the pump does matter, perhaps even as much as the type of pump.

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.

Moms of twins typically 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 lives in Englewood, Colo., and is the mother of boy/girl twins.

Tips for Expressing Milk

- Begin regular pumping soon after babies' births (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 and rest
- Relax with massage, hot compresses, mental exercises and music
- Connect with your babies by keeping their pictures or objects with their smells at your side
- Surround yourself with support
- Reduce outside commitments

RESOURCES

Organizations

- International Lactation Consultant Association (ILCA), www.ilca.org, (919) 861-5577
- La Leche League International (LLL), www.laleche.org, (800) LALECHE
- National Organization of Mothers of Twins Clubs, www.nomotc.org, (877) 540-2200
- Nursing Mothers Counsel (NMC), www.nursingmothers.org, (408) 291-8008

Books

- *Mothering Multiples: Breastfeeding and Caring for Twins or More!*, Revised Edition, by Karen Kerkhoff Gromada (1999, LaLeche League International)
- *How Weaning Happens*, by Diane Bengson (1999, LaLeche League International)

Groups

- Support for feeding twins on the www.TwinsMagazine.com Message Board
- Your local parents of twins group
- The Pump List, www.pumpingmoms.org
- Local La Leche League meetings



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Fill'er up:

Bottle-feeding service with a smile

by Trina Lambert

Parents of twins quickly learn how to streamline processes—a few weeks of practice and you can prepare bottles with assembly-line precision. Many parents mix batches of the least expensive type of powdered formula once or twice a day and store in the refrigerator. Time-saving activities include:

- ▶ Preparing large pitchers and pouring into bottles as needed
- ▶ Filling several individual bottles at once
- ▶ Filling bottles with water and adding powder as needed
- ▶ Storing premixed bottles in a cooler for middle of the night feedings
- ▶ Remember to throw out unused stored formula per manufacturers' recommendations, usually within 24 hours of preparation.

Traveling also requires planning. Bring any of the following:

- ▶ Bottles of sterilized water for use with individual formula tubes or formula carried in multi-compartment powdered formula dispensers
- ▶ Water and powder in separated bottle systems (mix together for use)
- ▶ Ready-to-use cans and bottles

- ▶ Stay safe by preparing bottles on the go. You've got your bottles ready, now what? While some parents do feed their babies one at a time, often babies want to eat at the same time. Check out these suggestions for simultaneous feeding success:
- ▶ Feed each baby in a car seat or bouncer seat while sitting between them, either on the floor or on the couch
- ▶ Place each baby in a Boppy pillow while sitting in between
- ▶ Sit cross-legged while supporting the babies on you with pillows or a nursing pillow
- ▶ Alternate holding one baby while placing the other baby in one of the above positions
- ▶ Provide hands-free bottles for the babies
- ▶ Use a bottle-holder

Many people say never prop a bottle, but sometimes a parent of twins needs an extra hand. Use bottle-holders sparingly and always under supervision. Continue to make eye contact and interact with your babies, even when you are not holding them. And whenever possible, do hold and feed them individually. Service with a smile—the rewards are priceless. ♥

Keeping Track

Color-coded bottles help monitor feeding amounts or separate different formula types. You can also wrap a rubber band around one baby's bottles; this is especially helpful during the night when you are sleepy and don't want to turn on the lights (Not for bottles of older babies who might be able to remove the rubber band.) 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.

Burping Basics

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.

Premature Infants

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.

Obesity

Researchers have found no evidence that breastfeeding influenced a baby's body mass index or obesity, one way or the other.

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Cognitive Catch-up in Premature Infants

by John Mascazine, Ph.D.

Megan and Noah
22 months

In a series of three articles, educator and researcher John R. Mascazine, Ph.D., examines the developmental challenges pre-term infants face. Although social-emotional, physical, and cognitive development are interdependent, Dr. Mascazine focuses on cognitive “catch-up” in this first article.

Developmental milestones often cause concern for parents of premature twins. When should they hold their heads up? When should they sit up? When should they respond to my voice? When should they talk? What are some ways prematurity influences development?

Premature infants do not uniformly have developmental problems but their progress depends on several factors. Our concern with premature infants is how they will cope and develop in three areas: physically, socially-emotionally and cognitively. While these

areas are interdependent, we can identify some factors that tend to exert greater influence on one of these areas than another. Providing supportive strategies that promote one area will likely have positive effects on the other areas. For example, we know there is a strong link between language development and social developmental skills, so providing support for early word skills supports social communication between children.

Several factors influence the rate at which pre-term babies

develop. How early was their birth in comparison to the length of their gestation? Were there medical or physical complications that affected the child(ren)? Two other factors that profoundly affect the baby's development include the quality of the home environment and the level of the mother's (or primary parent's) education.

Cognitive development

There are conflicting reports on the cognitive development of premature infants. The data suggest how a child overcomes the effects of a premature birth are related to many factors. Obviously the length of gestation (or how developed the infant was at birth) matters, prenatal nutrition and maternal health matters, and whether there are other physical complications matters. Fortunately, medical science is becoming more capable of diagnosing and treating the needs of premature infants.

While some studies indicate that low birth weight children struggle in school even into their teenage years, other studies have shown quite different possibilities. Some researchers report low birth weight children close the developmental gap by the middle of elementary school. Providing support and attention to children who require more help does make a difference. Parents should consult with their pediatrician and their children's teachers to accurately assess and monitor the developmental progress of their children.

What should my babies be able to do at the end of one month?

You should notice certain behaviors in your baby by the end of the first month. For premature infants, parents should consider how many weeks the infant was premature, and not simply measure progress based on the number of weeks since the child was born. Your pediatrician will be able to accurately assess the development of your children and offer advice.

By the end of the first month parents should notice that their baby:

- Begins to have distinct facial expressions
- Moves around more, flexing arms and legs, exerting more muscle control
- Starts looking directly at objects and begins focusing on objects 8 to 12 inches away from them
- Responds to loud noises nearby or in the background
- Senses smells and touches and responds to the way they are held, fed, rocked, etc.

(General guidelines for months 2 and 3, adapted from www.mayoclinic.com, the Mayo Clinic Web site are on page 20.)

Parents can respond positively and gently to such milestone indicators. In doing so, some researchers believe parents may be able to create a stable yet stimulating environment that is beneficial for cognitive development. Touch and regular contact between mothers and their newborns have nurturing effects on cognitive and emotional development in infants. Affection and gentle touch also build emotional-social trust between infants and their parents.

Developmental delays

Developmental delays occur when a child fails to develop appropriate skills and behaviors at a rate similar to their peers. Such delays may be temporary. They should not be taken as indicators of final cognitive ability or eventual school achievement. The Emory Medical School Web site, www.emory.edu, offers a comprehensive set of documents on delays, written specifically for parents.

How do I promote development in my newborns?

According to the American Academy of Pediatrics, specific parental behaviors can facilitate optimal development in newborns by promoting cognitive, social-emotional and physical development.

- Give consistent warm physical contact to your baby
- Talk or sing to your baby when possible
- Be attentive to your baby's temperament and emotional state
- Provide a variety of objects of differing colors and shapes, sizes and texture for play

■ If you speak a second language, speak to your baby in that language, too.

Research studies have documented the positive effect mothers have on their prematurely born babies if they understand and practice interactive behaviors with their infants. For example, it's beneficial if parents create a climate of interactive learning rather than just learning. Use of rhymes, a wide range of colors and shapes, and a variety of musical sounds to complement learning words is beneficial. In fact, low birth weight infants demonstrated gains in cognitive ability over periods as short as three months.

The most beneficial experiences are those where children receive instructive and positive feedback as they experience their surroundings. As a general rule, the caring and consistent positive interactions with parents (or caregivers) outweighs non-interactive educational materials.

In an extensive report titled "At Risk Does Not Mean Doomed," the National Health/Education Consortium reported on three projects that demonstrated that premature infants receiving early

Premature infants do not uniformly have developmental problems...

Prematurity: age and size

The average gestation period for humans is between 38 and 40 weeks; for multiples, between 36 and 38 weeks. Infants born three weeks prior to their expected delivery date are considered premature. In the United States about 11% of single births are premature compared to about 50% of twins.

Prematurely born infants are sometimes described by their birth weight.

Low birth weight (LBW)	<2,500 grams (5 lbs., 8 oz.)
Very low birth weight (VLBW)	<1,500 grams (3 lbs., 5 oz.)
Extremely low birth weight (ELBW)	<1,000 grams (2 lbs., 4 oz.)



Resource Web sites

- ▶ www.emory.edu/PEDS/NEONATOLOGY/DCP/parents.htm (great detailed info on milestones, concerns and exceptions)
- ▶ www.futureofchildren.org/information2827/information_show.htm?doc_id=80049

intervention were able to show cognitive progress. Recommendations were that parents and early education teachers:

- Encourage exploration by infants and toddlers. Through play and games, parents can introduce their children to varied experiences
- Mentor basic skills and support children as they master new skills
- Reinforce developmental advances, accentuate what a child is able to do
- Rehearse new skills
- Avoid inappropriate disapproval, teasing and punishment when a child fails at developmental skills.
- Provide a responsive and interactive language environment. Parental reactions to a child's responses can be pivotal in how motivated children will be at future learning tasks.
- Make learning experiences fun experiences that span short periods of time that hold the attention of the child.

Frequent periods of interesting play between parents and their infants and toddlers do positively contribute to their cognitive development. It is only through such experiences that children can observe and interact, practicing social and thinking skills that they will build upon in the future. It's important that such interactions emphasize social negotiation skills and not merely object recognition skills. For example, it's much more beneficial for mothers to talk with their children by asking questions that probe what they are thinking, rather than just practicing recall and identification skills.

Can evaluations conducted during infancy be accurate predictors of how my child will perform in school?

While most early childhood researchers concede that many behaviors exhibited in infants are important to later cognitive development, they do not agree that early evaluations will predict school performance, but rather are better understood as benchmarks of a child's development and growth that precede more complex thinking tasks. (Many cognitive skills we test for in older children are not developed or recognizable in very young infants. Measurements of a child's IQ are not even stable until at least 4 years of age.)



Hailey and Sean, 11 months

Mayo Clinic milestone indicators

As you read the indicators, remember that each baby is unique and develops according to a timeline that may not conform to the times given.

By the end of the second month, parents should notice that their children:

- ▶ Recognize the voice(s) of parents or caregivers and respond positively to them.
- ▶ Become more social as parents interact with them. For multiples, this can occur between siblings as they communicate with each other.
- ▶ Become stronger as their neck muscles permit them to support their heads.
- ▶ Have improved vision and can examine more intricate patterns, colors, shapes, etc. They are also able to move their eyes to follow an object that moves in front of them.

By the end of the third month:

- ▶ Express affection by reaching for parents or snuggling in their arms.
- ▶ Play independently with minimal parental involvement for periods as long as 15 minutes.
- ▶ Spend time staring at objects and examining them closely.
- ▶ Move their bodies and hands to grab and hold objects.
- ▶ Speak and create sounds and respond to the words, sounds, and responses of their parents. At this age, babies recognize the voices of their mothers.

adaped from www.mayoclinic.com

Early evaluations usually assess the following areas. (Parents can practice these skills with their children to promote cognitive development.)

- A child's rudimentary language and communication skills
- A child's ability to be attentive to his or her environment or people
- Social behaviors and ways a child reacts to others
- Fine motor development, finger and hand movement and eye-hand coordination
- Gross or large motor skills, using and moving legs and arms to grasp and manipulate objects.

When will my preemie "catch-up" to a full-term child?

It's difficult to say exactly if and when pre-term infants "catch-up" with their peers, but many researchers agree that most prematurely born infants will eventually overcome negative consequences associated with prematurity. Attention to the needs of children as they grow and develop skills from infancy into adulthood will prove most influential. The challenge often is in identifying and addressing specific developmental needs early in a child's life. Parents simply need to be aware of some of these milestones and help their children move toward them.

When should I seek help?

Your children's pediatrician will help evaluate the developmental progress of your children. When students enter kindergarten, they will be evaluated as well.

Conclusion

Parents should be mindful of the milestones of early childhood development. And then, if needed, provide consistent and positive support to help their babies meet those milestones over time. Take comfort that researchers agree that most babies do overcome the effects of prema-

turity and that, despite how you feel, you do have enough time, attention, nurturing and interaction for two or more preemie babies. ♥

John Mascazine, Ph.D., is a reasearcher in the education and assistant professor at Ohio Dominican University in Columbus. He teaches educational psychology and specialty methods courses for future elementary and middle school teachers.



School Placement: Apart or Together?

by Patricia Malmstrom, M.A.

