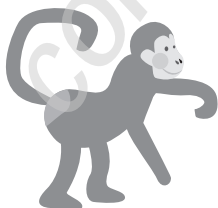


CHAPTER 1



Pregnancy





#1: Congratulate Yourself and Celebrate!

My eyes stared at the black-and-white image on the screen. Seven weeks pregnant and spotting, I held my breath as my obstetrician performed a fetal ultrasound to look for signs of life. I knew the statistics: if she found a heartbeat, the chances of survival for the baby would be over 90 percent.

As the ultrasound probe scanned my uterus, a flickering heart popped up on the screen. “Congratulations!” she said. “You are definitely pregnant, and it looks like the baby is doing fine.” Tears welled in my eyes as I looked at my healthy baby.

Just then we saw a whitish mass. “This could be a little blood clot,” she said. Just as soon as she said that, we both gasped. Indeed, the mass was not a clot at all! There on the screen was a flickering heart—another flickering heart. Two hearts. Two babies. Twins!

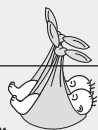
“The moment.” Every mother of twins has it. It is the instant when you discover that you are pregnant with twins. You find yourself momentarily speechless. You feel shocked by the news, joyful that you are going to have twins, and fearful of the unknown. You will never forget this life-changing event.

If you have just recently learned that you are expecting twins, I want to be one of the first to welcome you to the world of multiples! You have every reason to be proud and to congratulate yourself. Every year, approximately one in sixty birthing mothers find themselves blessed with twins, and you will soon be one of them.

A wonderful journey lies ahead. Having twins means hard work during pregnancy and after. But the rewards outweigh the

TWIN FACTS *What's in a Name?*

The word *twin* comes from the Old English word *getwinn*, which means “twin,” “two by two,” or “double.”



investment. You will experience not only double the work but also double the joy. Imagine twice the number of hugs and kisses, twice the smiles and laughter!

You can look forward to twin memories that only parents of multiples have the opportunity to experience: the first time your twins smile at each other, the first time they talk to one another, the first time both babies plant you with a kiss. These precious moments await you.

When I found out I was pregnant with twins, I was so thrilled and excited, I couldn't stop shaking for days. At the same time, part of me was shaking because I had no idea what future lay ahead. I'm writing this book to tell you that a wonderful journey awaits you. Congratulate yourself and celebrate!



#2: Remember You Are Not Alone

My hands quivered as I dialed the number to my husband's office. Since we already had one child, I had discouraged my spouse from coming to the obstetrician with me, thinking this would be a routine visit. When he picked up the phone, I blurted out, “There are two!”

“Two of what?” he asked.

“Babies. There are two babies!”

TWIN FACTS *Twins Go Hollywood*

Consider yourself a star! Twins seem to be en vogue among celebrities these days. On November 28, 2004, actress Julia Roberts kicked off a new celebrity trend with the birth of boy-girl twins, Phinnaeus Walter and Hazel Patricia. Now check out this list of recent celebrity parents of twins:

- ✦ Joan Lunden (broadcaster) and Jeff Konigsberg; parents to boy-girl twins, Jack Andrew and Kimberly Elise, born March 1, 2005. This is Lunden's second set of twins. Her first set, boy-girl twins Max and Kate, were born June 10, 2003.
- ✦ Melissa Etheridge (singer-songwriter) and Tammy Lynn Michaels (actress); parents to boy-girl twins, Miller Steven and Johnnie Rose, born October 17, 2006.
- ✦ Elvis Costello (singer-songwriter) and Diana Krall (singer); parents to twin boys, Dexter Henry Lorcan and Frank Harlan James, born December 6, 2006.
- ✦ Sean "P. Diddy" Combs (record producer, actor, rapper) and Kimberly Porter; parents to twin girls, D'Lila Star and Jessie James, born December 21, 2006.
- ✦ Patrick Dempsey (actor) and Jillian Fink Dempsey; parents to twin boys, Darby Galen and Sullivan Patrick, born February 1, 2007.
- ✦ Marcia Cross (actress) and Tom Mahoney; parents to twin girls, Eden and Savannah, born February 20, 2007.

- ✦ Mia Hamm (soccer player) and Nomar Garciaparra (baseball player); parents to twin girls, Grace Isabella and Ava Caroline, born March 28, 2007.
- ✦ Garcelle Beauvais-Nilon (actress) and Mike Nilon; parents to twin boys, Jax Joseph and Jaid Thomas, born October 18, 2007.
- ✦ Nancy Grace (talk show host) and David Linch; parents to boy-girl twins, John David and Lucy Elizabeth, born November 4, 2007.
- ✦ Dennis Quaid (actor) and Kimberly Quaid; parents to boy-girl twins, Thomas Boone and Zoe Grace, born November 8, 2007.
- ✦ Jennifer Lopez (actress, singer-songwriter) and Marc Anthony (singer); parents to boy-girl twins, Max and Emme, born February 22, 2008.

