Twin Pregnancy
The Australian Twin Registry

As an expectant or new parent of twins, no doubt you are keen to find out as much as possible about raising twins.

The Australian Twin Registry is delighted to be able to help as you begin this wonderful journey and we hope you find this booklet both practical and informative.

Based at the University of Melbourne, the ATR connects twins and researchers for vital health research that benefits everyone. We have an amazing national community of twins who support our work – from families with newborn twins such as yours to adult twins who have been with us for over 30 years.

You may be wondering why twins are special to research. All twins share the same environment from conception. By comparing the similarities and differences between identical and non-identical twins, researchers are able to better understand how genes (nature) and environment (nurture) influence our health and happiness.

ATR-supported research has contributed to many discoveries, particularly into childhood medical conditions such as asthma, allergies, epilepsy, speech and learning disorders, and diabetes. Studies also look at issues of specific concern to multiple birth families, for example, multiple-birth pregnancy and birth, twin social development and educational outcomes.

We would like to invite you to join this wonderful community that is not only making a difference to the lives of multiple-birth families but to all. On page 21 of the booklet, we explain some of the benefits of being an ATR member and how to join in.

We wish you all the very best and we hope we can be a valuable resource for you, your twins and family both in the coming months and in the years ahead.

Best wishes,

The ATR team

To join or learn more about us:
Visit [www.twins.org.au](http://www.twins.org.au), freecall 1800 037 021 (from anywhere in Australia), email us at twins-atr@unimelb.edu.au, or join us on Facebook and Twitter.

The Australian Twin Registry is supported by a Centre of Research Excellence Grant from the National Health and Medical Research Council and is administered by the University of Melbourne.
Congratulations
You are having twins!

The ATR team has prepared this booklet to give you a better idea about what it means to have a twin pregnancy.

This booklet has sections on types of twins (including some frequently asked questions), various aspects of a twin pregnancy from checks in pregnancy to how your twins are delivered, nutrition and weight gain in twin pregnancy and foods to avoid, twins who deliver early and what you can do to help, and a section on when you bring your twins home.

We have also compiled for you a list of sources of information and support and hints on shopping for twins.

Whilst we have tried to identify internet sites that will be useful to you, we cannot guarantee the accuracy or validity of the information on these sites. If in doubt about health issues do consult your midwife or doctor.
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Two eggs are released from the ovaries
Both fertilised to form zygotes
Both develop placentas and implant the uterus

These are generally called fraternal or non-identical twins. They occur when two separate eggs are released from a woman’s ovaries and each is fertilised by a different sperm cell forming two separate zygotes. Both of these develop their own placenta and implant in the uterus (womb).

They are known as dizygotic twins because they developed from two separate zygotes.

Dizygotic twins always have a placenta each, so are dichorionic twins, which means that they are twins with two placentas. There is limited space for two placentas to grow, so they often grow together and fuse.
**MONOZYGOTIC (MZ), OR “IDENTICAL” TWINS**

One egg released from the ovaries

Fertilised to form one zygote

Splits into two before placenta develops (before day 5)

Splits into two after placenta develops (after day 5)

In around 18% of MZ the two placentas (in pink) remain separate

In around 14% of MZ the two placentas fuse

In around 68% of MZ there is one placenta

These form when one egg is released and fertilised by a single sperm, forming one zygote. This then splits into two new individuals. These twins are known as monozygotic because they develop from one zygote. The timing of the split varies, and this is what determines chorionicity (number of placentas). If the split occurs before five days, before the placenta has started to form, then each twin will develop their own placenta. This is what happens in approximately a third of monozygotic twins, and as in dizygotic twins, the two placentas can sometimes grow together and fuse. Conversely, in around two thirds of monozygotic twins, the split takes place from five days onwards, after the placenta has already started to form. These twins share one placenta and are called monochorionic twins.

Rarely, the split takes place after 10 days, when the inner membranes (amniotic sac – in white) have already formed and the twins then share an amniotic sac. These twins are called monochorionic monoamniotic twins.
OTHER TYPES OF TWINNING

**Mirror-Image Twins**
One of the most common questions relating to identical twins is the issue of mirror imaging. ‘Mirror image’ is a type of identical twinning. It can happen in any type of identical twins. When the split occurs late - more than a week after conception - the twins can develop reverse asymmetric features. This term is not really a type of twin, just a way to describe their physical features. Twins that split later than this can result in conjoined twins.

The major characteristics of mirror imaged twins are they usually have opposite features such as:
- Hair whirls,
- Left/right handedness
- Opposite teeth eruption

Mirror imaging is never the same for every set of twins – it is a matter of degrees. Not every set of mirror twins are opposite handed and not every set has different hair whirls.

**Chimaeric twins**
Parents of twins have routinely been told that if their twins were born with the one placenta that they were identical however in recent years there have been a few reports of twins who were told they were identical for precisely this reason - only to later find out that they are in fact non-identical. This is due to something called ‘chimerism’ - when an individual is composed of 2 genetically different types of cells. It is thought that approximately 8% of non-identical twins are chimeras; the rise in IVF is considered to be a contributing factor.

**Semi-identical Twins**
This was thought to be impossible however a pair of twins were discovered that are identical on their mother’s side, but share only half their genes on their father’s side. They are the result of two sperm cells fertilising a single egg, which then divided to form two embryos - and each sperm contributed genes to each child.

Each stage is unlikely, and scientists believe the twins are probably unique.

For more interesting facts relating to twins and twinning, please visit the FAQ section of the Australian Twin Registry website: www.twins.org.au.
TWINS RESULTING FROM FERTILITY TREATMENTS

Women having difficulty conceiving may be given fertility treatments that stimulate their ovaries to release several eggs. In some cases these are fertilised naturally and in others they are collected and fertilised in a laboratory, by IVF (in vitro fertilisation) or ICSI (intracytoplasmic sperm injection). Twins resulting from these treatments are most likely to be dizygotic (non-identical) twins, but in some cases only one fertilised egg survives, then splits into monozygotic twins.

FREQUENTLY ASKED QUESTIONS

Q My twins share a placenta. Are they therefore monozygotic (identical twins)?
A Yes, with rare exceptions; if they definitely share one placenta (as sometimes placentas can fuse and it can appear that there is only one) then they must be monozygotic.

Q My twins each have their own placenta. Does this mean they are dizygotic (fraternal) twins?
A Not necessarily, approximately a third of monozygotic (identical) twins each have their own placenta.

Q Why is it important to determine chorionicity?
A There are almost always connections between blood vessels in the circulations of monochorionic twins. Sometimes the connecting blood vessels allow a one-way flow to develop, so one twin has too much blood and the other too little. This is known as twin to twin transfusion syndrome (TTTS) and can cause problems to one or both babies. It occurs in approximately 15 percent of monochorionic pregnancies and women expecting monochorionic twins should have extra checks throughout their pregnancy.

Q What is the difference between monochorionic and fused placentas?
A In the case of fused placentas, each placenta has a separate blood flow and there is no sharing of blood between the two twins. In the case of monochorionic placentas, shared blood flow is inevitable in monochorionic twins.

Q My twins were conceived by IVF, and two fertilised eggs were placed in my uterus. Does this mean they are dizygotic?
A They are most likely dizygotic but they could be monozygotic. Sometimes only one fertilised egg survives, then splits to form monozygotic twins, so there is a small chance (probably around four percent) that your twins are monozygotic.
Q How can we find out whether our twins are monozygotic or dizygotic?

A If you have a boy and a girl it’s easy, they will be dizygotic (with very rare exceptions). If they are of the same sex and definitely share one placenta it’s also easy, they must be monozygotic. If they are of the same sex and each had a placenta, or if there is doubt about the type of placenta, then they could be monozygotic or dizygotic. The best way to be certain is to do a DNA test, using samples from the babies (such as swabs taken from the inside of their cheeks). See next page for details of who will do this.

Q Are monozygotic twins always identical in appearance?

A Monozygotic twins look very similar, if not identical, and occasionally they can look different. There is, however, an interesting twist when it comes to female twins. This is because females have two X chromosomes whereas males have only one. We only need one X chromosome to develop normally, so early in pregnancy the majority of genes on one of the X chromosomes are silenced or switched off. This happens randomly so female monozygotic twins often don’t have the same functioning X chromosome, so they can be slightly different.

Very, very rarely a major mutation can occur in the DNA (genetic code) of one of the twins, after they have split into two individuals. This means that when DNA replicates during cell division, there can be a copying error. When this happens the affected twin can have a recognised disease and the twins can look very different.