*“It seems foolish
and cruel to have
an arbitrary rule
about the separation
of twins in
school when there
is no need.”*

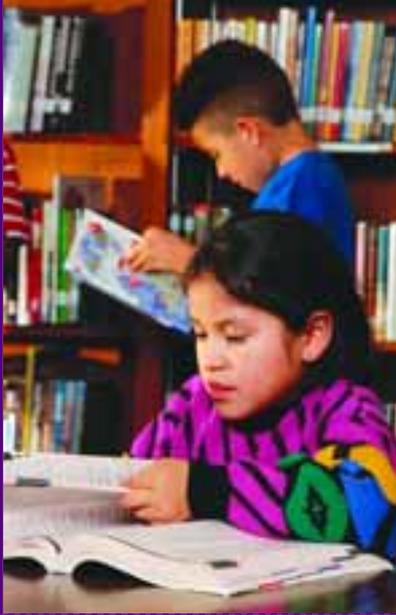
Dr. Benjamin Spock

As infant multiples morph into preschoolers, parental concerns shift from health to social issues. None looms larger than the issue of school placement. The notion that classroom separation is good for all multiples regardless of their ages or situations dominated U.S. school policies and practices in the second half of the 20th century. Thanks to the efforts of parents, researchers and multiples themselves this rigid mindset is giving way to a flexible approach that adjusts to the needs of each individual set of multiples. Research supports co-placement in the early years and for as long as it meets the needs of the children. No research supports separation for its own sake.

From 1978 through 1998 I served as director of Twin Services, Inc., a national resource for parents and professionals with multiples in their care. My staff of social workers, counselors and I responded to

thousands of families on our TWINLINE telephone service and in seminars. A major concern for parents with preschool and primary school-aged multiples was school placement when their children had been, or were about to be, separated against their wishes.

Under the influence of the then-prevalent myth that classroom separation was in the best interest of twins, I had placed my own twin daughters in different first grade classrooms. The separation was not easy for them. They both believed that the child whose teacher structured lessons via readers and workbooks was learning “real” first grade material and that the child who was learning about the solar system and dinosaurs via art projects was being shortchanged. Consequently, every day after school the child with the workbooks labored to teach her twin what she had learned that day.



RESOURCES

Books

TWINS Magazine Special Reports, "Separate Classrooms or Together," and "A Guide for Parents Who Want Their Twins to Share a Classroom" compile all articles on school placement published in *TWINS Magazine* and include detailed discussion of how to handle classroom placement and deal with school officials. \$14.95 for both.

The Art of Parenting Twins, Malmstrom & Poland, Random House/Ballantine Books (New York, 1999); in-depth discussion of factors in school placement decisions.

Entwined Lives: Twins and What They Tell Us About Human Behavior, Nancy Segal, Ph.D., Penguin/Dutton. (New York, 1999); analysis of the differences in the relationships between dizygotic and monozygotic twins and their implications.

Order books and special reports from the Bookshelf at www.TwinsMagazine.com, or by calling (888) 55-TWINS.

Web sites

www.twinsandmultiples.org: Detailed information on school placement decisions and an extensive checklist for discussion of placement decisions between parents and school personnel; result of research conducted by Pat Preedy, Ph.D., principal of an elementary school in England and David Hay, Ph.D., professor of psychology, Curtin University, Australia

www.nomotc.org: The National Organization of Mothers of Twins Clubs' for publications on school placement

www.TwinsMagazine.com: Message board thread, School Days, devoted to multiples in school

The following summer I had the opportunity to meet the psychologist Dr. Thomas Bouchard, director of the Minnesota Twin Study, well known for studies of twins reared apart. When asked about the implications of his findings for parents raising multiples, Dr. Bouchard said that he would never separate twins who want to be together. He went on to explain the value of the special bond between twins as a life-enhancing asset which should be nurtured and celebrated.

On my return home I asked my two daughters if they wanted to go into separate second grades or be together. "Together!" was their unanimous response.

And so, in spite of my worry that placement together would stimulate rivalry between them, they went into the same second grade classroom. I had worried in vain. Not until our parent-teacher conferences did I learn they were in different level reading groups. The girls hadn't bothered to mention it; to them it was "no big deal." That convinced me Dr. Bouchard's approach was correct.

In recent years the research of Bouchard and others has developed a far more nuanced understand-

ing of the twin relationship and twin development than we had when the idea of separating twins for their own good gained currency. In consultation with twin researchers in the U.S. and abroad, my staff and I developed guidelines for the care of multiples including guidelines for schools.

While it might seem that the most effective way to promote the individuality of multiples is to separate them, the effect of untimely separation can be quite the opposite. Unlike single-born children for whom school is often their first opportunity to learn how to relate to other children the same age, multiples have been relating to same-age peers since birth. Ordinarily preschool-age multiples master complex social skills and develop a capacity for

empathy that far exceeds those of the single-born. At this age their mutual friendship anchors their world.

On school entry all children face the challenge of their first prolonged absence from their parents. For multiples this stress is compounded when they also are forced to be separated from each other, their life companion(s). Physical separation does not necessarily promote their individual development. For some, it promotes heightened anxiety about the other(s) and increases their longing to be together. Parents of inappropriately separated multiples report a range of adverse effects such as shyness in otherwise outgoing children, loss of con-

fidence, irritability, aggression, inattention, bedwetting and setbacks in speech.

On the other hand, sets who are placed together seem to find it easy to engage in different activities when they have the option of working together. They also have the benefit of having a teacher available to mentor the balance in their relationship with each other, thereby helping them maintain a healthy fluidity in their interactions. This benefits each child.

As chair of the Council of Multiple Birth Organiza-

tions, a working group of the International Society for Twin Studies, I worked with a cohort of advocates for multiples from around the world to develop a "Declaration of Rights for Multiples." The declaration, which was adopted in 1995, includes the recommendation that public policies foster the annual review of the classroom placement of co-multiples, and the facilitation of their co-placement or separate placement according to the particular needs of each set of co-multiples.

Not all school districts are up-to-date in these matters. And although not all parental challenges to their policies are successful, many parents do succeed in changing the minds of recalcitrant educators. Below are excerpts of recent e-mails from

Parents of
inappropriately
separated
multiples report
a range of
adverse
effects...

three parents who sought my advice this year as they struggled, with mixed results, to keep their twin pairs together in school districts which insisted upon separation of all multiples.

E-mail from a mom: “We have been denied a request to keep [5-year-old twin girls] in the same [kindergarten] classroom by the principal and superintendent of our school system. We are now going before the school board. The only reason that I have been given is that it has been ‘best practice.’ Other than that the only other reason that I can get out of anyone for separation is the fact that the children will be compared in the same classroom and one of them labeled as ‘smart’ and one as ‘dumb.’ We have enlisted the support of an attorney to attend the school board meeting with us.”

Outcome: The school board agreed with the principal, who, under Tennessee state law, has final authority over classroom placements. The girls have been separated. One is having a difficult time in spite of the principal’s permitting her to visit her twin’s classroom. Their mother is looking for ways to have the law changed.

E-mail from a dad: “We are parents of 3-year-old girl/boy twins who soon will be moving from day care where they’ve been since they were 4 months old to a preschool, where they’ll be until they advance to kindergarten. The preschool has an unwritten yet strictly enforced policy of placing all twins and other siblings in separate classrooms. We believe that our children would benefit from staying together. We have challenged the policy [with a packet of letters from authorities and summaries of research supporting flexible placement policies] and have been told that there are no exceptions to the policy. We are now appealing that decision.”

Outcome: The parents’ appeal was denied. They, however, were able to enroll their children in a different school where they can be together in the same class.

E-mail from a mom of 4-year-olds: “My principal called me into his office first thing yesterday morning and apologized for being

“Apart or Together” continued on page 25

Help for a teacher: Look-alikes in the classroom

Dear TWINS Magazine,

I am a pre-kindergarten teacher with one set of monozygotic twin girls in my classroom. They look very much alike and dress very much alike. For example, they wear purple pants and the same patterned shirt—for example, one in light blue and the other in pink. Although their hair is cut the same, they usually wear it differently—two ponytails versus one—unless they wear their hair down. I think you must be getting the picture. Teachers have noticed differences in behavior, such as one being the dominant twin.

Other children in the classroom have no idea which girl is Linda and who is Glenda. Even when a child has a play date with one of them, they will refer to them as “pink jacket” and “blue jacket.” I would appreciate any suggestions.

Rochelle

Response:

If ever there were a “teachable moment,” this is one! You have a wonderful opportunity to teach your preschoolers facts about twins, while also helping Linda and Glenda improve their social skills.

You are quite right to be concerned about the confusion the girls’ similar appearances create. It is difficult to relate to each child as an individual when you can’t be sure which one she is. I hope you will share your concern with Linda and Glenda’s parents and ask their help to improve the situation.

Preschoolers (and the rest of us) are very interested in differences. Without neutral clues such as differences in hair color or height, they may come to rely upon some minute facial flaw, such as a mole, to determine who is who—hardly good for the girls’ self-esteem. Color-coding and contrasts in hairstyles can be a help, but, as you are experiencing, they don’t always have the intended result. When my look-alike twosome were in preschool, we let each one choose a ceramic pin to wear to school; one wore a shooting star and the other a sunburst. The pins eliminated the confusion. Once my girls moved into elementary school and no longer wore the pins, they said they preferred that people ask, rather than guess, their names. They also reassured me when I (their mother!) mixed them up, because they themselves sometimes mixed up other twin pairs they knew.

You mention that the girls have some different behaviors and that one is the dominant twin. It is quite normal for monozygotic twins to behave differently for they are, after all, different persons. Monozygotic twins need opportunity and encouragement to develop their individual potentials, which will no doubt be similar in some respects and different in others. For example, they both may love to listen to music and one may prefer to sing and the other dance, or both may be singers.

Like all children, twins experiment during the toddler, preschool and school years with ways of being in the world and relating to others. Twins are also learning to balance their close relationship with each other. They will adjust their relationship many times over during the course of their early years. Sometimes one will lead and sometimes the other. Parents and teachers need to help the children find a balance that supports their individual needs and their relationship by encouraging each child’s efforts and discouraging behaviors that let one overpower the other.

Avoid labels such as “bold” and “shy,” lest they lock the girls into stereotypical roles that limit their development. Other children may indeed be tempted to break into the twins’ relationship with each other by playing favorites. When my twins were 3, one came home from preschool clutching a pack of gum. A classmate had given it to her when she promised that she would never speak to her twin sister again. I think you have a good chance of preempting this kind of devilry by sharing twin facts with the class and letting the children discuss them with you, Glenda and Linda.

Several excellent children’s picture books about twins are available; you can find some online at www.TwinsMagazine.com, on the Bookshelf page.

—Pat Malmstrom

If you can't say something nice...

She said

I know my husband and I are very competitive and we both like to be in charge. People have always joked about it. We have too, but now we bicker all the time. I think things are OK. It's just that we pick on each other about how we care for the babies and he nags me about exercising, but I am exhausted. I would just like to get three uninterrupted hours of sleep before the twins go to kindergarten. I think I should have the final word because I am the mother. Jeff thinks he should be more involved, but I don't think he has the time. Where is this headed?

Karen

He said

This bickering is driving me crazy. And it scares me. Like Karen says, we agree on the big things, but the day-to-day stuff is eating away at me. It's like we're adversaries, rather than a team. I can't do anything right with the babies. We agree on the big things, but we are constantly on each other's backs about the little things, like don't put the diaper in this trash can, use the other one; don't hold the babies like footballs; or don't let them share pacifiers; turn off the TV; get off the couch; don't move my magazine. Is this as good as it gets?

Jeff

Dear Karen and Jeff,

One of the most important stages a couple has to go through when they have children is the shift from a "me-centered" identity to a "we-centered" identity. This is because there's a heck of a lot less to go around once twins come on the scene: Less time to workout, to sleep, eat, relax, nurture yourself, nurture your partner, and, in general, bask in whatever good feelings there were in the marriage prior to there being twins. If the two of you are competitive by nature, it may take you a little longer to figure out how to make this shift.

Most couples get bogged down in making the transition from "me" to "we" along classic gender lines. In this scenario, the mother becomes the expert and gatekeeper around what's best for the twins and the housekeeping, and the dad either excludes himself or gets excluded by mom's insistence that she knows best. In addition, a dad can get a little more self-focused at just the time when his wife needs him to focus on her and the twins.

Karen, I'm guessing that you fall into the gatekeeper category since you write that a mother should have the final word about parenting decisions. What to do? Well, here it depends what type of marriage you have. Women in traditional marriages believe they should have the final say over the house and kids because that's the deal. Husband brings home the bacon, and wife gets final say over the domestic stuff. In some households, that flies just fine, but yours doesn't sound like

it's one of them. Your husband sounds like he'd like to be involved, and therefore, may not want you to have the final say over what's good for the kids.

My advice is to let him be more involved. Dads who are involved when their kids are young tend to maintain that tie to their children throughout their lives. And kids with involved fathers do better in life than those with noninvolved fathers. If he thinks he should be more involved than he has time to be, let him discover that for himself. The more he does with the twins, the more time you have to decompress and relax.

Finally, it's a common gender difference for wives to want to provide advice and instruction to their husbands. It's well-meaning and understandable, but most men can't stand it and that makes it bad for your marriage. I would recommend not giving advice or instruction, unless it's an emergency. If he wants to carry them like footballs or watch football while he's carrying them, he's the dad, and he gets to decide when it's his shift.