Dazed, he asked, “You mean we’re having twins?”

The image of the two hearts flashed before me. Two tiny bodies sharing one placenta. “Yes, twins,” I said trembling. “Identical twins.”

Twin shock—a commonly used term in the world of multiples to describe the body-numbing, speechless state of bewilderment that accompanies the news or reality of having twins. If you are like me, twin shock can hit the moment you find out you are pregnant with twins. For others, twin shock most powerfully strikes shortly after the birth of twins, when parents assume full care of two active newborn babies. Regardless of when twin shock hits, it’s a completely normal phase in parenting multiples.

TWIN FACTS *Your Chances of Having Twins*

So what are your chances of having twins?

- ♦ Three percent, or one out of every thirty-three births, for women under thirty-five years of age.
- ♦ About 6 percent, or one in eighteen births, for women over thirty-five years old.
- ♦ Twenty percent, or one in five births, for women forty-five to forty-nine years of age.
- ♦ For women ages fifty to fifty-four, one of every two births will be a multiple delivery. In other words, these women have a 50 percent chance of having twins, triplets, or more!

Most families at this stage are ecstatic about having twins. At the same time, they may have some questions about raising two babies at once. You may have fears or concerns about your pregnancy and potential complications. You may wonder how you are going to physically or financially care for twins.

You are not alone! In fact, you are among a rapidly growing population of parents. The number of twin births in the United States is at an all-time high. Twins now comprise one in thirty-one births, totaling more than 130,000 births a year. Nationally, the number of twin births has increased by 70 percent over the past two decades, and the number of triplets and higher has increased by an astounding 300 percent! What is more,

this remarkable upward trend in multiple births is expected to continue.

One major reason for the increase in twin births is that women are having children later than they used to. Older women are more likely to have twins when they become pregnant because they naturally are prone to releasing more than one egg each month. Older women are also more likely to use fertility-enhancing treatments, the single most influential factor in increasing the twinning rate over the past two decades.

One of the most rewarding things about being a parent to twins is the camaraderie among twin families. I recommend that every parent of multiples seek out a few other families of multiples for friendship and support as soon as possible. Time with other twin parents allows you to share in the joy of parenting twins, gives you a sense of pride in your achievements, and offers you priceless advice when you most need it.

TWIN FACTS *Got Yams?*

Nigeria boasts the world's highest spontaneous twinning rate, at about one in twenty-two births. The secret behind this high multiple birth rate may lie partly in yams, a staple of the rural Nigerian diet. Experts theorize that yams, which contain natural hormone-like substances, may increase the chances of a twin conception by stimulating a woman's ovaries to release more than one egg at a time.



TWIN FACTS *Oldest Twin Mother*

The oldest woman to give birth to surviving twins is from Spain. In 2006, the unidentified Spanish mother gave birth to twins at sixty-seven years of age!



If you don't know anyone with twins, contact your local mothers of multiples chapter or the National Organization of Mothers of Twins Clubs. The National Organization of Mothers of Twins Clubs has over twenty-five thousand members and over 450 local clubs. If there are no twin families nearby, there are great online communities that you can join. Some are listed in the Resources section at the end of this book.

Entering into the world of multiples is like joining a band of sisters. Mothers of multiples care about each other and want others to succeed. They openly provide support, wisdom, understanding, and advice to each other. You are in for a wonderful journey, and there are many sisters who will join you on your way. You're in great company!

TWIN FACTS *Twins Marrying Other Twins*

If a set of identical twins marries another set of identical twins, their children will be full siblings genetically, even though legally, they are cousins.





#3: Don't Worry About All the Horror Stories

During my pregnancy with twins, I heard many tragic stories of twin miscarriages, twins who died after birth, and twins who suffered severe disabilities.

The problem with many of these stories was the lack of details. It's easy to become overly worried if you focus on all the horror stories and then apply them to your own situation without knowing the details.

Parents of multiples may also worry when they read certain twin statistics in books, articles, or Internet resources. Certainly

TWIN FACTS *Smallest Surviving Twin Babies*

Rumaisa Rahman, a twin, holds the record for being the smallest surviving baby, with a birth weight of merely 8.6 ounces—barely over half a pound! Born in Chicago at Loyola University Medical Center on September 19, 2004, Rumaisa was only twenty-five weeks, six days old at the time of birth. Her fraternal twin sister, Hiba, was 1 pound 4 ounces at birth.



Courtney and Chloe Smith made history by having the lightest combined birth weight of twins when they were born on March 1, 2000, in Louisiana. At birth, their combined weight was only 1 pound 8.5 ounces. Courtney weighed a mere 12 ounces and Chloe weighed 12.5 ounces.

statistics are facts, but it's important to remember that medical statistics on death and disease often represent a broad range of circumstances and do not necessarily apply to your specific situation.

Pregnancy with twins does carry a greater risk of complications. Yet staying positive has both emotional and physical benefits. Psychological stress and anxiety can cause the release of stress-related hormones, which can stimulate uterine contractions and place mothers at risk for preterm labor. An optimistic, positive perspective results in happier mothers and healthier babies.

