

# MULTIPLE BIRTHS- A PARENTS' GUIDE TO NEONATAL CARE



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## INTRODUCTION



Babies in a multiple pregnancy are much more likely to experience some level of additional care in hospital after birth, known as 'special' or 'neonatal' care. A recent survey (Tamba 2009) found that over half the parents of twins had at least one of their babies who needed extra help after birth.

The Twins and Multiple Births Association (Tamba) in conjunction with Bliss, the special care baby charity, have produced this guide to help prepare and support multiple birth parents. We hope that the information helps

you to understand the reasons your babies may be born early, small or poorly and the type of care they will receive.

Parents can feel very overwhelmed by the prospect of their babies being unwell after birth. We have provided you with information about the neonatal environment along with advice on how to start getting to know your babies as well as how to care for, and feed, more than one. We also look at the issue of transfers to other hospitals and the possibility of babies needing to be in different units.

Going home can be exciting but may cause you some anxiety as you adjust to the transition from hospital. We have included some information about practical issues and establishing a routine for your new family.

The guide shares the experience of parents who have been on neonatal units with multiple babies and we hope that you find their stories useful and reassuring.

You can find additional support through both Tamba ([www.tamba.org.uk](http://www.tamba.org.uk)) and Bliss ([www.bliss.org.uk](http://www.bliss.org.uk)) and we have referenced specific resources throughout.

If you have any concerns about medical issues relating to your pregnancy or birth, please remember that in the first instance you should always seek advice from your neonatal team, midwife or doctor.

Keith Reed CEO Tamba and Andy Cole CEO Bliss

## ACKNOWLEDGEMENTS

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Whilst every care is taken in providing information, please note that it is of a general nature and that readers should seek professional or expert advice as appropriate to their specific circumstances. Neither Tamba or Bliss accept any liability, including liability for any error or omission



# CONTENTS

## BEFORE YOUR BABIES ARE BORN

Antenatal care for multiple pregnancies .....	06
Why are babies of multiple pregnancies born early? .....	07
Anticipating the birth of premature babies .....	07

## AFTER YOUR BABIES ARE BORN

Visiting the neonatal unit .....	08
Emotions .....	10
Forming a relationship .....	10
Developing family relationships .....	10
Siblings .....	11
Support .....	11
Family members .....	13
Separate babies .....	13
Transfer to other neonatal units .....	14
Care in a neonatal unit .....	14

## FEEDING YOUR BABIES

Learning to feed .....	16
Simultaneous or tandem feeding .....	16
Staggered feeding .....	17
Breastfeeding and expressing .....	17
Breastfeeding more than two .....	17
Bottle feeding .....	18
Routines and ongoing feeding .....	18

## GOING HOME

Mothers going home .....	20
Going home with one baby .....	20
Bereavement .....	20
Planning your babies' discharge .....	20
Preparing to go .....	21
Sleep time and safe sleeping .....	21
Emotions .....	22
Support .....	22
Ongoing care .....	22

ACKNOWLEDGEMENTS AND GLOSSARY .....	26-27
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# BEFORE YOUR BABIES ARE BORN

For parents to be, pregnancy is an exciting and busy time. You will be preparing yourself and your family for the new arrivals, as well as making practical arrangements such as buying equipment and organising help. As multiple birth parents you should also prepare mentally for many possible outcomes, including the chance that the babies may need some form of special care at birth. It may be useful to seek information by attending antenatal classes and joining a local twins club. Tamba have found that parents who are prepared for the

“We were advised to visit the Neonatal unit before they were born. It was much less of a shock to go there after the birth, as we were already aware of the environment”

Do take a photo of your bump



An ultrasound scan of twins

arrival of multiples cope better with the associated pressures and demands, and are therefore more likely to enjoy their early parenting experience. For useful suggestions to help you prepare for your babies please see Tamba's *Healthy Multiple Pregnancy Guide* available at [www.tamba.org.uk](http://www.tamba.org.uk)

All pregnant women are offered the opportunity to attend antenatal classes, including breastfeeding workshops. If your maternity unit runs a twins or multiples class it is best to book onto a class well in advance of your due date. Tamba also offer antenatal classes which include practical advice about parenting multiples. You may also be able to make a visit to your local neonatal unit; it can be helpful to meet the staff, look at the facilities and equipment and to ask any questions.