Jeff, your wife is under a considerable amount of strain. As hard as it is for men to become fathers of twins, it's almost always 10 times harder for their wives. Why? Because most women feel a personal responsibility to make sure that their children are thriving in ways that most men don't. Children also lean on their mothers in ways that they don't tend to do as much with their dads. Bearing this in mind, try to not get defensive when she makes recommendations, criticizes,

Coming soon! "Married with Twins" and Dr. Coleman go online in our new message board forum. For the date and time, visit www.TwinsMagazine.com.



Joshua Coleman, Ph.D.

or gives advice. Just say, "OK, thanks for letting me know."

Your telling Karen to exercise is making her feel misunderstood and criticized. I suspect your concern comes from a good place, but it may feel like it's one more thing she has to do on an already really long list. While I agree that exercise is key to reducing stress, your bugging her about it has about as much chance of getting her to do it as her telling you how to change a diaper is going to change your technique.

As I frequently emphasize in my columns, the first five years of having twins is very hard on a marriage. It requires a lot of sacrifice and giving. You both are probably feeling needy in ways that you may have never before encountered. Many couples feel alarmed by how stressed they feel with twins and how much it stresses their marriage.

The best antidote is to show appreciation and gratitude to the other. For now, I'd like to see you both spend time each day telling the other what you think is great about them, and both bite your tongues on the criticism, advice and the feedback. If you do end up saying something critical, make sure you go back and apologize, offer a hug or find some other way to make up.

Remember, it isn't fighting that makes a marriage head south, it's not taking the time to make up and show that you care about each other. ♥

Joshua Coleman, Ph.D., is a psychologist in private practice in the San Francisco Bay Area. He is the father of twin sons and a daughter and the author of *Imperfect Harmony: How to Stay Married for the Sake of the Children and Still Be Happy* (St. Martin's Press). Visit his Web site at www.joshuacoleman.net.

Send your questions to Dr. Coleman at TWINS Magazine, 11211 E. Arapahoe Rd., Ste. 101, Centennial, CO 80112-3851, or e-mail TWINS.editor@businessword.com.

"Apart or Together" continued from page 23

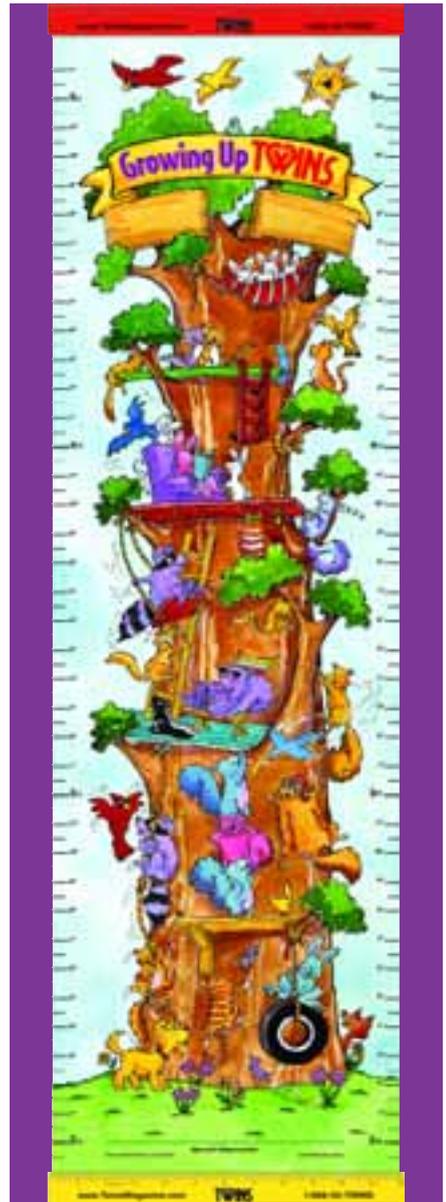
so rigid. He has agreed to keep my babies together for kindergarten. He still wants them separated in first grade, but I will cross that bridge when I come to it. At this time I believe they will want to be separated by then too. If not, well, I guess there will be more convincing."

I believe that school districts like these are a vanishing breed. It is very important, however, that you find out your school's policies regarding placement well ahead of the time your set will start school. Then if you anticipate difficulties in getting appropriate placement for your children, you will have time to prepare and document your request and seek the support of other parents who have tackled or are dealing with similar issues. With persistence and some luck, you may succeed in converting your school's policies for the good of your own and other multiples who will follow.

To sum up, I strongly recommend that school placement be tailored to the needs of each set of multiples, taking into account the wishes of the parents and the children. I also recommend that in the absence of compelling evidence to the contrary, the initial placement of multiples be together. It is much easier for a school to find a place in another classroom for one of the children, if they are unhappy together in the same room, than to make room for twins to be reunited if they suffer negative consequences from separation. Furthermore, the placement of multiples should be revisited every year, just as it is for single-born children, to make sure their classroom placement matches their current needs. ♥

Patricia Malmstrom, M.A., is an early childhood educator, director of Twin Services Consulting, co-author of *The Art of Parenting Twins* (Ballantine Books, 1999), and mother of four adult children including twins. E-mail her at twinservices@juno.com.

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At Johns Hopkins Children's Center in Baltimore, Sept. 11 took on a new significance this year when Faithful and Favor Sobowale-Davies were successfully separated in a relatively brief six-hour surgery. The twins, born in Lagos, Nigeria, on July 16, 2003, were joined at the abdomen and sternum (chest) and their livers were fused. The greatest risks for the twins were anesthesia and surgical complications including bleeding, closure of the abdominal wall and infection. The twins did not experience any complications and their prognosis is good. The girls and their family returned to Lagos on Oct. 26, 2003, to a state reception.



Faithful Sobowale-Davis (top) in the recovery room following separation surgery; Favor, her sister, one day later. Photos by Johns Hopkins Children's Center.

Conjoined twins: Intimacy and independence

by Joann M. Amoroso

An increasing number of stories about conjoined twins have filled radio, television, magazine and newspaper reports in the past few years. Why are so many conjoined twins in the news? Are conjoined births on the rise? What happens after the dramatic separation surgeries for these children? What is it about them that continues to intrigue us?

The Stark family's story

Conjoined twins are a subset of monozygotic twins and have been estimated to occur just once in every 70,000 to 100,000 births. James and Emily Stark of suburban Denver, Colo., faced the reality of those statistics three years ago when Emily gave birth on March 9, 2001, to Alexandra and Sydney, conjoined at the base of their spines.

An ultrasound performed at about four months had shown the twins were conjoined in the pelvic area. A week and a half later, a MRI became a decisive crossroads for both Emily and James. "We were interested in quality of life and getting a clear understanding of what we were dealing with," Emily said. It was one-and-a-half weeks before Christmas, and the Starks agreed that they each would make a decision on their own, based on what the MRI revealed.

"Doctors told us from the beginning that the girls were very separable. The best case scenario was no ill effect and the worst was the twins could be paralyzed from the point of conjoinment down. After the MRI, we were rushing to the airport when James said, 'We're keeping them, right?' It was better than 'I do' because I knew we were both on the same page. We became totally focused on getting them into the world alive and healthy, because the odds were not good," Emily explained. "Only one in four conjoined twins are born alive and of those live births, 85% die within the first 24 hours."

Emily spent a month and a half on bed rest, trying to consume ample protein and keeping hydrated. The girls were born by Caesarean section at Exempla St. Joseph's Hospital in Denver. They would face three surgeries before the actual separation. One of the critical surgeries was done in June to implant tissue expanders. This technology was developed initially for cancer patients but is used in conjoined surgeries to encourage the growth of tissue that will be used to cover the wounds resulting from the separation.

Caring for the girls until the separation surgery was both challenging and extraordinary. The Starks took several cues from the nurses on meeting their day-to-day needs, including using one diaper. "It was like having a singleton, only double wide," Emily recalled. They were able to snap two onesies between the joined part of their daughters, allowing the girls to have their own outfit. James was actually concerned about being able to hold them once they were separated,

as it was natural to cradle the girls at their conjoinment.

At birth the girls had weighed a total of 7 pounds, 15 ounces. Seven months later, they were a combined healthy 30 pounds and ready for the separation surgery. On Oct. 9, 2001, at Children's Hospital in Denver a medical team consisting of 57 members led by Dr. Joseph Janik, pediatric surgeon, performed the separation. This was the first time any of them had separated conjoined twins.

The surgery took 15½ hours, including two hours of prep time just to label feet and position the girls. The first incision was made at 9:57 a.m. and at 6:04 p.m. the final piece of cartilage connecting the girls was cut and they began their lives as separate miracles. Hours later both girls were able to move their legs and the separation was deemed to be the best of all possible outcomes.

When they went home, Emily and James thought the girls would be comforted by being near each other and put them in the same crib. The girls cried and screamed and Sydney threw up. They have shared a bedroom, but not a crib, ever since.

The girls are busy, caring 3-year-olds who love monkeys. They share easily with each other and are learning to share with others. They have undergone some fascinating changes since the surgery.

"When they were joined, Sydney was my rascal. She had to be in Lexi's neck when they went to sleep and would fight until she got it. She was stubborn. Now she's the flexible one. It's like they switched roles," Emily remarked.

STATISTICS

- ▶ About 1 out of every 70,000 to 100,000 births (and about 1 out of every 200,000 live births) are conjoined
- ▶ 25% to 40% are stillborn
- ▶ Of the remaining sets of twins, 25% to 75% will either die (one or both) or will live out their lives handicapped.
- ▶ Of the survivors, only a very small number are selected for surgery.
- ▶ 70% of all conjoined twins are female
- ▶ About five unseparated adult pairs are living today.
- ▶ About 200 pairs of conjoined twins are born worldwide each year; about 40 of those in the U.S.



Lexi and Syd Stark are healthy, rambunctious 3-year-olds who love monkeys and reading. Apart from scars on their abdomens, there is no evidence they entered the world as conjoined twins. Photos by Murray Elliott

The girls bear scars that astonishingly look like the other sister's first initial. Syd has a distinctive L-shaped scar and Lexi has an S. The Starks have shared the girls' story with their daughters and they play a game finding the scars. Emily is grateful to have wonderful documentary tapes of their journey, which the girls have seen and will come to understand more fully as they grow up.

They have settled into a life of preschool and playing, with several doctors now telling Emily that they don't have to come back for a year or two. The only remaining health issue for the girls is scoliosis, or curvature of the spine, which appears to be correcting itself as they grow.

Emily remembers what Jim's grandmother had said to them during the pregnancy: "God must think you are very special to be given this gift." She says the greatest lesson for her and James has been to count their blessings and not take things for granted. Emily, a former Miss Colorado 1995 and Mrs. Colorado 2002, finds time to speak professionally about the lessons she has come to understand through this extraordinary journey. "God does not give you what you cannot deal with without his help. At the time, I don't think Jim and I realized that until we went through the tougher times. We did not come up with the whys or what ifs or the how comes. They weren't necessary. Once we made our decision, there was a sense of peace before all the things started happening. God confirmed our decision in many ways as we went through the whole journey."



Janelle and Shawna Roderick, age 7

The Rodericks: Conjoined Twins International

On May 1, 1996, Jeff and Michelle Roderick of Prescott, Ariz., also started the daunting journey to separate their daughters, Janelle and Shawna, who were joined facing each other at the liver.

The Rodericks were one of the first, if not the first, family to allow the national media to follow their story. The girls' maternal grandparents, Will and Diane Degeraty, head

up Conjoined Twins International, an organization that lends support to families with conjoined twins.

"It's really important for families who are facing this to find out all they can. There are so many decisions to be made," Michelle explained. The Rodericks allow the media to update their story to get the word out about Conjoined Twins International and how it can aid families in need of support, referrals and information. The organization also supports research and educates the public.

Michelle says that in reaching out to others, others have

One surgery can cost up to \$2 million; doctors often volunteer their time and nonprofits or special fundraising efforts pick up other costs.

reached out to them. When they were preparing for the birth of their daughters, another family with daughters similarly conjoined came to the hospital, talked and prayed with them. While that family preferred their privacy, it truly helped the Rodericks to know that "if they can get through it, so can we." The Roderick twins were separated when they were a month old at Loma Linda University Children's Hospital in southern California.

Jeff and Michelle both found time in their busy lives to finish their master's degrees when the girls were 2 years old. Shawna will face breastbone reconstructive surgery within a year, but other than that the girls are healthy. Janelle and Shawna are now active second graders attending school in a one-room schoolhouse where their mother is the teacher.

Michelle says Janelle and Shawna have taught Jeff and her to be patient with life, hold on to their faith in God through the tough spots and to focus on the good. She is both gracious and candid when asked about her daughters and their story, in the hopes that it will help someone else. "I am a school teacher and it is natural for me to want to share with others."

Medical Advancements

According to the BBC, there have been about 200 separation surgeries, with 90% of them undertaken in the past four decades. Until the mid-20th century, separations were only attempted if the

conjoinment was simple and the children had survived for several months. The first documented separation was in 1689 in Switzerland and both twins survived. Technological advances make more complex separations possible today, with greater chances of survival.

