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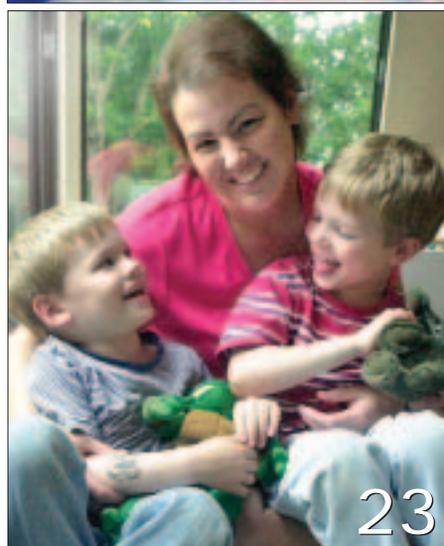
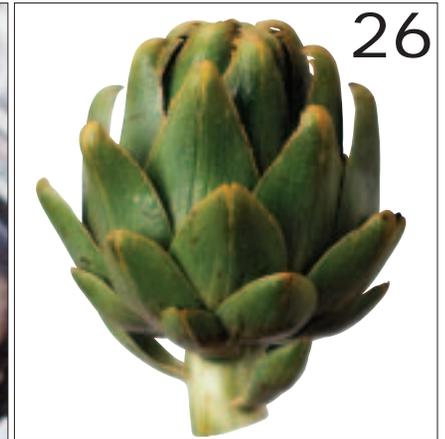
The 1-year-old Wilson triplets—Evan, Lilly and Aiden—raced around their Highlands Ranch, Colo., home on all fours and in three different directions, then found each other and collided, only to take off again. At birth, Evan weighed 8 pounds, 9 ounces, at birth; Aiden, 7 pounds, 5 ounces; and Lilly, 6 pounds, 14 ounces – a Guinness World Book record in the U.S.

Cover **Photography:** Bernard Grant

**Clothes:** Fleece buntings by Molehill Mountain Equipment, [www.molehillmtn.com](http://www.molehillmtn.com)

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SEPTEMBER/OCTOBER



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As I was reading David Hay's article on ADHD, beginning on page 28, I was grateful that he was so straightforward and easy to understand. He distilled years of research and experience down to a bottom-line article. I say I was grateful because hardly a day goes by that I don't get news releases on the latest ADHD research, or the newest holistic treatment for the disorder, or the latest school programs. If I, who does not have an ADHD child, am confused



**Do you know . . .** Our cover photo shoot for this issue went quickly and smoothly. All six children in the Wilson family—singleton Jake, 12; and twins Grace and Bennan, 4; were on hand to help us and their mother Michelle with the triplets, Aiden, Evan and Lilly, 1. Lunchtime in the Wilson home is an assembly line production, dispensing Cheerios and peanut butter and jelly sandwiches—with a hug and a kiss.

by the mounds of conflicting information, how disheartening it must be for parents of ADHD children who search, day after day, for the latest information that might help their children. Check out Dr. Hay's article; he sums up twins and ADHD in a way you're sure to appreciate.

We shot the cover for this issue in the Wilson family's home. I expected a fair amount of noise and clutter in a home filled with six children. That was not the case. I was impressed with how orderly, even quiet, the home was. The children were affectionate with each other, helpful and cooperative. That said, we laughed because the cover boys, Aiden and Evan, lasted only about five or 10 minutes in those warm fleece buntings on a hot summer day before they started fussing. Lilly, however, was ready to ham it up for us as long as we kept the camera pointed at her. By the way, the triplets are the largest ever born in the U.S., according to the Guinness Book of World Records.

We have a story on the International Nanny Association's Nanny of the Year because she specializes in multiples. In fact, she has never cared for a singleton, and has no desire to do so, because she thinks it would be "boring." I doubt that Michelle LaRowe could ever slow down enough for a singleton—what a fireball of energy. She is very clear on her philosophy of rearing twins—good advice for parents

*Correction: Psychological Profiles of Twinship: Not All Twins Are Alike (Praeger, 2003) is the title of Dr. Barbara Klein's latest book. Her other book is Identity and Intimacy in Twins (Praeger, 1983). We apologize for confusing the titles in the July/August issue, page 31.*

## TWINS tip:

Do your twins think they share names? Does one use the pronoun "we" when she means "I"? Or, does one think her name is Sue-and-Meg instead of Sue? If so, avoid running your twins' names together when you speak to them; try to address one at a time, instead of the unit, and correct their use of "we" for "I". They will catch on quickly.

or nannies—and shares her thoughts with us on page 23. I hope you enjoy reading about her as much as I did talking to her. This was one interview that took care of itself. I probably asked only three questions, and Michelle's enthusiasm came spilling out as she moved from one twin topic to another.

We continue our "Premie Catch-up" series in this issue. Turn to page 14 for a look at the emotional-social development of preemies.

It is hard for me to believe that summer is behind us, and school days and visits to the local pumpkin patch are just around the corner. I hope this issue is filled with treats for you.

*Sheron Withers*  
Managing Editor

## TWINS Magazine Message Board

Informal Feedback Poll

Do you	
Stay-at-home full-time? . . . . .	39.66%
Work outside the home full-time? . . . . .	41.38%
Work outside the home part-time? . . . . .	12.07%
Work in home-based office full-time . . . . .	1.72%
Work in home-based office part-time . . . . .	5.17%

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## Zygoty testing

Thank you for continuing to publish articles about zygoty. My OB insisted our boy twins were DZ and we never questioned it. After they were born, they didn't look alike so we never gave it another thought. As Jack and Sam grew, however, they started to look more alike and people asked, "Are they identical?" I started to have a gut feeling, or maybe it was mother's intuition, that they were, in fact, MZ. I e-mailed Dr. Machin and he suggested a DNA test so I ordered a swab DNA test (found in your magazine) and within a few weeks my suspicion was confirmed: They are MZ!

I am thrilled to know that they are MZ, but I'm also glad we didn't know from the start because, when we thought they were DZ, we really looked for and celebrated their differences instead of their similarities. We were able to recognize

them as separate people (because, of course, they are), with separate needs and personalities. We are truly blessed by our "identical but different" boys.

Tanya Cassidy  
Jackson, Wis.

## Halloween costumes with a purpose

My fraternal (DZ) twins Heather and Abigail have loved wearing their New York firefighter and police officer Halloween costumes from 2003—all year. I made them to honor and remember the 9-11 tragedy. The girls are always so proud to put them on and go out. They have a baby brother, Tyler. I made a dalmatian—the firehouse dog—costume for him. I hope the girls will always ask what their outfits stand for, and will always be proud to wear them.

Julie Reissner  
Montvale, N.J.



Heather (l.) and Abigail Reissner, 3



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## mailbox

### Home schooling help

Thanks for the great job TWINS Magazine does for twins' families. Families are deciding on school right now. Our previous contacts have been printed in your magazine and successfully linked up reader families with us for resources, counsel and help. We have expanded and moved our Web site and office locations. It is a privilege to assist your readers, and we appreciate the many kindnesses you have shown.

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### Help for family with CP twin

I want to thank you for the article "When one Twin Lags Behind" (July/August). I have a set of

dizygotic boys who are 5 and one of them has cerebral palsy. He was also diagnosed with ADHD last year. I appreciate the magazine putting that in. It makes me feel better when there is a support system out there to help you.

Kelly Earls  
via e-mail

### Wrong emphasis

I was quite distressed with Dr. Coleman's answer to the parents in the July/August issue. He seemed to focus way too much on the mother not aborting her twins. The fact is, the children are here and I feel it's terrible to chide the mother for not aborting them. If Dr. Coleman felt he needed to address the issue of having unwanted or unplanned children, he could have instead, brought up birth control, steril-

ization, adoption or abstaining from having sex with someone with whom you don't want to raise kids. Perhaps it would have been even more productive to leave the "what ifs" aside altogether and focus more on how this man and woman could become the best parent each can be to the children they both created.

Amanda Borenstadt  
Concord, Calif.

*Editor's Note: We understand that this is a very sensitive issue and appreciate your view. Dr. Coleman intended to neither chide nor praise the mother for choosing to keep her twins and was not giving advice on birth control. Over the years, he has learned that decisions such as these influence parents' attitudes toward parenting and must be considered in ironing out relationship problems in order to be better parents.*

### Give me a break

I have five children: 2-year-old twins, a 3-year-old girl, a 5-year-old boy and a 6-year-old boy, all born naturally and full-term. My twins were 7 pounds each. Your magazine prints articles about three being a "Full House" (July/August). Give me a break! I also work full time in radio. (I am able to keep my children with me.) TWINS Magazine does not give any advice for moms like me.

Lisa Carrasco  
Rio Rancho, N.M.

### School perspective

I wanted to share a story about how twins develop. You can never really predict what will happen as twins grow up. Before my twin boys Justin and Jeremy started school last fall they could not be out of each other's sight without feeling lost. Well, now it's so different. They are in the same class and I was talking to their teacher just today. She said they've matured so much that it's as if they don't even know each other. Each boy has developed his own group of friends and they seldom even sit together any more. It's amazing how much they have changed since they started kindergarten.

Cynthia Barber  
Centerville, Tenn.



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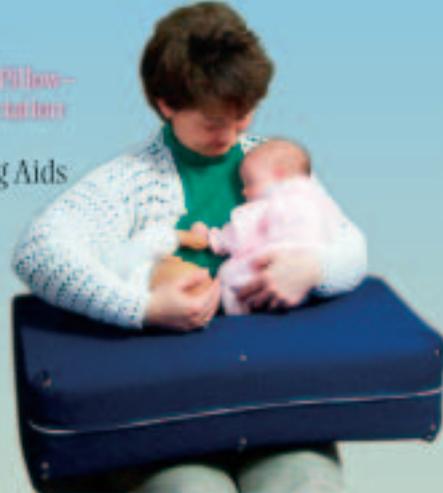
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## Parents, interrupted

A reader writes:

We have beautiful 3-year-old twin boys. My husband and I try everything possible to enjoy our twins, especially since we had to try so hard to conceive them. We are at a point now where we can't even hold a conversation without them screaming at us for something all of the time. We have tried timeout, being patient and asking them what they want and they still continue to do this. By the time we do these steps, we usually forget what it was we wanted to talk about. Please help.

Our readers reply:

My 2½-year-old twin boys scream for everything, run like whirling dervishes, laugh like hyenas and generally "twinado" their way through the day. My first suggestion is to find your sense of humor (although it gets harder and harder to do), nail it to the wall so you can touch it in times of need, kiss your partner and let him know you will have a meaningful conversation when the kids graduate! As someone who works with families and often teaches parenting skills, my other suggestion would be to get a copy of the video *1-2-3 Magic* by Thomas Phelan.

Dru-Ann Sgarlato  
via e-mail

My advice is twofold. First, put the kids to bed a half hour earlier than you do now for the next week or two. Then put them to bed another half hour earlier for the next week or two. You will gain a whole hour that you probably haven't had since they were born. My other piece of advice is this: You don't do your kids a favor by putting them first all the time. If you and your husband need some time to just chat, say "This is mommy and daddy's time to talk. We'll help you out when we're done." You can give them an egg timer and tell them to come back when it rings. I have done this

with my 3½ year old, and she understands and respects it. You could also try to make some grown-up chat time part of your family's daily routine, such as the first half hour of dinner. Or while you and your husband clean up the dishes, the kids can play a movie, a game or do something that doesn't require your attention. If they come in, remind them it's "your time" and sooner than you think, they will understand and not interrupt you.

Daniela Elefteriadis  
via e-mail

As much as we love our children, we need to set guidelines. Pleading is of no use. You must make a clear statement to them, such as: "Mommy and daddy need time to talk to each other now. If you interrupt you will get a timeout," (or whatever the consequence will be). Then immediately follow through when they interrupt. If you are consistent, they soon will learn to not interrupt. You also can set aside a time to converse only with them when they know they will get your undivided attention. We have 3½-year-old twin boys and do get to converse occasionally.

S.K. Curtiss  
Fort Collins, Colo.

### For November/December

I have 8-month-old boy/girl twins. My daughter, who is very aggressive, snatches toys and anything my son, who is quite passive, is holding. When should we begin to discipline and use sharing principles? When will they understand what I am saying? I don't want to teach them just the word 'no'.

E-mail your replies to [twins.editor@businessword.com](mailto:twins.editor@businessword.com); please type "Family Talk" in the subject line. Or, post replies in the Family Talk forum on the TWINS message board at [www.TwinsMagazine.com](http://www.TwinsMagazine.com).

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## TWINS Magazine Message Board picnics

Moms on our TWINS Magazine Message Board met face-to-face in Randolph, N.J., on July 17 at the first TWINS Message Board Family Picnic. Cyberfriends who had "dated" online wanted some personal bonding. Kristen Bolan took charge and made it happen.

"The idea of a Twins picnic actually started last year," said Kristen, mom of 3-year-old boys Austin and Jordyn.

"I had 'met' some lifelong friends on the boards and had been lucky enough to meet some of them in person. Last year I decided that it might be fun to have a picnic and see how many families we could get together. I planned it and sent out invites all over the country."

Ten families from Iowa, New York, Vermont, Pennsylvania, Maryland and New Jersey who have twins between the ages of about 3 months and 3½ years old turned out for the picnic. "The kids had a blast. It was so much fun to finally meet and talk with all these other special parents who share the blessing of twins. It was definitely memories to hold onto for a lifetime," said Kristen, who thinks they might have another picnic next year, but someone else might take a turn at organizing.

Message Board picnics are forming in other areas of the U.S. and Canada. The Vancouver Island twin picnic was Aug. 7

(after we went to press) at Rathtrevor Beach. Plans are underway for picnics in Massachusetts and Rhode Island. "And there is talk about ones in Wisconsin and Virginia next year," Kristen reported.



The first TWINS Magazine Message Board picnic, held in Randolph, N.J., is one big playdate for multiples—and parents.

## Education fund contest

If you successfully gave birth using Ferring Pharmaceuticals' infertility products—Bravelle (urofollitropin for injection), Repronex (menotropins for injection, USP) or a combination of both—you can win a \$10,000 education fund or one of 11 other prizes to support your children's futures. To be eligible, all you need to do is write a brief essay on your journey to parenthood and its impact on your life. All 12 winners will be featured in Ferring's 2005 Year of Miracles calendar.

Essays should not exceed 400 words, in English, and be submitted with a contest application and labeled photo. Entries must be postmarked or e-mailed by Sept. 30. Winners will be announced at the 60th

Annual Meeting of the American Society for Reproductive Medicine, Oct. 16 through 20, in Philadelphia. For a contest application visit [www.ferringfertility.com](http://www.ferringfertility.com) or call (203) 762-8833 and ask for the My Little Miracle Essay Contest representative.

## Financial aid for infertility

"The average cost of one cycle of in vitro fertilization is \$10,000 and that doesn't include medicine, which can add another \$4,000 to the total cost," said Dr. Michael Swanson, a diplomate of the American Board of Obstetrics and Gynecology and a physician at Conceptions Women's Health and Fertility Specialists in Littleton, Colo. "This financial burden, which insurance companies in many states are not required to cover, can add another layer of stress to an already difficult situation for couples trying to conceive. The Gift of Hope Foundation was created to provide a measure of relief to patients trying to have a child, but unable to come up with the necessary tens of thousands of dollars."

The Gift of Hope Foundation will donate at least four in vitro fertilization cycles to under served couples each year. Each grant also will include a donation from pharmaceutical companies Organon and Serono. Couples who have been trying to conceive for more than one year and don't have children are eligible.

If you know anyone who needs aid, applications are online at [www.conceptionsrepro.com](http://www.conceptionsrepro.com), or can be requested by calling (303) 738-5321.

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## Timing is everything... almost

**Q:** How does the timing of the egg split affect monozygotic twins?

**A:** We think we have some answers to this question. Two-egg (dizygotic, DZ) twins come from two fertilized eggs. They always make one placenta each, so they are called dichorionic (DC).

One-egg (monozygotic, MZ) twins start off like everyone else, as one egg fertilized by one sperm. In the next few days, the fertilized egg cell divides several times into two, four, eight, 16 cells and so on.

There comes a time when the cells that will form the embryo body separate from the cells that will support the pregnancy, that is, the placental cells. This separation takes place two to three days after conception. Up until that time, all the stem cells are capable of making every kind of placental and embryo tissue. So, if the MZ twin split occurs at less than two to three days after conception, the cells of each twin can make placental and embryo tissues. The result is that each twin makes his/her own placenta, so these twins are DC, just like DZ twins. About one-third of MZ twins are DC.

If splitting is delayed, the placental cells go ahead and make a truly single placenta, designed for a singleton. If the embryo cells split into twins, the twins have to be connected to this truly single (monochorionic, MC) placenta, which they share for nourishment. The majority of MZ twins are MC, but have two

amniotic cavities, so they are MC, diamniotic (DA).