## ANTENATAL CARE FOR MULTIPLE PREGNANCIES

When you are expecting more than one baby, you will receive an increased level of antenatal care because of the risk factors associated with multiple pregnancies; this can be helpful and reassuring. You will be offered regular ultrasound scans to check the growth of your babies and to see how they are developing. If you have any

concerns about your babies' movements or notice anything unusual, talk to your health professional and they can check it out for you.

## WHY ARE BABIES OF MULTIPLE PREGNANCIES OFTEN BORN EARLY?

Multiple pregnancies do increase the risk of conditions that may cause premature birth. A recent study (2009) by Tamba, identified the most common conditions as: high blood pressure (26%); vaginal bleeding (24%); pre-eclampsia (16%); twin to twin transfusion (6%); and pregnancy-induced diabetes (4.6%). These, in addition to spontaneous onset delivery (which can on occasion be caused by infection), are thought to be the main reasons why twins and triplets are born early. There is more information on all of these conditions



A baby in an incubator

you may be given steroid medication (usually in the form of two injections) to help prepare the babies' lungs for breathing. If you are in labour, medication may be used to try and delay or slow down the onset. Do ensure that you discuss your situation fully with your midwife, doctor or neonatal nurse

“For me, the most astonishing thing about having the babies, was this enormous responsibility and the immediate desire to do everything they needed.”

in Tamba's *Healthy Multiple Pregnancy Guide*. Your midwife or doctor will be able to discuss the development of your pregnancy and also address any concerns at your appointments.

Sometimes, there is no obvious cause of preterm labour. Even if the cause is known, it is often not possible to prevent the onset of early labour. But advances in care have resulted in better outcomes for babies who are delivered early.

## ANTICIPATING THE BIRTH OF PREMATURE BABIES

If your medical team think that your babies are showing signs of coming early,

throughout this period.

Very early babies may need immediate support with their breathing, and rapid transfer to the neonatal unit, for longer term care. As parents, you may be disappointed at not being able to hold your babies immediately after the birth. You may also be concerned that you have not bonded initially as you had planned. However, the first few moments of contact, precious as they may be, have little influence on how you and your babies will relate in the longer term. Babies born very early will often need care in the neonatal unit for weeks or months so you will have time later to hold them close and develop the bond.



# AFTER YOUR BABIES ARE BORN

## VISITING THE NEONATAL UNIT

After the birth, one of the neonatal staff will come to tell you about your babies' admission and how they are doing. They may also bring you a photo of your babies to keep with you. If this doesn't happen, do ask your midwife to find out how they are; as parents you should be encouraged to be with your babies as soon as possible. As a new mother; you may require assistance, you should receive this as soon as is practical after the birth.

Some neonatal units use ribbons to identify you as a parent who has not yet had an opportunity to meet your babies. Staff will offer support and reassurance to try and make your first trip to the neonatal unit as easy as possible. Entering a neonatal unit can be a little alarming at first, with unfamiliar equipment and sounds. But the neonatal staff know that as new parents you may react in a variety

of ways, and they are there to help you as well as your babies.

You may be a little surprised when you meet your babies - premature babies can be extremely tiny and may be thin, with little body fat. Some also have fine body hair and visible blood vessels. But with time and gentle care, your babies will grow and develop. Talk with the neonatal unit staff about how long you should anticipate your babies being in special care and how you can get to know them better. If they are very premature, it may initially be by hand holding. As they grow and develop, you can be taught how to comfort and feed them as well as take part in their daily care. At the initial stages your babies will be comforted by the sound of your voice, smell and eye contact.