“There is a tendency for better survival because each case is an added experience and surgeons talk with each other. Imaging with MRI makes better preparation before the surgery,” Geoff Machin, M.D., Ph.D., explained. “Some cases are not selected for separation because it is clear they will not succeed. These factors, as well as the surgical techniques themselves, make big differences to survival.”

Dr. Ted Votteler, a retired Dallas Children’s Medical Center pediatric surgeon, has been involved in seven separation surgeries. He cites several reasons for the recent successful separation of Egyptian brothers Ahmed and Mohamed Ibrahim, achieved at Dallas Children’s Medical Center. Experienced neurosurgeons had six months of careful investigation and models of the blood supplies connecting the twins to study. In addition, a specialized operating table was constructed, allowing the surgeons to rotate the twins 360 degrees.

Careful study is not always possible, given that the health of one or both of the twins can dictate an emergency separation. Six of the seven surgeries performed by Dr. Votteler were done as emergencies, several within hours of the birth. Dr. Votteler speaks with pride of the surviving twins from those surgeries. In his first two cases, one twin survived each surgery and both of those children are attending college. With the next set, both survived and one of the twins is attending graduate school. In the fourth surgery, the surviving twin has completed high school despite a major hearing defect.

While Dr. Votteler’s respect for and pleasure in these successes is apparent, so is his concern for the families he continues to follow. He is currently working on a paper addressing the long-term followup of conjoined twins who have been separated. He plans to submit it to the *Journal of Pediatric Surgery* for publication later this year. Dr. Votteler explained that in his six cases starting in 1978, “there have been no deaths after the separation surgeries.” This unfortunately, is not always the case.

Significant complications, severe abnormalities, underlying medical issues and even harsh world conditions can all affect the quality of life and even survival for twins who are successfully separated. In addition, ethical and moral issues have arisen in the cases where one twin’s deterioration jeopardizes the survival of a stronger conjoined twin, particularly with conjoined hearts.

Occurrence rates and causes

While the occurrence of twin conjoinment is rare and the rate does not appear to have increased, the reasons are still unknown. “Causation is not really known; however, in my work with twin parents who want zygosity testing for their twins, it is clear that monozygotic (MZ) twins do sometimes run in families,” Dr. Machin explained. “I think there is at least one gene for MZ twinning and I think it acts in some way to make the surfaces of embryonic stem cells less adhesive. They are more likely to drift away from each other and form twin clones, including conjoined twin clones.

“With regard to the actual origin of conjoined twins, the event



Janelle and Shawna Roderick were separated one month after birth. Their maternal grandparents founded Conjoined Twins International.

FACTS We turned to TWINS Magazine Zygosity Puzzle columnist and fetal pathologist Dr. Geoff Machin, to clarify wide variations in occurrence rates quoted in conjoined literature. Dr. Machin comments that although it appears there is an increase in conjoined twin births, media coverage makes the incidence “more apparent than real.” He also explains that overall frequency cannot be accurately stated because “a high proportion of cases are either naturally miscarried or the pregnancies are terminated following an ultrasound diagnosis (usually around the dating ultrasound at 18 weeks).” Variations in stillborn and early-death rates are also impacted by termination and surgery, options that are not readily available outside the U.S. Dr. Machin also questions a common statement in the literature that conjoined twins occur more frequently in India and Africa. “Their birth rates are absolutely massive which is why they have many cases of conjoined twins each year, but the frequency is probably no different anywhere else in the world. It is interesting to note that the frequency of MZ twins per 1000 pregnancies is almost constant worldwide and therefore you would expect conjoined twins to be fairly even also.”

does occur quite late, at about 13 days post-conception. The embryo nearly managed to hang in there and resist attempts to make it twin. That is why conjoined twins are really halfway between being twins and being a singleton,” Dr. Machin continued. “There is controversy over whether conjoined twins arise by incomplete fission into

gynecology, Long Island Jewish Medical Center and St. John’s Queens Hospital; and assistant clinical professor, department of obstetrics gynecology and women’s health, Albert Einstein College of Medicine, Bronx, N.Y., continues to look into MZ twinning. His research projects are published in the *Journal of Reproductive Medicine*.



Setup for separation surgery can take hours. Medical team members prepare the surgical suite at UCLA’s Mattel Children’s Hospital for the separation of Maria de Jesus and Maria Teresa Quij-Alvarez. Photo by Scott Quintard/UCLA Photography

two separate twin bodies or whether there are two bodies that somehow fuse back together. There is no way of knowing which is true, because it cannot be observed. I favor incomplete fission myself, because I do not think two bodies can so exactly fuse back together and become so deeply interconnected in their internal organs. It seems very unlikely to me, but not everyone agrees.”

One antifungal medicine, griseofulvin, carries a warning regarding the possibility of conjoinment as a side effect. That warning is one of the first findings to point to any environmental cause or exposure. “There are animal models for conjoined twins including the use of cytotoxic drugs (vincristine) in mice. I do not know if the griseofulvin risk is very high,” Dr. Machin said.

Gary Steinman, M.D., has been researching monozygotic twins, including conjoinment. “My studies have pointed to the increasing incidence of monzygotic twinning in women over 30. Also, much like dizygotic twinning, this trait seems to be genetic because a number of extended families have several cases of such twins, a much higher incidence than occurs randomly. Also, I believe that reduced calcium has much to do with this [MZ twinning].” Dr. Steinman cautions that it is “important to differentiate between speculation and what is supported by actual data.” Steinman, attending physician in obstetrics and

Global drama

When Lori and Reba Schappell were born conjoined in 1961, their parents were approached by a circus and the girls were secluded in an institution for their early lives. Today they live alone in Pennsylvania and lead successful lives. They are the only pair of unseparated adult twins alive today who are joined at the top of the head. They do not want to be separated, nor does their family want them to be. Lori explains their beliefs: “God made us this way and He had a purpose for us and you do not ruin what God has made.”

Dr. Alice Dreger, a medical historian at Michigan State University, has raised ethical issues surrounding

separation, especially if it involves the sacrifice of a weaker twin in an attempt to save the life of the stronger. The risks involved in any separation surgery can challenge the medical community and the family to explore their deepest held beliefs, fears and hopes.

The coverage of the advancements has put a human face on a rare and challenging situation. The pejorative term “Siamese twins”—coined to describe Chang and Eng Bunker who were born in Siam in 1811—has been replaced today with the accurate “conjoined twins.” As teams of doctors all over the world work diligently to save and separate children, people around the world watch, pray and contribute to the financial needs of the families. Media coverage is intense and international, with tragedies mourned and miracles celebrated. Nancy Segal, director of the Twins Studies Center at California State University Fullerton was recently quoted in the *St. Petersburg Times*: “...conjoined twins uniquely capture the conflict between our desires for intimacy and freedom.” And perhaps that dichotomy captures our imagination and holds our attention as we follow the journeys of conjoined twins around the world. ♥

Joann M. Amoroso, a freelance writer who lives in Englewood, Colo., with her husband and 6-year-old triplets, writes the Threesomes column which runs in alternating issues of TWINS Magazine.

Recent separation updates

Tiesha and Lesha Turner were born April 19, 1991, joined at the chest and abdomen. They were successfully separated June 9, 1992, at Texas Children's Hospital. This surgery was the first to use silicon balloons as tissue expanders prior to the actual separation surgery. According to Dr. Votteler, tissue expanders are a critical step in any separation surgery. Without adequate skin to cover the separation wounds, the chance for infection greatly increases. The girls suffered some early setbacks including bowel obstructions and pneumonia. Tiesha stayed in the hospital longer than her sister and was released Oct. 15, four months after the surgery. At their five-year reunion, the doctors saw two active sisters who love to swim, ride their bikes and lead independent lives.

Maria de Jesus and Maria Teresa Quiej-Alvarez were born July 25, 2001, joined at the head, which occurs just once in every 2 million live births. They faced opposite directions and were unable to sit up. They were successfully separated at UCLA's Mattel Children's Hospital on Aug. 5, 2002. Hours after the initial separation surgery, Maria Teresa developed a subdural hematoma, a buildup of blood in the brain. A pump was surgically installed to drain the fluid. Four months after returning to Guatemala, she contracted e-coli bacteria around the pump, which resulted in meningitis, causing a severe neurological setback. Developmentally, she lags behind Maria de Jesus and likely will continue to do so. Maria de Jesus is an active 2-year-old who has "blossomed" and, by all reports, speaks both Spanish and English words. Both girls require more physical and occupational therapy, as well as plastic surgery to improve the shape of their skullcaps and to normalize their hair pattern.

In 1986, **Hassan and Hussein Abdulrehman** were born conjoined at the chest and pelvis. They were successfully separated at Great Ormond Street Hospital in London. In a recent television documentary, the brothers explained that they had initially kept their conjoinment a secret from classmates. As teenagers they have found acceptance and are thriving in high school. They shared just two functioning legs between them and each has mastered the use of a prosthetic leg. They never play on the same soccer team, claiming it would give a team too great an edge. When they were young, Hassan was not expected to survive. Hussein surprised his mother when he said he never would have forgiven her if Hassan had died after separation surgery.

Stella and Esther Alphonse, born in Tanzania in November 1999, were successfully separated a year later at the Red Cross Hospital in Cape Town, South Africa. The girls and their mother stayed for almost a year in South Africa, receiving rehabilitation and support. Upon returning to their village in southern Tanzania Esther

died from malaria. Stella is being treated for incontinency in a Dar Es Salaam hospital. An Atlanta, Ga.-based charitable organization, ChildSpring International, stands ready to assist the family if further surgery is warranted.

Ahmed and Mohamed Ibrahim, 2-year-old Egyptian craniopagus twins were separated Oct. 11, 2003, at Children's Medical Center



A specially designed table that could be rotated 360 degrees was crucial to the successful separation of Ahmed and Mohamed, according to neurosurgeons. Photo courtesy of Amy Waddell/UCLA's Mattel Children's Hospital

in Dallas; at the end of October Mohamed sat up for the first time in his life. A safe covering for their skull wounds has become more important as they begin to move around. Tissue expanders were used to provide a covering for the initial wound. A local company, Biomet, is working with doctors in Dallas to address the need for material that can accommodate growth and minimize the risk of infections that arise with the use of synthetic materials.

Carl and Clarence Aguirre, craniopagus twins born in April 2002 in the Philippines are undergoing a series of groundbreaking surgeries at Montefiore Medical Center in the Bronx to gradually divide their blood vessels in advance of a final separation procedure. James T. Goodrich, M.D., director, division of pediatric neurosurgery believes this staged process "will

reduce the risk of bleeding, require less anesthesia, reduce swelling of the brain and allow for continued rehabilitation."

Tests done in Manila revealed separate brains but a shared major vein, which drained blood away from the brain. Working on that vessel is the most dangerous and difficult part of the surgery. On Nov. 24, 2003, a successful surgery gently pried apart 50% of the surface brain areas that abutted, in addition to tying off more than half of the veins located in the front and side of the brain. On Feb. 20, the riskiest portion of their staged surgeries was completed when doctors separated bone from blood vessels and a major shared vein was divided. Carl performed his "wobble dance" and Clarence offered a "high five" just a day after this successful surgery. The staged procedure is being done, in part, as a result of lessons learned during the separation attempt of 29-year-old Iranian twins Laden and Laleh Bijani in August 2003. Doctors said the two women lost too much blood during the 52-hour operation to survive. ♥

Web sites

www.conjoinedtwinsint.com Conjoined Twins International, P.O. Box 10895, Prescott, AZ 86304; (928) 445-2777

www.bbc.co.uk/science/horizon/2000/conjoined_twins_transcript.shtml Interview with the Schappell sisters, believed to be the oldest living female conjoined twins in the world; also a discussion among noted surgeons and Dr. Alice Dreger, medical historian at Michigan State University, on the ethics of separation.

Visit www.TwinsMagazine.com for a list of the basic types of conjoined twins.

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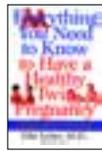
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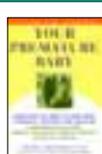
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PREMATURE

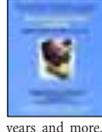
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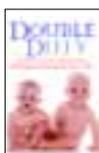
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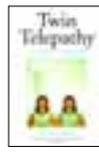
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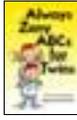


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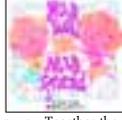
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Mary Bond

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“Without separation there is no individual existence.”



Emma and Greta, 3 years

I used to think that I was interested in identical twins because I am an identical twin. Then some years ago it occurred to me that the world has a fascination with identical twins. On an experiential level I already knew this, because of the attention I received as a twin.

People would always look at us, make a fuss over us and ask all kinds of questions, such as, “What does it feel like to be an identical twin?” Most of these questions were impossible to answer.

I discovered a twin list on the Internet where twins exchange all kinds of information, including responses to these frequently asked questions. One response was to the question “What does it feel like to be a twin?” was “What does it feel like to not be a twin?” People are often puzzled by these responses, as if the twin is just being difficult in not giving the information that was requested.