A later split, at about nine to 10 days after conception, results in MZ twins who even have to share the same amniotic cavity, so they are MC, MA.

An early ultrasound exam—up to about 10 to 14 weeks—is the best time to see how many placentas there are. Ultrasound technicians can see if there are two placentas lying away from each other in different parts of the uterus. If there seems to be just one placental mass, it is necessary to see how thick the membranes are between the twins. If they are thick, this is a sign that the twins are DC, and the two placentas have “collided” with each other. If the membranes between the twins are very thin and wispy, the twins are almost certainly MC. So the important question is: How many placentas are there? It is best not to talk about “sacs” because for some people that means placental sacs, and for others means amniotic sacs. Almost all twins have two amniotic cavities, because MC, MA twins are rare (about 1% of twins). So you have to get down and dirty, and talk about what matters—the number of placentas (chorions).

How does the placenta number relate to zygosity? Almost all two-egg (dizygotic, DZ) twins have their own placentas, so they are dichorionic (DC). In

July 2003, there was reported for the first time a boy/girl twin pair (resulting from IVF) who are MC! It seems likely that the two embryos managed to unite together very soon after they were implanted, but it is not clear why they only had one placenta. This twin pair goes against the general rule that all MC twins must be MZ because that single placenta shows that the whole pregnancy came from one egg. This very rare report, however, does not mean that everyone should doubt that their MC twins are MZ. After all, there was a massive clue in this case: It was a boy/girl pair. More important is the fact that one-third of MZ twins are DC. Many healthcare professionals do not know this and frequently tell parents that the ultrasound exam shows DC twins with thick separating membranes, so the twins must be DZ. But everyone should remember that one-third of MZ twins split early and are DC. So, when the ultrasound shows the twins to be same-sexed and DC, no one can or should say anything about zygosity until after the twins are born. At that time it may be clear if the twins are DZ, but this is not always obvious. For DC twins who look quite alike (but not identical!), DNA testing can figure out the problem.

I think I have mentioned a few times before in these columns that MZ twins are not “identical” down to the very last

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detail. I think many parents look for those differences rather than step back and tell themselves that their twins, overall, look too alike to be DZ. And it also is true that many parents of MC twins are not informed or aware that their twins are MZ (with very rare exceptions).

So, here are the rules:

- ▶ Unlike-sexed twins are DZ (with very rare exceptions).
- ▶ DC like-sexed twins can be MZ or DZ, and nobody should believe that all DC twins are DZ.

- ▶ MC twins are MZ (with one exception, reported in July of 2003).

I think that the placentas of like-sexed twins should go to the hospital lab for a full pathology exam. When parents write to me about zygosity testing, the first question I always ask is whether there was a placental pathology exam. If there was an exam, and the twins shared an MC placenta, there is no need for the time, trouble and expense of a DNA test.

So, that's what we know about placentas, twin splitting and zygosity. ♥

### E-mail your zygosity questions to Dr. Machin

Geoffrey Machin, M.D., Ph.D., a fetal pathologist and the regular contributor to "Zygosity Puzzle," is on vacation. He has been helping twins and their parents with zygosity questions for more than 10 years. In that time, more than 300 twin pairs have had their zygosity determined by DNA studies, and almost all of them were MZ. He is co-author with Louis G. Keith, M.D., of *An Atlas of Multiple Pregnancy—Biology and Pathology*, (Parthenon Publishing, 1999) and authored the chapters on triplet zygosity in *Triplet pregnancies and their consequences*, edited by Louis G. Keith, M.D., and Isaac Blickstein, M.D., (Parthenon, 2003).



Geoffrey Machin, M.D.

You may e-mail your questions to him at [geoffmachin@shaw.ca](mailto:geoffmachin@shaw.ca).

In response to reader requests, we are rerunning this very popular Zygosity Puzzle column.

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## More than identical: monoamniotic miracles

At 21 weeks into my second pregnancy I was scheduled for a routine ultrasound. We were so elated to find out that there was not just one but two babies snuggled up together in there.

"Looks like they're both girls," said Lynn, our ultrasound technician. Twin girls. I felt my heart melt.

"Will you be seeing your doctor today?" Lynn asked. Still captured by our delight, I managed to reply that we weren't, but once in the parking lot, her question echoed in my mind. I knew something was not right. Chris assured me things were OK and rushed off to an appointment. Ali, my then 4-year-old, grabbed my hand and dragged me to my car. We talked twins the entire way home.

The flashing light on the answering machine confirmed my fear; we were called back to the doctor's office. "It appears your girls are sharing one amniotic sac," Dr. Marilyn Hines, our obstetrician, reported.

"Well, that just means they are identical, right?" I asked.

"They are more than identical," she explained. "They are monoamniotic. There is a high mortality rate in monoamniotic pregnancies. In an instant, one or both babies could turn the wrong way and be gone."

Dr. Hines's words faded in and out, as I felt my entire soul go numb. I had found out I was having twins only a few hours ago and had already decided I had never wanted anything so badly in all my life. Then I learned they may not survive.

Monoamniotic twins occur in 1% to 2% of all monozygotic twin pregnancies. They are the result of an especially late split of a fertilized egg. They are believed to split around eight to 10 days after conception. (Conjoined twins split around 14 days.) All twins—monozygotic ("iden-

tical") and dizygotic ("fraternal")—have a thin membrane that forms between them, creating separate living space for each. Monoamniotic twins do not have this membrane. (See article on pages 10 and 11.)

During the first trimester, the tiny developing fetuses swim around and play together, unaware of the tangles they are creating. Knots form in the umbilical cord and the babies become tied together. As they grow, those knots become compressed and pulled, cutting of the babies' blood supply, oxygen and nutrients. We were told our girls had only a 50% chance of survival.

Our girls would have to be delivered by Caesarean section in order to prevent any additional tightening of formed knots. Moreover, we were told monoamniotic twins should be delivered between 32 to 34 weeks, with daily to constant fetal monitoring from week 24 on. To me, the most devastating part was to know the girls could have a beautiful reading during a monitoring session, but could turn the wrong way even minutes after a session and be gone.

The decision to deliver at 32, 33 or 34 weeks was ours. We were crushed to know our girls were facing the battle of prematurity, even if they did survive the pregnancy. Finally, we were at peace with the decision we made to deliver at 32 weeks.

As it turned out, our decision was irrelevant. At 30 weeks an ultrasound showed Twin A was in trouble. She had developed ascites (fluid on the abdomen). Within hours, the fluid was around her heart, and Twin B had fluid building around her heart as well. The girls were delivered immediately. Bailey was born first and her tiny cry warmed me with happiness. Because their cords were tightly wrapped,



Bailey Christine and Sydney Logan, age 2

Sydney emerged with her sister and was technically born at the same time. Seconds later as I heard Sydney's sweet cry, I breathed a sigh of relief. That exhale took with it every emotion I had battled the past nine weeks.

I will forever be grateful for finding [www.monoamniotic.org](http://www.monoamniotic.org). Without it, I would have never had the strength to fight for what I knew was right for our little girls.

We also know our girls would not be here were it not for Dr. Hines and Dr. John Hobins. Dr. Hines made us her number one priority and Dr. Hobins was so aggressive in his opinion, we knew we had the right mix for getting our girls into this world alive. My husband and I had tremendous support from our families and the rest was up to God. Even so, every minute, every second, was a fight to get through without completely crashing emotionally.

Everyday, I talked to the girls and told them to take it easy in there. I told them the monoamniotic story and talked to them like they could hear and understand reason.

Today, Bailey Christine and Sydney

Logan are active and healthy. While I know they are precious individuals, I almost think they share a soul. In all honesty, the only one who can truly tell them apart is Ali, she just "knows." Even Chris and I have to stop and look for Bailey's small and quickly disappearing strawberry mark.

We hear all the normal twin comments, but one that always gets me is, "Twins, that must be hard!" It never fails; I get a lump in my throat, as I think "No, hard would be not having them." ♡

Andrea Conrad lives with her husband Chris, twins Bailey and Sydney, and singletons Ali and Caden Blake in Cedar Falls, Iowa.

## Improving the outcomes of MA pregnancies

A study from Cedars-Sinai Medical Center in New Orleans, confirmed the wisdom of Andrea's treatment. Researchers found that with intensive and constant in-hospital fetal monitoring of monoamniotic (MA) twins, delivery can be delayed to beyond 34 weeks, and the live discharge rate can approach that of other twin pregnancies. This is significant because, historically, twins who shared a common amniotic sac had only about a 50% chance of both surviving.

Now, instead of making an arbitrary decision for early delivery, the delivery date can be determined based on demonstrated lung maturity with an amniocentesis, or earlier if the constant monitoring indicates that one of the babies is medically compromised. Often the babies can remain in the womb longer and attain a higher degree of maturity before delivery. This level of inpatient management needs to occur in a dedicated and highly specialized unit.

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# Preemie Catch-up: Social-Emotional Development in Premature Infants

BY JOHN MASCAZINE, PH.D., AND BETH MORROW



“How old were your girls when they smiled at you?” “When did your twins recognize each other?” For mothers of premature multiples simple chats with other moms of multiples can take on an extra edge. The measurements game for parents of twins is complex enough, given the unavoidable comparison when one twin reaches a milestone that the other doesn’t seem even close to hitting. On top of that, parents of preemies must adjust ages to determine when their babies should reach certain milestones. But for how long do you adjust ages? When do preemies catch up with full-term babies? And how do you determine if your preemie twins are developing emotionally and socially as they should, especially when you can’t follow the concrete numbers of a physical growth chart, or when one twin seems naturally outgoing and the other more reserved? Often parents of premature twins agonize over their babies’ developmental progress and feel they have to exert more effort to help their children catch-up to full-term babies. John Mascazine and Beth Morrow offer some clear guidelines and welcome reassurance.

The stages of infant development in twins and multiples are myriad and intertwined. While guidelines exist to help parents be aware of the cognitive, social-emotional and physical milestones their children will eventually meet, there are more factors to a child’s developmental processes than charts and tables can measure.

Development in the three areas—cognitive, social-emotional and physical—is not isolated and specialized. The growth of premature infants is dynamic and relies upon relationships, behaviors and interactions with parents and others. These interactions that positively influence your children’s social and emotional development, at the same time, support the growth of cognitive and physical skills. This interdependence can be strengthened by a host of factors.

How can you determine the best way of interacting with your twins? How can you encourage social development? What are the long-term benefits of strong social and emotional bonds? How will prematurity affect their development? Are there ways to improve their social and emotional interaction?

A multitude of factors influence the social-emotional development of premature infants. It is impossible to know to what extent

special circumstances shape the development of your babies but one thing is certain: Quality parent interaction and awareness of your twins’ social and emotional preferences can go a long way in positively influencing their developmental processes.

## What does the research say about social-emotional development?

You can do many things to help your infants and children overcome difficulties that may result from premature birth or low birth weight. Keep in mind that your babies may require additional time and aid to develop. Research tells us that certain strategies are especially helpful.

**Play with them frequently, especially play-acting games.**

Games such as hide-and-seek of objects and naming common objects offer opportunities to build a solid, trusting relationship while bonding with your children. Such experiences often form the backbone of confident babies and children.

# Stages of Social and Emotional Development

Some specific indicators of social adjustment for specific ages are listed below. Some of the following benchmarks for parents and teachers of young children are from the book *Yardsticks: Children in the Classroom Ages 4-14*.

**Promote play that mimics emotions (i.e., surprise, happiness, wonderment or anger)**

It's well known among child development researchers that infants as young as 5 months recognize basic emotions exhibited by parents. Therefore, it's important to avoid a hostile or threatening environment: Safety and stability promote social and emotional security. Recognizing and displaying emotions as babies are essential steps toward communication with others.

**Encourage interactions with others**

Positive parent and child exchanges, twin-to-twin exchanges, child-to-peer interactions and child-to-adult (non-family) interactions lay the foundation for healthy social development in later life. Few would argue that early communication within a family does not play a central role in children's social and emotional development.

**Role-play and read about emotional and social situations with your children**

In new situations children often react by instinct. In order to develop an awareness of various ways to respond in different situations, expose your twins to age-appropriate stories that portray basic emotions with which they can identify. These stories also offer parents the chance to discuss issues with their children.

(Children normally begin to show specific emotional recognition and responses between the ages of 8 to 10.)

**Model and coach behaviors**

Getting along with others should be encouraged at all ages. Social behaviors—such as sharing, comforting and cooperation—demonstrate the idea that other people have feelings and beliefs that may be different from our own. Children are keen observers of adult behavior and will likely incorporate what they see into their own interactions with others. Modeling acceptable ways of dealing with others is instrumental in promoting social behaviors in children.

Children consciously begin to understand social behavior by ages 7 or 8. At times, you will need to help your children, step-by-step, understand the importance of a particular behavior. Coaching provides instruction and opportunities for a child to practice and evaluate their social or emotional expressions. Children more likely will value feedback from a trusted adult than from someone they do not know.

**Stress the consequences of your children's actions**

Strict rules enforced within a supportive and loving relationship work best. Discipline is generally effective when you identify unacceptable behavior and replace it with positive ways of interacting with others.

## Ages 2-3

- Talkative (experimenting with different sounds and words)
- Can associate words with expressing needs and wants
- Continues to develop their ability to interpret non-verbal cues as well as words as part of communicating ideas

## Age 4

- Talkative (not just to adults)
- Not overly dependent upon adults, gravitating toward interactions with other children
- Likes to engage in or be able to help with adult tasks such as making lunch, or fixing something that is broken
- Expresses individual interests, although sometimes can be easily persuaded by what other children choose or do
- Tries out new words, even words that surprise or shock adults
- Benefits greatly from modeled behavior from adults and older children

## Age 5

- Enjoys helping others and wants to be "good"
- Benefits from and appreciates rules and routines
- Seeks frequent approval, especially from adults the child trusts
- Unable to take on another person's point of view
- Has an increasing vocabulary and enjoys trying out new words
- Has high regard for authority figures
- Thinks "out loud"
- Learns through play (especially drama and role-play) and imitation

## Age 6

- Learns new ideas, words and skills with enthusiasm, but also competitive
- Tests others by sometimes not being honest or truthful
- Experiments with how to handle failure and disappointment
- Values friends; may need to have a "best friend"
- Continues to expand vocabulary and learn from others
- Benefits from "show-and-tell" activity
- Enjoys jokes and learning games
- Asks many questions and follows-up on questions of others

“Twins become very adept at cooperative play and, as any parent can testify, often use this teamwork in highly creative yet sometimes mischievous endeavors.”



### What if my babies don't "hit the marks" on the charts? What should I do?

First and foremost, the stages of social and emotional growth are indicators, not absolutes. Some infants exhibit these characteristics before or after the specific age indicated on the charts. Remember that preemies' ages are calculated differently from typical full-term infants.

As noted, one of the most important methods of stimulating an infant's development is quality interaction. Researchers suggest that the quantity of interactive communication with a baby is not as crucial to newborn development as is the quality of that interaction. This is good news for busy parents of multiples trying to meet the needs of two children.

Quality interaction can be prompt responses to your newborn's crying to instill a sense of safety and reliability; making frequent eye contact during feedings to engage their visual and emotional processes; keeping your babies close to you to promote mutual attachment and security—take turns cradling your babies in a sling or carrier; and interacting with your babies through reading, talking, playing soft music, smiling, rocking and walking to help introduce them to new and interesting things around them. Quality interaction relies on the fact that children are more interested in playing with their parents rather than toys.

Quality interaction goes hand-in-hand with knowing what your babies like. Paying attention to and learning their individual preferences—something of a challenge for parents of two infant preemies—is another method for positively impacting your child's development. Although twins and multiples share the same environment, they do not necessarily have the same preferences for interaction. Be aware of their individual preferences and get to know them on a one-to-one basis. Is one more alert in the morning, while the other is more active in the afternoon or evening? Do they respond

more strongly to visual stimulation or auditory stimulation? Some children prefer a deep, massage-like touch to a gentle stroke.

Discovering each twin's preferences is a key component in helping them develop positive attachments to their world. Engaging your children with all their senses encourages meaningful social and emotional interaction. The more secure and attached they feel toward you, the more they will feel encouraged to interact with others at a deep emotional level.

### What role does "play" play?

Research shows that play experiences are among the most concrete ways children practice social, language and communication skills with peers. Play also permits children to deal with their emotions and receive feedback from their actions. Over time, the types of play and the social exchanges become increasingly more complex.

Solitary play is characterized by infants and children playing with a toy alone.

Parallel play occurs when children are engaged in play with objects in the same room without interacting with others. Parallel play is common among 3- and 4-year-olds.