Very early babies will probably be in an incubator and will look very small. They may have tubes and monitors attached which allow the staff to help care for them. The incubator provides the babies with a warm environment, until they can maintain their own temperature. It also provides an environment which helps reduce the risk of infection. Neonatal care provides a specialised team of paediatricians and nurses who can give medical and feeding support to you and your babies. Staff will be happy to explain the equipment that they are using to care for your babies. For more information about what to expect on the neonatal unit, please ask for a copy of the *Bliss Parent Information Guide*.

Looking after yourselves is a priority. Try to eat regular meals as well as snacks, drink lots of fluid and take plenty of rest. This helps a mother's recovery and will assist with expressing or breastfeeding. It will also ensure you both have the energy required to manage your time on a neonatal unit.



Early bonding moment



## EMOTIONS

It is important to recognise that as new parents you will be dealing with complex emotions. Common feelings include joy, guilt, fear, worry, elation or sadness and sometimes no emotions at all. If you conceived your babies by fertility treatment this may remind you of the roller coaster of emotions you experienced. If you had a difficult pregnancy; you may just be relieved that the babies are here, and that they are getting the best care that they can. It can also be natural to have fluctuating emotions, to feel exhausted, elated or upset, or torn between older children and their newborn siblings. Remember to give yourself permission to express your feelings, whatever these may be and to make time to discuss these together.

“I have mixed memories about their time in the Neonatal Unit. I loved the good times - getting to hold them both and watching them grow. However, I still choke up when I think of how close we came to losing Lauren.”

## FORMING A RELATIONSHIP

One of the most commonly asked questions to Tamba's free phone helpline (Twinline 0800 138 0509) is "how will I be able to love two babies?" Indeed, many parents of single babies in neonatal care report having delayed bonding. Parents of twins report that they feel differently toward each baby; there is some evidence to indicate that mothers are biologically programmed to prefer the stronger, bigger twin. However, do not allow



A father performing care

yourself to be concerned, as these early differences usually resolve themselves. Given time your love for all your babies should develop and flourish.

All parents who have more than one child know the conflict created by differing needs, but as a parent of multiple babies you may initially wish you had more hands. There are many different ways of dealing with more than one baby at a time; for example staggering feeds and working together to manage the timings of care. There are more suggestions in the Tamba Guide, *Twins, Triplets and More – The First Year*. In time and through your experiences, you will start to find your own way.

## DEVELOPING FAMILY RELATIONSHIPS

It is important to find ways to help you to adjust to being a larger family. As soon as it is possible to do so, you may wish to have a family photograph with your new babies. Individual photos of the babies particularly of their small hands and feet are special. Try and create family time for cuddles, and skin contact. Celebrating a week of life can help create early family bonding memories.

You may like to encourage your twins to bond with one another at this early

stage. There is good evidence to show that twins grow and develop better when bedded together. If your babies are not together, leaving a photo of you and their co-sibling near their cot may help develop this early bond.

As new parents you will be dealing with the complex emotions involved with having a baby that needs neonatal care. Do try to make time for each other and talk about how you are both feeling. You should also try to make any parental decisions relating to your babies together, whenever possible. This ensures you are both involved in the care of the babies during their time in hospital, and this will help to create a stronger bond.



Photos to remember how small they start

## SIBLINGS

Over half of all multiples are born to parents who already have one or more children. Some neonatal units allow brothers and sisters to visit but others do not, in order to minimise the risk of infections being introduced. If your other children are able to visit they may find the neonatal unit alarming or frightening, so it is important to prepare them. The arrival of twins or more can trigger jealousy in older siblings, especially if you are spending all your time at the neonatal unit. It is important



Having your babies together will aid development

for both parents to try to put aside some time for your existing children. Books such as *'Princess Poppy and The Baby Twins'* written by Janey Louise Jones, or *'Big Sister Dora'* written by Steve Aitkins, may help siblings accept having new babies.