I began to wonder what was really being asked. What was the real question underlying the “what’s it like to be a twin” question?

An identical twin told me the following story. She went into a beauty salon to have her hair cut. While she was there she saw a set of identical twins sitting under two hair dryers, deep in conversation with each other. She looked at them and found herself wondering, “What does it feel like to be so identical?” With a shock she realized her thought and laughed at herself since she was an identical twin. Even identical twins are fascinated with identical twins!

You, me and we

by Lynn Perlman, Ph.D.

What is this fascination?

I think this fascination involves the concept of individual identity. Man is born whole, undifferentiated from the rest of the universe. With the advent of psychological development, a division slowly evolves in which the human is no longer one with the environment, but becomes differentiated, split off from what he or she once was part of. Without separation there is no individual existence. We live in this paradox: People wish to be individuals, but would prefer not to know the other side of that experience, which is to not exist as an individual.

Before the time of full psychological separation and the development of individual identity, we live in a world that straddles these experiences. We are no longer “one” with the world, nor are we fully aware of separation. The twin is the symbol of that time.

When people see identical twins, I think they have a feeling of the uncanny, an

unconscious memory of not being fully differentiated. There is a wish to be able to exist as an individual and yet not to do so. It is my belief that the experience of identical twins symbolizes these universal longings, to return to a time before the knowledge of aloneness and death, to be one with the world. This is part of the human longing to be loved. Being loved is the experience of feeling completely understood by another human being, of being alike, of having a soul mate, of not being alone.

The twin provides, in human imagination, the possibility to be both differentiated and not differentiated at the same time. The fascination with twins arises out of this potential. It allows for simultaneously being an individual and being merged with the other. It eliminates the pain and loneliness of individuality while still remaining individual. It is a fascination felt by all, including identical twins.

Because of the nature of their experience, however, I believe that twins feel these longings more intensely than non-twins. After all, twins have shared the same womb, being together for all those months before birth and before psychological separateness. Identical twins have even shared the same embryo. Therefore, the longing to be together would be infinitely more intense.

An article in the *Worcester Gazette* entitled “The Rescuing Hug” (described the experience of twins born prematurely and put in separate incubators. One of the twins went into critical condition and the nurses,

unable to stabilize her, feared she would die. With the parents' consent, they put the twins together in one incubator. The healthy twin snuggled up to the ill twin and the ill one immediately calmed down. Within minutes her blood oxygen rates were the best they had been since she was born. As the ill twin dozed, the healthy twin wrapped her tiny arm around her sister. (To view the photo, search for "The Rescuing Hug" on Google.)

The identity issue

Understandably, one of the main issues twins have to deal with is that of identity.

As I previously mentioned, we all go through a period in our early stages of development when we become differentiated from our mothers and from the external world. This process is additionally complicated for twins. They must differentiate not only from mother—the primary separation—and from the external world, but also from each other.

We all begin life without knowledge of ourselves as separate beings physically, mentally or emotionally. Newborns don't know that they have bodies, have hands and feet they can control. This is an understanding they slowly acquire in repeated interactions with their environment. Similarly, a sense of identity is created in these repetitive interactions with our environment. We begin to discover who we are by separating ourselves out from the rest of the world.

The process of separation

This process begins around 6 months of age. Parents discover that a baby who previously would let many people hold him will no longer do so. We call this "stranger anxiety" and it implies that the baby has begun to separate people, including himself, from the general oneness of the environment.

Interestingly, psychological researchers have found that between the ages of 6 and 10 months twins seem to become highly aware of each other while being averse to

gazing at each other. It is as if in this time of initial separation and individuation the presence of one so similar to oneself is somehow troubling. The similarity, the existence of this double is avoided by not looking.

I studied transcripts of interviews with three sets of female identical twins. They ranged on a continuum from fairly well differentiated to painfully undifferentiated.

The least differentiated were a set of female twins married to a pair of male twins. The four lived together in one household, raising their children jointly. In all of the sets, one twin was more dominant than the other and the less dominant twin seemed to need her co-twin more. Yet, it appeared that the more dominant twin was more opposed

to further differentiation and separation than the less dominant one. It was reminiscent of couples where one partner is dominant, but whose feelings of superiority depend upon the other being inferior.

Developing an understanding of oneself as an "I" means repeatedly being able to separate oneself from the rest of the world.

Helping twins become 'I'

How we help twins accomplish the task of developing their own identities must be done on an individual basis. No one answer is right for all twins.

The fact that twins have a constant companion with whom they must share their mother and their lives, from conception onward, complicates this task. The fact that mother will often treat them as a unit further complicates things. Feeding, bathing and diapering twins together makes an exceedingly difficult task easier, but it is vital to understand that experiencing and treating their twins as individuals helps their children be able to experience themselves as individuals.

What we feel is communicated to kids (even without words) and has a profound influence on their development. When twins have their diapers changed, or are fed

by a parent, it is both a physical and emotional experience for each one. It feels different to that child when he is getting that parent's full attention rather than partial attention. (A parent could be distracted for a multitude of reasons, many beyond her control.) Even an infant can comprehend that mom is truly interested in knowing and aiding in his or her individual development. Those feelings are communicated to the infant or child and are helpful in the process of development.

I have many stories from twins I've worked with who describe severe trauma from being separated. I also have stories of twins suffering trauma from not being separated. In making the decisions to keep twins together or to separate them we must look at them as individuals in individual situations and then evaluate whether being together or being separated is what is called for. Similarly, regarding issues of wearing the same clothes, sharing birthday parties, having play dates together and so on, we must look at the twins as individuals and explore, with their help, what is to be done. While we don't necessarily accept their judgment as the final determinant of what we do, including their wishes in making our determinations certainly increases the possibility of having our decisions be healthy ones for our twin children.

The benefits of twinship

Most twins I have worked with express the feeling of having been blessed to be born a twin, regardless of the complications involved. They point out that they have a head start on human relationships, having shared a womb together. In helping twins develop into healthy individuals, secure in their own identities and able to form satisfying and fulfilling relationships with others, we are doing a job that must be done with all people. The job certainly is complicated by their twinning, but perhaps when it is accomplished they have an ability to be close with another person in a way that is somewhat different from a non-twin, and satisfies an intense longing in the human condition. ♡

Lynn Perlman, Ph.D, is a psychotherapist and lives in Newton Highlands, Mass.,



Allie and Abbey, 17 months

I am a grown fraternal twin. I grew up in a time when nobody thought about twins having their “own” identity. Yes, our names rhyme so cutely. Yes, we were dressed alike: One wore a pink dress and one wore the same in yellow. Yes, we shared a room with matching bedspreads and pillows, celebrated birthdays together with only one cake, opened the exact same toys on Christmas morning, played with the same little boys and girls and were placed in the same classes at school.

Years later, after all that, I am happy to report that neither my sister nor I is bitter. We are not in therapy or having an “identity crisis.” And we do not hate our parents. On the contrary, I fondly remember the almost deferential treatment my sister and I received growing up simply because we were twins. I felt special because I was a twin.

I also remember always having an available confidante wherever we were—on vacations, during snow days, at school. Because I was shy, I could count on my outgoing twin sister to pave the way for me in any situation. I was able to face new people and places simply because by being there she eased my anxiety. Of course, at times I thought of being “single.” Just as most people wonder what it would be like to have a twin, I wondered what my life would be without one. But I was and still am quite happy being a twin.

The secret to my sister and me being content as twins is really not a mystery. It is a testament to my parents and their common sense. When my sister and I were 6, we decided to wear different

clothing; my parents did not argue. When my sister and I were 9 and tired of sharing a room, we fortunately had enough bedrooms so that I could “move out” with my parents’ blessings. When we were 18, my sister and I chose to separate and attend different colleges. My parents financed and supported that decision. In our family unit, I feel we grew up as siblings rather than twins. My sister and I are best friends still. We are in contact with each other every day. Neither one of us has suffered a bit for being a twin.

Born With It

by Sandra J. Brill

It seems to me that today, parents try to neutralize their children’s twin status; either by making them exactly equal in all ways or trying to constantly point out that their twins are individuals. They do not want to be resented or have the twins resent each other. Of course your twins may look alike. But you know from their first cries, their first bottles, their first dirty diapers, that your babies are unique individuals.

So, I say, enjoy your twins. Indulge yourself and dress them alike as babies and toddlers. They look cute and they are never going to remember it. Later on, they will see pictures and moan and groan but no harm was done. Go ahead and buy the same toys. Let them share a room.

As they grow, your children will let you know what they will tolerate as twins and how they want to be treated as individuals. If you follow their lead, a balance will be achieved that will satisfy everyone. ♡

Sandra J. Brill, the mother of two sons, lives in Madison, N.J., near her twin.

One day while I was eating lunch at the local deli, I heard a familiar voice among the crowd of people at counter. It was my ex-boyfriend Bryan who had broken up with me three months previously, without explanation. Not knowing what to say I mumbled, “Hello, Bryan.” As he stood there with an intense look of wonder on his face, I thought, he is probably kicking himself for breaking it off. How wrong. For someone who previously had nothing to say to me, he had the audacity to ask, “Which one are you?” I had been his girlfriend for seven months and he couldn’t tell the difference between me and my twin sister Chrissie. I scowled at him and replied, “I’m the evil one.”

In fact, most of my acquaintances asked, “Which one are you?” Answering seemed pointless. Inevitably, the same people would end up asking the same question the next time they saw me. Either that, or they’d play the name-guessing game. My parents, too, resorted to name guessing when the let’s-make-it-absolutely-impossible-to-tell-our-twins-apart dress code backfired on them.

Growing up, two other phrases played on my ears like a broken record. The first and most popular phrase, “one of the twins” made me feel like I was a left shoe.

Automatic association with the half of Mom’s embryo didn’t end there. My parents, relatives and peers often referred to my sister and I collectively as “the twins.” Everyone else I knew had names, but Chrissie and I were branded as a team.

During the teenage journey of self-discovery, cutting the

parental umbilical cord was easy. The hardest challenge I faced was my inability to break free from the twin umbilical cord. Along with all the cliché phrases I heard as child, peers constantly asked if my womb-mate and I had ever pulled the famous boyfriend/classroom switch or if we could feel each other’s pain. When asked if I felt Chrissie’s pain, I’d clutch my foot, moan and then say, “Sorry, Chrissie just stubbed her toe.”

The twin stigma

by Jacqueline Manning

From my experience, I have come up with some tips for parents of identical twins:

First, what’s in a name or a nickname? Distinction. I’m very grateful that at least my name was clearly different from Chrissie’s. So please,

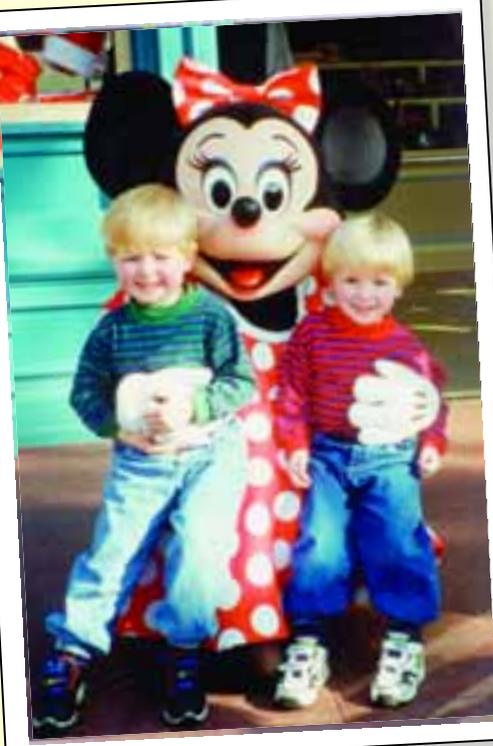
leave the rhyming to the poets.

Second, for years I watched my parents delight in people gawking at their dressed-alike look-alikes. This adds to the lack of physical uniqueness, and you can bet that that fashion faux pas is going to backfire.

Last, don’t tag-team “the twins” in conversation or refer to each one as fractional parts of a set. Otherwise, like me, they may end up feeling like a cheese-less pizza.

After all, how would you feel if no one could figure out who you are? It gives literal meaning to the philosophical question, “Who am I?” And by now the answer must be painfully obvious: I’m the one who doesn’t like to be asked who I am. ♡

Jacqueline Manning lives in Marion, Conn., far from her twin Chrissie.



Andrew and Alex, 3 years old

For many families a trip to Disneyland in California or Disney World in Florida has become a must-make trip, the ultimate family vacation, a pilgrimage to an icon of American culture. The amusement parks are huge, and can be exhausting. A little pre-planning can make the difference in a successful visit, or an I-wish-we'd-never-done-that trip. Here are some tips from subscriber and message board member Tara Laine Hoffman, a mother of twin boys who lives in Clermont, Fla.

the Insider's Guide to Disney World

Greetings from the Mouse House. We live close enough to Walt Disney World to actually see and hear the fireworks every night.