Associative play involves interaction among children. They take notice of their peers and may even take turns sharing. Associative play is common among 5- and 6-year-olds.

Cooperative play occurs when children play or work together to achieve a common task. They may exchange ideas on how to arrange blocks to create the tallest structure or how to stage a puppet show. By first grade, many children engage in cooperative play to some degree. Twins become very adept at cooperative play and, as any parent can testify, often use this teamwork in highly creative yet sometimes mischievous endeavors.

## Does slower social/emotional development lead to problems in later childhood?

If unattended, many researchers agree, impaired social or emotional development will lead to more serious problems. The vast majority of early social and emotional delays in development are identified and addressed by concerned parents, however. Most often, delays in social or emotional development require us to consider the readiness of children for entering school or advancing from one grade to the next. Time is often what children need to develop important skills and behaviors. Specific activities—such as involvement in a sport, club or mentoring event—can promote improved communication skills with others.

The important role parents and caregivers have in the development of appropriate social skills and emotional adjustment cannot be denied. Children, regardless of their “birth weight status,” are more likely to become socially and emotionally well-adjusted adults if they have loving, supportive and involved parents. Multiples have the added benefit of having loving and supportive siblings. Later, the importance of friends plays a role in your child’s development.

## Milestones don’t determine growth

Milestones in childhood development are approximations of your twins’ growth process. While it is helpful to be aware of these markers, being positively involved in all areas of your babies’ lives will reinforce the necessary, fundamental skills required to overcome any complications. With meaningful and quality interaction, your babies will develop a sense of security necessary to make strong emotional and social attachments to the world around them. ♥

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Beth Morrow is working toward her M.Ed. at Ohio Dominican University. She has been teaching for nine years and is the middle school coordinator for the English as a second language (ESL) program for the Columbus Public Schools in Columbus, Ohio. She can be reached at [morrown@ohiodominican.edu](mailto:morrown@ohiodominican.edu).

## Resources

Wood, C. (1997). *Yardsticks: Children in the classroom ages 4-14: A resource for parents and teachers*. Greenfield, Mass.: Northeast Foundation for Children.

National Institutes of Health: [www.nih.gov](http://www.nih.gov)

Emory University Medical School; development milestones: <http://med.emory.edu/PEDIATRICS/NEONATOLOGY/DPC/mileston.htm>

Mayo Clinic; resources on infant development: [www.mayoclinic.com](http://www.mayoclinic.com)

## PREEMIE RESEARCH UPDATES

### Preemie newborn pain

Preterm neonates undergo many painful procedures as part of their standard care in the NICU and they are able to experience pain and, in fact, are highly sensitive to it. Therefore, there is an urgent need to find safe and effective treatments to relieve pain in these infants.

Experts have recommended the use of morphine to alleviate pain during routine NICU care and invasive procedures such as heel sticks in ventilated preterm neonates. A recent international study has shown, however, that morphine does not alleviate heel stick pain in ventilated preterm neonates, despite its effectiveness in alleviating prolonged pain and pain that results from surgery. This finding is worrisome because morphine is used widely for ongoing analgesia during routine NICU care and procedures in ventilated preterm neonates. Possible explanations for the lack of analgesic effect of morphine for acute pain in preterm neonates may include the immaturity of opioid receptors or a decreased production of active metabolites. The authors conclude that giving continuous morphine to preterm neonates does not eliminate the need for other analgesic approaches such as sucrose, which is effective against acute procedural pain.

### Progesterone may delay birth

A form of the hormone progesterone called hydroxyprogesterone caproate, or 17P, can reduce preterm births by up to one-third, according to a University of Utah Health Science Center study.

As for babies born to mothers who received 17P, their immediate newborn outcomes improved, too. Fewer needed help breathing, and fewer suffered inflammation of the small intestine and colon than those whose mothers received a placebo.

Progesterone relaxes the smooth muscle wall of the uterus, blocks the action of oxytocin, a hormone that makes the uterus contract, and inhibits the formation of gap junctions, connections that allow the muscle cells in the uterus to communicate with each other so they can contract at the same time.

Although the study findings are encouraging, said Michael J. Varner, M.D., professor of obstetrics and gynecology at the University of Utah medical school, this treatment doesn’t address the major problem of spontaneous preterm birth in women without a previous history. Researchers also have no information on potential long-term effects of fetus exposure to 17P. Further studies are being developed to define the precise role of 17P in preventing spontaneous preterm birth.

### Genital tract infection risks

Common infections of the genital tract account for up to 50% of preterm births, especially those that occur before 30 weeks, experts from the March of Dimes state.

## How I lost my e-mail drive

I used to be one of those people who responded to e-mail within a few hours, sometimes within minutes. My e-mail address book has hundreds of names in it: people from Johnstown, Pa., to the Czech Republic, some of whom I don't remember anymore. For several years, I took pride in making a special effort to communicate with any friend or relative who took the time to write to me.

After giving birth to twins in June 1998, I felt completely unable to turn on my computer, let alone keep up any substantial electronic correspondence. I occasionally found myself staring at the screen wondering what messages might be inside it, but this curiosity didn't translate into action for a while. My fear of an overflowing inbox and my lack of desire to act on it rendered me virtually inert—unable to press that top right corner button and listen to the soothing chime that indicates that the system is revving up for business.

During the first trimester of pregnancy, I took a Web-design class, and during the final stages of the pregnancy, I created a multi-page Web site that I maintained until the twins were born. As soon as the kids came home from the hospital, family and friends asked when the site would be updated. When could they see photos of the babies? I guess they figured this would be a good way to monitor the twins' progress from zygotes to preemies to toddlers.

I tried to explain that I was having trouble making time for basic daily tasks like flossing, so updating the Web site was not a high priority. But my aversion to the computer was due to more than simply a lack of extra time; it was the lack of e-mail drive. That compelling desire to turn on the computer to revive relationships that snail mail and voice mail could

not sustain was gone. After a tiring day with the babies, that energy to check my mailbox at 11:45 p.m. just disappeared. Even though people told me they understood and advised me not to worry that our friendship would suffer because of my lack of communication, I felt guilty about it. I knew I was letting down many of my e-buddies in cyberspace. But I couldn't fake it. I was afraid that if I started trying to catch up with all of my former correspondents, I'd get sucked into those large chunks of e-mail time that can make an entire evening disappear.

Alex, who was familiar with my e-mail addiction prior to pregnancy, thought this new behavior was a bit odd. He occasionally asked me whether I checked my e-mail. When I told him I couldn't, he said, "You can check it, you know, without actually responding to messages."

About nine months into the twins' lives, I began to experiment cautiously. I checked my inbox to find out if anyone had written a message. I sent a couple of short hello notes just to see if anyone out there was still willing to communicate with me. Slowly and methodically, in the same way I tried to work my stomach muscles back into shape, I began to rekindle my e-mail relationships.

The flip side of this cyberhibernation was that when I finally came out of it and started answering the phone, responding to e-mail within a couple days and checking voice-mail messages, I learned that a few of my good friends were expecting babies. After



ILLUSTRATION BY CHUCK GALEY

their deliveries, we received what has now become the standard initial birth announcement among our circle of friends—a quick, cryptic e-mail message written by the father followed by several weeks of cybersilence. I dropped off a gift for one baby and got a hastily written thank-you note. I delivered a home-cooked meal to a tired single mother and got a quick voice-mail message from a very sleepy person. I didn't bother trying to respond to the call because I didn't want to interrupt anyone's nap time, especially Mommy's.

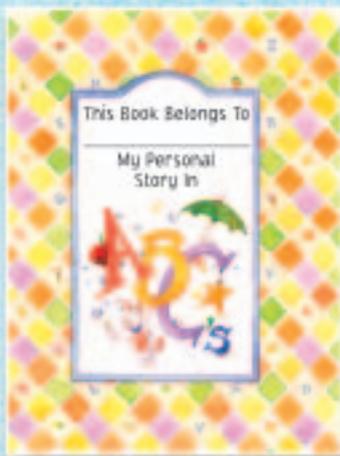
Then around the six-month mark, my e-mails occasionally were answered, and the sender appeared to sound increasingly upbeat. That's when I knew that little Eli was sleeping for more than four hours at a time, and precious Hannah learned how to distinguish night from day, and fussy Maya's reflux began to subside. That's when I knew it was OK to arrange a visit to see the little dumplings. I'd been there; I just knew. ♥

Lauren Kafka reflects on the first year with her twins, now 6, from her home in Bethesda, Md.

# Who Am I? What is a twin?

Your twins can be helped to understand that he or she “owns” characteristics that make each individual a unique “I”. Parents of twins have frequently asked us to publish “personalized story books” for twins that would help parents have these important conversations with their twins about what it means to be “I” rather than “one of the twins.”

We’ve created 2 new storybooks that do exactly that! Sold in sets of two so that each child has a personal storybook, these are filled with simple material, are fun and educational. Each of the 32 pages is loaded with colorful illustrations. From the time your twins are toddlers, they will love having these stories read to them. Each storybook provides dozens of fill-in-the-blank spots for you to write in your child’s unique preferences and personalized information. EXCLUSIVE TO TWINS MAGAZINE...NOT AVAILABLE ANYWHERE ELSE.



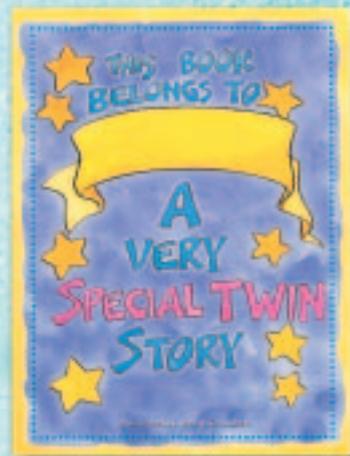
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## The roots of self-concept

### Twin research takes parents off the hook...almost

Self-concept has intrigued psychologist Shirley McGuire since her childhood. How was it possible, she wondered, that she was so different from her four brothers and they from each other?

Her first research, some 15 years ago, launched her professional hunt for answers to her youthful question, "Why do some folks feel good about themselves and some don't?" She searched for connections between children's self-concepts and their experiences with their parents. At that time, child development theorists held that family atmosphere, especially homes with disruptive environments, had the largest influence on whether children developed positive or negative self-concepts. Dr. McGuire, however, found no such relationship in stable homes and, in fact, neither did many other subsequent empirical studies. Her data showed that children in highly dysfunctional homes were at risk of developing negative self-esteem, but that happy home environments did not necessarily produce children with high self-esteem.

This finding led her to study the adult twin and sibling research that found siblings do not necessarily share personality traits. In addition, she explains, a few studies in developmental psychology demonstrated that young siblings did not share many experiences, even experiences within their families. Siblings had different relationships with their parents and, of course, different experiences with their peer groups and at school. Parents in these studies often reported that they treated their children differently in response to their different personalities. These findings ruled out the prevalent assumption that siblings should have similar self-concepts. McGuire began to wonder if differences in personality traits in school-aged siblings would affect their experiences inside and outside their home environments and result in their developing differing self-concepts.

She set out to examine twin and sibling similarity in six main attributes which contribute to children's self-concepts: scholas-

tic competence, social competence, athletic competence, physical appearance, friendship, behavioral conduct and general self-esteem. She used data collected as part of the Non-shared Environment in Adolescent Development (NEAD) project, which was being conducted by David Reiss, E. Mavis Hetherington and Robert Plomin. The study included 720 sibling pairs and included MZ twins, DZ twins, full siblings, half-siblings and genetically unrelated siblings.

McGuire explains: "My colleagues in the NEAD project and I expected that members of twin and sibling pairs would differ in self-concept. We also thought that because MZ twins share the same inherited traits they might have more similar academic and social self-concepts compared to DZ twins and other sibling types, since academic achievement and peer interactions appeared to be linked to heritable traits such as cognitive abilities and extraversion."

### Self-concept in middle childhood

"I looked for similarities and differences in the personality traits and social relationships between twins and other sibling pairs between the ages of 8 and 12 (i.e., the middle childhood). During this time, children are developing a stable and complex sense of self. That is, a child's self-esteem is not overly affected by day-to-day events such as a fight with a friend. At the same time, his or her sense of self is becoming more differentiated. School-aged children develop different "selves" in the home, classroom, peer and neighborhood contexts. Some children feel competent in math class, but not during physical education classes. Others feel confident with peers, but not in the classroom. In fact, some children readily acknowledge their differences and list their sibling's personality problems (e.g., "He is too sensitive," or "She has a temper.") and, at the same time, describe the sibling's strengths (e.g., "She is great at video games," or "He always helps me with my homework.").

### Twin data link personality traits, environment and self-concept

"I found that all of the sibling pairs, including the MZ twins, were different in general self-esteem, friendship experiences and behavioral conduct. All of the pairs, except the MZ twins, were also very different in scholastic, social and athletic competence and their feelings about their physical appearance. The MZ twin pairs, however, had moderate similarities in these last four categories, which suggested that heritable factors, such as temperament and cognitive and athletic abilities, play an important role in the development of self-concept.

**Occupation:** Researcher, psychologist

**Name:** Shirley McGuire, Ph.D.

**Position:** Associate Professor of Psychology at the University of San Francisco and Director of Twins, Adoptees and Peers Study (TAPS)

**Contact information:** Department of Psychology, University of San Francisco; San Francisco, CA 94117; e-mail: mcguire@usfca.edu; office phone: (415) 422-5265 and TAPS contact number: (415) 422-5947.



Patricia M. Malmstrom, M.A.

“This means that parenting is only a partial contributor to children’s developing sense of self. These findings should diffuse parental guilt when one of their children is struggling with his or her self-esteem, and should also prompt mental health professionals to examine the factors outside a child’s home which influence his or her life.”

### More studies underway

“My current project with Nancy Segal, a twin researcher at California State University at Fullerton, examines links between sibling relationships and children’s well-being and their self-concepts. We are comparing MZ twins, DZ twins, same-aged siblings reared together, and friend-friend pairs. We want to know when sibling relationships are like best friendships. We are exploring the types of activities that twins and friends do together and how much they cooperate with each other. We aim to expand the concept of sibling relations beyond the one note of sibling rivalry to show its full complexity. Our project is called the Twins, Adoptees and Peers Study (TAPS).” To find out more and how you can participate visit: [www.usfca.edu/fac-staff/mcguire/taps](http://www.usfca.edu/fac-staff/mcguire/taps) . ♥

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

## The Twins, Adoptees, Peers and Siblings Study

### Who:

8 to 11 year-old

- fraternal or identical twins,
- adoptive siblings (one or both children are adopted, ages within 9 months of each other),
- close-in-age biological siblings (ages within 4 years)
- same-sex best-friend pairs (ages within 1 year of each other)

### What:

Interviews are arranged at the convenience of the families. Benefits: Participants (children) receive T-shirts. Families of twins, adoptive siblings, or biological siblings earn \$50 and families of best friends, \$25 each. Same-sex twins receive DNA testing to determine zygosity (MZ or DZ).

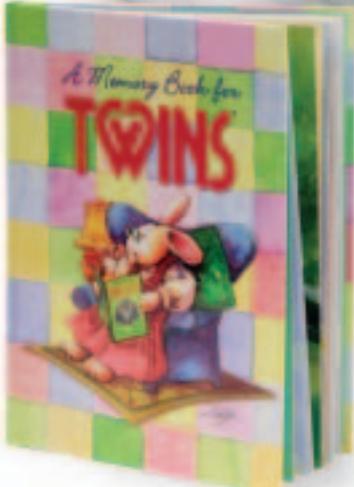
### Contact:

If you live in Southern California, please call (949) 480-4057 or e-mail Jody Davis ([jdavis@soka.edu](mailto:jdavis@soka.edu)).

If you live in Northern California, please call (415) 422-5947 or e-mail Patricia Gill ([prgill@usfca.edu](mailto:prgill@usfca.edu)).

If you live elsewhere, please contact either Jody or Patricia.

Brad and Jake, 3 days old



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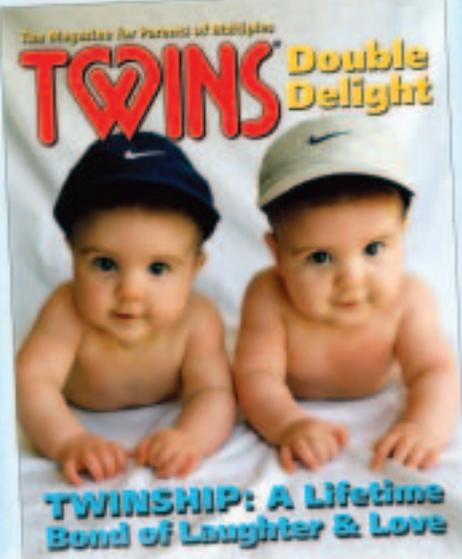
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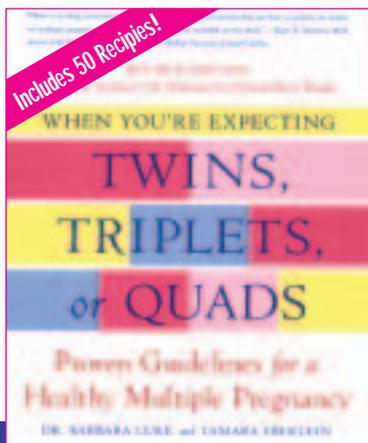
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# Fiction contest WINNERS

## 1 First place

Sandi McLaughlin won first place and \$250 for her story "It's Bedtime, Boys."