ORGANISATIONS THAT ADVERTISE ZYGOSITY TESTS

Easy DNA
www.easydna.com.au

ATR members receive a special discounted rate on testing with Easy DNA; visit the ATR website: www.twins.org.au for more details.

DNA Solutions
1800 000 362
www.dnasolutions.com.au

Genetic Technologies
1800 822 999
www.gtglabs.com.au

Victorian Institute of Forensic Medicine
Department of Forensic Medicine, Monash University
57-83 Kavanagh Street, Southbank Victoria 3006
(03) 9684 4337 (or 9684 4444 for the switchboard)
www.vifm.org
Twin Zygosity DNA Test
Identical or Fraternal?

- 100% Accurate
- Results in 3-5 Working Days
- Express Option Available
- Discount Available for ATR Members
A twin pregnancy can be a surprise and parents’ first reactions often include disbelief, excitement, joy, sadness or fear. It is normal to feel a variety of emotions and none of them reflect on you as a parent, but if you are concerned about you or your partner’s reactions, talk to your doctor or contact one of the parent help lines listed in the section, Sources of Information and Support, towards the end of this booklet.

Specialist care

Twin pregnancies need a higher level of care than single pregnancies and are best managed by experts. Consult your family doctor and ask them who they recommend. There are excellent public and private obstetric clinics located around the country, including some public multiple pregnancy clinics.

Some hospitals and all AMBA clubs run multiple pregnancy antenatal classes, but if you can’t get to these, do tell your local class organiser that you are expecting twins. Twins are likely to be born early, so try to complete your antenatal classes early. Unfortunately there is a higher risk of miscarriage in twin pregnancies than in single pregnancies. Around a fifth of twins diagnosed by a very early ultrasound scan, say at six weeks, have become a single pregnancy by 12 weeks. This is sometimes called “vanishing twin” syndrome. Some people decide not to tell too many people until their twin pregnancy has been confirmed by another scan at around 12 weeks.

There is little that you can do to reduce the risk, other than look after your general health, and if you’re a smoker, to stop smoking. We also suggest that you avoid alcohol. Losing a pregnancy is always distressing, and if this happens to you and you would like to talk to a counsellor, talk first to your GP, who may be able to recommend one. Contact details for other grief and loss support services are in the Sources of Information and Support section, towards the end of this booklet.

Checks through pregnancy

You will need more regular checks than women with a single pregnancy. Different doctors and clinics have different schedules, but typically you would have four-weekly checks to 28 weeks, two-weekly checks to 36 weeks and then weekly checks until you give birth. Ultrasound scans are typically done at 12, 20, 25, 30 and 35 weeks.

Checks and scans will be more frequent if you have monochorionic twins: twins that share one placenta (see Types of Twins section). You will also need more regular checks if there is evidence that one or both of your twins is growing more slowly than it should, or if you have some other complication like gestational diabetes or pregnancy induced hypertension (high blood pressure).
Pregnancy length

Early delivery is more common in twin pregnancies, and on average women with twins give birth at around 36 weeks. Early delivery can happen spontaneously, but often occurs because the obstetrician decides it is time for the babies to be delivered. If you experience any signs of premature labour you must contact your obstetrician immediately (see section When You Must Contact Your Doctor).

Is it okay to take medicine?

Check before taking any medicine, including aspirin or other anti-inflammatory drugs like ibuprofen. Even medicines you can buy without a prescription, herbal or traditional remedies can cause birth defects or other problems, especially if taken during the first three months of pregnancy. If there is any doubt, check with your doctor, midwife or pharmacist, or call one of the drug information hotlines listed in the Sources of Information and Support section towards the end of this booklet.

How long can I keep working?

This depends on whether you have any problems with your pregnancy, what kind of work you do and whether you’re exposed to anything at work that could harm your babies. In general women expecting twins are advised to stop work by 28-30 weeks, but if your doctor or midwife tells you that you should stop work earlier and get more rest, take their advice!

What about exercise?

Unless you experience problems in your pregnancy, you need to stay active and may feel better if you do. As a guide, you should aim to exercise for 30 minutes each day. Talk to your doctor about any special conditions that you may have.

Walking and swimming are great choices, but don’t overdo it. If you can’t talk easily while exercising, you are working too hard. Don’t get overheated, and be sure to drink plenty of water so that you don’t get dehydrated. It’s best to avoid any activities that could cause you to fall.

Is it okay to have sex?

Yes, unless your doctor believes you’re at risk of problems. Some women enjoy sex more and others become less interested; both are normal experiences. As you get larger you will find you will need to try different positions.
COMMON PREGNANCY COMPLAINTS

Women with a twin pregnancy may get all the same complications as women expecting just one baby, and unfortunately, are more prone to many of them.

Morning sickness: This can be more of a problem in twin pregnancies. Although it is known as morning sickness, it can last all day. It is caused by the sudden increase in hormones that is normal during pregnancy, so is not usually a sign of anything going wrong. Each woman is different, but it usually improves by the fourth month.

Although it is normal, some women experience excessive vomiting and can even become dehydrated. If you lose weight, have difficulty keeping fluids down or have other symptoms, then you should seek medical advice. In our section Nutrition and Weight Gain in Twin Pregnancy, we provide a few tips to help alleviate morning sickness.

Tiredness: Sometimes tiredness in pregnancy is caused by anaemia, so tell your doctor if you’re experiencing tiredness. Get enough rest. Take a daytime nap if possible.

Leg cramps: Gently stretch the calf of your leg by curling your toes upward, toward your knee to relieve the cramp. Some women find that magnesium supplements help. Night time leg cramps can be a sign of iron deficiency. Talk to your doctor or midwife if you have any concerns.

Constipation: Drink plenty of fluids; pear juice seems to be especially helpful. Eat foods with lots of fibre, such as bran cereal. Exercise can also be helpful for some women. Don’t take laxatives without talking to your doctor first. Stool softeners may be safer than laxatives.

Haemorrhoids: Don’t strain during bowel movements and try to avoid becoming constipated. Clean yourself well after a bowel movement (wet wipes may be less irritating than toilet paper). Try to soak regularly in a warm bath.

Urinating more often: You may need to urinate more often as your babies grow because they will put pressure on your bladder. This is normal, provided you don’t experience any burning or stinging when passing urine.

Varicose veins: Avoid clothing that fits tightly around your legs or waist. Rest and put your feet up as much as you can. Move around if you must stand for long periods. Ask your doctor about support hose.

Moodiness: Your hormones are on a roller coaster ride and your life is undergoing a big change. Don’t be too hard on yourself. If you feel very sad or think you are depressed, talk to your doctor. Check the Sources of Information and Support section towards the end of this booklet for more details.
**Heartburn:** Eat frequent, small meals. If you have heartburn avoid tomatoes, chillies, citrus fruit and chocolate. Also avoid spicy or greasy foods if you feel they aggravate heartburn. Having a glass of milk with your meal can help with heartburn. Don’t lie down right after eating. Ask your doctor about taking antacids.

**Increased vaginal discharge:** The amount of discharge from the vagina increases during pregnancy and more so in women with a twin pregnancy. It is normally clear or creamy in appearance. Many women find they need to use panty liners and change them at least once, sometimes several times during the day. Yeast infections, which can cause increased discharge but also irritation, are also more common during pregnancy. It’s a good idea to talk with your doctor or midwife about any unusual or irritating discharge (also see the section *When you must contact your doctor*).

**Bleeding gums:** Brush and floss regularly, and see your dentist. Tell him/her you are pregnant. Some researchers think that gum infections may increase the risk of preterm birth. Don’t put off dental visits because you are pregnant.

**Stuffy nose:** This is related to changes in the levels of female hormones and is normal. You may also have nosebleeds.

**Itchy skin:** This is quite common and some women may have an itchy rash due to the change in their hormone levels. You should contact your doctor immediately if the palms of your hands or soles of your feet are affected. If you have itchy stretch marks use cold Mylanta, out of the fridge. Don’t use calamine lotion; this can make it worse.