## SUPPORT

It is important to ask others for help as you need it, whether from neonatal staff or family. Asking family to help out with caring or comforting will assist them in developing a relationship with your babies. Family and friends can offer practical and emotional help during this difficult time which may be days, weeks or months.

It may also help to talk to people

“I spent hours looking from one incubator to the other and not knowing how to split myself. I called Twin line and the lady helped me to name all the difficult emotions I was feeling, especially how vulnerable and torn I felt.”





whose babies are going through a similar situation; your neonatal unit may have coffee meetings or support groups. Many other useful contacts and methods of support are found in the *Bliss Parent Information Guide* that you can obtain from your neonatal unit. You may like to talk to Tamba's Twinline (0800 138 0509) or Bliss's Family Support Helpline (0500 618 140). Both charities also provide useful online resources including websites, message boards and Facebook pages.

“I spoke to a breastfeeding midwife on day 4, who was really great. She told me not to worry about trying to feed Isla at this stage (I was expressing milk for her), but instead just focus on giving loads of cuddles and skin-to-skin, which is what I did. After that, it was like a huge weight was lifted, because at the end of the day Dad or the NNU nurses were able to give feeds if I wasn't there, but no one else could be her Mum!”



Family support

## FAMILY MEMBERS

Relatives can usually visit the neonatal unit, but this may be limited to only two people at a time. Grandparents, aunts, uncles and friends can be great recruits for assistance with childcare, lifts to the hospital and meals. At the same time, remember that as parents you need to focus on the health of you and your babies. Try not to become overwhelmed by any issues that may be affecting other people around you.

## SEPARATE BABIES

Sometimes one baby might be admitted to the neonatal unit, or transferred to

another, while the other baby or babies are able to stay in the maternity unit. It is perfectly natural in this situation to give your attention to the baby you are able to care for. This situation can create problems with visiting and establishing routines and it is normal to feel torn. The staff should be able to support you in juggling your babies' needs and provide the help you both need to bond with them. Consider alternating feeding times,



An early baby receiving care

splitting care between you as parents or asking family to visit babies on either ward. This will help you to spend time with your babies and allow others to be involved in their care.

## TRANSFER TO OTHER NEONATAL UNITS

To ensure your babies are cared for in the most appropriate place, it may sometimes be necessary to transfer you to a different hospital whilst you are pregnant, during labour or after delivery. This occurs if your local unit does not have spare cots, sufficient staff resources or cannot provide the level of care needed.

However, it is important for families to be fully informed of their rights and choices. Parents have the right to explore if the transfer is absolutely necessary or if there are any other options. In their recent *Toolkit for High Quality Neonatal Services*, the Department of Health (in England) states that: “providers should make every effort to keep a mother and her baby/ babies in the same hospital during their respective admissions.”

If you are concerned that you are being treated unreasonably then you might like to ask the local Patient Advisory



Care in the incubator

Liaison Service (PALS) to support you in expressing your concerns. Nevertheless, you should bear in mind that in certain circumstances, to refuse transfer could jeopardise your babies' wellbeing.

## CARE IN A NEONATAL UNIT

If your babies are in a neonatal unit, it is likely to be an emotional and stressful time. However, there can also be a positive side to it. As new parents you will have time to recover following the birth, and you will be able to learn the skills needed to care for your tiny babies. Healthcare staff will be there to help you cope with this new experience. At your own pace you can practise parenting skills such as holding, cuddling, nappy changes, dressing, bathing and feeding with your babies.

The earlier your babies are, the smaller and more fragile they will be. They are also more likely to need to stay in the neonatal unit for a longer period of time. Their prematurity can lead to an increased likelihood of complications such as neonatal jaundice, (often treated with a special blue light called phototherapy), or an infection, often treated with antibiotics.