Modern medicine has not only produced more twins but also resulted in more favorable outcomes for twins. The next time an unnerving twin story has you shuddering, here are some inspiring facts to focus on instead:

- ♦ There are more twins born now than ever before. This means that health providers have more experience in caring for twins than at any other time in history.
- ♦ Over 95 percent of twins with birth weights 1,500 grams (about 3 pounds 5 ounces) or more will survive.
- ♦ Over 95 percent of twins born twenty-eight weeks or more will survive.
- ♦ Over 80 percent of twins born after twenty-eight weeks will have no major newborn complications.
- ♦ The vast majority of twins born over 1,500 grams (3 pounds 5 ounces) will suffer no major disabilities.
- ♦ The youngest baby ever to survive was only twenty-one weeks, six days at birth.
- ♦ The smallest baby to ever survive was only 8.6 ounces at birth.



#4: Find Out If Your Twins Are Identical or Fraternal

In a 1998 reported medical case, a pair of twin brothers were diagnosed by physical characteristics as fraternal. When the one twin subsequently needed a kidney transplant, his brother happily donated a kidney. Because their DNA was thought to be different, the recipient twin took immunosuppressive medications to prevent his body from rejecting his brother's kidney.

Imagine their surprise when DNA testing fifteen years later proved the twins were identical. After years of taking powerful, immunosuppressive drugs with the assumption that their genetic composition was different, the recipient twin was able to stop all medications.

This story illustrates the importance of knowing whether twins are identical or fraternal early in life, if not prenatally. Because identical twins have similar genetic material, they are the ideal donors for each other in medical circumstances requiring blood transfusions or organ transplants. Similarly, genetic diseases that might manifest in one identical twin require consideration for testing in the other.

Most parents want to find out if their twins are identical or fraternal. Doctors, however, have traditionally been hesitant to distinguish identical from fraternal twins because of the potential for inaccurate diagnosis before and even after birth.

Dramatic improvements in ultrasound resolution and technique now allow increasing reliability in the prenatal classification of twins. Several features that can show up on ultrasound can be used to predict if twins are identical or fraternal:

TWIN FACTS *Differences Between Identical and Fraternal Twins*



Identical Twins

- ✦ Also called monozygotic twins
- ✦ Form when one egg and one sperm join and then split into two
- ✦ Have matching DNA (the same genetic fingerprints)
- ✦ Typically look similar, but not always
- ✦ Always share the same gender
- ✦ Occur in 1 in 250 births and comprise 30 percent of all twin pregnancies

Fraternal Twins

- ✦ Also called dizygotic twins
- ✦ Come from two different eggs fertilized by two different sperm
- ✦ May theoretically be conceived at different times (and even from different fathers!)
- ✦ Do not have identical DNA
- ✦ May or may not look alike
- ✦ May be different genders
- ✦ Occur in about 1 in 30 births and comprise 70 percent of twin pregnancies

Rarer kinds of twinning can occur. Mutations in a baby's DNA after fertilization and other rare events may lead to more unusual variations in twinning. However, the vast majority of twins are either identical or fraternal as described in this book. In triplets and other high-order multiples, a combination of identical and fraternal twinning may occur.

- *A shared placenta.* Twins who functionally share a placenta are almost always identical. Features of the dividing membrane (membrane separating the babies) and evidence of connecting blood flow between the babies help determine if there is a shared a placenta. In the first trimester, doctors can tell with close to 100 percent certainty whether twins share a placenta by examining the dividing membrane. This accuracy decreases as the pregnancy progresses, however.
- *A shared fluid sac.* If twins share a common fluid sac (amnion), they are identical twins. After eight weeks of gestation, it is possible to determine if there is a separating membrane between the two babies or if they share a fluid sac.
- *The sex of the babies.* If twins are of the opposite sex, they are invariably fraternal twins.

After birth, examination of the placenta can help distinguish between identical and fraternal twins by confirming whether there was a shared placenta or fluid sac.

Even with prenatal ultrasound and laboratory examination of the placenta, roughly 25 percent of identical twins will still be missed because they have separate placentas like those found in all fraternal twins. Physical features may help distinguish identical from fraternal twins, but are known to be unreliable because identical twins may actually appear different and same-sex fraternal twins may look very much alike.

The most definitive way to determine if twins are identical or fraternal is to perform DNA testing, often referred to as *twin zygosity testing*. Identical twins have similar DNA and fraternal twins have different DNA. DNA testing compares two babies' DNA to determine if they match.

TWIN FACTS *Looks Can Be Deceiving*



Most people assume that the world's most famous twins, Mary-Kate and Ashley Olsen, are identical twins because they look so much alike. They are actually fraternal twins.

Although DNA testing can be performed on babies prior to birth, the risks associated with prenatal testing preclude this test from being done unless the babies' cells are collected for other reasons. Prenatal testing is also not as accurate as testing after birth because of the potential for sampling errors.