**Oedema (retaining fluid, puffy legs)** Discuss this with your doctor or midwife. Try to rest with your legs up, and lie on your left side while sleeping so blood flows from your legs back to your heart better.
WHEN YOU MUST CONTACT YOUR DOCTOR

* Vaginal discharge suddenly increases, especially if it’s mucous or tinged with blood.
* Bleeding or fluid loss from the vagina.
* Sudden or extreme swelling of your face or fingers.
* Headaches that are severe or won’t go away.
* Nausea and vomiting that won’t go away.
* Dim or blurry vision.
* Itchy rash on palms of hands or soles of feet.
* Abdominal pain. You must contact your doctor if you have severe and constant abdominal pain, or crampy pains. Sharp pain on either side, with sudden movement, coughing or sneezing, is common and harmless, if it goes away within a few minutes.

* Change in your babies’ movements. If you think movements have suddenly decreased from one day to the next, sit quietly doing nothing (without TV, radio or any reading material, so you can concentrate on your babies). If you feel no movement within two hours contact your doctor immediately.

It is normal for one baby to be consistently more active than the other, and for movement to slow down a little in late pregnancy.

WARNINGS

* Don’t smoke. Smoking raises your risk for miscarriage, premature birth, low birth weight and many other problems.
* Don’t use drugs. Cocaine, heroin and marijuana increase your risk of miscarriage, premature birth and birth defects. Your baby could also be born addicted to the drug you’ve been taking.
* Don’t drink alcohol. Drinking alcohol during pregnancy is a major cause of preventable birth defects, including mental slowness.
HOW WILL YOUR TWINS BE BORN

Twins can be born vaginally or by caesarean section. There are different opinions as to the safest way to deliver twins and you should openly discuss what is best for you with your doctor. There are currently several studies evaluating the safest timing and method for delivering twins; many obstetricians prefer to induce birth by 38 weeks.

Caesarean is often necessary if delivery is premature; the mother’s blood pressure is going up; one or both babies is growing slowly or is breech or in another abnormal position; there is a low-lying placenta (placenta praevia) or there has been bleeding in pregnancy (placental abruption or placenta praevia); or if the mother has had a previous caesarean.

However your babies are born, there will be a lot of equipment and people in the delivery room. Do not be alarmed. You will always have a midwife looking after you. There will be one or two obstetricians and also one or two paediatricians to look after your babies, and they may have nurse assistants. An anaesthetist will also be present. If you have a caesarean, there will also be the operating theatre staff. They all leave quickly after the birth to give you some privacy and it will often be very quiet afterwards.

Caesarean delivery

The caesarean can usually be performed whilst you are awake and anaesthetised with a spinal block rather than a general anaesthetic. This is given by injection into your back and places a small dose of anaesthetic into the fluid that bathes the spinal cord. A spinal block makes you feel numb from the nipples down and will allow you to deliver without feeling any pain. You may be aware of some pressure and movement and the block will last for three to four hours on average. A significant advantage of having a spinal block is that you will see your babies as soon as they are born. There will also be less anaesthetic effect on the babies and you will have good pain relief for the first hour or so after the operation. You may need to have a catheter in your bladder for the first 24 hours because the spinal block will also numb your bladder.

Vaginal delivery

Continuous heart rate monitoring will be done for both babies throughout labour. Giving birth to the first twin is like delivering a single baby and it may take a while. Once the first baby is born, your obstetrician will usually want to deliver the second one within approximately 30 minutes, so the baby doesn’t become distressed. This may require the use of forceps or vacuum extraction. If these are used, an epidural would be the best way to provide pain relief. This is why your obstetrician may suggest that you have an epidural for the birth. An epidural is similar to a spinal block and involves an injection in your back. A narrow catheter is threaded into the space outside the spinal cord and anaesthetic drugs are injected through the catheter.
The catheter will stay in place until your babies are born and this allows the anaesthetic to be topped up over several hours and will keep you comfortable during labour and delivery. It will also allow the doctor to go straight ahead if they think the second twin needs to be delivered quickly.

**HOSPITAL STAY**

**Where should you book?**

Depending on your health insurance, and preference, you may choose to book your delivery with a public or private hospital. It doesn’t matter what you choose, but remember to ask your doctor if the hospital you have booked with has all the facilities you may need, including those to look after your babies if they are born early.

Remember that twins don’t always have the same problems if they are born early; sometimes one twin will need transfer to a Special Care Nursery (SCN) or Neonatal Intensive Care Unit (NICU), but the other won’t.

**Public hospital**

The usual period of stay in hospital after a normal birth is about three days, and after a caesarean, about four to five days. If your babies are in NICU or SCN and you come from a country area, you may be able to stay at the hospital, or nearby, until your babies are discharged. This is available through the family accommodation service provided by most hospitals and is subsidised by the government, subject to certain conditions.

**Private hospital**

Hospitals have varying arrangements with private insurance agencies. It is advisable to discuss your level of cover and any out of pocket expenses you may be responsible for with your insurer and the hospital where you intend to book. See the *Medical Insurance* section on the next page for recommended questions to raise with your insurer. Remember that the hospital charges you only for your accommodation, labour ward charge or caesarean section and medications that you take home with you.

All other costs such as obstetrician’s fees, anaesthetist’s fees, paediatric consultant’s fees etc. will be charged separately and should be discussed with your service provider directly.
Once the babies are born, providing the mother has no complications, the usual period of stay in hospital is for about four to five days, after which the mother is discharged. If the babies are admitted to the NICU or SCN, you can:

* stay on as a boarder at the hospital, depending on the availability of hospital beds
* talk to the hospital regarding their family accommodation services.

**MEDICAL INSURANCE**

For both Medicare and private health insurance, to make any claim for expenses incurred by the babies, you need to arrange for family cover and add both babies as soon as they are born.

If you have private insurance, talk to your insurance company beforehand to confirm that you are covered for the hospital stay and check if there is an excess you may have to pay.

Some questions you might want to ask:

* Are there any conditions to my contract?
* Will I be fully covered for my hospital stay?
* Am I covered for a private room?
* Do I need to upgrade to family cover before the birth to ensure my babies are covered for treatment?
* Will both babies be covered if they are in Special Care or NICU?
* Do I have ambulance cover should I need it?
* Do I have any excess or co-payment to pay?

When talking to your insurance company/agent remember to ask for your entitlements in writing or get the name of the person you spoke to and record the time and date of the conversation.
USEFUL TIPS FROM PARENTS OF MULTIPLES

Here are some tips from parents of multiples that might be helpful to you in your journey with twins:

It is important for the partner to be involved in the pregnancy from the start.

Get in touch with your local AMBA club where you can meet other parents of twins. They will be a big help and support to you.

It is a good idea to start thinking, early in your pregnancy, about saving money towards shopping for and raising twins. Talk to your local council or Centrelink about benefits you may be able to claim and whether free home help is available before or after delivering twins. Some councils will provide free home help a few hours a week.

Make life easier by pre-cooking meals in bulk and freezing.

Packing for hospital needs to be completed by 30 weeks at the latest.

Birth Try to remain as relaxed as you can; remember you are in the hands of some great specialist doctors and nurses who will do their best to look after you and your babies.

Breast or bottle-feeding Breast milk is the safest and healthiest option for your babies, however, breastfeeding is not always possible. The choice is really up to you and your babies. Remember "children on formula do thrive".

Feeding premature babies If you are tube feeding, insist on some breast contact. It will help the babies associate the breast with food and also help you bond with them. Try to establish tandem feeding (together), as you are likely to be feeding at least six hours per day and to feed separately would increase this time significantly.

Set aside one day in hospital as ‘no visitor day’, for a full and complete rest before going home.
The ATR is open to twins of all ages, *identical and non-identical*, males and females, and in any state of health.

The Australian Twin Registry is one of the largest volunteer twin registries in the world and open to identical and non-identical twins of all ages. You can register your twins, and family, with the ATR as soon as they are born.

We understand that you are extremely busy preparing for the arrival of your twins or already in the thick of the action! So we have made joining the ATR an easy and convenient step online.

Membership is free and benefits include:

- Keep up-to-date with the latest twin health studies, special events and research findings through our website, regular eNews, Facebook and Twitter
- Connect nationally with 70,000 other twins and top twin researchers
- Receive invites to join relevant health studies (your participation is always voluntary so you can choose to join a study when suitable to you)
- Zygosity (genetic) testing available at discounted rates

Register at [www.twins.org.au](http://www.twins.org.au) or freecall 1800 037 021

And connect with the ATR and other twin families through our social media channels on:
Nutrition and weight gain in twin pregnancy

First, we have provided guidelines to help you, but do not get hung up on eating exactly what is suggested. Remember that mothers around the world have very different diets, yet still successfully give birth to healthy babies.