Whatever the reasons for your



Babies receiving phototherapy

babies being in the neonatal unit, each will receive individual attention. They may need treatment for twin to twin transfusion, or be small (intrauterine growth restriction) or simply be premature. As parents you can discuss treatment and care, and be involved when the treatment plan is updated by the

“When I was pregnant I kind of expected that whatever happened it would be as a package and what happened to one would happen with the other - seems silly now!”

nurses and doctors. Do remember you are allowed to ask for updates at anytime and you should feel empowered to raise any specific areas of concern relating to each of your babies.

Neonatal units usually follow a basic formula for the care of babies which includes: keeping them warm, (often by using an incubator), monitoring them, ensuring their calorie intake, and if required, supporting their breathing. For

more information about how your baby or babies will be cared for in the neonatal ward, see section 4 of the *Bliss Parent Information Guide*.

When your babies can leave the incubator, skin-to-skin contact (often called kangaroo care) will help you all bond and your babies develop. This method involves placing the baby or babies lying naked, except for a nappy, against your chest. Skin-to-skin contact helps the baby control its temperature and breathing as well as helping regulate the heart. It has also been shown to increase growth rates. While your babies are in the neonatal unit you will need help with getting them in and out of this caring position. It may be better to work out how you can share kangaroo care time between both of you (one baby each) to promote bonding.

The *Bliss Parent Information Guide* includes some further suggestions on how to bond with babies in the neonatal unit. Further information on touching your babies when they are still in the incubator and kangaroo care is available through the Bliss website.

Before you take them home, most babies will have established a feeding regime. Having such a regime will ensure that there is time between feeds for you and your partner to do other tasks or get some rest.



A transfer incubator



Skin-to-skin contact



# FEEDING YOUR BABIES

## LEARNING TO FEED

Preterm babies may not have developed the ability to suck, so may need to be fed via a special tube. As the babies develop the ability to suck, the volume of milk given via a tube will be gradually reduced. Initially, most mothers start with feeding one baby at a time; this is generally easier as it allows time to learn, and gives one-to-one time with each baby.

When feeding multiples, it is important for mums to get help from the neonatal nurses as well as dad and then later family and friends, so they can help position the babies, wind, change nappies and give cuddles.



Babies with naso-gastric feeding tubes

## SIMULTANEOUS OR TANDEM FEEDING

Most feeding positions for more than one baby involve being supported by pillows. Some mothers find a hard pillow that ties at the back or a sling an advantage. It can be a little daunting at first to hold two babies at once, but staff in the neonatal unit will help with this. Try the positions pictured below to find one that suits you and your babies.

## STAGGERED FEEDING

Some parents prefer to time feeds so that they are staggered by a few minutes, waking the less hungry twin after feeding the first. This can allow more individualised attention for each baby and the other baby can be rocked or comforted, if awake.

## BREASTFEEDING AND EXPRESSING

Breastfeeding has many advantages for babies, but especially those on the neonatal unit. For very premature or small babies, breast milk is particularly valuable as it boosts the baby's immune system. It also helps to protect against gastroenteritis and chest infections, as well as supplying the correct mix of fat, protein, carbohydrate, vitamins and minerals. However, in some circumstances, preterm formula may be needed and the staff in the neonatal unit will advise you on this.