Sandi lives in Madisonville, La., with her husband Shawn, twin boys Rhett and Ashton, born Sept. 6, 1999, and a daughter, Alexandra Grace, who was born May 8, 2002.

She has a Ph.D. in psychology and works part-time as a certified school psychologist for the St. Tammany Parish school system.

"I have published a few research articles in psychology journals, but have never published fiction," Sandi said. "I have always enjoyed reading children's literature and have wanted to write children's fiction for some time. When I saw the ad for the TWINS Magazine contest, I decided to give it a try. This was my first story."



## 2 Second place

Vanessa Welsh won second place and \$175 with her story, "Grandpa's Twins."

Her husband Paul is a technical writer. Their twins Caleb and Ethan, born Aug. 13, 2002, were a source of inspiration for this multiples story.

"I grew up on a farm, and the boys enjoy going back there to see all the animals," said Vanessa, who lives in Lincoln, Neb. "I am certainly more intrigued by all the multiple births that occur there, now that I've experienced it, too!

"I'm so amazed that I won," Vanessa wrote to us. "I'm still in shock that I will see my story in print anywhere! This will be my first published piece. In fact, it is also

my first submitted piece.

"I became interested in writing for children several years ago while teaching kids with disabilities," Vanessa explained. "I struggled to find stories with characters who had disabilities, and so decided that perhaps I should write them myself."

Soon after enrolling in a writing course Vanessa discovered she was pregnant with her twins. She said she put her writing and her teaching career on the back burner in order to devote her attention to her boys.



## 3 Third place

Michelle Donaldson won third place and \$100 with her story "Buddies."

Michelle, her husband Jim and their son Spencer, born Sept. 14, 1996, welcomed twins Colin and Ian to their family June 6, 2003. They live in Dunbar, W.V.

Michelle says having twins has changed her life. "I'm currently a stay-at-home mom who is enjoying spending time with my twins. We call them our twin buddies. I mainly wrote this story to share with my twins, so they could see their experience of being friends and twins."

This is the first story Michelle has ever written. "I'm very excited to have won third place," Michelle said. "I didn't think I'd win anything at all."



# Call Me Nanny...

## nanny of the year

Michelle LaRowe, INA Nanny of the Year, holds Ryan and Daniel Kurtz, age 5

by Sharon Withers

PHOTO BY LAUREN MCFALLS

If there is one thing Michelle LaRowe wants everyone to know about her, it's that she loves her job.

Her love and passion for being a nanny—a professional nanny—helped her land the 2004 Nanny of the Year award from the International Nanny Association.

The award recognized the Boston-area nanny's outstanding achievements personally and throughout the industry. As a caregiver, she holds a full-time position caring for twin boys. As an advocate for the industry, Michelle educates parents and other nannies and also campaigns to raise the standards of nanny care—actually, to create the standards—through licensing in the United States.

Michelle, 28, earned a bachelor's degree in chemistry, but one week before graduation, recognized that being a nanny was her true calling.

She ran into a family with twins at the ice skating rink. After observing Michelle interact with her daughters, the mother asked Michelle to care for the girls in the

afternoons. The mother laid out plans and directions, and Michelle carried them out. From that chance beginning, Michelle knew her heart was set on being a nanny.

"I love Bill Cosby's advice: 'You have to find out what you love to do and figure out how to get paid for it.' I've been very fortunate to do that."

For 10 years Michelle has been a nanny to twins. Today, Michelle cares for 5-year-old Ryan and Daniel Kurtz. She has been with them since they were 10 days old.

Michelle loves caring for twins and says that she would not be interested in being

*"The most challenging part of caring for twins is meeting the needs of one without sacrificing the needs of the other."*

nanny to a singleton. "The most challenging part of caring for twins is meeting the needs of one without sacrificing the needs of the other," Michelle said.

If twins are double the challenge, Michelle knows that twins are also double the joy, especially when four arms open wide and hug her.

And, she has observed that twins learn empathy and patience at a much earlier age than single-born children. She recalled an instance when one of the boys comforted a little friend who was hurt—because that is what Ryan and Daniel have done for each other from a very early age.

Structure and consistency are critical in caring for multiples, Michelle believes. "It is very important to have the kids on a

schedule. If you don't have your time to do your stuff—to cook dinner, organize their activities, take a shower—you're going to be miserable. With twins, it's not what's



*"You should hope that your children love their nanny..."*

Ryan, Daniel and Michelle

ideal, but what works."

Manners are very important, too. "These boys can go anywhere," Michelle said. They learn how to behave at a concert or in a museum, how to eat in a nice restaurant, how to wait in line and in most any situation that can come up because Michelle takes them there and insists that they behave.

"We can take them anywhere," said Karen Kurtz, mother of Ryan and Daniel. "Yesterday they went to the science museum and to the beach today. They get together with other kids; they are not isolated, but well socialized, friendly."

Full of energy herself, Michelle is aware of the fine line between over-scheduling and planning a well-balanced day. She makes sure that her plans, supervision and attitude contribute to their educational, emotional, physical and moral growth on a daily basis.

"I love Ryan and Daniel like they were my own boys," Michelle said, "but I know they aren't." That, Michelle says, is the mark of a quality nanny.

Some parents express misgivings about having another person intimately involved in their children's lives and the possibility of being emotionally replaced.

"You should hope that your children love their nanny," Karen explained. While she acknowledged that there may be "a little bit of competition over the babies, a little bit," it is a minor consideration.

"You have to accept that there is a third adult in your children's lives and they will have a special relationship with that person and that is good and helps make them happy and healthy," Karen explained. "Children will always love their parents."

Michelle echoed Karen's beliefs. She

loves Daniel and Ryan and they love her. In fact, she says she can't imagine not being with them, but keeps reminding them—and herself—that someday, when they are big boys, they will not need a nanny.

"I tell the boys that I have my family and that I am their nanny and describe what a nanny does. Some of their friends have nannies and that helps. They call me 'Shell and know I am their nanny and I love them. If someone calls me a babysitter, Ryan and Daniel shout out, 'Shell's not our babysitter; she's our nanny.'"

Michelle likens the relationship to a marriage. "Open communication is very important. You should be able to give and take constructive advice."

Karen reflected on the comparison: "You have to learn how to make the relationship work. Your nanny is a special person who is your employee and part of your family."

Curiously enough, although their personalities appear to be opposite, the match works. Michelle talks a hundred miles an hour, buzzes with energy and throws out ideas as fast as they come to her. Karen, a professor at Harvard in the department of public health, seems more thoughtful and, as Michelle says, "laid back." But they clicked, and they respect each other.

"You have to find a nanny who is right for you. Some of that is probably trial and error. We just got lucky the first time," Karen said.

It was more than luck or trial and error. Karen and her husband Rick, an interventional cardiologist, did things right: They knew they wanted to keep their careers and could afford to do so; they went to a well-respected agency; they knew they wanted a full-charge nanny; and they

## THE NUMBERS

In the United States, about 85% of all fathers and more than 60% of all mothers work outside the home. In 2001, Americans spent about \$38 billion on licensed child care programs.

Child care costs are major item in any budget and vary widely, depending on where you live and the quality of the care. For a family with twins, day care center costs could total \$20,000 per year; for a nanny, costs could range from \$20,000 to \$32,000 per year. In a national chain day care center near Boston, the costs for two toddlers would be about \$22,000; for a live-out Boston-area nanny, the cost ranges from \$15,000 to \$40,000.

The National Association for the Education of Young Children (NAEYC) is a nonprofit consortium that seeks to improve professional early childhood education programs. For accreditation by the National Association for the Education of Young Children (NAEYC) a child care center must have one caregiver for four babies. For 2-year-olds, it's one to six; for 3-year-olds, one to 10. Visit [www.naeyc.org](http://www.naeyc.org) for a list of NAEYC-accredited centers.

interviewed several candidates. "It was a little bit like her picking us, as much as us picking her," Karen recalled.

Initially the Kurtz's wanted a live-in nanny, but they are glad they chose to have a live-out nanny. "We like the privacy and the weekends... and our house is not ideally set up for a live-in nanny," Karen said.

More importantly, the Kurtz's knew they wanted someone who looked at the position as a professional.

Michelle, a full-charge nanny, is quite clear about what a professional nanny should be and do.

"I believe in providing loving, nurturing and quality childcare. I believe that a family and a nanny need to work as a team. I believe with mutual respect, having a nanny and being a nanny, can be an excellent way to provide outstanding childcare for children," Michelle explained.

Karen concurred. "It is important that we agree on big things. We are very similar in letting them explore, letting them go out and try things as long as they are safe; they're going to have bruises and bumps. It even works better to have Michelle be—maybe strict is not the right word—more structured, than we are. We discuss things such as how are we going to change this behavior problem or that."

Both have read and follow advice in the book *1-2-3 Magic* by Thomas Phelan. Michelle has even written an article for the Boston Nanny Association on the four Cs of discipline: comprehending, clarity, consistency and consideration.

"I am always a role model for them. I never want anything in my life that I could not tell them about," Michelle said. "I'm really making a difference in their lives."

Michelle's hours are 8 a.m. to 6 p.m., but those are flexible. "When their parents are stuck in traffic and an hour late getting

home, I can't get upset because the children would see that and might think they aren't loved. And I don't get upset. Can you imagine if I didn't give 100% to these boys? They would be so insecure."

No one could ever accuse Michelle giving any less to her colleagues either. She serves on the board of directors of the International Nanny Association (INA) and is a member of the National Association of Nannies.

She is also the founder and president of a local nonprofit educational nanny organization, Boston Area Nannies, which recently drew 130 attendees from nine states to its first conference. "It was a great day for the nanny industry and many of the attendees learned for the first time that they were not just babysitters, they are nannies," Michelle said.

Being a professional nanny is a common theme when Michelle speaks at conventions and meetings, or writes articles.

"It just makes my blood boil to think that you have to be licensed to cut hair, but not to care for a child. It is not right that there is no licensing.

"A price tag doesn't make you a professional nanny. It's your resumé, your experience, your education. Today's professional nanny usually has a degree. We love our jobs and work hard.

"It is my goal to get nannies regulated so we know who's taking care of our children," said Michelle, the only nanny in Massachusetts to have passed the INA Nanny Credential Exam.

"Regardless of what kind of child care you want, know who is taking care of your kids," Michelle advised. "Kids soak up everything.

"I am very fortunate to have a family that lets me work as I do, that allows me to love their kids... what an unselfish gift."

## O Nanny resources

N [www.nanny-governess.com](http://www.nanny-governess.com)

L [www.bostonareanannies.com](http://www.bostonareanannies.com)

I [www.nanny.org](http://www.nanny.org)

N [www.nannyassociation.com](http://www.nannyassociation.com)

## RESOURCES

### CHILD CARE

### Interview

### Questions

When looking for child care for your twins, you should be able to answer these questions about the individual who will spend the day with your children.

Who will be caring for my children most of their waking hours?

What do I know about this person?

What are her qualifications?

What is her philosophy on child rearing?

What will my children be doing all day?

How will her personality click with my children?

How attentive will she be to my children's needs?

How much does she understand about twins?

### FINDING A NANNY

- \* Use a well-respected agency that screens applicants.
- \* Know what kind of nanny care you need.
- \* Interview the nanny; ask the questions listed on this page, plus ones that are important to your family life.
- \* Sign contracts that clearly define expectations, including hours, salary, benefits, vacation, health care and working conditions.

# An artichoke a day



*Obesity is the hot topic of the day, but how many obese twins do you know? We think a far greater problem, considering the double workload a mom of twins faces, is getting a well-balanced, nutrient-packed meal on the table, day in and day out.*

*Second perhaps to obesity is the buzz about antioxidants. What are they and where do you find them? Are they important for kids, or only as anti-aging weapons? And just because twins are not fat, does it mean they are fit? Here's a round-up of the latest information to come across our desks.*

## ANTI-ANTIOXIDANTS?

Your kids might choke on artichokes and red beans, but these veggies are full of disease-fighting benefits. Researchers analyzed the antioxidant content of 100 commonly consumed foods.

Cranberries, blueberries and blackberries ranked highest among the fruits studied.

Legumes (dried beans), artichokes and Russet potatoes were tops among the vegetables. Pecans, walnuts and hazelnuts ranked highest in the nut category.

Other antioxidant-packed foods include prunes, raspberries, strawberries, red delicious apples, granny smith apples, pecans, sweet cherries, plums and gala apples.

## 10 tips:

### kids and food

- 1 Parents control the supply lines: You decide which foods to buy and when to serve them.
- 2 Kids decide if and what to eat: From the foods you offer, kids get to choose what they eat and whether to eat at all.
- 3 Quit the "clean plate club": Let your children stop eating when they feel they've had enough.
- 4 Start them young: Food preferences are developed early in life, so offer a variety of foods.
- 5 Rewrite the kids' menu: Your children might surprise you with their willingness to experiment with new foods.
- 6 Drink calories count: Soda and other sweetened drinks—including fruit juices—add extra calories and get in the way of good nutrition.
- 7 Put sweets in their place: Occasional sweets are fine, but don't turn dessert into the main reason for eating dinner.
- 8 Food is not love: Find better ways to say "I love you."
- 9 Kids do as you do: Be a role model and eat healthy yourself.
- 10 Turn off the TV: You'll also turn off the advertising and mindless snacking; do something fun as a family.  
—from the book *Fit Kids: A practical guide to raising*

## SODA OVERDOSE

Discouraging children from drinking fizzy drinks can prevent excessive weight gain, according to new research in the UK.

*healthy and active children from birth to teens*, by Mary L. Gavin M.D., Steven A. Dowshen M.D., and Neil Izenberg M.D. (DK Publishing, 2004) 208 pages, \$20

For more information on *Fit Kids*, fitness and food, visit: [www.kidshealth.org](http://www.kidshealth.org)



## 5 more tips: fun, fitness and food

- 1 Slow down on fast food: Limit to one time a week and don't supersize.
- 2 Get physical: Walk or do something (anything!) for 30 minutes at least five days a week.
- 3 Portion your snacks: Don't eat from the box, bag or can. Pour a serving and stick to that.
- 4 Aim for fitness, not thinness: Don't skip meals. Eat healthy meals and snacks throughout the day. Not everyone is made to be thin, but we can all be fit.
- 5 Indulge: If there's something you crave, eat it once a week, but in moderate portions. Anticipate it and make it special.  
—from Marshfield Clinic Healthy Lifestyles Initiative, Wisconsin

# whole milk for babies

**S**ince babies need fat in their diets for development,

they should drink whole milk until their second birthdays. Then, if growth is steady, they switch to low-fat or nonfat milk.



## Online Resources

[www.eatright.org](http://www.eatright.org) • American Dietetic Association  
[www.kidshealth.org](http://www.kidshealth.org) • The Nemours Foundation  
[www.5aday.org](http://www.5aday.org) • There's a Rainbow on my Plate  
[www.usda.gov/news/usdakids](http://www.usda.gov/news/usdakids) • USDA for Kids  
[www.nal.usda.gov/fnic](http://www.nal.usda.gov/fnic) • National Agriculture Library  
[http://ific.org](http://http://ific.org) • International Food Information Council  
[www.nutrition.gov](http://www.nutrition.gov) • U.S. Government portal site

## Make sure your children get these three essential nutrients in adequate amounts, daily: calcium, iron, and fiber.

### Calcium for strong bones

According to new studies from pediatricians and orthopedic surgeons, the rate of broken arms has climbed by more than 50% in girls and 30% in boys since 1970. Not surprisingly, another study found that kids who don't drink milk are at much greater risk of breaking their bones than their milk-drinking counterparts.

In one of the study surveys, 46% of the doctors thought substituting soft drinks for milk was an important cause of the increase in broken bones among kids. Forty-two percent of doctors cited low milk consumption and inadequate calcium intake for the increase.

Low-fat or fat-free milk is the preferred calcium source because milk has a high calcium content and its calcium is easily absorbed by the body. Also, milk contains other nutrients—vitamin D, A, B12, potassium and magnesium—all essential to healthy bone development.