Secondly, do not get hung up about achieving a specific weight gain. The main thing that determines a baby’s size at birth, apart from pregnancy length, is how well its “supply line” is working. A major part of this is the placenta, and we currently have no way to improve plental function, other than stopping smoking, if the mother is a smoker. We also have evidence that women who were small at birth themselves have smaller babies, and vice-versa, suggesting we all have a maximum “capacity”, whatever else we do.

If you are someone who likes to stay slim, don’t forget you will need to put on a reasonable amount of weight, because you will gain the weight of your enlarged uterus (womb), placenta/s, babies, the fluid surrounding the babies and extra blood to pump round and support all of that, so relax, and eat a good, mixed diet. Rearing two infants will soon help you get back to your ideal weight! As a rough guide, average weight gain for a twin pregnancy is around 16 to 24 kilograms, with a weight gain of approximately four to five kilograms during the first three months, followed by something like two to two and a half kilograms per month during the last six months.

If you are not gaining much weight, stick to a healthy mixed diet. Don’t be tempted to switch to a fast food, high fat or high sugar diet; it is not good for your health, or your babies’ later health. If you have any concerns about your weight, talk to your doctor or dietitian.

EARLY PREGNANCY

Folate

Folate is important because it helps prevent birth defects. The most important period is from around the time of conception until about 12 weeks, because the fetus goes from a single cell to a tiny human in those early weeks. It is difficult to get sufficient folate from the average diet, so supplements are generally recommended. Ask your doctor or dietitian what they recommend. They may suggest you take folate supplements throughout your pregnancy.
Morning sickness

This is a time when many women feel nauseated. Don’t worry if you don’t gain weight at this stage, you will make it up later. However, feeling nauseated is very unpleasant and many women find cooking difficult because they cannot even tolerate the smell of food.

Here are a few tips that you may find helpful:

- Talk to your doctor if morning sickness lasts beyond the first three months of pregnancy, or you cannot keep fluids down.
- Make sure you get enough fluids; drink little and often, if you find it difficult to keep drinks down.
- Keep crackers or dry biscuits by your bed to eat before getting up.
- Eat small meals throughout the day so that you’re never too full or too hungry.
- Avoid rich, fatty foods.
- Avoid foods with smells that bother you. Cold dishes smell less than hot ones, and if you can, get someone to cook meals for you.
- Eat more carbohydrates (plain baked potato, white rice, dry toast).
- Eat crackers and other bland foods when you feel nauseous.
- Try gelatine desserts, icy poles, chicken broths, ginger ale (non-diet), sugared decaffeinated tea (many women find ginger tea helpful) and pretzels.
- Wearing “acupressure” wrist bands, which are sometimes used by passengers on boats to prevent sea sickness, may help some women.
- Vitamin B6 (pyridoxine) and ginger appear to be effective in reducing the severity of nausea in some women.

THROUGHOUT PREGNANCY

Vitamins and minerals

Many women take multivitamin preparations during pregnancy. It is important to ensure that these are pregnancy specific as many multi vitamins may not contain enough iron, calcium or vitamin D. Discuss your needs with your doctor or dietitian.

Iron

During pregnancy, blood volume increases to supply the babies’ extra needs, so your need for iron increases. Feeling really tired or experiencing leg cramps at night is a sign of iron deficiency. It is difficult to meet iron requirements by diet alone in a multiple pregnancy, so an iron supplement is recommended. Ask your doctor or dietitian which one they recommend.
Calcium
Calcium is important for the formation of your babies’ bones, particularly in the last months of pregnancy when the babies are growing rapidly. If your calcium intake is too low, the babies’ requirements will be drawn from your own bones. A number of studies have shown that increased calcium intake in pregnancy has long term health benefits for the baby.

The best dietary sources of calcium are dairy foods and fish with edible bones, e.g. canned salmon and sardines. Some women have difficulty eating the recommended four serves of dairy products per day and a calcium tablet may be necessary. Ask your doctor or dietician which preparation they recommend. Some contain more calcium than others.

Vitamin D
Vitamin D is important for normal development of the fetus. Babies born to vitamin D deficient women are at risk of fits soon after birth because of low blood calcium, and of rickets, a bone disease that is increasingly seen in Australia. Most of the vitamin D we require is made in the skin, when it is exposed to sunlight. Some groups of women are especially at risk of vitamin D deficiency.

* People with dark brown skin need around six times as long in the sun to make sufficient vitamin D. Dark skinned women in Australia are deficient unless they are outdoors most of each day or take supplements.

* Women who dress very modestly and cover up when outdoors do not get enough sun on their skin and are almost always deficient if they don’t take supplements.

* Women who are rarely exposed to sunlight are at risk, including pregnant women resting in bed for a period of time.

If you are at risk of vitamin D deficiency, ask your doctor or dietitian for a blood test and advice about vitamin D supplements. Halal and vegetarian/vegan supplements are available.

Iodine
We need a tiny amount of iodine in our diet, because without it we cannot make thyroxine (thyroid hormone), and thyroxine is needed to help develop babies’ brains. Apart from some seafoods and seaweed, Australian foods can be low in iodine, because the soil in some areas has little iodine. If you are taking a vitamin and mineral supplement, check whether it contains iodine. If it does, you will be getting enough. If it doesn’t, change to one with iodine, or make sure you use a table salt that contains iodine. Use iodised salt for cooking and table use; that will supply as much as you need. Rock salt or sea salt crystals contain little or no iodine. If you do not use added salt in your food you should take a nutritional supplement which includes a small amount of iodine.
Omega-3
Omega-3 fatty acids are needed in high amounts in pregnancy for formation of the babies’ brain and nervous system and eye development. They may also reduce the risk of preterm birth and asthma and other food allergies later on.

To increase your essential fatty acid intake, eat fish at least twice a week, include more dried beans (particularly soy and baked beans), linseed or flaxseed, walnuts, pecans and almonds in your diet. Fish oil capsules are safe to take in pregnancy but avoid fish liver oil capsules as they contain higher levels of vitamin A than is recommended in pregnancy.

Protein
Protein is the building block for babies’ healthy growth and development. It is also important for adequate weight gain during pregnancy. Protein requirements can be met by having two serves of protein-containing foods daily. These foods include meat, fish, chicken, eggs, milk, cheese, yoghurt and vegetarian choices such as legumes, nuts and seeds.

Vegetarians and vegans
A vegetarian or vegan diet can meet the needs of a twin pregnancy if care is taken to include adequate protein, iron, calcium and vitamin B12.

Nuts, seeds and legumes (dried beans and lentils) and food derived from them (e.g. tofu and hommus) are good sources of protein but lack one of the amino acids, the building blocks of protein. Combining these foods with grains such as wheat, rice and other cereal foods makes a “complete” protein.

Vitamin B12 is found only in animal food sources such as meat, milk, eggs and dairy products. Vegans are especially at risk of vitamin B12 deficiency and the only way to ensure adequate intake is to take a supplement or Vitamin B12 fortified food products such as some soy milks and Marmite.

Fortified soy milk can be an excellent source of calcium and vitamin B12. Read the label of the product you plan to buy to make sure the milk has added calcium and vitamin B12. There can be differences between different milk products of the same brand. Alternatively, you can ask your dietitian, or enquire at your health food store or pharmacy.

If you search on the internet you will find websites suggesting that some vegan foods contain B12. Be aware that this may be true for the country where the website originates, but it may not be the case in Australia.
WHAT SHOULD I EAT?

One of the most important things you can do for yourself and your babies is to eat a balanced and mixed diet.

The following is intended as a guide only. Each state health authority has nutritional guidelines for pregnant and breastfeeding women, which are regularly updated.

**EAT MOST**

**Cereals & Breads** (4-8 or more serves per day)

1 SERVE = 1 slice bread, 3/4 cup cereal, 1/2 cup cooked rice or pasta or 2 wholemeal biscuits

**Fruit & Vegetables** (4-8 or more serves per day)

1 SERVE = 1/3 cup vegetables or 1 piece of fruit. Be sure to include each day: citrus fruit or glass of orange juice, and a dark green leafy vegetable

**EAT MODERATELY**

**Milk, Yogurt, Cheese** (at least 4 serves per day for twins)

1 SERVE = 250ml (1 glass) milk, 200ml of high calcium milk, 250ml soy milk with added calcium, 200g yogurt or 35g hard cheese

**Lean Meat, Poultry, Fish, Legumes** (2 serves per day)

1 SERVE = 100g lean meat or chicken, 200g fish, 1 cup cooked beans, 2 eggs or 1 cup nuts

**EAT LEAST - ENJOY AS A TREAT**

**Sugar** e.g. sweets, chocolates, cakes, biscuits, rich desserts

**Margarine, Butter, Oil & Cream**
Include spreads and oils which include polyunsaturated and mono-unsaturated fats (olive or canola)
WHAT SHOULD I AVOID?