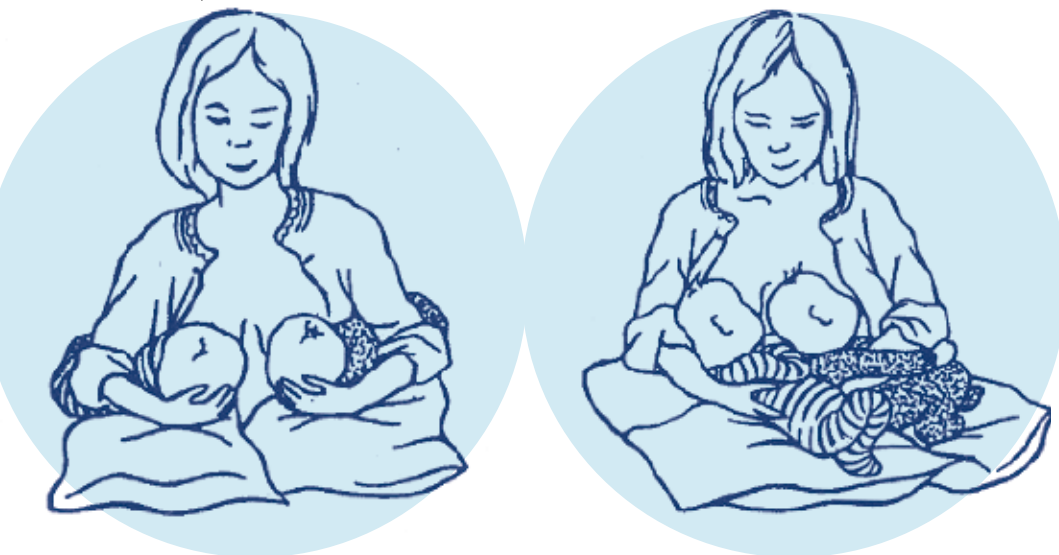
As a mother expecting more than one

baby, you may like to discuss antenatal milk expression which is done by hand. These small quantities of colostrum or early breast milk can then be stored to use in the first few days so helping to avoid the use of formula milk. Mothers will find hand expressing the colostrum to be more successful than using an electric pump. As lactation establishes, it is advisable to express with a breast pump at least 8 times in 24 hours, to establish your milk supply. Staff will advise you on how to do this.

## BREASTFEEDING MORE THAN TWO

If you have triplets or more, it is still possible for you to breastfeed your babies, but coordination and timing becomes more important. Most mothers of triplets will use a routine and a rota system, feeding one separately after the other two. With quads, this system will be based on the first two babies followed by the last two.

Graphics reproduced with kind permission from The Multiple Births Foundation



The breast is capable of producing milk on a demand and supply basis, so it can be possible for mothers to feed as many babies as they produce. Guides for feeding multiples are available from Tamba and the Multiple Births Foundation at [www.multiplebirths.org.uk](http://www.multiplebirths.org.uk).



Feeding triplets becomes a matter of timing

## BOTTLE FEEDING

Some hospitals have received, or are working towards, the World Health Organisation (WHO) Baby Friendly award for supporting breastfeeding. To be successful in achieving this award, health professionals must ensure that all pregnant women have information about breastfeeding to enable them to make a



Simultaneous or tandem bottle feeding

choice. If you choose to formula feed your babies it is a requirement of Baby Friendly that you are taught how to do this safely. Some hospitals with the award may ask you to bring in your chosen formula, but will supply you with sterile bottles and teats. If you choose to bottle feed you may still find it comfortable to tandem feed in the positions shown or to use the feeding patterns described.



One-to-one attention at home

## ROUTINES AND ON-GOING FEEDING

However you feed your babies, most babies will have an established feeding routine when they leave the neonatal unit, which you may choose to follow at home.

You may like to discuss with your paediatricians, neonatal support nurse or health visitor what routine would work best for you and your babies, remember this will change as they grow and develop. More guidance on how to feed your babies can be provided by a health visitor, a breast feeding counsellor, the National Childbirth Trust (NCT), La Leche League, Tamba, Bliss or the Multiple Births Foundation.





# GOING HOME

## MOTHERS GOING HOME

Mothers are often ready to be discharged home before their babies. This means that daily visits to hospital will become the routine, sometimes for an extended period of time depending on the gestation of your babies. This can be very tiring for both parents and it may help to enlist the support of friends and family. Some parents find a rota system helps stagger visiting and aids transport to and from the hospital. This will be particularly helpful if your baby or babies remain in hospital for several weeks or even months.