Smoothies made with real milk, chocolate milk and soup made with milk count toward the daily requirements. Serving milk with meals is a good start, but parents must also throw out the soda and junk food.

Other calcium sources include calcium-fortified orange juice, yogurt, tofu, canned salmon with edible bones, cheese, cottage cheese,

ice cream, frozen yogurt, pudding, broccoli, kale and turnip greens.

Furthermore, high intake of dietary calcium, such as that found in milk, cheese and yogurt, is associated with lower body fat in young children. And finally, what happens in the first 20 years of life is critical for building bone mass and preventing osteoporosis as an adult.

### Iron = brain food

Infants need 6 to 10 milligrams of iron, and children need 10 to 15 milligrams each day.

Iron deficiency can lead to fatigue, irritability, headaches, lack of energy and tingling in the hands and feet. Severe iron deficiency can lead to iron-deficiency anemia. If your child has any of these symptoms, talk to your children's doctor, who may prescribe iron supplements. Never give your children iron supplements without consulting your children's doctor,

because an iron overdose can cause serious problems.

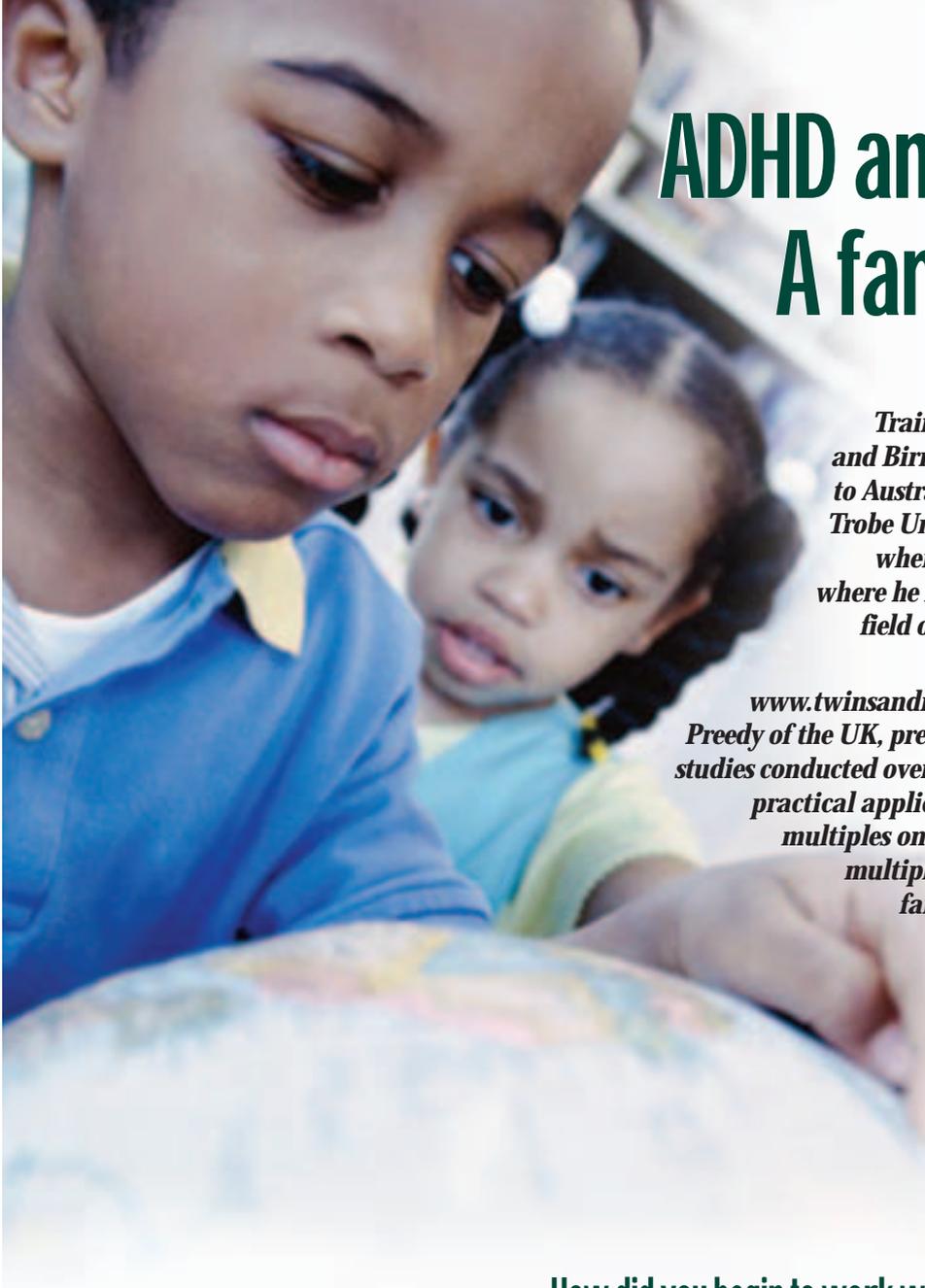
Children who had good iron levels as babies showed better motor skills than those who had been iron deficient. Children who had previously suffered iron deficiency as infants not only lagged behind their peers, but the difference also increased over time. Teens who suffered severe, chronic iron deficiency when they were 12 to 23 months old were likely to score lower on cognitive and motor tests, even if that iron deficiency was treated in infancy, according to a University of Michigan study.

The following foods are rich in iron: fish and shellfish, red meats, organ meats (such as liver), fortified cereals, whole-grains, dried beans and peas, dried fruits, leafy green vegetables and blackstrap molasses.

### Fiber, fabulous rough fiber

Your kids usually get enough fiber, but make sure it is the right kind—whole-grain breads and cereals, legumes, fruits and vegetables. Dietary fiber may play a role in reducing the chances of heart disease and cancer later in life, and fiber helps promote bowel regularity. To determine how many grams of fiber your child should be consuming each day, add five to your child's age in years. You can increase fiber by adding oat or wheat bran to breads, muffins or cookies you bake.





# ADHD and multiples: A family affair

BY DAVID A. HAY, PH.D.

*Trained as a psychologist in Aberdeen and Birmingham, UK, David Hay moved to Australia in 1972. He worked at the La Trobe University in Melbourne until 1996 when he moved to Western Australia where he is a professor of psychology in the field of education at Curtin University.*

*Dr. Hay's very helpful Web site, [www.twinsandmultiples.org](http://www.twinsandmultiples.org), developed with Pat Preedy of the UK, presents the results of his many twin studies conducted over the years. It includes a wealth of practical applications and advice for parents of multiples on how families cope with newborn multiples, twins in school, special needs families, ADHD, bereavement and behavioral studies.*

*For the last 19 years he has been the National Patron of Australian Multiple Birth Association (AMBA) and has also served on the board of the International Society for Twin Studies.*

## How did you begin to work with twins?

I never say I work with twins; I work with multiple-birth families. My work has two strands: the more conventional emphasis on genetic studies using twins and work on the needs of families. When I began my work back in 1975, I soon realized that even in genetic research with twins, you had to think about the rest of the family. For example, how did twins or higher-order multiples impact mom and dad and how did older brothers and sisters cope with the arrival of twins and all the demands they placed upon the family?

I have been lucky in being able to work closely with our parents' organization, the Australian Multiple Birth Association (AMBA), so I have always been aware of the family's perspective. With AMBA I began working on the issues around twins in school, which resulted first in a booklet that went to all schools in the country, as well as overseas, and more recently, on our Web site, [www.twinsandmultiples.org](http://www.twinsandmultiples.org).

## How did you begin to look at ADHD in twins?

One of our long-time interests has been differences between twins and single-born children. In the 1980s we began analyzing a very large Australia-wide government study of literacy and numeracy in 10- to 11- and 13- to 14-year-olds,

**EXTRA!**

**Boys are four to nine times more likely to be diagnosed with ADHD.**

## Where you draw the line between ADHD and non-ADHD is arbitrary.

where fortunately they had asked which children were twins—something that is not done nearly enough. At age 10, the twins were a bit behind but by age 13 to 14 the girls had caught up. The twin boys as a group, however, had not—though, of course, quite a few were doing well. When we looked at what they were doing wrong, it was often on quite simple tasks such as basic arithmetic and even reading the time from a watch face. To me, this smacked of a problem with attention rather than ability.

At the same time, clinically, I was seeing twins, again often boys, for reading problems in which the real difficulty seemed to be impulsivity. I remember one pair for whom, if asked to read a word, any word would do, as long as it started with the right letter and had the right number of letters: Asked to read “cat,” “cab” was good enough. So already we had inattention and impulsivity, which with hyperactivity, comprise the three components of ADHD.

### How did this become a formal study of ADHD?

Much of our work is with the Australian Twin Registry, one of the world’s largest volunteer registers of twins and their families. In 1990 Associate Professor Florence Levy contacted the registry about the possibility of doing some work on the genetics of ADHD. Although Australian, Florence was trained as a child psychiatrist at Yale and came back to run one of the largest public hospital child psychiatry clinics in Sydney. She knew a lot about ADHD but not much about twins, while I knew about twins but not ADHD. It seemed an ideal combination of interests and ignorance!

Over the last 13 or so years, our Australian Twin ADHD Project (ATAP) has become one of the world’s largest studies of ADHD (more than 18,000 family members) and resulted in the first text on the genetics of ADHD, *Attention, Genes and ADHD*, (Brunner and Routledge in the UK; Taylor and Francis in the US; 2001). It is scary how far the field has advanced in this time and in 2004 the book would be very different.

In the ATAP study, 82% of MZ twins and 38% of dizygotic (DZ) twins were concordant for ADHD. ATAP also received, among many other citations, the Reiger Prize from the American Academy of Child and Adolescent Psychiatry for publishing the “most significant paper of 1997.”

### So just what is ADHD?

In Australia we go with the U.S. classification (formally called DSM-IV) that recognizes three types of ADHD, the children with mainly Inattentive symptoms, those with mainly Hyperactivity/Impulsivity symptoms and those who have the Combined type with both.

**If I were to focus on one thing that legitimizes ADHD, it would be co-morbidity, meaning that almost all young people with ADHD have other problems as well.**

Three points to consider are:

- When the media portrays ADHD, it is almost always the Hyperactive-Impulsive type as their action makes for the best footage. In fact, this is the rarest type; the often quiet and overlooked Inattentive type is the most common.
- The children must have not only the symptoms, but also their behavior must impair their functioning at home and school. So some kids can manage well in elementary school where they have one main teacher who knows them and how to deal with their behavior. When they get to junior-high, however, and have to start organizing their way to different classes and different teachers problems with the organization of behavior really emerge.
- The UK traditionally went with a much stricter set of criteria (called ICD-10) in which children must have Inattention and Hyperactivity and Impulsivity, all reported by two independent assessors. This is changing as it was realized that many children with major needs were going unrecognized and without help.

### Does ADHD actually exist?

In Australia and the U.S. there are very strong lobbies against ADHD, arguing there is no biological test for it. Fair enough, but there is not a biological test for any behavioral or psychiatric disorder, from depression to schizophrenia. The one test for any such disorder is brain autopsy for Alzheimer’s Disease, which is little consolation for the person or their family!

There is a significant amount of exciting research on identifying brain functioning which goes wrong in ADHD and other conditions. In the immediate term this will tell us a lot about the nature of ADHD but it is far from being diagnostic. Let me follow up with a couple of things from our twin studies:

- We were awarded the Reiger Prize for showing that ADHD did not exist! What we showed was that the Inattention and the Hyperactivity/Impulsivity symptoms of ADHD were an essentially inherited continuum throughout the entire population, rather than there being an ADHD and a non-ADHD category. So where you draw the line between ADHD and non-ADHD is arbitrary. But then we do the same for many physical illnesses with such things as blood sugar levels and high blood pressure. Even our speed limits are an arbitrary convention, but try telling that to the highway patrol! We simply have to draw a line somewhere as to what is acceptable behavior.
- If I were to focus on one thing that legitimizes ADHD, it would be co-morbidity, meaning that almost all young people with ADHD have other problems as well. The Scandinavians use a concept of DAMP (nothing to do with their climate, but signifying Disorders of Attention, Motor Control and Perception) to argue there are very few young people with ADHD and nothing

## There is a strong connection between language delay in multiples and attentional problems.

else. In our own studies, associate professor Jan Piek and I have shown that some 50% of children with ADHD also have problems with motor control. For example, they cannot catch a beanbag, balance on one leg or perform a number of other similar skills. No one is going to argue such motor problems are the result of parental imagination or even bad parenting. Many other young people with ADHD have issues with language skills, reading, anxiety, depression and so on. While no one would deny these issues exist, they help legitimize ADHD and also emphasize the need for a full assessment that screens the young person for the many other problems that may occur along with ADHD.

### Is ADHD more common in multiples? If so, why?

I wish we knew more and that our colleagues were more concerned about this issue. Our own studies show ADHD is a bit more common in multiples and a UK study reports a higher rate of twins attending a child psychiatry clinic for this sort of problem. But many of the genetic studies of child twins do not even discuss if the twins in their program have more problems than children in general. I wish they did because of one major difficulty. One of the issues especially for younger twins is that our information comes from parents rather than the children themselves and while they may not get it wrong, they may not get it right. One twin may be labeled as the “active” one and the other the “quiet” one, whereas in fact there is only a modest difference between them. With differences between twins being exaggerated, this makes it difficult to get good data on whether ADHD problems are more common in multiple birth children.

But why may there be more problems in twins and higher multiples? We have found surprisingly little role for preterm birth, even though in studies of very preterm babies this is generally acknowledged as being a risk factor for ADHD. There is a more of a role for Small for Gestational Age (SGA). Every mom expecting twins or higher multiples wants to keep the pregnancy going as long as possible, but it is important that the children continue to grow. In some multiples, the growth really slows down after week 34 or so and these are the ones whom we have found have more problems in language development and, to a lesser extent, in ADHD. There is a strong connection between language delay in multiples and attentional problems—if we knew more about why the language problems happened, then we would know more about the attentional issue.

### What causes ADHD?

Our own studies and those by our colleagues, (especially at the Washington University School of Medicine in St. Louis with whom we have been collaborating over the last few years) agree on one thing: There is a very strong genetic component to ADHD. We recently began a very large study of why one identical twin may have ADHD while the other twin does not, and it is really hard to find such children. Screening over 3,000 pairs of identical twins, we only expect to find some 100 pairs really different in ADHD. Sure, there is some environmental effect, but it is largely one that leads to twins in the same family differing from each other. It is not one that makes them the same. Given that twins tend to have similar upbringing and similar diets, it is unlikely these are major factors. The kind of environmental effects that matter are ones that result in differences between twins. So in the small sample of identical twins differing in ADHD that we already have, it is almost always the one who had more breathing difficulties at birth who has ADHD.

### So what can parents do about ADHD?

Many of the forms of ADHD we see in twins have to do with Inattention/Distractibility and with Impulsivity. It is all too easy to see why these may be more common in families with multiples. Imagine. Even as a 2-year-old you may be concentrating on something, when your twin wants you to divert your attention to something else. Or you may want to get in before your twin to do something with your parent or to bring them some news. What you say may not be right, but you got there first!

Parents can gradually discourage inattentive and impulsive behavior, especially if they are aware of it in their multiples. Repeated and gentle reminders to calm down, take turns and finish tasks may counter some of the built-in chaos of twinship and help children learn to concentrate and control impulsive tendencies. Also, by their own behavior, parents can set a tone of calm and quiet for the home.

### What about medication?

No one wants to give 4-year-old twins stimulant drugs and this is one of the most emotive issues for families. As a psychologist, I cannot prescribe drugs but there are a few things I think it is important to know about medicating children for ADHD.

- The stimulant medications are not the same as “speed.” They have been around for some 60 years and are safe, in that they are metabolized very quickly in the system.
- Significant side effects occur more often in children who were inappropriately diagnosed and should not have been given such medication in the first place. Just because a child has learning problems does not mean that child has ADHD.
- We are now seeing whole new groups of medication, both long-lasting stimulants so that children need only one tablet in the morning before school starts and drugs better suited to those who suffer from anxiety, a problem that often occurs along with ADHD, and for whom stimulants have not been the best mode of intervention.



***“Parents can gradually discourage inattentive and impulsive behavior, especially if they are aware of it in their multiples.”***

## What about the multiple-birth family?

Recently we ran a study on the brothers and sisters of children with ADHD. They would have to be the biggest fans we have ever encountered of stimulant medication. Without any prompting, they repeatedly made comments such as “The tablets give me back my brother, so we can play together.”

Without any wish to get into the question of whether medication is the only approach to intervention, a dilemma for every family—and especially for the multiple-birth family—is how the rest of the family—and the other twin—copes with ADHD. While we have begun to focus on the rest of the family, just think what it would be like to be the twin who has ADHD when your twin does not. Given all the co-morbidities, the ADHD twin is probably not doing as well at school and in sports. Furthermore, we know that children with ADHD often have fewer friends, as they are not attentive to social cues and may butt into conversations inappropriately.