After birth, DNA testing is quite easy. The babies' cheek cells are collected for testing by rubbing a brush or swab inside their mouths. This is a painless procedure, but it can be fairly expensive (currently around \$150 or more). Experts agree that

TWIN FACTS *Twins from Different Birth Mothers*



We typically think of twins sharing the same womb. But that is no longer always the case! I know of at least two sets of twins who were born by different mothers. How can that be? The embryos of a single couple were implanted at the same time into their biological mother and a surrogate mother. To the parents' delight, both babies survived, resulting in twins in different wombs. Technology continues to adjust our definition of "twins."

testing cheek cells is superior to testing blood cells because blood from twins can have mixtures of their DNA. The accuracy of DNA testing has been reported to approach 100 percent.



#5: Take Steps Early to Know If Your Twins Share a Placenta

Twins who functionally share a placenta are called *monochorionic twins*. The most important reason to know if your babies share a placenta is that these twins require special medical attention. Yet a shocking survey of practicing obstetricians showed that many lacked adequate knowledge about the risks and management of these twins. Because of this knowledge gap, some physicians treat all twins in the same way. This is an inadvertent but dangerous practice that parents must watch out for in order to secure the best medical care possible for their twins.

Ask your doctor right away if your twins functionally share a placenta. The sooner your doctor looks for this on ultrasound, the more accurate the answer will be. If your twins share a placenta, this tip was written just for you.

The Special Risks of a Shared Placenta

One of the most important reasons you and your doctor should find out if your twins functionally share a placenta is the risk of *twin-to-twin transfusion syndrome (TTTS)*.

Twins who share a placenta commonly have blood vessel connections between them, and these connections typically retain a reasonable balance of blood flow to and from each twin. However, in TTTS, the blood flow between the twins becomes

imbalanced. The placenta sends too much blood to one baby and too little to the other. One twin can become overloaded with blood while the other becomes anemic. TTTS is a dangerous situation that requires close monitoring and treatment.

Babies who share a placenta have a 15 percent risk of TTTS. Left undetected and untreated, the risk of death for one or both twins can be as high as 100 percent.

Reducing Your Babies' Risk of Twin-to-Twin Transfusion Syndrome Complications

The good news is that the majority of babies will never have TTTS. Even better news is that with close monitoring and modern treatments, babies with this condition have a better chance of survival than ever before.

To reduce your risk, many obstetricians recommend the following for all twins who share a placenta:

- ♦ Involvement of a maternal-fetal specialist
- ♦ Ultrasound in the first trimester
- ♦ Ultrasounds every one to three weeks beginning in the second trimester (the TTTS Foundation recommends weekly ultrasounds from 16 weeks of gestation onward)
- ♦ More frequent ultrasounds if there are abnormalities suggestive of TTTS
- ♦ Maternal self-monitoring for signs of TTTS

If your babies are diagnosed with TTTS, contact the TTTS Foundation right away (www.tttsfoundation.org). The foundation not only dispenses valuable information to families but

also provides financial assistance to those in need. Many healthy babies have resulted from the support of the TTTS Foundation.

Other Risks of a Shared Placenta

The placenta can be likened to the refrigerator in a home: it supplies all the food that a baby needs for growth and survival. A shared food supply means an increased risk for various complications, such as:

- *Intrauterine growth retardation (IUGR).* This term denotes poor growth in unborn babies. When two babies share a “refrigerator” with a limited food supply, they are at risk of not growing as well as babies with their own exclusive food supply.
- *Discordant growth.* When twins share a placenta, their umbilical cords can connect to the placenta unequally. This can result in one baby having more access to the shared “refrigerator” and growing bigger than the other. When the weight difference between the babies reaches 20 to 25 percent, they are considered to have significant discordant growth. These twins need close monitoring to ensure the smaller baby does not fail to grow due to insufficient access to nutrients.
- *Preterm birth.* Twins with a shared placenta are more likely to be born prematurely than twins with their own placentas. TTTS and poor growth are two factors that contribute to the increased risk of preterm delivery in twins who share a placenta.

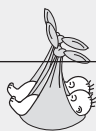
- ♦ *Monoamniotic twinning.* Some babies who share a placenta are also enclosed in the same fluid sac (monoamniotic). These babies share not only the same “refrigerator” but also the same living space. Because there is no membrane to separate them, their umbilical cords can become tightly entangled, cutting off blood flow to one or both babies. These babies require strict medical surveillance and often early delivery to prevent complications.

If your twins share a placenta, you and your doctor will need to closely monitor for the presence or development of any of these potential problems. Prompt diagnosis and intervention have been shown to have a positive effect on the health of babies affected by these complications.

The Power of Knowledge

The information in this tip can seem scary at first; but rather than let it worry you, use it to empower you. Remember, the majority of babies who share a placenta never experience any major problems. Nevertheless, understanding the potential risks of a shared placenta permits parents to assist in the early detection and treatment of any complications that may arise. By reading this tip, you have already given your twins the significant health advantage of an informed parent.