There are a few foods that you should be more careful about eating while you are pregnant.

- Meat, eggs and fish that are not fully cooked could put you at risk of infection, as could unwashed fruit, vegetables or cutting boards or unhygienic food storage.
- Do not drink unpasteurised milk or eat unpasteurised milk products. Soft cheeses such as brie, feta, camembert, blue vein cheese and ricotta, as well as paté, cold meats and salads that are not freshly prepared may contain bacteria called *Listeria*. This can cause infections that can be passed on to the babies.
- Do not eat pre-prepared and re-heated foods unless they are fully re-heated and piping hot right through.
- Fish is a good source of omega-3 fatty acids, needed for brain and nervous tissue development in babies. Oily fish such as salmon, sardines, trout, herring, mackerel and tuna are the best sources. However, some fish may have high mercury levels and are best avoided, just in case. In Australia high mercury fish include: orange roughy (sea perch), catfish, shark (flake), swordfish, broadbill and marlin.
- Tea, coffee and some soft drinks contain caffeine. There is mixed evidence about the effects of large amounts of caffeine on developing babies but moderate amounts appear safe. Don’t forget soft drinks can also contain large quantities of sugar.
- It is not well known how much alcohol is safe to drink during pregnancy. Therefore, the safest option for pregnant women is to abstain from drinking alcohol while pregnant. This is the advice from the National Health and Medical Research Council.
Twins who deliver early

Twins are often born early and tend to be slightly smaller than single babies, even after taking early delivery into account. What matters most is how early they deliver. Premature delivery is defined as delivery before 37 weeks, but as you will see below, that doesn’t automatically mean they will have problems.

The chances are that your babies will go to at least 35-36 weeks, but many parents say they would like to know in advance what may happen if they don’t. Remember that twins don’t always have the same problems; sometimes one twin will need admission to a Special Care Nursery or Neonatal Intensive Care Unit (NICU) but the other won’t.

Delivery from 37 weeks onwards

Babies born at 37 or more weeks should be fine, though if your babies are very small they may be admitted to a Special Care Nursery for a short time, so expert doctors and nurses can keep an eye on them and make sure all goes well. Just like single babies, the occasional twin will need medical attention in the first few days of life for other reasons, such as breathing problems or jaundice.

Delivery at 32-36 weeks

Some of these babies may have initial problems with feeding or breathing. They are generally admitted to a Special Care Nursery so they can be observed by experts, and any treatment that is needed can be started early. A few will need admission to a Neonatal Intensive Care Unit (NICU).

Delivery at 28-32 weeks

Most babies born this early will be admitted to a NICU, but many will have little trouble and quickly graduate to a Special Care Nursery.

Delivery before 28 weeks

Babies born this early are very likely to have some difficulty with breathing, and need to be admitted to a NICU.
**Neonatal Intensive care Unit (NICU)**

Having a baby in the NICU can be a stressful experience. There is a lot of high-tech equipment that most of us have never seen before, and alarms frequently going off. But remember the NICU staff are experts and deal with these problems every day, and people are there to support you and explain what is happening.

**SOME COMMON PROBLEMS WITH PRETERM BABIES**

**Keeping warm**

Premature babies have difficulty keeping warm; so they are nursed in incubators which have a carefully controlled environment and temperature.

**Feeding problems and maintaining blood sugar levels**

Premature babies are monitored especially during the first day of life to ensure that adequate levels of sugar are maintained in their blood. Babies get the sugar and all other nutrients they need from breast milk.

Babies don’t suck very well until they are around 36 to 37 weeks of gestation. Before that, milk may have to be given through a tube passed through the nose or mouth into the stomach. In tiny babies, it is sometimes necessary to provide nutrients via a drip (intravenous feeding).

**Infection**

Premature babies are at an increased risk of infection and therefore they are often nursed in incubators. Everybody who handles the babies has to clean their hands very carefully to reduce the risk of the babies catching any infection.

**Breathing problems**

The majority of babies are in NICU because they have difficulty with breathing. Premature babies can have three problems: their breathing muscles are weak, their ribs are soft and bendy, and they sometimes don’t have enough surfactant (an oily layer on the inside of normal babies’ lungs which helps the lungs expand and stay expanded). So what can be done to help them?

**Oxygen** Some babies with breathing difficulties are able to breathe by themselves, but require the air they breathe to be supplemented with oxygen. The most common way this may be done is by increasing the concentration of oxygen in the air they breathe within an incubator.

**CPAP (Continuous positive airway pressure)** If your baby is having difficulty breathing, giving them air or oxygen at an increased pressure can help. This is delivered via small tubes in one or both nostrils.
Mechanical ventilation Sometimes the only way to help a tiny baby is to do the breathing for them. A machine called a ventilator blows air into the lungs and then pauses to let the air come out again. There are several different types of ventilator and they work in slightly different ways, but all do the same job.

Surfactant replacement If your baby needs it, surfactant can be put into the lungs via the windpipe to help them expand.

Jaundice
Most babies become jaundiced in the first days after birth. This gives their skin a yellowish colour. Occasionally they might need treatment for jaundice, such as light therapy. The more premature the baby, the more likely it is that jaundice will require treatment.

WHAT CAN YOU DO TO HELP YOUR BABIES?

Antenatal steroids
If it becomes clear that you are likely to deliver very early, despite everyone’s best efforts, your obstetrician may suggest you take corticosteroids. These are the type of steroids used very frequently in medicine, usually to suppress inflammation, not the type abused by body builders or athletes. There is very good evidence that this helps “mature” the babies’ lungs, so don’t be alarmed by this.

Breast milk
The most important thing you can do is provide your babies with breast milk where possible. It is good for their brain development and there is evidence that it helps protect them against infections and bowel disease. If your babies are very tiny you may need to express milk for a while, so it can be fed by a tube until they can suck for themselves. Staff in the NICU or Special Care Nursery will be able to help you with this.

MORE INFORMATION ABOUT YOU AND YOUR BABIES?

Your obstetrician and your babies’ doctor (paediatrician) can provide more information specifically about you and your babies, as can other health professionals with whom you will be involved before and after the birth of your babies.
When you bring your babies home

Bringing babies home can be a very busy and occasionally stressful period for you. It is a good idea to keep a list of phone numbers handy for you to call if you need to talk to someone about your babies or yourself. There are 24 hour parent help lines in each state that you can call (see Sources of Information and Support).

LOOKING AFTER YOURSELF

Remember that you need to be healthy and happy to take good care of your babies. If you can, plan for your partner, a family member or a friend to be with you for the first few weeks, while you and the babies are settling in.

Accept all offers of help from family and friends - they will enjoy being helpful. It may be best to arrange specific tasks and times so you can get them to come when you really need them like bath times or feeding, help with shopping, cooking a meal, doing the laundry etc. They may also help you have time alone with each baby. It is important for you to do this at times, so you can relate and respond individually to their different personalities and needs.

Freeze some meals in advance for times when you are too tired or busy to cook and stock up on non-perishable foods.

If friends or relatives ask what they can buy for the babies, consider asking for contributions to a nappy service or paid help.

Get as much rest and sleep as you can and don’t worry about the house not being tidy. It can wait; crying babies won’t.

If you feel depressed remember that part of the problem is fatigue, and see if you can organise more help so you can relax a bit more. Isolation can also be a trigger, so try and get out sometimes with the help of a friend. Feeling depressed is not uncommon; do talk to your doctor or maternal and child health nurse about it. Also see Sources of Information and Support.
FEEDING YOUR BABIES

Most women successfully breast feed twins and if you can, it is the safest and healthiest option for your babies. Breast feeding protects your babies against infections and there is evidence that it is good for their brain development. It also involves less work and expense when compared to buying and preparing artificial baby milk (infant formula).

It may be difficult to breast feed twins to begin with, especially if they are born early, and you will need to develop this art. Most problems can be managed easily and don’t worry about asking for help if you need it (see Sources of Information and Support for lactation consultants and Australian Breastfeeding Association helplines).