Anticipation, half the fun

If you really want to build up the excitement, you might stop by the Disney Store online and secretly buy Mickey stationary. Mail each twin a note from Mickey stating how much he's looking forward to seeing them.

Be prepared

Bring bottled water with you and refill at a water fountain in the park—a real money-saver.

Dress in layers. Depending on the day, it can go from really hot to comfortable to chilly. Stick a light jacket or windbreaker in your park bag. Do not break in new shoes, even sneakers, for this trip.

Name tags

Unless you're worried about other people knowing their names, it's sometimes fun to have your twins wear a personalized T-shirt or a name tag. Many times the cast members and the "human" characters will see those and will call your children by their names. That can be so neat for a little one, especially if they've forgotten they're wearing a name tag: "Wow, Cinderella knew my name."

Birthdays

If you ever go near your twins' birthday, get them a big ribbon or button that says "birthday boy" or something similar. Characters will often notice and wish them happy birthday or offer special treats.

Autographs

Buy autograph books and big fat pens before you leave home. With a ribbon or string, tie a pen to each book. (Some of the characters wear heavy gloves, so a big pen is easier to handle.)

Pace yourself

This is a big trip, but please resist the urge to "do it all." My husband

and I have season passes, and it amazes us how many meltdowns occur in the "happiest place on earth." In almost every case, it's a situation of overtired and overstimulated. Pace yourself and enjoy watching your twins explore and discover.

If you stay just outside the park, you might even consider a quick nap in the afternoon, before heading back to see the fireworks and night lights. The hotel pool will be refreshing and as enchanting as the Magic Kingdom. Be prepared for your twins to want lots of time in the water.

Character Meals

Be sure to include at least one Character Meal during your visit. It's a great way to have one-on-one time with some of the favorite characters. These usually are nothing more than regular meals, but they're special because the characters make their way around the room, stopping at each table. You need to make "priority seating" arrangements for character meals by calling (407) WDW-DINE (939-3463). We have called them on our cell from in front of the restaurant. It's not a reservation but a place in line, so it's a great way to avoid wasting time standing in line and no sweat if you miss one.

Tickets

If you buy "hopper passes," they never expire. In other words, if you only use three of four days, you can save the fourth day for another visit. When your kids graduate to adult ticket prices, you can apply the value of a hopper pass day toward the purchase of an adult admission. What I'm saying is, if you have one day left and your twins don't want to go to the park, save the tickets for another visit and focus on enjoying the vacation.

Resource

My all-time favorite Web site for Disney World is absolutely huge and packed with great stuff: <http://allearsnet.com/index.html>

Milestones look different in pairs

The ability to eat solid food seemed to me like crying or pooping—an instinct that wouldn't require any teaching. When Julian was 3 months old, he began taking a drug called Prilosec to help him with gastroesophageal reflux, an ailment that made him spit up 15 to 20 times per day. We were told to break open a capsule and give him half of a capsule mixed with applesauce every 12 hours. He hadn't eaten any solid foods before, so we weren't sure whether this new experience was going to be puzzling to him. To our surprise, he slurped up the applesauce from the spoon as if he were born using silverware.

We never experimented with that theory, however.

During the kids' four-month checkup, our pediatrician suggested that we try to give Adrienne some mushy fruits and vegetables. He said they weren't really necessary this early from a nutritional standpoint, but if it were fun for her, it would be good practice. Again, we started with what we thought were sweet, appealing and easy-to-eat baby foods—applesauce, bananas and pears. She looked at us as if we were giving her arsenic. She had no idea what to do with the food in her mouth, so she did nothing. Some of the food stayed in the front of her mouth,

and some slid back to her throat and made her choke.

This became annoying to her and frustrating for us. Alex started to feel inadequate because he was unable to get her to eat anything. We both got tense around feeding times as we wondered which one of us was going to feed Adrienne. We imagined her packing formula bottles as she got ready to leave for college, and we won-

dered whether she might be the only kid in her high school class still unable to eat peas unless they were pureed in a blender.

I checked sections on starting solid food in some of our childcare books. Dr. Spock and others recommended using rice cereal to introduce solid food. Our pediatrician said that it tasted terrible and wasn't really necessary. My mother suggested mixing it with smooth, sweet fruits to hide the flavor and a little formula to soften the texture.

Even with these enticements, Adrienne struggled to get anything down. Finally, I asked my mother to help her, and slowly, Adrienne began to get the hang of it. The whole experience wasn't one of those earth-shattering epiphanies of motherhood, just a subtle reminder of how new and baffling every little thing is to infants and how shocking the world must sometimes be to such innocent eyes, ears and taste buds.

Watching Julian learn to transport himself from one place to another was a similar experience. He spent a great deal of time working his way from the top of his crib mattress to the bottom corner. His mode of transportation in the early days—when he was 2 weeks old—was sort of a snake-like slither. Later, when he was able to push himself up on his hands and knees, we assumed a forward crawl would be the next milestone. Instead, he moved backward. I still don't completely understand the mechanics of this and why crawling backward was somehow more natural for him and, apparently, some other babies. I had a dream that he grew up doing everything this way: He put on clothes with the tags in front, and eventually he learned to walk but could walk only backward.

Later, when Adrienne and Julian mastered crawling and walking, and they were motoring about at high speeds, we wanted to teach them how to navigate their way down steps. We encouraged them to crawl backward for safety reasons, even though they desperately wanted to walk down the way grown-ups do.

When they wanted to crawl backward, we told them to move forward, and when they wanted to walk forward, we suggested they crawl backward. That's when I realized how hopelessly confusing being a baby must be. ♡

Lauren Kafka reflects on the first year with her twins, now 5, from her home in Bethesda, Md.



Illustration by Deborah Zemke

A couple of months later, his doctor suggested that we begin introducing him to small amounts of other solid foods—bananas, pears, sweet potatoes, squash—as another way to help keep the milk down in his stomach. He was just as adept at eating these other foods, which confirmed my theory that eating solid food comes naturally to babies. After a few more weeks of this, we were convinced that if we put sawdust on a plate and fed it to Julian, he'd eat every bite.

Interview by Patricia M. Malmstrom, M.A.

Study tackles taboo topics

What is the focus of your research?

Whether childbirth is easy or difficult, long or short, natural or by Caesarean section, one fact remains constant: A woman's body will never be exactly the same after pregnancy, labor and delivery as it was before. Postpartum women of all ages are affected by symptoms that reveal the extraordinary physical demands of childbirth. Urine leakage while coughing, exercising or laughing, difficulty with bowels, loss of sexual enjoyment—these are the major disorders of the 'pelvic floor' which affect countless women, and are the focus of our specialty called 'urogynecology'. Sometimes these problems are noticed immediately, other times, years later.

Why this inquiry?

Our research team noticed that these women's health problems had never been investigated in mothers of multiples, a population of women that we felt might be at especially high risk. We believed that the unique physical burden of carrying and delivering multiples might place mothers of multiples at high risk for incontinence and pelvic floor problems.

What have you learned?

Our "Evanston Continence Center Mothers of Multiples (MOM) Study" included 733 mothers of multiples. Despite an average age of only 37 years, these women reported remarkably high rates of the various incontinence and pelvic floor symptoms. The women who reported such symptoms also reported much worse quality-of-life com-

pared with women without symptoms. The following are a few of our major findings:

- ▶ **Urinary stress incontinence:** This is accidental leakage during physical exertion, such as coughing, lifting or straining. It affected 50% of the women in our Evanston MOM Study. Mothers reported their leakage problems began during pregnancy in 41% of cases, and after delivery in 45% of cases. Even though stress incontinence is fully treatable, it is unfortunately a common reason for women giving up their exercise routines, for fear of accidents. As a result, this problem can start as a mild nuisance and eventually have detrimental effects on a woman's overall health.
- ▶ **Urge incontinence:** Also called overactive bladder, this is the feeling of urgency, frequent urination, waking at night to void and leakage of urine before reaching the bathroom. Nearly one-third (27%) of women in the MOM Study reported that they were experiencing this problem. Urge incontinence commonly leads to avoidance of social activities, and even depression according to several other studies.
- ▶ **Anal incontinence:** This means diminished control over stool or gas, and it remains one of the most taboo subjects in women's health. This problem affected 25% of the women in the study.
- ▶ **The "protective effect" of Caesarean delivery:** Perhaps our most dramatic finding is that women who have given birth only by Caesarean section appeared to be at much lower risk of incontinence. Birth by "Caesarean only"

was associated with a staggering 50% reduction in the risk of urinary stress incontinence and a 5% reduction in the rate of fecal incontinence.

What are the implications?

The Evanston MOM Study should alert mothers of multiples (and those expecting) of the need to inform themselves on these largely neglected health issues. Mothers already experiencing bladder or bowel incontinence, or noticing pelvic discomfort or problems in the bedroom may be encouraged to learn from the MOM study that they're not alone. But simply being aware of the problem is not enough—more importantly, mothers of multiples need to understand they can treat these problems, and sometimes even prevent them.

Before, during and long after childbirth: Numerous strategies can help reduce the odds of developing incontinence and pelvic floor symptoms, including:

- ▶ **Learn how to kegel.** And perhaps more importantly, correctly. Kegel exercises are known to reduce the risk of incontinence and perhaps even enhance sexual function. Learning a quick and effective pelvic floor exercise routine is a simple first step for women looking ahead to childbirth, or looking back.
- ▶ **Discussing childbirth choices with your body in mind.** Many doctors and midwives simply don't raise these issues with women planning their delivery—and that's a shame. After all, many aspects of pregnancy and delivery will have an impact on the risk of developing an incontinence problem, and there are



Occupation: Scientist: Roger P. Goldberg, M.D., M.P.H.

Position: Director of Urogynecology Research, Evanston Continence Center; Clinical Instructor, Northwestern University Medical School; Author, *Ever Since I Had My Baby* (Three Rivers Press, Random House, July 2003)

Contact Information: 1000 Central Street, Suite 730; Evanston, IL 60201; Tel: (847) 570-1068; e-mail: rgoldberg@enh.org



Patricia M. Malmstrom, M.A.

ways that a woman can prepare. Has she discussed perineal massage? Labor positions and pushing techniques? Feelings about forceps and episiotomy—and avoiding them if possible? And after childbirth, a variety of strategies can help new mothers to optimize their postpartum pelvic healing, even amidst all of the excitement over the new babies.

- ▶ Consider Caesarean section to avoid these problems. It's a question that is being debated all over the world, by healthcare providers and patients alike. In fact, in certain urban areas in South America, over 90% of women choose a Caesarean. In a survey of female obstetricians in England, 30% said that for their own body, they would prefer Caesarean over vaginal birth—most commonly to protect the pelvic floor. Unfortunately, Caesarean births carry risks and possible complications that need to be carefully discussed. It's certainly not the right decision for everyone. Mothers-to-be of multiples have every right to discuss these issues with their doctor, to make an informed birthing plan.

For mothers of multiples already experiencing symptoms, countless treatments include home remedies, office procedures and minimally invasive surgical procedures often requiring no hospital stay. For instance:

- ▶ Urinary stress incontinence can be improved with simple exercises, non-invasive devices and quick injections in the doctor's office. Or, you can choose from the latest operations for stress incontinence, often performed as an outpatient procedure in about 20 minutes—and offering up to 95% rates of complete cure. Many women are unaware that these new procedures are far more effective and less invasive than operations performed five to 10 years ago.
- ▶ Urge incontinence is a problem that can be addressed with changes to diet and

bathroom habits, or with medications. The latest “overactive bladder” pills are taken one-a-day, and can quickly improve control and self-confidence.

- ▶ Anal incontinence is often a difficult issue for a woman to bring up with her doctor—but doing so is worth her while. After all, symptoms can often be improved using over-the-counter remedies along with changes in bathroom habits. More difficult cases might be improved or cured with surgery, to repair the supports around the vagina and rectum that are often weakened during childbirth.

Where do you expect your findings to lead?

Moving forward from here, the challenge lies in educating women about choices they can make before, during and long after childbirth to prevent problems. We need to also identify better ways to prevent injury during childbirth, aside from the option of c-section which clearly is not the solution for all women. In the meantime women already suffering these problems may find relief from existing treatments, some that can be applied at home, and others that may require a visit to a urogynecologist. Mothers of multiples with symptoms, regardless of whether they arise right after childbirth or years later, can rest assured that it is not an inevitable cost of motherhood—but rather, a problem that can be solved. ♡

Patricia M. Malmstrom, M.A., is director of Twin Services Consulting, www.twinservices.org, and co-author of *The Art of Parenting Twins*, (Ballantine, NY, 1999). You may e-mail her at twinservices@juno.com.

Additional information, including a list of specialists in your area, can be found through the American Urogynecology Society (www.augs.org).



Book reveals the reality of living with your postpartum body

Dr. Roger Goldberg's new book, *Ever Since I Had My Baby* (Three Rivers Press, July 2003) is the first lay guide written for women that focuses on the causes of female incontinence, sexual and pelvic floor dysfunction, and their most up-to-date solutions. Issues specific to multiple childbirth are covered, including the results of the Evanston MOM study.