## Where do we go for help?

First, you have to agree you may need help or at least assessment of one or more of your multiple-birth children. I do not say that lightly. Too often I have seen conflict over dad’s active little sportsman and mom’s child who may have ADHD. On top of that, when you do seek help, your chances of finding a specialist in multiple births are few! You can, however, search for someone who believes in working with the family. Ideally, the therapist can recognize that parenting multiples may not be easy and will be aware of the impact if one or more multiples is diagnosed and needs help. Especially, the therapist should be someone who (in psychology jargon) is aware both of differential diagnosis and of co-morbidity. ADHD is not the only reason children may present with Inattention and Hyperactivity. At the same time, it is important to check out the common co-morbid conditions mentioned above to get a clear perspective on the extent of the child’s or children’s problems. If one twin is depressed because he is not doing as well as his twin at school, in sports and in peer relationships, this needs to be worked on as much as the symptoms of ADHD. A good clinician will think of all these things.

## What’s your last word?

ADHD has always been with us. It may only recently be that it is being adequately diagnosed—and possibly over-diagnosed. Some

children will grow out of it, while others may not. Every family has at least the right to have their fears allayed and to know their children do not have ADHD. But the impact of having both twins with ADHD or the family dynamics where one but not the other has ADHD are such that multiple-birth families do need to have concerns about possible ADHD taken seriously. Don’t allow yourself to be dismissed with the comment “But twins are like that!”

## Resources

[www.twinsandmultiples.org/adhd](http://www.twinsandmultiples.org/adhd)

The Web site developed by Dr. David Hay and Dr. Pat Preedy. At this site you can download a questionnaire, “Do our multiples have ADHD?” Not intended to be definitive but an aid to helping parents or teachers decide if a child needs a complete assessment.

[www.myadhd.com](http://www.myadhd.com)

A helpful summary of the likely causes of ADHD; cites Dr. Hay’s 1997 study, “Attention-deficit hyperactivity disorder: a category or a continuum? Genetic analysis of a large-scale twin study.”

[www.idonline.org](http://www.idonline.org)

The Coordinated Campaign for Learning Disabilities offers resources for parents, teachers and kids, including a large list of links to related sites and support organizations.

**Attention, Genes and ADHD**

by Florence Levy, David A. Hay; (Taylor & Francis, 2003) paperback, 288 pages, \$25.95.

**... just think what it would be like to be the twin who has ADHD when your twin does not.**

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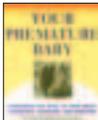
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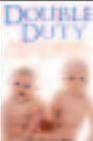
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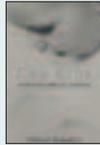
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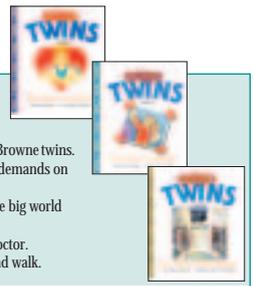
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# RSV can 'hit and hide'



Respiratory syncytial virus (RSV), a common cold virus that causes bronchiolitis in children, can act as a “hit and hide” virus, according to an international team of researchers. Until now, it was thought that the virus could only survive in the body for a few days, but a new study shows that the virus can survive for many months or years, perhaps causing long-term effects on health, such as damage to the lungs.

The research, published in *American Journal of Respiratory and Critical Care Medicine*, was a joint project between Imperial College London, St. Mary's Hospital, London and the Ruhr-Universität Bochum, Germany.

Professor Peter Openshaw, from Imperial College London and St. Mary's Hospital, one of the paper's authors, commented: “These studies show that RSV is a ‘hit and hide’ virus, rather like HIV, herpes or some hepatitis viruses. The symptoms seem to go away but the virus is just hiding, waiting for a chance to re-emerge and begin infecting other people.”

The team believes that long after the initial symptoms, such as coughs and sneezes, have disappeared, the virus could lie dormant in the body. It is possible that the recurrent wheezing which occurs in children who have suffered from bronchiolitis may be due to virus hidden in the lung.

“Some people may be carriers, able to act as a source of new outbreaks in children. If RSV is a ‘hit and hide’ virus, this could explain where this virus goes in the summer and where it comes from each winter. If the virus is able to lie dormant in previously infected individuals, it could re-emerge when the conditions are right and cause the outbreaks that fill our children's wards each winter,” Openshaw said.

## >> Who gets RSV?

RSV is the most common cause of lower respiratory tract infections (LRTI) such as bronchiolitis and pneumonia in infants and children worldwide, with infections predominantly occurring between the autumn and spring. Nearly 50% of bronchiolitis and 25% of pneumonia hospitalizations in young children are caused by RSV. The global annual infection and mortality figures for RSV are estimated to be as high as 64 million and 160,000, respectively. Around 40% of infants who experience bronchiolitis as a result of RSV infection are subsequently affected by recurring wheeze

and up to a third can also suffer with childhood asthma.

Most children contract RSV sometime in early childhood, some with very mild symptoms. Preterm infants, however, are at high risk for serious RSV infection, re-infection, hospitalization and complications. RSV infection, when severe enough to result in hospitalization, may require

intensive care and mechanical ventilation.

Those considered at the highest risk for RSV disease include preterm infants and infants with hemodynamically significant congenital heart disease (CHD). High-risk infants who contract RSV are significantly more likely than healthy, term infants to develop LRTI such as bronchiolitis and pneumonia, conditions that often require lengthy and costly hospitalizations.

Over the long term, RSV infection has been linked to chronic wheezing and coughing similar to childhood asthma.

Premature infants most likely to be hospitalized include those with siblings in day care, a crowded household, smokers in the home, multiple health conditions, an age of 10 weeks or younger at the start of the RSV season, and early cessation of breastfeeding. Furthermore, males are more likely to be hospitalized for RSV.

## >> RSV prevention

New clinical findings have provided additional evidence that premature, less than or equal to 35 weeks gestational age, infants are at elevated risk for RSV-related morbidity and mortality. “These new findings help raise awareness of the risks of RSV in premature babies,” said Jessie Groothuis, M.D., global medical director, immunology development, Abbott Laboratories. “Preventive treatments can help protect these already vulnerable infants against RSV, a serious lower respiratory tract disease.”

All high-risk infants can be protected through preventive treatments, which may result in fewer RSV-related hospitalizations and fewer serious complications. Currently the only preventive regimen against LRTI caused by RSV is Synagis (palivizumab). Approved in Europe in 1999 and in the U.S. in 1998 to prevent serious RSV infections in high-risk premature infants, was recently approved in Europe and in the U.S. for expanded use in children up to 2 years of age with CHD.

Synagis injections are given monthly during the RSV season to children under 2 who have bronchopulmonary dysplasia/chronic lung disease, premature infants born at 35 weeks or earlier, and for infants and children 2 years of age or younger with hemodynamically significant CHD.

For more information on RSV, visit [www.rsvinfo.com](http://www.rsvinfo.com) and [www.rsvprotection.com](http://www.rsvprotection.com) and talk to your pediatrician.

—Compiled from various research reports



# Twin Discrimination

## *an old problem with a new label*

by Lauren Kramer

**First, a story:** It was final-year kindergarten for identical 6-year-old twins Chris and Tom. Their teacher was handing out memory books to each child. Each child except Chris and Tom, that is. Since they were twins, she figured they could share one book. On the back page was a picture of the two boys smiling. In bright red marker, she had scrawled: "Chris and Tom. Or is it Tom and Chris?" Clearly, she had no idea who was who.

"Even though my boys are young, I know it must have hurt their self-esteem," said Dawn Zamanis, who lives with her twins and three older sons in Valrico, Fla.

It's an old problem with a new label. Call it twin discrimination and it's out there. It's covert and insidious, and sometimes you have to look carefully to find it. But once you do, you realize your twins will have to contend with great dollops of it as they grow older. And you have to think hard about how you plan to handle these slices of unfairness that are unwittingly doled out to children born together.

There are different kinds of discrimi-

nation. For example, one twin may be invited to a birthday party or playdate, and the other excluded. As a parent, you're presented with somewhat of a catch-22 situation. Do you insist that your twins attend parties together or not at all, or do you grant them permission to have different friends and attend gatherings that sometimes exclude one or the other?

To some extent, that depends on their age, says Herb Collier, Ph.D., an author and expert in child and family psychology. "While your pre-kindergarten twins won't understand that one is being excluded from a birthday party, once they get a bit older, I advocate that parents help their twins to differentiate," he said.

"Identity is a real issue here, and you want to let the twins know that even though they may look alike, they can have different friends and different interests," Dr. Collier explained. "If you treat them like identicals the whole time, they never learn to be their own persons."

For her 6-year-olds, Zamanis has an all-or-nothing policy when it comes to birth-

day parties. "At any time, if one twin is not invited to an event or a party and the other is, we politely decline," she said. "My boys now know that although it may not be intentional on the part of the host to discriminate, it does hurt feelings. Therefore, we feel that if both cannot attend, then we just decline, and my boys are OK with that."

Kimberly Fulbright, mom of twins Madison and Kylee in Littleton, Colo., sees things differently. "If one should be invited to a party and the other is not, it must be because they have learned to make their own friends and have established a sense of self, which I highly promote," she said. "I think it is imperative that the girls have their own sense of identity. Even though feelings may get hurt, in the end they are not the same person and should not be treated as though they are. I will do all that I can on my end to ensure that they know they are not, in fact, one person with two names."

From the word discrimination comes the derivative to discriminate, or distinguish. Many instances of discrimination

against twins come from the inability or refusal of those around them to distinguish one from the other, an insistent preference to view and treat these two individuals as a single unit. It's a state of confusion you encounter often as a parent of twins, even if your kids don't look much alike. The moment some people hear the word twins, they think "identical" and decide seconds later that the two—particularly if they are same-sex—cannot be distinguished from one another.

Collier believes it is incumbent upon parents of twins to make it easier for people to discriminate one twin from the other. "If twins are not recognized by people like coaches and teachers, it's the parents' responsibility to make sure they can be differentiated, either by coiffing them differently, or giving them different necklaces or bracelets or clothing," he said. "I think some of the problem lies with the parents, who think it's cute to dress their twins the same."

Eileen Pearlman, Ph.D., a monozygotic twin, author and specialist in multiple births, agrees. "It's important to educate teachers, family members and coaches that the kids are individuals with their own feelings, temperaments, strengths and weaknesses, and that we need to treat each one as an individual," she said. "Sometimes people are just not aware that kids born on the same day are actually two people."

That didn't help Zamanis when her kids were in kindergarten. Though they dressed differently and had completely different personalities, their teachers continued to confuse them. "My son Tom developed a habit of walking up to his teachers and classmates and saying 'I am Tom,' so as not to be mistaken for his brother Chris," she recalled. "He became so self-conscious of people calling him by Chris's name that he just decided he would prevent the frustration he was almost certain to feel by not allowing himself to be confused with Chris in the first place."

It's a scenario Fulbright experiences often. "I just put a smile on my face and cheerfully tell the doctors and day care providers who is who each and every time I see them," she said. "After all, having

twins is difficult and maybe it is too much to ask that someone take a few extra moments to decipher between the two."

Situations such as these have taught the Zamanis family important coping strategies. "As a parent, I realize the importance of treating each twin as if they were singletons, with different talents, abilities and special qualities that make them unique," she said. "These acts of discrimination, though not deliberate, have actually brought my boys much closer. They look out for one another much more, and realize the importance of fairness and inclusion of both or none in activities that they both enjoy. I'm very proud of how protective they have become about each other's feelings, and we've all certainly grown as a result of their experiences."

### Preventing twin discrimination

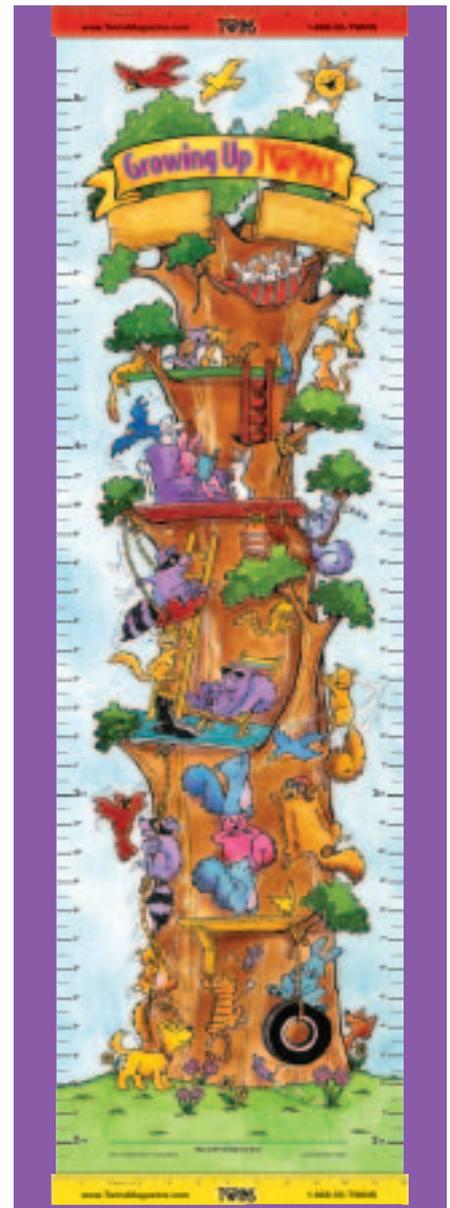
- Forego the cuteness of dressing twins alike and focus instead on enhancing their individuality
- Give the people who interact with your twins clear, consistent clues on how to distinguish between your twins if they are identical
- Educate people who fail to distinguish your twins from one another that they are individuals and should be treated thus, not as a single unit
- Educate your twins. They can learn how to help others distinguish between them, even when others are not very polite or considerate. They also can learn that others' insensitivity is not a verdict on the state of their individuality or the twinship

Lauren Kramer is a freelance writer who lives in Vancouver with her husband and three children, including twins born in 2003.

#### How do you dress your twins?

Always the same	40%
Same on special occasions	12%
Same outfit, different color	43%
Never the same	6%

—reader feedback poll from [www.TwinsMagazine.com](http://www.TwinsMagazine.com)



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Joshua Coleman, Ph.D.

## Overwork, stress, weighty issues

### She said

Our 13-month-old twin girls spent their first six weeks in the NICU. My husband and I hardly knew if it was day or night. I returned to work when they were 6 months old. Before I was pregnant with twins I was fairly slim. Now I am overweight and don't have the motivation to do anything about it. I am always so tired. I work all day and come home and put in another six hours cooking and cleaning. To top it off, I can't get Sam to help much at night. I am exhausted, drop in bed and never think of sex. We don't have time for a conversation, much less spending any time together—alone. I think we're drifting apart.

Brenda

### He said

I love my wife and girls, but I have no interest in her sexually. She is not the woman I married. Although it seems shallow, physical appearance is important to me. She works hard and I can't bring myself to tell her how I feel about her weight or the way she dresses. She can't fit into any of her decent-looking clothes. I think I should change my viewpoint. She doesn't have time for herself, and we don't have time for each other. When the day ends at 10 or 11 p.m. we are exhausted. What can we do?

Sam

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](mailto:TWINS.editor@businessword.com).

Dear Brenda and Sam,

Your letter brings up many issues important to all parents of twins. The first is how your twins came into the world. What a stressor to have your kids in NICU for the first six weeks! The worry and exhaustion of an event like that is enough to drive most couples over the edge. As I write about in my upcoming article on child abuse with twins (November/December 2004), prematurity and other neonatal problems put demands on couples that can cause them to do things they normally would never consider doing.

Sam, your complaint is a common one of men whose wives have been unable to lose the weight of pregnancy. I doubt it helps her or you to think of it as being shallow on your part, it just is what it is; you're more attracted to her when she's thinner. In general, I think it's best if couples are open and honest about what causes them to feel more attracted or less attracted to each other. We can put moral labels on that, but it rarely gets us anywhere. We don't usually have a lot of control over what turns us on and what turns us off.

You have to know, however, that if you're going to have a conversation about her weight, there is a good chance that she will feel criticized, embarrassed or humiliated. Studies show that "loss of figure" is one of the things that women most worry about after a pregnancy. So, she's probably not thrilled with the weight gain, either. That doesn't mean you shouldn't have the conversation. I believe you should. Just make sure you preface it by saying, "I know this is really superficial, but..." Your tone should be gentle and loving, and the conversation should be filled with all of the things that you admire, like and respect about her.