Some mothers find it easier to feed their babies separately until they are both feeding well. Then some prefer to breast feed both the babies together (tandem feeding). Others vary this according to the time of day. For example some feed them together at night but often separately in the day. No one way is better and it depends on what is comfortable and convenient for you. Feeding them together will give you a bit more time between feeds, but feeding them separately will give you time to get to know each baby separately (see section on Shopping for Breast Feeding Pillows).

Positions

There are three basic positions you can use to breastfeed twins at the same time:

**Football hold** This position is especially suited to the nursing pillows. Each baby lies tucked under an arm, with head to the front and such that each can reach a nipple without turning.

**Cradle hold** In this position, each baby is held in a classic nursing position, with head in the crook of your elbow and feet in your lap.

**Combination hold** In this position both babies are facing the same way. It means that one baby is held in football hold and the other in cradle.

For more information see the Australian Breastfeeding Association:

www.breastfeeding.asn.au/bfinfo/twins.html
or 24 hr helpline:
1800 686 268
**Bottle feeding**

For various reasons, if it is not possible to breast feed two babies, you can bottle feed expressed breast milk or use infant formula. Breast milk can be expressed and deep frozen in sterilised bottles for storage and future use.

There are lots of brands of infant formula on the market and the most expensive ones may not be the best. Check with your paediatrician or child health nurse before buying them. If using infant formula, remember to prepare it according to the manufacturer’s instructions and to always use clean and sterile bottles.

If you have a preterm baby, it is best to check with the nurse at Special Care or Neonatal Intensive Care Unit before buying teats for the feeding bottle as preterm babies have very small mouths and some teats may not be right for them.

**Sterilisation**

Bottles, teats and other equipment used for expressed breast milk/infant formula should be cleaned and sterilised. The water used to make formula should be boiled and cooled before use. Sterilisation can be done using:

**Boiling water** The bottles, teats and other equipment are placed in a covered vessel filled with water; the water is boiled for 5 minutes and then left to cool. Remember to wash your hands before handling the bottle and other equipment.

**Steam sterilisation** Electric or microwave steam sterilisers are now available which can be used to sterilise plastic feeding bottles. Steam sterilisers should be operated according to the manufacturers’ instructions with the specific quantity of water put in and turned on for the desired amount of time. Glass bottles cannot be used in microwave sterilisers.

**Chemical sterilisation** Chemical sterilisation should be done in a glass or plastic container with a solution prepared according to the manufacturers’ instructions. See that the chemical solution completely covers bottles and other equipment. Leave it for the time recommended. Do not rinse the bottles with water but shake the excess solution off before use.

**Nutrition while breast feeding**

When you are breastfeeding you and your baby need extra nutrients, but not a lot of extra kilojoules. It is therefore important to eat a wide variety of nutrient dense foods. There are some nutrients that may be affected if a breastfeeding mother’s intake is too low such as iodine and vitamin B12. Most women will lose extra weight gained in pregnancy when breast feeding. Gentle exercise is a better and healthier option than dieting at this stage.

**Drugs and alcohol during breast feeding**

You need to be as cautious as you were during your pregnancy as most drugs can be expressed in breast milk. Always remind your doctor that you are breastfeeding.
if he/she is prescribing medicines for you. Check before taking any medications or herbal preparations (see Sources of Information and Support).

Care also needs to be taken with regards to alcohol intake; the amount of alcohol in your blood is the amount of alcohol that is in your milk. Alcohol appears in your breastmilk 30-60 minutes after the first drink. The safest option while breastfeeding is to therefore avoid alcohol. If you are planning to drink alcohol and are breastfeeding, it is best to plan ahead and express milk for your baby ahead of time.

**See the Australian Breastfeeding Association for more information related to breastfeeding:**

www.breastfeeding.asn.au

1800 686 268 (24 hr helpline)
SLEEPING ARRANGEMENTS FOR TWINS

Sudden Infant Death Syndrome (SIDS)

Many new parents worry about SIDS, the sudden unexplained death of an infant under one year of age, but remember that since parents were advised that babies should sleep on their back, SIDS deaths have reduced by 84% in Australia. Babies born early or small are at increased risk but you can substantially reduce the risk of SIDS by taking these simple precautions:

* Lay your babies on their back to sleep, not on their front or sides.
* See that their faces remain uncovered. Use safe sleeping bags (without hoods), or tuck them in with their feet at the end of their cots, to reduce the risk of slipping down under the bedding.
* Maintain a smoke free environment for the babies.
* Maintain a room temperature that is comfortable to you and do not over dress babies: they should be warm, not hot or sweaty.
* Babies should sleep in safe bassinettes or cots on firm mattresses with no gaps between mattress and the cot sides (see section on shopping for cots for safety guidelines).
* Avoid soft and puffy bedding; these can cause airway obstruction or overheating. Remove pillows, quilts, doonas, duvets and lambskins. A good alternative to bedding is safe infant sleeping bags, unpadded and with fitted neck and armholes and no hood.
* Sharing a bed with parents or older children increases the risk, and is best avoided, at least until one year of age. There is a very high risk of a sleeping accident if an adult falls asleep with an infant on an armchair or couch.
* Make sure each twin cannot be covered with bedding or pushed into an awkward position by the other, or become too warm because of having another close by. We do not have enough evidence to be sure that having twins sleep together in one cot is completely safe, and it is best avoided.
* Research has shown that the safest way to sleep twins in the home is in their own safe sleeping container (cot, portable cot, bassinette or cradle) in the parent’s room for the first 6-12 months.
* Breastfeeding your babies.

For more information see www.sidsandkids.org or call 1300 308 307 for a leaflet.
Getting your babies into a sleep routine

At first babies don’t know the difference between night and day and they wake and feed at intervals around the clock. At around the age of 2-3 months, babies start to behave differently as their brain develops a day-night rhythm. At this time babies will tend to fall into a deeper sleep at a certain time each evening and this becomes bedtime. Beginning to establish a bedtime routine now is helpful. For example, a warm bath then a feed before being settled, preferably in a darkened room. Gradually babies’ periods of sleep should increase, and they will go back to sleep after feeds, rather than wanting to play. Encourage this by avoiding interacting with or stimulating them during the night. Their first sleep of the night is usually the longest, so try to go to bed yourself when they settle into their longest sleep, even if that means going to bed at 8.00 pm.

You can ask your doctor, local hospital or maternal and child health nurse for advice on establishing a sleeping routine, or you can contact any one of the 24 hr parent helplines (see Sources of Information and Support).

COPING WITH OLDER CHILDREN

Having twins in the family means that there is going to be more attention and excitement around the arrival of the babies from family and friends, so any older child may feel neglected or ignored. Try and involve older children in the pregnancy as much as you can. If possible take them with you for the ultrasound scans and include them in preparations for the twins. Refer to the twins as their brothers or sisters. Plan a surprise gift for older children from the twins at the time of birth. Encourage visitors to notice older children and praise them often. One special aunt, uncle or friend can be asked to only show interest in the older child rather than the twins. Try to keep the siblings’ routine as unchanged as possible and continue your special times together, for example a bed time story.

Encourage older children to get to know each baby separately and if you can, sometimes take an older child out with just one of the babies.

If you already have a toddler, they may go back to demanding to be breast fed or go backwards in toilet training. They may also throw tantrums or misbehave. Remember that they are just trying to get your attention. Being understanding and talking to them about those feelings will help them feel better.
BRINGING UP TWINS

However much you love both babies, you may find that you go through periods of preferring one twin or the other, especially if there are differences in their health, size or the way they respond to you. Don’t worry about this because it changes with time, but do your best to get to know your babies and spend time with them individually from the start.

Some parents are conscious of raising twins to be different and prefer to dress the twins differently whereas others choose to dress them identically. Tell family and friends which you prefer, before the babies are born. You will find that visitors often give identical clothes as presents but they do not need to be worn on the same day. If family members are having difficulty telling the twins apart, different coloured outfits can help. It is best to avoid naming your children with “twin names” or the same initial. As they grow up, they often dislike this.

As they grow older, remember that twins (identical or non identical) are two different people with different personalities and they should be encouraged to develop their independence.

Other people often tend to look at twins as a single entity rather than as different individuals. Make the effort to address them by their name from the start and get family and friends to do the same.

TWINS WHO ARE BORN EARLY

Premature babies have to stay in hospital until they are able to keep warm on their own outside an incubator, suck all feeds normally and gain weight. This means that they often can’t go home until they are at least 36-38 weeks gestation. Sometimes one baby is sicker than the other and this means that one baby may go home before the other. When premature babies leave for home, the mothers are given all the support they need from the hospital and the local maternal and child health nurse.