Thongs of mothers will agree that this easy-to-read, must-read book is long, long overdue. Goldberg writes about things we just don't—or didn't—talk about.

He writes: “The way you deliver your babies may be just as important as the number you choose to have. Countless decisions made in the labor room—from preparing your pelvic floor and perineum during pregnancy to your choice of position during labor and when and how you should push—can affect your comfort and control afterward.”

A reassuring, straightforward and practical guide, this book is an important breakthrough in women's health. Dr. Goldberg's style is conversational and not overly clinical. How often do you call a medical book a page-turner? This one is.

Regardless of whether you have twins, or triplets, are expecting, have never had a baby or are 30 years postpartum, this book has something for you.

—Sharon Withers

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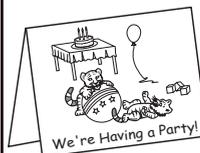
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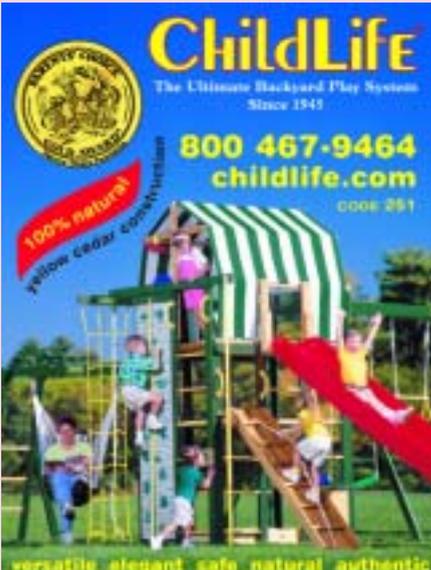
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All aboard

Thomas and Sir Topham Hatt roll out the “red track” on the new release *New Friends for Thomas* to welcome 10 new friends to the Island in six all-new episodes—“Gordon and Spencer,” “Emily’s New Coaches,” “The Spotless Record,” “Peace and Quiet,” “Jack Jumps In,” “A Friend in Need.” For ages 2 to 6. Anchor Bay Entertainment; 35-minute DVD, \$19.98; VHS, \$12.98. Visit www.thomasthetankengine.com for more information.



Best for breastmilk

VIA is an innovative disposable concept from Avent America that broadens its Natural Feeding System, giving moms a slew of options. Pre-sterilized disposable bases with storage lids and bottle adaptors are compatible with Avent’s anti-colic nipple and its ISIS Breast Pump. The bases can be disposed of after one use or re-sterilized up to three times. Eliminate messy liners with the ISIS VIA Breast Pump Kit for \$49.99, or buy individual components. Visit www.aventamerica.com for more information.



Alvin and the Chipmunks encore

Fans of “Alvin and the Chipmunks” will welcome *Little Alvin and the Mini-Munks*, starring Alvin, Theodore, Simon and their new friends, the Chipettes. Little ones ages 3 to 6 will learn about the emotional and behavioral issues of growing up from the wonderful blend of imaginative entertainment and valuable life lessons—including a segment on sibling jealousy—on this DVD. Bagdasarian Productions, 80-minute DVD, \$19.95. Visit www.chipmunks.com.



Buy wisely

You up to \$400 a year in diaper costs, according to Consumer Reports testing: Some less-expensive store-brand disposable diapers are now so good that you should consider switching from a brand name. Find this and much more brand-specific advice in the up-to-date A-to-Z guide to baby products. *Consumer Reports Best Baby Products* retails for \$16.95. Visit www.consumerreports.org for more information.

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Top 4 Reasons to Join NOMOTC

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We can put you in touch with a local parents of multiples club near you for that crucial one-on-one support. Or, join us as an Affiliate Member.

OUR BOOK

"Twins To Quints"

Our new book has all the answers you are looking for — written by the experts — parents of multiples! From A to Z, the only book you will ever need to help you raise your multiples!

SERVICES

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Our award-winning website is open 24/7 to help you through trying times. Try our new discussion boards! Chat with other mothers or fathers of multiples.

Contact us today!

National Organization of Mothers of Twins Clubs, Inc.
A Support Group for Parents of Twins and Higher Order Multiples

P.O. Box 438, Thompson Station, TN 37179-0438
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Helpful compilation of TWINS expert advice regarding discipline and behavioral issues (56 pages)
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An intelligent report to help parents persuade schools to allow twins to remain in the same classroom (25 pages)
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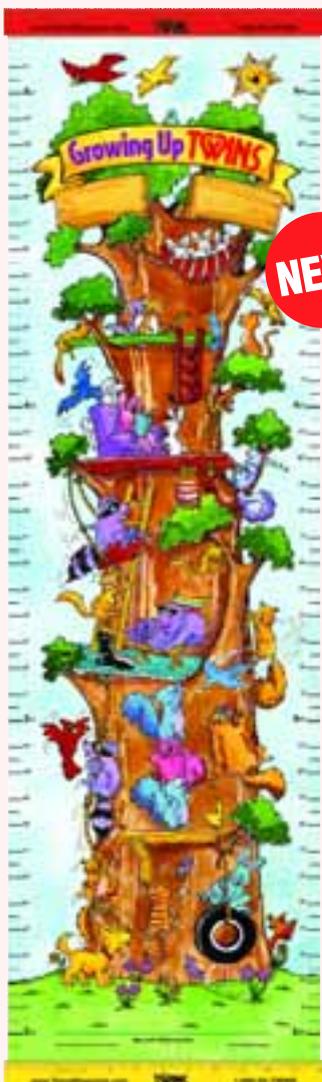
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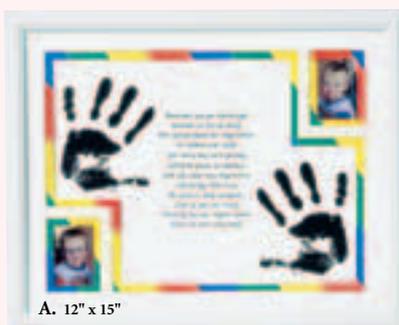


NEW!

▲ Growing up Twins Growth Chart

TWINS Exclusive! Created especially for families with twins. Vibrant colors and adorable critters adorn this chart designed to hang on the wall. A unique accent piece for your children's room. Celebrate your children's growth milestones during their early years. Your family will enjoy this lifelong keepsake. Printed in full color and laminated for long-lasting durability. Use a permanent marker to write each child's name in the banners at the top, and then note your darlings' heights at important moments in their young lives. Ribbon hanger and adhesive hook-and-loop tabs included. When your children outgrow the chart, each one gets to keep a brightly enameled customized wooden ruler to use with school projects. 40" H x 12" W.

SF03001 \$25.95 each



A. 12" x 15"



B. 12" x 15"

▲ Tiny Fingers and Tiny Toes

Celebrate twins and create a lasting keepsake!

Do-it-yourself kit comes with non-toxic ink pad and an extra verse-and-hand/footprint page in case you goof. Designed exclusively for us. Perfect gift for grandparents. Openings for twin photo alongside each unique "print". Frame is white painted wood. Overall size 12"Hx15"W.

A. Fingers - SF90035 \$39.99 each

B. Toes - SF90036 \$39.99 each



NEW!

TWINS Lifetime Memory Book

TWINS Exclusive! This remarkable new book captures the special moments in your life and the lives of your twins! Every one of the 56 full-color pages is filled with the gorgeous watercolor illustrations of renowned California artist Jerianne Van Dijk. They await your thoughts, family facts, and photos. Special pages for info from when Mom and Dad were growing up, your babies' wonderful "firsts", and your family trees. You'll love the luscious sherbet colors in this volume. Hard cover, 8.5" x 11" on heavy, durable paper stock. We sell a set of two at a special price so each of your twins will have one.

SF03003 \$34.95 for a set of 2 books

◀ Personalized Twin Afghan

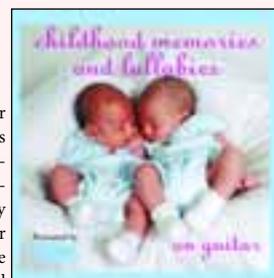
Clever original design created by an artist with twins and exclusive to us. Woven throw in a large size is personalized with your twins' names and their birth date in green embroidery. 100% cotton, washable. 46" x 67". Shipped directly from manufacturer. Allow 3 to 4 weeks for delivery. **No express delivery.**

SF90112 \$49.99 each

Be sure to include personalization information on the order form or when you order by phone.

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



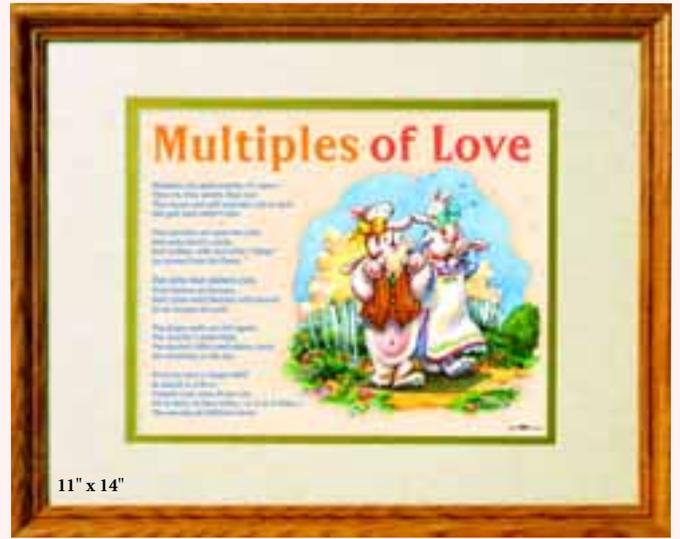
on one compact disc, you'll play them as background music while you feed, read to, and prepare your twins for bedtime. The collection includes such classics as Brahms *Lullaby*, *Are you Sleeping?*, *Mary Had a Little Lamb*, *All Through the Night*, *Rock-A-Bye-Baby*, *Twinkle Twinkle Little Star*, Mozart's *Lullaby* and *Spanish Melody*. 19 songs. SF90115 \$9.95 each

Dozens more products available at www.TwinsMagazine.com

“Discover Wildlife, Raise Twins” Ceramic Plaque

A sentiment every parent of twins can relate to! This handcrafted ceramic plaque will tickle your funny bone and keep your sense of humor charged when you most need it. Leather hanger. 5 3/4"Hx7 1/2"W.

SF90092 \$17.99 each



11" x 14"

▲ 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

◀ 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.

SF90033 \$43.99 each



18" x 18"

◀ Photo Frames

Exclusive to us! Collect your twins' special pictures in these keepsake frames. Designed especially for families with twins. Choose from a 12"x15" blue-painted frame with 10 openings in the matching mat, or a 10"x12" blue-painted frame with four openings in the matching mat. Both frames are beautifully lettered to say, "Twins are one of life's special blessings." Adorable Noah's Ark two-by-two illustration appears in one opening of each photo frame.

SF90031 12" x 15" \$23.99 each

SF90032 10" x 12" \$19.99 each



12" x 15"



10" x 12"

Dozens more products available at TwinsMagazine.com



A. 11" x 14"

▲ A. To a Mother of Twins

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

SW00022 \$31.99 each

Two or more \$29.99 each

◀ B. Pardon Our Mess... Twins Live Here

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

SW00021 \$31.99 each

Two or more \$29.99 each



B. 11" x 14"





Taylor and Kelly, 2½ years

Two for the road

Traveling with twins can be twice as difficult. It can also be twice as much fun. A few inexpensive purchases can help make this year's trip a vacation to remember.

Small tote bags can be easily personalized with paint pens. Place special treats, small toys and books, a map, a throwaway camera, and a journal and pen in each bag.

These items will help smooth out the bumps in a long ride. The treats will avoid a stop at every other exit. The toys and books will entertain the children either alone or together. Joke books in each bag will create laughter among the travelers. The easy-to-read maps (these can be printed off the Internet or you could trace them yourself) will stop the insistent questions like "How much longer

until we get there?" or "Are we there yet?" When a child follows along using a map, it gives them a sense of where they are and about how much further they have to go. Be sure to include every city or town along the way.

The throwaway cameras will teach your twins to appreciate the beauty of nature, sunsets and mountains. Using their journals, they can record fun times, (young children will enjoy drawing pictures) that will be remembered for years to come. Collecting postcards along the way is a wonderful way to share the trip with family and friends.

Nancy B. Gibbs, a freelance writer who lives in Cordele, Ga., is a mother of adult twin sons, a regular contributor to TWINS Magazine and author of *Celebrate Life...Just for Today*. Visit her Web site at www.nancybgibbs.com.

What's good for one...

"I have 17-month-old identical twin girls. One of them is anaphylactic to eggs and milk (a severe allergic reaction that causes swelling and breathing problems and requires immediate medical help). We are weaning from the bottle so I have them both on soy milk. It is too dangerous to have cow's milk in one cup because, as you know, they get tossed around and traded constantly, but soy milk is not cheap. Both are finicky eaters and trying to come up with things for them to eat while eliminating everything with those two ingredients is horrible. Can anyone out there help?"