TWIN FACTS *Signs of Twin-to-Twin Transfusion Syndrome*



Every parent with twins who share a placenta should know the ultrasound features that screen for TTTS. You should ask your doctor about the presence or absence of these features at every ultrasound visit:

- *Deepest pocket of amniotic fluid around each baby.* The normal amount is 3 to 8 centimeters. If the pocket of fluid is more or less than this range, it may be a sign of TTTS.
- *Weights of the babies.* If babies have more than a 20 to 25 percent weight difference, they require close monitoring.
- *Bladder size.* Marked differences in bladder size or the inability to see one twin's bladder may be a sign of TTTS.
- *Signs of body swelling or heart thickening.* These may be signs that one twin is getting too much blood flow.

Between ultrasounds, look vigilantly for signs of TTTS. Call your doctor immediately if you experience any of the following possible symptoms of TTTS:

- There is a sudden increase in weight gain.
- Your abdomen feels suddenly tight and uncomfortably stretched.
- The movement of one or both babies seems less than normal.
- Your hands or feet swell early in pregnancy.
- You feel contractions before your due date.



#6: Get the Results of Every Test You Undergo

Physicians consider pregnancy with multiples a high-risk pregnancy. To prevent complications from going unchecked, mothers of multiples typically undergo many more appointments and tests than mothers pregnant with singletons.

Unfortunately, many pregnant women have no idea what tests are performed on them, much less the results. Physicians do not always tell mothers about test results unless something appears abnormal.

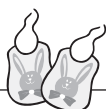
In a twin pregnancy, some tests routinely performed on single babies have little proven interpretative value in twin pregnancies. Also, there are tests that should commonly be carried out in a twin pregnancy that are not necessary in a normal singleton pregnancy.

It's important to ask your doctor about your test results for the following reasons:

- ♦ *Knowing the results of your tests makes you a better patient.*
You will be able to tell physicians, especially in an emergency (before the medical records arrive), if you had any abnormal test results during your pregnancy.
- ♦ *Knowing the results of your tests can give you reassurance.*
Some test results that could be interpreted as abnormal in singletons can be completely normal in twins.

- *Knowing the results of your tests makes you an active participant in your twins' care.* If you know what tests have and should be performed, you can ensure that such tests are completed during your pregnancy.

The next time your blood is drawn, your cervix is swabbed, or your abdomen is covered with blue ultrasound gel, remember to ask your doctors what they are looking for and be sure to write down every result.



Twin Story

Abnormal Second-Trimester Screen

With Faith and Hope, I was shocked when my second trimester screen for Down syndrome came back abnormal. However, knowing that routine screening blood tests for Down syndrome can have unreliable results in twins helped me decide against further, more invasive testing with amniocentesis. The thought of a needle being inserted into their fluid sacs and the increased risk for miscarriage associated with the procedure just didn't sit well with me. Faith and Hope do not have Down syndrome, and I'm glad that I did not expose them to any added risk.

TWIN FACTS *The Twin Factor in Prenatal Tests for Chromosomal Abnormalities*



Routine tests for chromosomal abnormalities such as Down syndrome do not always have the same predictive value in twins, and sometimes they carry more risks.

Test	What Is It?	Trimester Tested	The Twin Difference
Nuchal translucency	Ultrasound measurement of fluid behind the neck of the fetus. Increased fluid may be a sign of Down syndrome or other chromosomal abnormalities. Best noninvasive screen for chromosomal abnormalities in twins.	First trimester: between 11 and 14 weeks.	In twins who share a placenta, an abnormal test may be due to early TTTS rather than chromosomal abnormalities. Either way, close monitoring is needed.
First-trimester biochemical markers screen	Test that measures specific pregnancy-related substances in the blood. Abnormal levels can be seen in babies with chromosomal abnormalities.	First	Mostly used in twins in combination with the nuchal translucency test. Not as reliable when used alone.

Test	What Is It?	Trimester Tested	The Twin Difference
Chorionic villous sampling	Testing of a piece of the placenta to directly look at a baby's chromosomes.	First	Risk of cross-contamination (other twin's cells contaminate the specimen) or duplication (same twin tested twice).
Quad test	Blood test to screen for spinal defects, abdominal wall defects, and chromosomal abnormalities.	Second	Difficult to interpret in twins. Some medical centers no longer perform this test in twins.
Amniocentesis	Testing of amniotic fluid (fluid around the babies) to look directly at a baby's chromosomes.	Second	Each twin's fluid sac needs to be tested. Greater risk for contamination, duplicate sampling, and miscarriage than with singletons.
Second-trimester ultrasound	Screens for major birth defects. Certain findings, such as a heart defect, increase the likelihood that a baby has a chromosomal abnormality such as Down syndrome	Second	Can sometimes be technically more difficult with two babies.