As you know, the current conflict in the marriage isn't just about Brenda's weight. She says that you don't help very much and that's a big problem. In general, working mothers are more exhausted and stressed out than

working dads because they feel more responsible for the marriage, house and kids when they get home. This is what sociologist Arlie Hochschild refers to as "the second shift." Hochschild observed that women work a full month a year more than men when everything is factored in. So, it's probably not very realistic for you to want Brenda to lose the weight if you don't significantly step in and provide some downtime for her. I'm sure you're doing a lot too, but if you're like most men, it's not nearly as much as your wife.

Bearing this in mind, I recommend you both commit to a course of action to solve this. Brenda, you should make a list of some things that Sam could begin doing on a regular basis that would significantly lessen your stress load. Let Sam know that you're committed to getting back to your pre-pregnancy weight, but you'll need a lot more help from him to achieve it.

Sam, you should commit to greatly increasing how much housework and parenting you do. Both of you should commit to a weekly date, no matter how tired you are. You need weekly time to bond in the midst of all that incredible stress.

Finally, I believe that couples should strive to have sex at least once a week, whether or not they're in the mood. Feelings of attraction are useful, but a commitment to action is a far more reliable predictor of happiness and compatibility in marriage. In other words, don't make the mistake of assuming that you have to be in the mood to be nice to your partner, appreciative or sexual. You don't always have control over that. You do have control over your behavior. ♡

Joshua Coleman, Ph.D., is a psychologist in the San Francisco bay area and the father of a daughter and twin sons. He is the author of *Imperfect Harmony: How to Stay Married for the Sake of the Children and Still Be Happy*. Subscribe to his free marriage e-letter at [www.joshuacoleman.net](http://www.joshuacoleman.net).

## In the News

continued from page 9

### TTTS events

#### Conor's Run

The first Xuppa Buzz Award Show Aug. 4 in New York City will benefit Conor's Run and the Twin to Twin Transfusion Syndrome Foundation (TTTS), winner of the 2004 Xuppa Buzz Angel Charity of the Year Award. Dr. Julian De Lia, a specialist in TTTS, will speak about medical breakthroughs in the field.

Bernadette and Dave Archibald organized Conor's Run, a 5K road race held each year to benefit the Twin to Twin Transfusion Syndrome Foundation, to remember their 4-year-old son Conor who lost his life Jan. 1, 2001, as a result of conditions caused by TTTS. The fourth annual Conor's Run will be held on Sept. 18 in Williamstown, Mass.

Twin to Twin Transfusion Syndrome (TTTS) is a disease of the placenta affecting identical twins and their mother during pregnancy. If undiagnosed, TTTS can be fatal to mother and babies.

E-mail Bernadette at [bernadette42@aol.com](mailto:bernadette42@aol.com) or visit [www.conorsrun.org](http://www.conorsrun.org) for more information. Visit [www.tttsfoundation.org](http://www.tttsfoundation.org) for more information on TTTS.

### Race for Hope



Ashley and Aspen, age 1

The TTTS Race For Hope 5k Run/Walk and 1-Mile Family Fun Run will be held in Denver, Colo., Nov. 14.

Lonnie and Michelle Somers are organizing the event. After receiving a diagnosis of TTTS, they chose in utero surgery for their girls, Ashley and Aspen, who were born June 17, 2003.

The mission of the TTTS Race for Hope is to create awareness, educate health care professionals and families and raise funds for organizations that give hope to those affected. All proceeds will benefit the TTTS Foundation and the Florida Institute for Fetal Diagnosis and Therapy (FIFDiT). Jeffrey L. Angel, M.D. or Rubén A. Quintero, M.D. from FIFDiT is expected to be at the race.

Runners can collect pledges to support their efforts and anyone unable to participate in the event can participate through the national pledge drive. Prizes donated by businesses will be awarded to individuals who raise top pledge dollars. Download a pledge form at the Race for Hope Web site.

TWINS Magazine will be participating in the event; look for more information in the November/December issue. Visit [www.tttsraceforhope.org](http://www.tttsraceforhope.org), e-mail [info@tttsraceforhope.org](mailto:info@tttsraceforhope.org) or call (303) 522-4387 for more information.

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# School advancement: all or nothing

by Donna Hoke Kahwaty



I have four children, and they just happen to share only two birthdays among them. OK, they are two sets of twins, but I rarely think of them that way. I'm so inclined to resist all things twin that even my baby shower invites politely requested "No twin clothes, please."

When my girls became older and less obviously twins, I reveled in my new mall experience—no more interruptions from well-meaning strangers desiring to swap twin tales or wanting in-depth information about my daughters' conception. And when I had my boys, I was thrilled to finally have people refer to my children as "the girls" or "the boys," not "the twins."

Because they couldn't be more different, I never dressed either set of twins alike. When my daughters reached kindergarten age, I put them in separate classes, encouraged them to have different friends, and secretly smiled when they decided that they didn't both have to play the piano or be on the swim team. I felt confident that I was raising two independent girls, not "twins."

And then came first grade. Both girls loved their teachers, adjusted well to a full day of school and made new friends. First grade came easily to both of them, but as much as Sabrina found it fun, Jonnemarie found it boring. She's a driven and curious girl, and I worried she wasn't being challenged enough. A couple of months later at our parent conference, my concerns were validated. "She's so smart!" her teacher stage-whispered as soon as I walked in. She admitted that my daughter worked well above first-grade level, and to keep things interesting she'd been allowing Jonnemarie

to act as her aide, help other students and read to the class. When she was absent, other children asked to be "the Jonnemarie."

Jonnemarie's teacher tried, but in a class of 25, it's not easy to give a child extra attention. When I returned for our third quarter conference, she asked if I'd consider skipping Jonnemarie over second grade, and letting her begin third in the fall. I had immediate and myriad reactions. Surprise. Uncertainty. Pride. And instantly, I thought of Sabrina. She's a bright girl and was at the top of her class; I knew she was comfortable there. But what about Jonnemarie? Was it fair to hold her back?

I skipped a grade myself and never felt like it affected me one way or the other; I knew Jonnemarie would probably be fine. But putting her in third grade meant that she and Sabrina would be in different schools the following year. They would start middle school and high school at different times. They'd graduate in different years. People would always ask why they were in different grades, and would likely assume that Sabrina had been held back, not that Jonnemarie had advanced.

I told Jonnemarie's teacher I'd think about it. I discussed it with my husband, and I wrote a letter to Sabrina's teacher asking if she would evaluate Sabrina at the end of the next quarter and give me her input. When the reply came, it confirmed what I already knew. While Sabrina would acclimate well on a social level and might ultimately do fine, she would probably not excel the way she did now, something that did wonders to boost her confidence. Sabrina's confidence and self-esteem are

paramount to me, especially because she lives with a sister who is good at virtually everything. Moving her up would not be in her best interests.

As much as advancing Jonnemarie might have kept her challenged, I could not do it at Sabrina's expense. Her teacher understood and promised to specifically select a second-grade teacher who would make sure that Jonnemarie had a stimulating year. As for my daughter, she was flattered to have been asked to skip, even if she ultimately didn't. Her second-grade teacher ended up being a perfect match, a lover of science and math just like Jonnemarie.

My daughters will be entering fourth grade in the fall, and I have not second-guessed my decision. If my daughters had been siblings even a year apart, I wouldn't have hesitated to do what was best for just one of them. Realizing that made me also realize that as much as I strive to help my daughters develop individually, there are times when I need to respect their twinship, and consider their needs as a pair of children who are not just the same age, but have a unique bond. It's a line so fine that most often, I don't even see it.

A year from now, my late-birthday twin boys will be ready to enter kindergarten. I know already that Ethan will be just fine as one of the youngest in his class. I know that Cole's teachers are going to recommend I hold him back and let Ethan go. And I already know what I'm going to do. ♥

Donna Hoke Kahwaty is a freelance writer who lives in Wharton, N.J., and is the mother of three sets of twins, of which one set lived only three days.

# Navigating the school system

*If you find one or both of your twins struggling in school, don't wait until the holiday break to make a change.*

- Trust your instincts. You know your children best. If you feel something is wrong don't be afraid to take action.
- Talk to your children's teacher. Set up a meeting and be prepared. Bring questions or observations you have made about how your child learns.
- Bring a notebook and take notes at all school meetings. Keep these notes and other school papers in a file. Bring this file to all meetings concerning your child.
- Ask your children's teacher for a plan of how they will help your children.
- If you don't understand what is being discussed at a school meeting, ask questions.
- Once a plan for your children has been put in place, stay on top of the situation. Keep track of what is or is not working and report back to the school.
- Learn all you can. Talk with other parents who have been in similar situations and find out what worked for them.

## Smart moves

- Take your twins for a school visit ahead of time, especially if this is their first year at a new school. The twins will feel more comfortable if they are somewhat familiar with the setting.
- Partner with your twins' teacher; show a spirit of cooperation. If she does not have much experience with multiples, you may have to help educate her. Create opportunities to share information on twins and let her know that you have literature on twins that might be helpful, if she is interested. Gently offer some tips to help her tell them apart. Does one always wear red? Are their hair styles different? Let her know that you want to be informed of any situation involving your children's adjustment to the school and learning tasks. Volunteer to help in the classroom.
- Request a separate parent-teacher conference to discuss each of your children.

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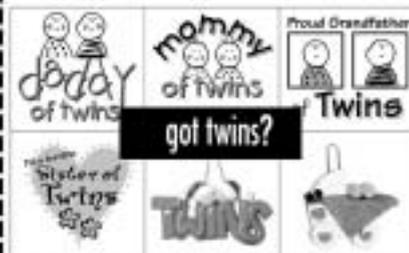
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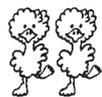
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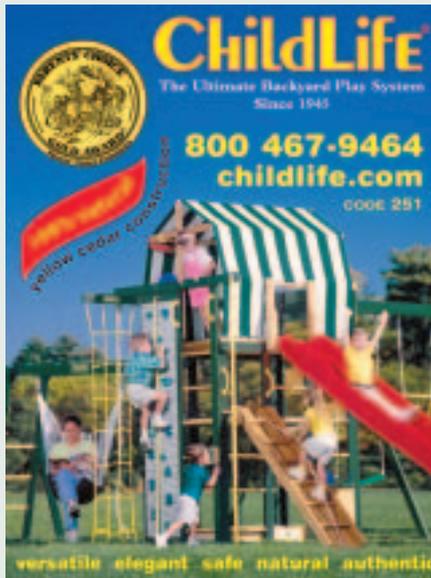
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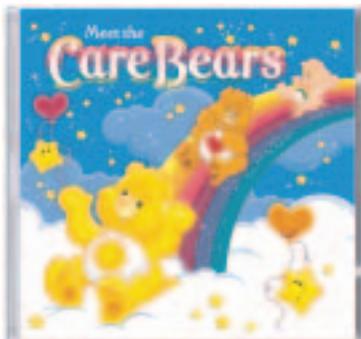
## Pacifier helps the medicine go down ▶

Do your babies spit out medicine? Do you wonder if your babies actually get a full dose? A new pacifier accurately delivers medicine to infants and toddlers. The Pediatric Medicine Dispenser features a unique plunger that dispenses the correct amount of medicine. From American Scientific Resources, the Pediatric Medicine Dispenser is part of the Kidz-Med product line and retails for \$5.99 at Walgreens and CVS drugstores nationwide. Visit [www.americansci.com/flash/ped1.html](http://www.americansci.com/flash/ped1.html) for more information.



## Singing Care Bears ▼

The Care Bears are as cuddly and fuzzy today as when they were first created by American Greetings in 1983. The group of furry friends live in the magical Care-a-lot, a cloud-land home. The initial CD release from Madacy, *Meet the Care Bears*, is a collection of 12 original songs and traditional favorites celebrating key Care Bear values like sharing, friendship, caring, happiness and fun! Recommended for ages 2 to 6, *Meet The Care Bears* retails for \$5.98 and includes a free lyric booklet.



## High chair cover-up ▼

A mom inventor who was tired of scrubbing her toddler's high chair—and still missing food in the cracks—came up with this high chair cover. Extremely lightweight and made of a durable easy-wipe parachute-type nylon, Messeez is fully machine washable and dryable. It fits snugly on all high chairs and is easy to put on and pull right off; safety harnesses fit around the Messeez. Messeez also makes a car seat cover. From Juvenile Products, Messeez high chair cover retails for about \$16 and is available at specialty stores nationwide and in the One Step Ahead catalog. Go to [www.juvenileproducts.com](http://www.juvenileproducts.com) for a list of stores. For more information, e-mail [info@juvenileproducts.com](mailto:info@juvenileproducts.com) or call (800) 820-BABY.



## Learn-to-swim aid

Made of fast-drying, spandex fabric, the Learn2SwimSuit features six pockets—three in the front and three in the back—that hold removable “floaties.” Gradually remove the six “floaties” from their pockets as your child improves in strength and swimming ability. The Learn2SwimSuit is a learning aid, not a life vest, and has not been tested against standardized safety requirements. Never leave your child unattended in or near water. Visit <http://www.maui.net/~welck/> or call (866) 935-2536 for more information.

## Sharing cooties and more

“Give it back! It’s mine!”

That’s what I hear from my post in the kitchen (perpetual food prep, that’s my job). Though a wall of appliances bars my view, I see the entire confrontation. The screamer, my twin with a feisty bent, upon realizing a major offense has been committed against her, has sidled up quietly to her unsuspecting twin. Once within an inch of the perpetrator, she lets loose a fury so violent it blasts back the hair of her sibling.

It’s an effective strategy; the object in question drops.

Without fail, the wounded twin bursts into tears and runs to me. I return to the scene of the crime with the injured party to set matters right. The precious object d’jour (or rather, of the moment) is stripped from one twin’s grasp and handed to the other along with an admonishment to share. Nicely. Tears flow again, but this time, they spring from the eyes of the screamer.

“But it’s mine! Mine! And I don’t want her to touch it!”

Ahhh, the cooties issue. Just when the borrower has smiled with the smug joy of getting the toy back, she has to face the fact that her sister believes her to be harboring some sort of alien, microscopic bugs that spread loser germs over everything she touches, breathes on or looks at. More tears flow as the power of control shifts again. The screamer smiles confidently, knowing she has entered an esoteric realm of her own design.

“I don’t have germs!”

“Yes, you do!”

“You’re being ridiculous,” I say, exasperated. “You were both in my belly together for how many months? And naked all the time! Do you really think one of you has any germs the other doesn’t have?”

I turn on my heel to exit triumphantly, the rhetorical question left hanging in the air for them to ponder. You are two peas in a pod. You shared a room, a crib and a tub; you can certainly share a toy.

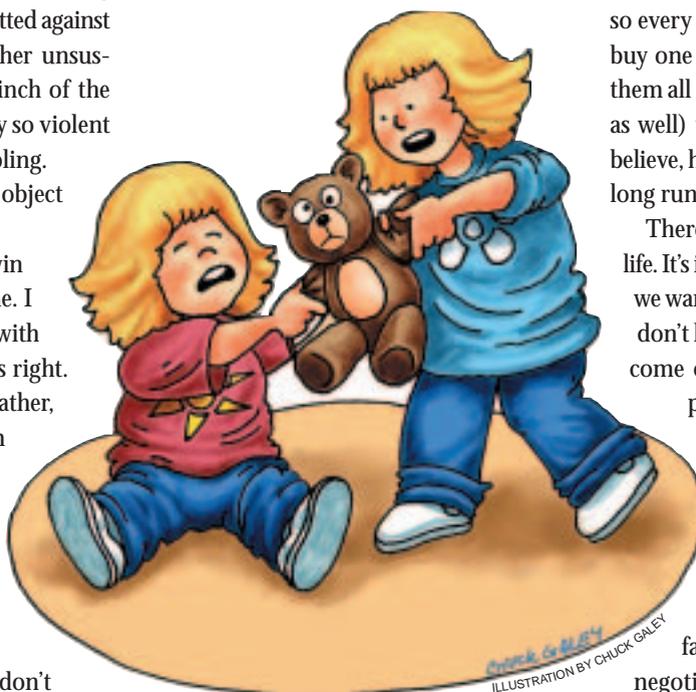


ILLUSTRATION BY CHUCK GALEY

“Yes.”

It is said quietly, but firmly. I almost miss it, but I don’t. She is not screaming now. She is quiet in her moral objection. Translation: I do think my twin has germs I don’t and now they’re getting all over my prized possession and it’s going to be absolutely ruined so that I can’t ever enjoy it again, and it’s all your fault, mom.

Yes.

She is banished to her room. Talking back is not allowed. While it can be argued her brain doesn’t grasp the complexity of a rhetorical question and she truly believed I wanted an answer, I know differently. She is sharp, my little one, my angel who, when she is not having a meltdown is sweet, charming and funny. I love her and this is

why she is sent to her room. Above all things, I find it important to teach her and her siblings that they can’t always get what they want.