Lisa, from Bethany, Okla.

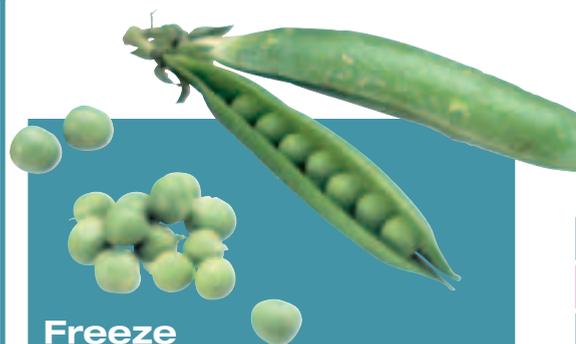
Leslie J. Bonci, M.P.H., R.D., a spokesperson for the American Dietetic Association, came up with following quick tips for Lisa.

- Peanut butter. Try mixing in a little powdered soy and honey; spread thinly on mini rice cakes, or on dairy-free saltines. (Do not serve in balls to children under 5.)
- Soy smoothie. Blend soy milk and soy yogurt with your twins' favorite fruit.
- Soy cheese. Melt it on toast for a quick snack.
- Bread. Choose from French bread (only four ingredients in true French bread: water, flour, salt and yeast), pita, English muffins, plain bagels.
- Crunchies. Little rice crackers and mini rice cakes offer crunch that even picky eaters like.
- Cookies. Look for PARVE or PAREVE on the label for completely dairy-free products.
- Puddings. Use a soy milk in a rice pudding.

Food Allergy and Anaphalaxis Network, a national nonprofit organization, has a must-visit Web site, www.foodallergy.org, where you'll find a birthday cake recipe. You also can order its allergy cookbook for \$20 on the site.

Or check out *The Kid-Friendly Food Allergy Cookbook* by Lynne Rominger and Leslie Hammond (Fair Winds Press, March 2004), with more than 150 recipes that are wheat-free, gluten-free, dairy-free, nut-free, egg-free and low in sugar. Available online and in bookstores for \$14.95.

Leslie J. Bonci, M.P.H., R.D., is director of sports medicine nutrition at the University of Pittsburgh Medical Center (UPMC) and author of *American Dietetic Association Guide to Better Digestion*.



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.

Essential home safety products

- Smoke alarm
- Carbon monoxide alarm
- First aid kit
- Drawer and cabinet latches
- Electronic outlet covers
- Safety gates at stairs (children under 3)
- Window guards
- 5' fence around a pool
- Gun locks

—National Safe Kids Campaign

Lighten your load. Babies Travel Lite, www.babiestravellite.com, delivers baby supplies to travel destinations nationwide.



Bites and Stings

It's impossible to protect your children from everything. Here's what to do if one of your children is bitten or stung by an insect.

If the stinger is still there, don't use tweezers to take it out! Instead, use a credit card and gently scrape toward the base of the stinger until it's been removed.

Wash around the bite or sting with soap and water. Do not scrub the area.

Remove any jewelry or tight clothing preferably before any swelling occurs.

Apply an ice pack (be sure to wrap a cloth around it first) to the area: Do not ice for

snakebites or stings from sea life.

Watch for any of these symptoms: hives, flushing, dizziness, confusion or difficulty breathing. If you see any of these, call 911 immediately.

Mosquitoes have become more than a pesky annoyance, thanks to West Nile virus. Mosquitoes breed in standing water and are hungriest at dawn and dusk. Don't roll out the welcome mat for the little bugs. Use insect repellent that contains 10% DEET for young children. If it's not too hot, dress your children in long-sleeved pants and shirts and spray their clothes with repellent. For more information, visit www.mosquito.org.

Claire E. Cundiff
Cerrillos, N.M.

Use insect repellent that contains 10% DEET for young children.

Newborn weight gain

Birth weight	Gains/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



Grace and Davis,
8 months

Diapered for success

Before I leave my house for the pool, I dress my 15-month-old twin girls in layers: swimmyies, then a fabric swim diaper, their bathing suit, and on top of these layers, a regular disposable diaper (one size larger than the one they usually wear). When I arrive at the pool, I just have to remove the outside diaper and we're ready to go.

Patricia Murray, Westwood, N.J.

Discovery Day

Making each twin feel special is not always easy, especially for children who share a birthday, friends, teachers, a bedroom, toys and more. To make our girls feel special, we invented "Discovery Day." Alena's Discovery Day is Jan. 17, the day we found Katia's Discovery Day is Feb. 13, the day that we found out I was having twins. On their Discovery Day, they get to choose a special family activity: Go out to dinner, see a movie, visit the zoo or whatever they can dream up that is somewhat reasonable. At age 6, the girls are exploring their individuality and having their own special day really does make them feel special and separate.

Elaine R. Jones
Ramsey, N.J.

DoubleTakes

Boy/girl twins are (almost) always dizygotic (DZ, "fraternal").

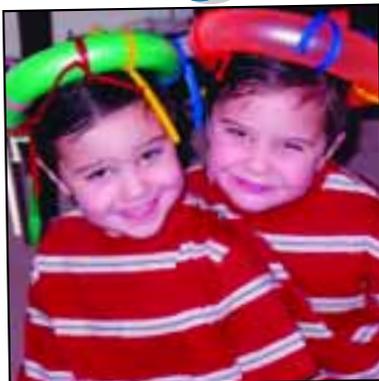
Can you guess whether the same-sex multiples are monozygotic (MZ, "identical") or dizygotic?

1



Conner and Tyson
Age in photo: 5½ months
Rockville, Maryland

2



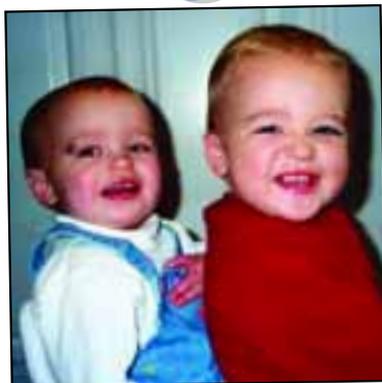
Isaac and Samuel
Age in photo: 6 years
Mobile, Alabama

3



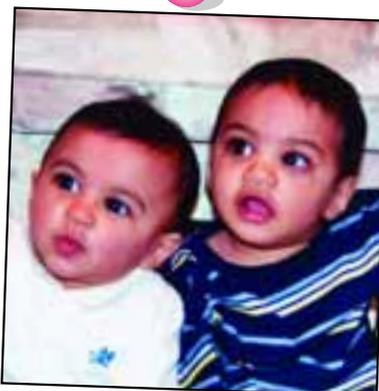
Jennifer and Lillian
Age in photo: 6 months
Hayes, Virginia

4



Adel and Dale
Age in photo: 14 months
Campbell, California

5



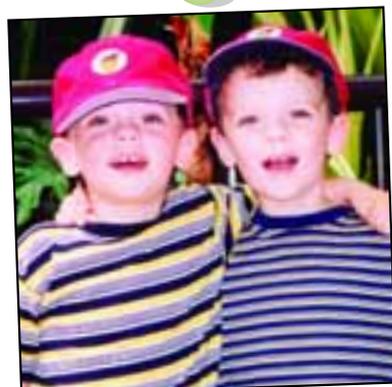
Syona and Saahas
Age in photo: 11 months
Boys, Maryland

6



Blake and Lanie
Age in photo: 11½ months
Alpharetta, Georgia

7



Kevin and Christopher
Age in photo: 3 years
Howell, New Jersey

8



Gabriel and Gwendolyn
Age in photo: 9 months
Novato, California

9



Hailey and Katie
Age in photo: 21 months
Corona, California

10



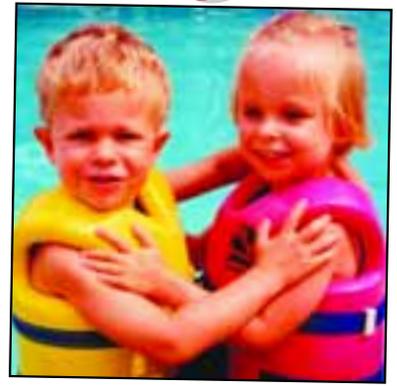
Andrew David and Amanda Emily
Age in photo: 5 months
Newport News, Virginia

11



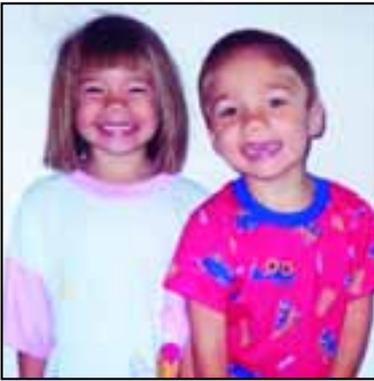
Ava and Emma
Age in photo: 4½ months
Newnan, Georgia

12



Kellen and Hannah
Age in photo: 3½ years
Chalfont, Pennsylvania

13



Craig and Kara
Age in photo: 3½ months
Lockport, Illinois

14



Estella and Lourdes
Age in photo: 9 months
Stinson Beach, California

Photo Tips

What we are looking for:

- Sharp focus
- Crisp, clean, vivid color (no blue or yellow cast)
- Good, attractive lighting (no high shadow contrasts, no "red eye")
- Uncluttered backgrounds
- Happy children interacting with each other

We select photos for an upcoming issue three months prior to its distribution. Because of the volume of photos received, we are unable to respond individually. If your photo is selected and you have not included a release form with it you will be contacted to sign a photo release. **See Release Form on page 36 of this issue.**

Please be sure to:

- Place your address label on the back of the photo (or write softly with permanent ink pen) along with a phone number.
- Include the names of the children, their age in the photo and their twin type (dizygotic, monozygotic or unknown).

Send your twins' photograph to:

TWINS Double Takes
Attn: Art Director
11211 E. Arapahoe Rd., Suite 101
Centennial, CO 80112-3851

NOTE: We are unable to use any professional photographs. Photos will not be returned.

All photos become the property of TWINS.

15



Laela and Aameah
Age in photo: 11½ months
Cuyahoga Falls, Ohio

16



Luke and James
Age in photo: 7 months
Hudson, New Hampshire

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Based on parental reports.

by Nancy Veeneman

Multiplication

Many books and magazines tell new parents all about the joys and challenges of having multiples. My twins were born at 28 weeks after 12 weeks of bed rest because of pregnancy-induced hypertension that resulted in HELLP Syndrome. I had plenty of time to think about life with my babies. Once I got through what seemed like endless bed rest and two months of the NICU, I was looking forward to my imagined idyllic time with my toddlers.

What the books don't tell you is the theory of "multiplication," the unique happening that results from the combined brainpower of twins, triplets or more. Never underestimate what two (or more) small people can come up with to occupy their time and totally frazzle you!

When Alex and Andrea were 3 years old, we lived in a duplex at the end of a long driveway. Our mailbox stood at the other end of the drive. Until one hot July day, I thought I had covered all the bases. My house was completely twinproofed—right down to the covered knob on the front door. No little person was going to sneak by me.

Late that morning, I headed out to the mailbox. As usual, I left the front door ajar, making sure it was unlocked. I didn't think twice when Alex closed the front door since he obviously couldn't get to—much less turn—the lock on the knob.

I retrieved the stack of bills, junk mail



Illustration by Deborah Zentke

and a few letters and walked back up the driveway. When I got to the door, I learned the awful truth: Alex had grown tall enough to reach the deadbolt, and with his sister's guidance, they were off for a grand adventure. I tried everything imaginable to get Alex to open the lock so I could get in. I coaxed, cajoled and promised enough sugary treats to keep them both going for days.

I could see them through the living room window laughing at me as I tried to get back in. The reality that they were not going to let me back in filled me with terror. I ran to the home of the retired couple next door. We were casual acquaintances; I had seen their sons doing yard work for them on the weekends when they brought their families to visit.

My neighbors called my landlord, but he wasn't home. My husband was the only one in his office at the time, so he was unable to leave. The wife, Mary, volunteered to go and get the key from my husband.

Back at my perch outside the living room window. I could see my twins jumping on the couch, throwing pillows at each

other and thoroughly enjoying their new freedom. All I could think about was them falling off the couch and getting hurt. The urgency in my voice became more pronounced as I repeatedly pleaded with them to stop. The theory of "multiplication" does not include the word "stop."

After what seemed an eternity, Mary drove up with the keys. When I asked her how I could repay her kindness she gave me a wry smile. It turned out that the two sons I had seen working so hard on their parents' yard are twins. Mary was also a mother of multiples!

As soon as the children heard the key in the lock, they became silent. They tried to hide from whatever fate this overheated, now short-tempered woman had in store for them. But they had to clean up their mess.

In about 30 minutes I had learned all about "multiplication." I have never forgotten the lesson, or my keys, again. ♥

Nancy Veeneman lives in suburban Chicago, with her now-12-year-old twins. She is national online director of Sidelines, the high risk pregnancy support network. Visit www.sidelines.org or www.highriskpregnancy.org.

Twin Vision

by Brian and Brad Jones





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