TWIN FACTS *Routine Tests Performed During Most Pregnancies*



Test	What Is It?	Trimester Performed
Blood type and antibody screen	Blood test to determine your blood type and screen for your body's potential to inadvertently attack your baby's blood cells.	First
Hemoglobin	Blood test for anemia.	First; may be tested more often with twins due to a higher risk of anemia.
Hepatitis B surface antigen	Blood test for infection with hepatitis B virus.	First
Rapid plasma reagin (RPR)	Blood test for infection with syphilis.	First
Rubella antibody	Blood test to see if you are immune to German measles.	First
HIV antibody	Blood test to see if you are infected with human immunodeficiency virus.	First

Pregnancy

Test	What Is It?	Trimester Performed
Urinalysis	Urine test to screen for a variety of conditions, including diabetes, infection, and preeclampsia (a serious condition characterized by high blood pressure and protein in the urine).	Typically done at every office visit.
Pap smear	Swab of the cervix to check for cervical cancer.	First
Chlamydia and gonorrhea testing	Swab of the cervix to test for infection with chlamydia and gonorrhea (sexually transmitted diseases).	First; this test is routine in many but not all centers.
Quad test	Blood test to screen for spinal defects, abdominal wall defects, and chromosomal abnormalities.	Second
Urine culture	Urine test to screen for infection.	Second
Ultrasound	Ultrasound examination to look for major birth defects.	
Glucose tolerance test	Blood test to check for gestational diabetes (pregnancy-associated high blood sugar).	Third
GBS screen	Vaginal sample to screen for infection with Group B streptococcus.	Third

TWIN FACTS *Nonroutine Tests That May Be Performed with Twins*



Twin pregnancies require careful monitoring and often require special tests that are not routine in singleton pregnancies.

Test	What Is It?	Trimester Performed	Results
Frequent prenatal ultrasounds	An imaging test that uses sound waves to look inside the womb. Normal, singleton pregnancies typically only have one ultrasound. Twins need ultrasounds more frequently.	One in the first trimester. Then every three to four weeks for twins with separate placentas and every one to three weeks in twins who share a placenta. May occur even more frequently if abnormal findings are found or if the fluid sac is shared.	First-trimester ultrasound mainly done to determine if twins share a placenta or fluid sac. Genetic screening also offered. Second-trimester ultrasounds look for major birth defects and monitor for growth. For twins who share a placenta, doctors will look for signs of TTTS.
Doppler of umbilical blood vessels	Looks at blood flow patterns through the umbilical blood vessels for signs of abnormal flow.	Second trimester onward. Typically used if there are signs of poor growth or concerns for TTTS.	Babies with abnormal blood flow patterns require close monitoring.

Test	What Is It?	Trimester Performed	Results
Cervical length	Ultrasound measurement of the length of the cervix. Typically performed by placing an ultrasound probe into the vagina. A shortened cervix may indicate an increased risk for preterm delivery.	Second trimester. Performed every ultrasound from the second trimester onward.	A cervix that is rapidly shortening or 25 to 30 millimeters or less requires close monitoring and possibly medical intervention.
Fetal fibronectin	Tests for risk of preterm delivery. A swab for cervical secretions sent to look for this protein, which is seen up to a couple of weeks before delivery.	Third trimester	Normally absent (negative). A negative result is reassuring that delivery will most likely not occur within two weeks.
Nonstress test (NST)	Monitors placed on the mother's abdomen record contractions and a baby's heart rate patterns.	Third; frequency depends on risk factors such as signs of poor growth or the presence of a shared placenta or fluid sac.	Abnormal heart rate patterns may indicate fetal distress (a sick baby or a baby at risk for becoming sick). Frequent contractions may signal preterm labor.

(continues on next page)

TWIN FACTS *Nonroutine Tests That May Be
Performed with Twins, continued*

Test	What Is It?	Trimester Performed	Results
Biophysical profile (BPP)	An ultrasound test combined with a nonstress test. Looks at a baby's heart rate, breathing, movement, tone, and surrounding fluid. Each normal factor gets 2 points for a total of 10 points.	Third; frequency depends on risk factors such as signs of poor growth or presence of a shared placenta or fluid sac.	As long as the fluid volume is normal, a score of 8 to 10 is considered normal.



#7: Tell Your Doctor What You Fear the Most

Don't be embarrassed to express your concerns to your doctor.

Parents want to protect their children from harm. After a child's birth, most parents usually do not have a problem with expressing their concerns regarding their child. However, prior to birth, many mothers feel embarrassed telling their doctors their fears and worries. This hesitation stems from the fact that many well-meaning mothers do not want to appear overly anxious or to inconvenience their doctors.

Pregnancy

I advise every mother to view any worries in their pregnancy as concerns regarding their babies and not just themselves. Taking this perspective will allow you to freely express your concerns for the sake of your babies, even when you might not have wanted to ask for yourself.