Very premature babies may need extra iron and vitamins. These will be provided by the hospitals. The babies will usually be followed up by the paediatrician who has cared for them in hospital.

Corrected age for preterm babies

A preterm baby’s developmental milestones are usually calculated from the estimated due date and not the actual birth date. This is because a preterm baby needs to catch up to the growth and development that would have otherwise taken place in the mother’s womb. For example, eight weeks after birth, a baby born three weeks early is said to have a corrected age of five weeks. Such age correction is frequently done to assess the growth of the baby.
SOME USEFUL TIPS FROM MOTHERS OF TWINS

★ Get a whiteboard and marker and write down anything you might want to remember, like the time of feeds, nappy changes, sleep, any medications given etc.
★ Write to do lists on the whiteboard or stick them in a prominent place so visitors can see how they could help.
★ Keep everything handy before you sit down to feed. Suggestions include TV remote, a book, drink, a meal, telephone, things to wipe messy babies and if you have an older toddler, story book, toys, snacks, drink etc.
★ Make a “do not disturb sign” for the front door.
★ Get a telephone answering machine.
★ Shop for groceries etc. online.

SOME USEFUL BOOKS TO READ

★ Expecting Twins? - A Complete Guide to Pregnancy, Birth and Your Twins First Year" by Professor Mark Kilby and Jane Denton
★ Twins - A Practical Guide to Parenting Multiples from Conception to Preschool by Katrina Bowman and Louise Ryan
★ The Art of Parenting Twins - The Unique Joys and Challenges of Raising Twins and Other Multiples by Patricia Maxwell Malmstrom and Janet Poland
★ When You’re Expecting Twins, Triplets, or Quads: Proven Guidelines for a Healthy Multiple Pregnancy by Dr Barbara Luke and Tamara Eberlein
★ Twins! Pregnancy, Birth and the First Year of Life by Connie L Agnew, M.D, Alan H Klein, M.D and Jill Alison Ganon
★ Mothering Multiples: Breastfeeding and Caring for Twins or More by Karen Kerkhoff Gromada
★ Double Duty - The Parents’ Guide to Raising Twins, from Pregnancy Through the School Years by Christina Baglivi Tinglof
★ Raising Twins from Birth Through Adolescence - What Parents Want to Know and What Twins Want to Tell Them by Eileen M Pearlman and Jill Alison Ganon
★ ABA Booklet: Breastfeeding Twins, Triplets and More
Sources of information & support

Please be aware that information on the internet is not always reliable. Some sites we recommend contain advertisements, but we do not endorse any specific products.

All details were correct at the time of printing.
Australian Multiple Birth Association (AMBA)

www.amba.org.au
AMBA is a voluntary organisation which aims to provide information, practical assistance and support for multiple birth families. AMBA runs an online forum where people can discuss their multiple pregnancy and the various issues arising from parenting multiples. AMBA also has local support groups you can join to meet other parents who share the same or similar experience and get information on other Local support services.
1300 886 499

Australian Twin Registry (ATR)

www.twins.org.au
The ATR is a voluntary registry of twins who are willing to consider participating in approved studies. If you would like to know more about the various studies currently going on with twins or want to become a member, contact the ATR on 1800 037 021 (toll free) or twins-atr@unimelb.edu.au.

Better health channel

www.betterhealthchannel.gov.au
This is a Victorian Government sponsored website that gives a wide range of health and medical information.

Bubhub

www.bubhub.com.au
A comprehensive free online directory for pregnancy, baby and toddler services in Australia.

FOR MORE INFORMATION ON MULTIPLES, CHECK OUT:

Facts about Multiples
www.multiples.about.com

Raising Children Network (the Australian parenting website)
www.raisingchildren.net.au

Australian Breastfeeding Association
ABA is Australia’s largest breastfeeding information and support service. Through a range of services, ABA supports and encourages women who want to breastfeed or provide breast milk for their babies.
Information specific to breastfeeding twins:
www.breastfeeding.asn.au/bfinfo/twins.html or 1800 686 268 (24 hours)

Victorian Breast Feeding Guidelines:
MEDICINE USE WHILE PREGNANT OR BREASTFEEDING

Remember that some herbal preparations, as well as some medicines, should be avoided during pregnancy and breastfeeding. If in doubt, consult a doctor, pharmacist or maternal and child health nurse. There are several websites on drugs in pregnancy, but some are unreliable, most are overseas based so drug names and categories differ from those in Australia, and very few are kept up to date.

Two reasonably reliable sources of information are www.safefetus.com and www.motherisk.org.

If you need to contact someone you can call one of the drug information hotlines:

**Australia**
For reporting or advice on adverse drug reactions or errors associated with medicine use:

**Medicine Line**
9am - 5pm Monday to Friday (Eastern Standard Time) 1300 633 424

**Adverse Medicines Events Line**
9am - 5pm Monday to Friday (EST) 1300 134 237

For urgent enquiries:
**Poisons Information Centre** 131 126

**Australian Capital Territory**
**A.C.T. Drug Information Service**
Woden Valley Hospital (02) 6244 3333

**New South Wales**
**Mother Safe Medications in Pregnancy and Lactation Service**
Royal Hospital for Women (Country Callers) 1800 647 848
(02) 9382 6539

**Northern Territory**
**Northern Territory Drug Information Centre**
Royal Darwin Hospital (NT only) 1800 131 350
(Darwin) (08) 8922 8399
(Alice Springs) (08) 8951 7580
SUPPORT AND CARE DURING YOUR PREGNANCY

doula

A doula is a non medical person trained to provide continuous information and support to the parents during their pregnancy. Their services usually come at a cost. Postnatal doulas can help mums by providing information, emotional support or physical assistance around the house. Check the Bubhub directory or check the website for doulas in your area. www.findadoula.com.au

midwife

A midwife is a nurse trained in midwifery who works in partnership with women to give necessary support, care and advice during pregnancy and labour and to provide care to the mother and new born child.

For information on midwives in your area, contact your hospital or the Australian College of Midwives. www.midwives.org.au | (02) 62307333
Child and Youth Health (CYH):  
Children, Youth and Women’s Health Service - Parenting and Child Health

If you are in South Australia you can contact the CYH for volunteers to help you cope with your pregnancy and twin delivery. The CYH website also has comprehensive information on all issues relating to maternal and child health.

www.cyh.com  
24 hours Parent Helpline: 1300 364 100  
24 hours Youth Helpline: 1300 131 719

Women’s Health Program at the Royal Women’s Hospital, Melbourne

Contact them for information on women’s health, nutrition and support services. The website has on-line fact sheets about pregnancy, childbirth and breastfeeding in different languages. There is also a page where you can ask questions of a nurse or midwife.

www.thewomens.org.au

Enhanced Home Visiting Service

This service is offered by most Maternal and Child Health Centres and is aimed at families who have children under 18 months who are high risk or have additional needs. Ask your maternal and child health nurse for more information.

Mother and Baby Units

Mother and baby units are an option for mothers requiring intensive support after child birth. If you are concerned about how you are feeling/coping after child birth, talk to your doctor or maternal and child health nurse who may be able to recommend a mother and baby unit in your area. This service is available in both public and private sectors with the private sector having a shorter waiting period.
GENERAL SOURCES OF SUPPORT

Australian Breastfeeding Association
1800 MUM 2 MUM, 1800 686 2 686
www.breastfeeding.asn.au

Pregnancy Birth and Baby
A helpful site for families during pregnancy and beyond, including information specific to twins and multiples
www.pregnancybirthbaby.org.au
(24 hr helpline) 1800 882 436

Raising Children Network
An organisation offering resources to families parenting newborns to teens. They also include information specific to twins and multiples.
www.raisingchildren.net.au

Twin to Twin Transfusion Syndrome Australia Inc
Twin to Twin Transfusion Syndrome (TTTS) Australia Inc is a group of parents who have experienced a pregnancy with TTTS and aims to provide information and support to those who need it.
www.twin-twin.org

Parents Without Partners (PWP)
A support group for single parents. Organised activities include parent and family activities, education and member meetings. See the website for information and contacts for each state PWP.
www.pwpaustralia.net

Relationships Australia
An organisation that offers resources to couples, individuals and families to help enhance and support relationships.
1300 364 277
www.relationships.com.au

Council of Single Mothers and Their Children (CSMC)
CSMC provides telephone counselling, support and referral for single mothers and can assist with receiving financial aid and negotiating with Centrelink, Family Court, Human Services and Child Support Agency.
(03) 9654 0622 (country callers) 1800 077 374
www.csmc.org.au

Safe Sleep Space
Offers support for families with sleepless babies and toddlers
www.safesleepspace.com.au
Men’s Line Australia

A national 24 hour family relationships counselling service specifically for men.