## GOING HOME WITH ONE BABY

It is quite common for one baby to be ready to go home from the hospital before the other/s. This can be a confusing time for parents of multiples as it can be traumatic to leave a baby behind. It is crucial for you to continue bonding with the babies or baby that remains in hospital; this is best achieved by skin-to-skin contact when you are visiting. You may like to leave a photo near the baby's cot, and also take one home for the remaining

family members. It can sometimes feel like favouritism to be spending time with the baby at home, but it's important to remember that you will soon be able to have your babies together again. Treating twins and multiples as individuals is good for their long term development.

## BEREAVEMENT

Unfortunately twins or multiple birth babies have a statistically higher chance of not surviving. Parents of multiples can find themselves in a state of emotional conflict, particularly as they may sadly lose just one of their babies. Their feelings of bereavement may be combined with feelings of joy and responsibility for the surviving baby or babies. Tamba have a guide for parents who have lost a baby. Additionally, they offer a befriending service and a support group. Details of these are available at [www.tamba.org.uk/bsg](http://www.tamba.org.uk/bsg)

## PLANNING YOUR DISCHARGE

Most parents feel a little anxious when taking multiple babies home for the first time. This is especially true when one or more have been in neonatal care for an extended period or if you have gone

home prior to your babies. Twins and triplets are often ready to be discharged at different times. However, if this gap is likely to be fairly close then the hospital may be able to keep them together. If there is a large gap in their progress then this may not be possible.

## PREPARING TO GO

Neonatal staff will be available to assist parents through this stage. Many neonatal units have special rooms where you can both stay overnight with your babies. This helps to prepare you for your return home by building confidence in your ability to care for your babies without assistance. Bliss has produced a special information pack that should be available from your neonatal unit (or via the Bliss website). This contains the booklet *Going Home, The Next Big Step* as well as a range of general information about the transition from hospital to home. If you have any concerns once you are at home, you should contact the neonatal unit, your health visitor or general practitioner for advice. For a list of practical ideas including clothing and items for the home, see Tamba's *Healthy Multiple Pregnancy Guide* or find the copy online via the Tamba website.

## SLEEP TIME AND SAFE SLEEPING

Current advice suggests it may be best to keep the babies in your room with you both for the first six months. Many multiples share a cot initially and research does suggest that these babies tend to develop similar sleeping patterns, not waking any more often than babies who sleep apart.



Twins co-sleeping use separate blankets

This research also suggests that cot-sharing twins have not been linked to an increased risk of cot death or SIDS (sudden infant death syndrome). Current government advice for cot death prevention suggests that you should not let your babies get too hot (the ideal room temperature being 16-20 degrees celsius). Babies should sleep on their backs, with their feet to a firm base to stop them wriggling under covers, covered with separate blankets. Most newborn twins/triplets/multiples start off by sleeping side by side at the foot of the cot. As the babies get larger they may stay in this position or sleep head to head. These both comply with the 'feet to the foot of the cot' recommendation aimed at reducing sudden infant death syndrome.

Research by Dr Helen Ball found that



Car safety when going home

“Annie was discharged when she was 10 days old. We had been rushing around two hospitals trying to be with our new babies. In fact Annie had come home so that Gemma could be brought back from Great Ormond Street to our local SCBU. Although it wouldn't seem ideal to take multiples home at separate times, I have to say that in some ways it was helpful. As these were our first babies, it meant that we were able to learn and adapt to one at a time, which after all we had been through was no bad thing!”

sleeping together side-by-side or head-to-head is no more risky for twin babies than sleeping apart. More advice on safe sleeping can be found in the Bliss/FSID Back to sleep leaflet and at [www.fsid.org.uk](http://www.fsid.org.uk).