Use these recommendations to keep the lines of communication open between you and your doctor:

- ✦ Before every office visit, write down a list of any questions or concerns you may have. Ask these questions during your visit, and write down the answer so you can refer to it later if necessary.
- ✦ If your doctor uses any medical terms that you do not understand, ask for an explanation of their meanings.
- ✦ When you read medical articles or online resources, feel free to discuss them with your doctor.
- ✦ If your doctor is short on time or cannot answer all your questions during your visit, ask if you can e-mail your questions and have him or her call you back with answers.
- ✦ Obtain your physician's contact number and use it liberally, even after office hours. Many offices have nurses who answer the initial calls, respond to common questions, and relay urgent matters to the doctor on call.
- ✦ Ask if your doctor has an e-mail system for asking and answering questions. This works well for nonurgent questions like, "Can I drink caffeinated products during pregnancy?" E-mail should not be used for communicating urgent matters. You need a direct conversation with a health provider if you have immediate medical concerns.

- ✦ If you cannot reach your doctor and you have an urgent concern about the health of your babies, go to the nearest emergency room, where you can have an examination and live conversation with a physician.



#8: Build an Experienced Medical Team

As the last few tips have shown, twins require specialized care. You need the right people to provide that care. One of the biggest mistakes parents can make is choosing an inexperienced medical team to care for their twins.

Virtually every medical insurance plan considers twin pregnancies “high risk.” If insurance companies, which have every incentive not to pay for a higher level of care, consider your pregnancy worthy of close medical attention, you should take their word for it. Take advantage of whatever benefits increase as a result, and choose a medical team that will provide you with the best care for your babies.

Pregnancy Providers

A variety of health providers, including general obstetricians, family practitioners, and midwives, can provide excellent care to pregnant women. However, every twin pregnancy requires the involvement of a maternal-fetal specialist (also known as a *perinatologist*). Maternal-fetal specialists have specialized training in caring for pregnancies with the greatest risk for complications, including twin pregnancies. All perinatologists have four years of specialized training in women’s health and pregnancy care after

medical school. In addition, they have three extra years of focused training in the care of high-risk pregnancies.

It makes sense that if your twin pregnancy is considered high risk, you should have the involvement of a physician with expertise in managing high-risk pregnancies.

Newborn Providers

A high-risk pregnancy also warrants the involvement of a pediatrician who is trained to care for high-risk newborns—a neonatologist. Advances in the medical care of sick and premature babies have had a substantial impact on the overall survival of twins.

When choosing a birthing location, don't make the mistake of choosing a place simply because it has nice delivery rooms or luxurious amenities. The ideal hospital also has the facilities to care for your newborns should you deliver early or should medical complications arise.

If you have a choice, select a hospital with a Level 3 or higher neonatal intensive care unit (NICU). These units provide high-level care to premature babies and newborns with serious medical diseases. University medical centers and children's hospitals typically have Level 3 NICUs. Research has shown that extremely sick or premature babies have the highest chance of survival when born in hospitals with Level 3 or higher NICUs.

If no nearby hospitals have a Level 3 NICU, discuss with your obstetrician ahead of time how your babies can be quickly transferred to a Level 3 NICU if the need arises. It's important to have a plan set far in advance. Your babies may never need the care of an NICU, but it's better to be prepared for the possibility just in case.

The Team Approach

You do not have to change your current health care provider the instant you read this tip. Rather, I recommend adding more providers to your care if needed. For example, your doctor can work together with a perinatologist to provide optimal care for your unborn babies.

As a physician, I know the benefits of working on a team. When I see patients in the hospital, I lead a team of doctors and medical students. I may ask nurse specialists, nutritionists, child life advisers, social workers, therapists, and other physicians to consult in the care of my patients. Each health care specialist brings a unique perspective and set of skills that benefit the patient. Knowing the advantages of multiple providers, I chose a team approach for my own pregnancy.

The Most Important Team Member

You are the most important member of any team. Whatever combination of health providers you choose, your active participation is vital to the health of your babies. You should feel free to openly express your concerns and opinions regarding the care of your babies.

You will know you have chosen the right medical team when you find specialists who support your involvement and view your pregnancy as high risk enough to provide the close attention and specialized health care you deserve.



Twin Story

The Team Approach in Action

With Faith and Hope, I faced a number of pregnancy complications, including bleeding, cervical shortening, poor fetal growth, gestational diabetes, abnormal blood tests, and preterm labor. Believe it or not, there were even more complications not listed here!

Throughout my pregnancy, I had the choice of staying with my obstetrician or transferring completely to the care of a perinatologist. Each time, I decided that the best medical care for my children would be to see both.

I saw my obstetrician for my scheduled checkups. Every two to three weeks, I saw the perinatologists at my regular ultrasound appointments. Prior to my delivery, I was hospitalized for cervical shortening and preterm labor. My obstetrician and the perinatal team participated in planning my hospital care. When I delivered, my obstetrician happened to be out of town, and the perinatology team stepped in to deliver my babies.

The team approach continued after the birth of Faith and Hope. The obstetricians had done a great job of caring for Faith and Hope before birth, but now it was time for the pediatricians to play their role on the team. Fortunately, I had prepared myself for the possibility that Faith and Hope would need specialized newborn care by choosing an experienced pediatric team.