1300 789 978
www.menslineaus.au

Life’s Little Treasures

This is a Victoria based support group of parents who wish to provide support and friendship to those who are experiencing a preterm delivery.

1300 my premmie, 1300 697 736
www.lifeslittletreasures.org.au

24 Hour Parent Helplines:
Maternal and Child Health Line 132 229

Australian Capital Territory
Tresillian Parent Help Line 1800 637 357

New South Wales
Tresillian Parent Help Line 1800 637 357 or (02) 9787 0855
Karitane Care Line 1800 677 961 or (02) 9794 1852

Queensland and Northern Territory
Parent Line 1300 301 300

South Australia
Parent Helpline 1300 364 100

Tasmania
Parenting Line 1300 808 178

Victoria
Parent Line 13 22 89

Western Australia
Parenting WA Line 1800 654 432
DEPRESSION

Maternal and Child Health Line 132 229

Panda (Post and Ante Natal Depression Assoc.) 1300 726 306
www.panda.org.au

Beyond Blue
For fact sheets, information and other resources www.beyondblue.org.au

BEREAVEMENT, LOSS AND GRIEF

Multiple Birth Association Bereavement Support Group (M-BABS)
A part of AMBA, provides information and support for family, friends or professionals dealing with bereavement in multiple birth families. Contact AMBA in your state for more information (details on information pack cover) or check the website www.amba.org.au/content/resources/bereavement/.

SIDS and KIDS
Sids and Kids online is a free resource for families and contains information and publications on Sudden Infant Death Syndrome (SIDS), safe sleeping and grief and bereavement issues. There is also information available about member organisations in each state providing grief and bereavement counselling for families experiencing a sudden and unexpected death of a child up to 6 years of age.

For advice or bereavement support: 1300 308 307
www.sidsandkids.org

Still birth and neonatal death support (SANDS)
SANDS Australia (03) 9899 0217 | www.sands.org.au
SANDS Queensland (07) 3254 3422
SANDS South Australia (08) 8722 0304

Grief Support www.twinlesstwins.org
www.bereavementcare.com.au
Shopping

When shopping, mention that you are shopping for multiples and most shops will give you a good offer on their products. An AMBA member card can also get you a 10% discount at most places. It is not necessary to buy two of everything. Talk to parents of multiples at your local AMBA club. You may also be able to hire some equipment from your local council, Maternity and Child Health Centre or your local AMBA club or buy them second hand. When buying second hand goods, ensure that they comply with Australian Standards and Guidelines.

Check the Australian Consumer Affairs publications which are also available as an app: Keeping Baby Safe https://www.accc.gov.au/about-us/tools-resources/keeping-baby-safe-app before buying nursery furniture, prams, strollers and toys.

Babies’ clothes It is not necessary to buy a lot of clothing. One and half times the amount needed for a single baby should be sufficient for twins. If you use cloth nappies, you will need about four dozen.

Nappy service For those who prefer cloth nappies, using a nappy service for a while can be a big help. Check out Bubhub (see page 34) for services in your area. It is quite convenient to use a laundry service as they will collect the soiled nappies and deliver washed and ironed nappies every week. Some services also provide nappies so you do not have the added expense of buying them.

Disposable nappies Shop around for places where you can buy nappies in bulk to save you some dollars. Bubhub has a directory of retailers who sell baby products direct to the public. There is also a list of suppliers who do home delivery for bulk nappy products.

Breast feeding pillows Some mothers prefer to use breast feeding pillows while feeding whereas others choose to use lots of pillows. It is purely a decision based on what you find most comfortable and what works for you. You can get breast feeding pillows from:

Baby Bunting: www.babybunting.com.au
Mothers Direct: www.mothersdirect.com.au
Clark Rubber: www.clarkrubber.com.au here you can buy V-shaped foam or get foam cut to shape to best suit you.
Breast pumps You may be able to rent breast pumps from your local hospital or maternity and child health centre. There are manual and electric brands available in the market. Some popular brands are Avent ISIS and Medela. Electric breast pumps are often preferred as they are less time consuming than manual pumps.

Cots If you buy a new cot it should comply with the Australian Standard AS2172, but if it is second hand or a family heirloom make sure that:

- The cot bars are spaced 50 and 85mm apart.
- When the cot base is in its lowest position there is a depth of at least 600mm from the base of the mattress to the top of the cot.
- The gap between the mattress and the cot on all sides is under 2.5cm.
- If the cot has castors or wheels, at least two of the legs should have no wheels or be fitted with brakes.

Capsules and car seats Before buying capsules, examine your car to see if it will fit two. Hiring capsules is a good option as you will very soon progress to using car seats. Check whether your car has enough anchor points for the capsules/car seats, especially if you have an older child still using a car seat/booster. Using normal car seats for preterm babies may be dangerous; check with the nurses/midwife before using them. It is illegal for children under seven to travel without an approved car restraint; check the regulations in your state prior to purchase. There is also up to date information at: [http://raisingchildren.net.au/articles/car_restraints.html](http://raisingchildren.net.au/articles/car_restraints.html)

Twin prams and strollers There are many available, so shop around for one which suits your needs. They can be bulky so see that the one you buy fits into your car and through standard doorways. If you have an older child you will probably need to look at models which can have a toddler seat attached or even a skateboard attachment. Another option is to rent a pram or stroller from your local AMBA club. Remember that those with small wheels can be difficult to push and steer on uneven ground, and if they have two separate handles it is difficult to hold on to a toddler at the same time.

Some current popular prams/strollers according to mothers of twins are:

Love n Care Twingo Twin Stroller - fits through a standard doorway, light, easy to manoeuvre, folds well.

Mclaren Twin Triumph - fits through a standard doorway, separate back rests, light, and easy to manoeuvre, separate reclining seats and hoods.

Mountain Buggy Duet - fits through a standard doorway, easy to manoeuvre, big basket, has a bassinette attachment, has many accessories, can be a bit heavy.

Steelcraft Twin Side by Side - fits through a standard doorway, easy to manoeuvre, has big wheels, 2 baskets and 2 pockets but is bulky.
Valco Aero Twin Stroller - light, easy to manoeuvre, folds very small, not suitable for children under 6 months.

Valco Twin Runabout - fits through a standard doorway, easy to manoeuvre, separate back rests, easy to use as it has big wheels, has a small basket, is a bit bulky and may not fit in small cars, not ideal for shopping.

Valco Twin Sportz - fits through a standard doorway, light, easy to manoeuvre, separate back rests, has a skate board attachment but a very small basket.

Stokke Crusi – great for taller parents

Baby Jogger City Select – seems to be the most popular on many forums

Bugaboo Donkey – very stylish and easy to manoeuvre

iCandy Apple or Pear

Phil & Ted’s Dash
Our Patron since 2012, the Crown Princess combines here interests in health and scientific research, with her experience as a mother of twins, to contribute to raising awareness of twin research globally.

When she undertook her first tour of Australian twin studies in Sydney, she delighted fellow parents with her down-to-earth attitude to being a mother of twins.

She joined HRH Crown Prince Frederick in meeting ATR twins, their families and researchers as she visited a twin research study into children’s pain disorders at the Sydney Children’s Hospital.

As proud parents of two-year-old twins - HRH Prince Vincent and HRH Princess Josephine - the prince and princess shared stories about their twins with other parents, and photos of their gorgeous brood.

Lead researcher, Associate Professor David Champion, explained to the royal couple that twin research has shed light on environmental and genetic factors in childhood pain conditions such as restless legs’ syndrome, headaches and migraines, abdominal and back pain.

You can hear more about David Champion’s study and the insights that he shared with the royal couple via the Australian Twin Registry’s YouTube channel.

Please support twin research

There are a number of ways you can help support the Australian Twin Registry (ATR); with your time and through your support. If you’d like to help research that provides unique insights into health conditions that affect everyone, donations can be made online at: www.twins.org.au or freecall on 1800 037 021.
CONNECT2US

Australian Twin Registry
Free call 1800 037 021
www.twins.org.au

Bringing twins and researchers together for vital health research that benefits everyone.