## EMOTIONS

It can be very emotional having multiple babies especially when one or more have spent time on a neonatal unit. Mothers of multiples, and those with experience of neonatal care or who have had the sad loss of a baby or babies, are more likely to experience postnatal depression. This may start to develop in the period following the birth or return home, although it can often take time to surface.

If either of you are troubled by your feelings or are having negative thoughts, please talk to your midwife, general practitioner or your health visitor. It's important to find someone who will listen and help you manage your emotions.

## SUPPORT

Do access support to help you care for your babies, for example family, friends, Home-Start, or paid support. (see below).

## ONGOING CARE

The follow up of your babies will depend on their physical health at the time of discharge from hospital. Babies with medical conditions may be referred

“Mums don't have to do this all on their own, and there are so many chores to do (e.g. washing, sterilizing, making up of feeds) that you can leave yourself very short of time to actually enjoy the babies.”

### Family Support

- Parents
- Siblings
- Cousins
- Friends
- Neighbours

### Social support

- Tamba, twins clubs
- Multiple Births Foundation
- Mothers groups
- Hospital support groups
- Bliss local support groups
- Feeding support groups
- Church or voluntary groups
- Web based groups
- Help lines

### Professional support

- Community midwife
- Health visitor
- School nurse
- General practitioner (GP)
- Social worker
- Sure Start

### Paid support if funds allow

- Domestic cleaner
- Maternity nurse or a doula
- Nanny or an Au pair
- Babysitter
- Nursery (for your older children)





to specialist units for ongoing care or surgery. If your babies are very small, they will continue to be monitored by a specialist nurse, hospital consultant, health visitor and/or a dietician.

Many parents of twins or multiples will look back upon the time when their babies were in the neonatal unit with mixed feelings, remembering the emotional ups and downs that happened on a daily basis. But parents are also appreciative of the experienced health professionals that helped them feel reassured and confident.



Two years on

“Two years on, the girls are happy little beings, with lots of energy and no obvious signs that they arrived 10 weeks prematurely. We owe so much to the doctors and nurses. Without the support and information provided to us by the staff there, we would have lived in fear.”



Time to rest

Information on caring for your babies is available from both Tamba and Bliss. Additionally Tamba offer parent development courses, which focus on the positive aspects of parenting.



Bliss - the special care baby charity  
T: 020 7378 1122  
E: [enquiries@bliss.org.uk](mailto:enquiries@bliss.org.uk)  
Family Support Helpline:  
Freephone 0500 618 140  
[www.bliss.org.uk](http://www.bliss.org.uk)  
Registered charity no. 1002973  
Scottish registered charity SC040878



Twins and Multiple Births Association  
(Tamba)  
T: 01483 304442  
Twinline (Helpline) 0800 138 0509  
[www.tamba.org.uk](http://www.tamba.org.uk)  
Registered charity no. 1076478  
Scottish registered charity SC041055  
Company No. 3688825

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## MOVEMENT & SOUND BABY MONITOR

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## REFERENCES AND OTHER INFORMATION

All references and relevant organisations are available on the web-based version of this document.

## GLOSSARY

You might hear different terms for the ward where your babies will be cared for. Throughout this document we have used the term neonatal unit to apply to all types of unit where your sick or premature babies may be. These are categorised as follows:

### LEVEL 1 UNITS

Aim to provide care for babies aged 28 weeks gestation and above and not requiring intensive care. These units are also sometimes called Special Care Baby Units, SCBUs, Special Care Units and SCUs.

### LEVEL 2 UNITS

Aim to provide care for babies aged 26-28 weeks gestation and above (depending on local guidelines), including provision of ventilation support. These units are also sometimes called Local Neonatal Unit, LNU and High Dependency Units.

### LEVEL 3 UNITS

Aim to provide care for babies aged 24 weeks gestation and above and those requiring specialist surgery. These units are also sometimes called Neonatal Intensive Care Units, NICUs and Tertiary Centres.





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