Therein lies the dilemma. I do not believe in buying two or three of everything so every child has her own thing. Rather, I buy one or two of a specific item and tell them all (an older sibling is part of the mix as well) to share. Easier said than done. I believe, however, it is more beneficial in the long run.

There has to be some give and take in life. It’s impossible for us always to get what we want. And what of those children who don’t learn this lesson early in life? It will come crashing down on them at some point. They won’t get the job they want, the grades they want; they won’t get into the college of their choice, they won’t be chosen for first string.

I try to prepare my children for the world, to share, to play fairly, to accept disappointment and negotiate an alternative. I leave it to them. How will you share? Will you take turns? Will one of you play for 10 minutes and then give the toy to the next child? This figuring out of how to share is just as important as the act of sharing.

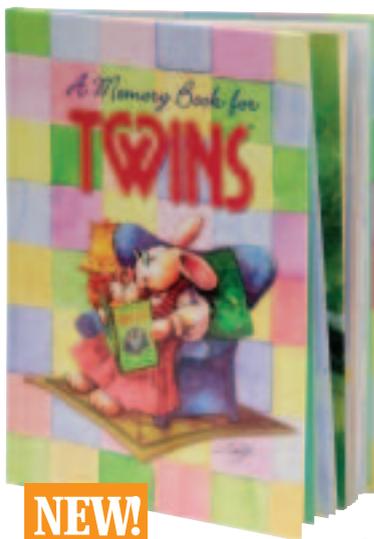
Yes, I’ll be called in to serve as judge and jury more than I care to be. I’ll send a child to her room if she can’t figure things out on her own, but invariably, after some time away from her siblings, the child comes back with a suggestion: “I’ll let you play with this if you give that to me.” Tensions are erased. The children hunker down to play. I ease myself out of the room; the potatoes are waiting. ♡

Katherine M. Carlman, a freelance writer who lives in Glastonbury, Conn., writes that being the mother of three girls is her favorite “job.”

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8.5" x 11" on heavy, durable paper stock.

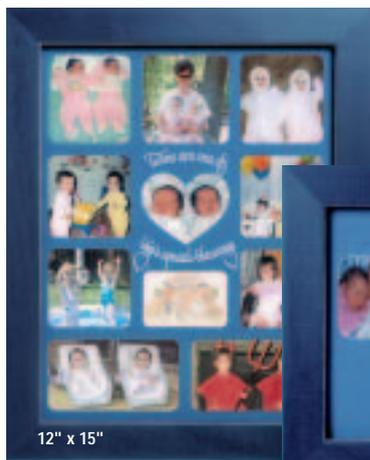
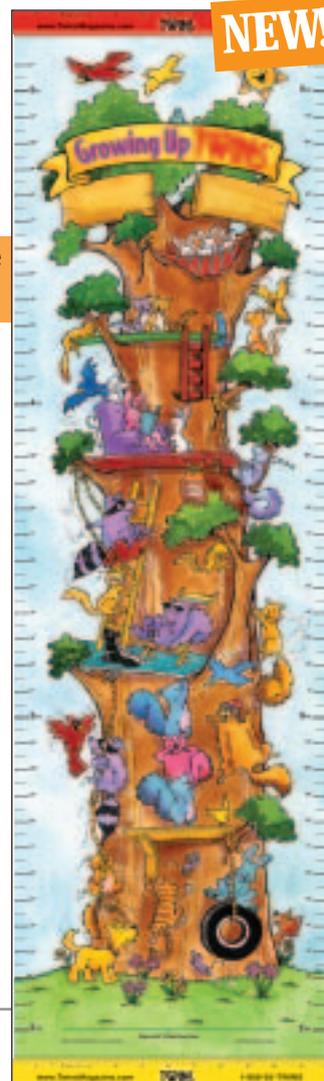
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## Growing up Twins Growth Chart

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

**SS03001 \$25.95 each**



12" x 15"



10" x 12"

## 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**



18" x 18"

## 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**

## 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**



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## 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



A. 12" x 15"

B. 12" x 15"



## "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"H x 7 1/4"W.

SF90092 \$17.99 each

A. 11" x 14"



## "To a Mother of Twins"

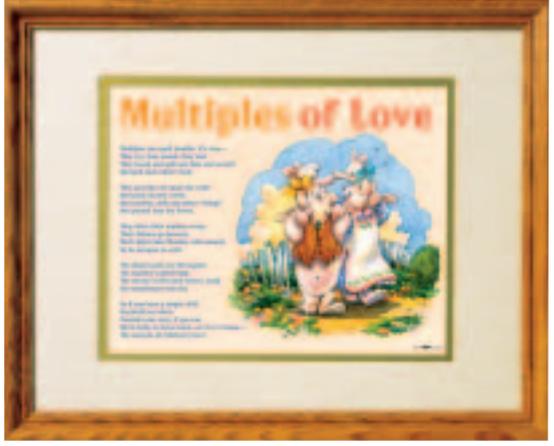
A. Creamy parchment mat, pale gold liner; 11"x14" overall.  
 SW00022 \$31.99 each  
 Two or more \$29.99 each

B. 11" x 14"

## "Pardon Our Mess... Twins Live Here"

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

SW00021 \$31.99 each  
 Two or more \$29.99 each



## 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



## 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.

## Report from Dr. Germ: Rub-a-dub-dub



- Shopping cart handles and escalator handles also were less germey than playground equipment.
- Sixty-four percent of the public thought that a public rest room doorknob has more germs than an ATM but—surprise!—ATMs have more germs.
- The kitchen sink is more contaminated with bacteria than the toilet bowl and the garbage can.

It is a common misconception that most illnesses are spread through

**A** new survey shows that most Americans don't realize germs are hiding on many common objects outdoors, in their offices, and even in their homes. "This survey shows that people have a false sense of security when it comes to germs," said Charles Gerba—also known as "Dr. Germ"—a professor at the University of Arizona and one of the nation's leading experts on environmental microbiology.

"This lack of knowledge about where germs lurk is a real health problem, because people touch these objects and 80% of infections are spread through hand contact." Key findings from the survey:

- Only 9% of respondents identified playground equipment as the germiest of outdoor items, more so than outdoor port-o-potties and picnic tables.

the air by coughs and sneezes, rather than by hand contact. This misunderstanding could be why 51% of survey respondents said they clean their hands after sneezing or coughing, while only 17% said they clean their hands always or most of the time after shaking hands.

In day care settings, Dr. Gerba found that using disinfectants and teaching children to wash their hands can make a big difference. "In looking at our data what we've found out is we could reduce the amount of respiratory illness in these children by 10%, and the amount of diarrhea and antibiotic use by almost 40%. We also saw a reduction in the physician visits. We cut in half the number of ear infections."

Bottom line: Scrub and rub-a-dub-dub. Wash your hands—and your kids' hands.

## MOM'S MILK

A NEW STUDY SHOWS THAT HUMAN MILK PROTECTS EXTREMELY LOW BIRTH WEIGHT INFANTS FROM DEVELOPING SEPSIS, AN INFECTION THAT IS A LEADING CAUSE OF ILLNESS AND DEATH IN THESE TINY BABIES. IN FACT, THE MORE HUMAN MILK GIVEN AS A PERCENTAGE OF NUTRITIONAL INTAKE, THE LOWER THE RISK OF SEPSIS DURING THE HOSPITAL STAY, ACCORDING TO THE RESEARCHERS FROM CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER.

## teething pain



Freeze a bagel or a washcloth, and give it to your babies to gum. They are cold and have texture, which make them more comfortable than a teething ring.

## U.S. News & World Report's Best Hospitals

> 2004 Best Pediatric Hospitals

1. Children's Hospital of Philadelphia
2. Children's Hospital Boston
3. Johns Hopkins Hospital, Baltimore
4. Texas Children's Hospital, Houston
5. Children's Hospital of New York-Presbyterian
6. Rainbow Babies & Children's Hospital, Cleveland
7. Children's Hospital Medical Center, Cincinnati
8. Children's Hospital, Denver
9. Children's Memorial Hospital, Chicago
10. Children's National Medical Center, Washington, D.C.

—www.usnews.com

## Safe Halloween



- Trick-or-treat with your children.
- Carry a flashlight.
- Buy flame-resistant halloween costumes.

- Make sure costumes fit well. It's easy for little ones to trip on long costumes or have a hard time seeing if a hat is too big.
- Do not eat treats until you get home; discard unwrapped candy.
- Popular multiples costumes: Raggedy Ann and Andy; cat and dog; Jack and Jill; Dorothy, the lion, the Tin Man; apple and orange; peas in a pod; angel and devil; Winnie-the-Pooh, Tigger and Piglet; king and queen; cowboy and Indian... any characters that come in pairs or sets.

## Toddler twin tips

**T**oddlers like to work with you; remembering this can help you tame the terrible twos. When your twins make a game of creating a mess out of your order, turn the tables. For example, instead of telling your twins to not throw the clothes you just folded onto the floor, give them a few small items to fold. Or, when they start emptying the trash can, give them a few things to place in the can—and then replace and lock the lid. Toddlers love to help; use that to your advantage.

## Only 21 states offer core newborn screening tests

The March of Dimes recommends that every baby born in the U.S. receive, at a minimum, screening for the same core group of nine metabolic disorders—phenylketonuria (PKU), congenital hypothyroidism, congenital adrenal hyperplasia (CAH), biotinidase deficiency, maple syrup urine disease, galactosemia, homocystinuria, sickle cell anemia, and medium-chain acyl-CoA dehydrogenase (MCAD) deficiency. All of these metabolic disorders can be successfully managed or treated to prevent severe consequences, if diagnosed early. The March of Dimes and the American Academy of Pediatrics also advise parents to have their newborns tested for hearing deficiency.

Few parents realize that the extent of newborn testing depends entirely on the state in which their baby is born. Currently, the following 21 states screen for the nine



metabolic disorders: Alaska, Connecticut, Hawaii, Idaho, Illinois, Indiana, Iowa, Maine, Maryland, Massachusetts, Mississippi, Nevada, New York, North Dakota, Oregon, Rhode Island, Tennessee, Vermont, Virginia, Washington and Wisconsin. These states account for about 1.3 million—only 32%—of the approximately 4 million live births each year in the U.S.

To find out which tests your state offers, visit [www.marchofdimes.com/nbs](http://www.marchofdimes.com/nbs).

# 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



Victoria Rose and Gianna Nicole  
Age in photo: 2 years  
Staten Island, N.Y.

2



Samantha and Sarah  
Age in photo: 3 years  
Portland, Ore.

3



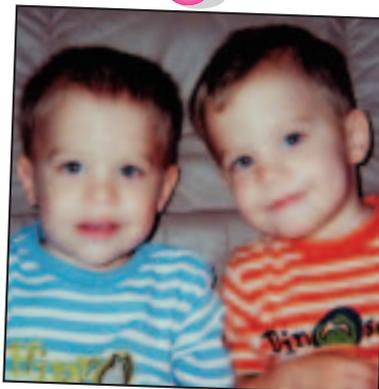
Max and Hannah  
Age in photo: 2 years  
Cambridge, Mass.

4



Emmet and James  
Age in photo: 6 months  
Short Hills, N.J.

5



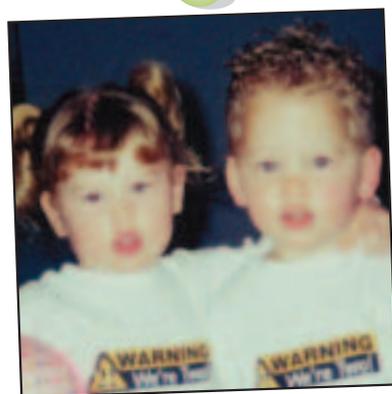
Tyler and Tanner  
Age in photo: 21 months  
Arlington, Texas

6



Chase and Tristan  
Age in photo: 4 months  
Simi Valley, Calif.

7



Amanda and Justin  
Age in photo: 2 years  
Ridgecrest, Calif.

8



Alison and Claire  
Age in photo: 7 months  
Tacoma, Wash.

9



Emma and Julia  
Age in photo: 6 months  
Unionville, Conn.

10



**Brandon and Conner**  
Age in photo: 23 months  
Clarksville, Tenn.

11



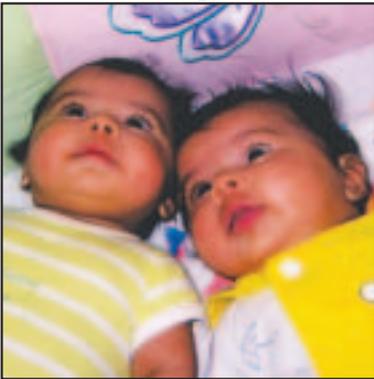
**Carly and Matt**  
Age in photo: 6 months  
Metuchen, N.J.

12



**Dominique and Adrianna**  
Age in photo: 2½ years  
Tenafly, N.J.

13



**Sandhya and Elli**  
Age in photo: 4 months  
New York, N.Y.

14



**Carissa Mae and Kayla Noel**  
Age in photo: 5 months  
Meriden, Conn.

15



**Greyson and Kaeden**  
Age in photo: 20 months  
Prairie City, Iowa

16



**Isabella and Kyle**  
Age in photo: 2½ years  
South Setauket, N.Y.

## 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. Araphahoe 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.

13 - MZ  
9 - MZ  
5 - DZ  
1 - UNK  
16 - DZ  
12 - DZ  
8 - UNK  
4 - DZ  
15 - DZ  
11 - DZ  
7 - DZ  
3 - DZ  
14 - MZ  
10 - MZ  
6 - UNK  
2 - MZ  
13 - MZ  
9 - MZ  
5 - DZ  
1 - UNK

Based on parental reports.

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## The little things

Being the father of four girls, I've always known there would be plenty of landmark moments in each of their lives that I would have to muddle through. I'm talking about emotions here: a first step, learning to drive, college graduation, walking them up the aisle to be married. I have shed tears before and I'm sure I'll do it again. After all, I cry at those sappy Christmas commercials where the boy unexpectedly comes home from college and makes coffee for his parents. Maybe falling to pieces would more accurately describe how I handle these moments.

But besides these big moments, there are also the little things: hearing them read their first book, listening to them talk about their day, watching them share a toy. I've always thought I could handle these smaller things.

My oldest two, twins Liza and Hallie, have always been each other's best friends, but when they started kindergarten, they were in separate classes.

Every morning I drove them to school and walked them to their respective doors. But one day something unusual happened.

I parked the car and unlocked the door when Hallie said, "No, Daddy, you don't walk us to class today."

"Why?" I asked.

"We want to walk from here," said Liza.

This is new, I thought to myself. I took a deep breath. "OK," I said calmly, "but I just need to get you across the parking lot. I'll stop at the sidewalk. OK?"

"OK." We all agreed that would be a good plan. They climbed out, working their arms through their backpacks and hoisting them up onto their little backs.

I've always been one to let them have their freedom, to let them experience something new when they felt ready to handle it. Like many parents, I am fine with "letting go" as long as I'm ready emotionally. Of course, we're seldom ready when our children are. It's the surprises they spring on us, like this one, that usually shake us up the most.

As we made it to the grass on the other side of the parking lot, they both let go of my hands and stepped quickly in front of me.

They were ready to go for it.

As much as I didn't want to, I started to slow down. They broke into a light run, giggling, their backpacks jumping up and down behind them, toy key chains jiggling on the zippers. I stopped and found myself in the mix of a few other parents. Fall had just arrived and most kindergarten parents still walked their children to the classroom doors.

Liza and Hallie started up the sidewalk. That was it for me. I couldn't stand any more of this. "Hey!" I yelled.

They stopped instantly, both looking back at me in shock.

"Don't I even get a hug and a kiss?" I said, smiling.

They ran back, wrapped their arms around my neck, kissed me on the cheek and were gone.



ILLUSTRATION BY CHUCK GALEY

At the door to their classes, each of them looked back and waved, pulling their backpacks off as they walked into their rooms. My heart was in my throat as they disappeared from sight.

We had just crossed a barrier. I had come face to face with one of those small moments that I had been so sure I could handle. Only I never saw this one coming.

As parents, it seems our most important role is preparing our children the best we can so that later on, they'll be ready to leave us. It sounds harsh, but I think it's pretty accurate. We all know the day is coming.

I wasn't prepared that morning and it dawned on me that even in these small moments, it was going to be hard to let them grow up.

More and more, this would be my spot, getting them to a safe place, where I watch them walk away.

George Ayers is a full-time writer/stay-at-home dad in Austin, Texas. His essays have appeared in the *New York Press*, the *Houston Chronicle*, *Baby Years* and other publications.

## Twin Vision

by Brian and Brad Jones



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