(continues on next page)

Faith and Hope came early, at thirty-three weeks. Faith showed serious signs of prematurity, including troubled breathing, which prompted ventilator support. Both babies had difficulty nipping and initially required feeding through a tube. Watching the respirator machine breathe for Faith, I was very happy I chose to deliver at a center that had not only a strong obstetrics team but also an exceptional team of pediatricians who specialized in the care of premature babies.



TWIN HINTS

When to Proceed with Caution



Beware of any doctor who says, “Relax, they’re just twins.” With triplets and quadruplets on the rise, some doctors have become overly complacent when it comes to twins. They may view a twin pregnancy as completely routine. Twins, however, especially ones who share a placenta, can have even more complications than some triplets.

Chances are that this doctor will be right and your twins will fare just fine. However, being a pediatrician who teaches others how to care for very ill children, I can tell you that what sets the best doctors apart from mediocre ones is the ability to see potential danger in even the most innocuous-appearing situations. Your doctor must view your pregnancy as high risk enough to look carefully for signs of complications. Although you don’t want a high-strung doctor who will alarm you at every visit, you also don’t want one who doesn’t take your pregnancy seriously.



#9: Lie Down on Your Side as Much as Possible

Obstetricians typically support continuing regular exercise for most pregnant women. However, this recommendation does not extend to mothers of multiples. In fact, many obstetricians recommend reduced activity for women pregnant with twins.

Don't be confused by resources that say bed rest should not be routinely prescribed in twin pregnancies. Although there is plenty of research on bed rest in singleton pregnancies, there are very few solid studies on this issue in twins. The boldest statements against bed rest refer to routine hospital bed rest—automatically being admitted to the hospital to reduce your risk of preterm delivery. Despite the controversy among doctors about bed rest, common sense combined with medical research supports at least some level of reduced activity for many pregnant mothers of multiples:

- *Reduced activity increases the availability of nutrients to your babies.* Twins need all the calories they can get in order to grow. It makes sense that if you are burning fewer calories, there are more calories available for your twins. Research shows that reduced activity does result in bigger babies at birth.
- *Lying on your side (especially with your left side down) increases blood flow to your babies.* When a pregnant woman stands or lies on her back, her enlarged, pregnant uterus can compress important blood vessels, resulting in decreased blood circulation to her unborn babies. Lying down on

your side increases blood flow (and subsequent nutrient flow) to your babies.

- *Reduced activity can reduce contractions.* Physical exertion and prolonged standing may increase contractions and a woman's risk for preterm labor. Women who are pregnant with twins should not engage in any aerobic exercise.
- *A reclined position relieves pressure from the cervix.* The cervix is the narrow passage at the lower end of the uterus through which a baby exits at birth. It typically stays long and closed to keep babies inside the uterus until the pregnancy has reached full term. In a twin pregnancy, the weight of two babies means a greater load on a woman's cervix. Lying down reduces the effects of gravity, relieving pressure on the cervix.

The more risk factors associated with your pregnancy, the more likely your doctor will prescribe some form of reduced activity. Pregnancies complicated by preterm labor, pregnancy-associated high blood pressure, a weakened cervix, poor growth, or TTTS often will result in stricter forms of bed rest.

Even if your doctor does not formally prescribe bed rest, I still encourage every mother of multiples to implement a self-imposed regimen to increase rest in her daily routine. Although there are certainly temporary inconveniences in decreasing your level of activity, the benefits to your babies may last a lifetime. Here are some easy ways to introduce more rest into your day:

- If you don't have to stand, don't. Sit down or lie down as much as possible.

- ♦ If you work, ask to have a reduction in job duties that require standing or walking in exchange for tasks that you can do while sitting (or even lying down).
- ♦ If you work night shifts, ask for temporary day shifts. Women who work day shifts typically get better sleep. Research suggests that women who work night shifts have a higher risk of preterm labor.
- ♦ If possible, eat while you work. Then use breaks and lunch time to lie down and even nap if you can.
- ♦ Whether at work or at home, schedule rest periods into your day—blocks of time specifically for you to lie down on your side and relax.
- ♦ Listen to your body. Your body is speaking for your babies. If you feel tired, stop what you are doing and sit or lie down.



TWIN HINTS
Don't be Embarrassed to Use
That Motorized Cart



Bed rest does not have to mean banishment from the outside world. Some doctors place mothers of multiples on modified bed rest, which often means you can get around on a wheelchair or a motorized cart. Many stores now have motorized shopping carts for use by their customers. At first, I was embarrassed to use the cart, but then I learned to enjoy the time it gave me outside the home. It also allowed me to purchase important items for my babies, helping me to feel productive and satisfying my nesting instinct.



TWIN HINTS

Ten Tips for Surviving Bed Rest



1. Gather a group of rotating visitors to assist you and keep you company.
2. Join online communities with mothers on bed rest. Sidelines at www.sidelines.org can match you up with a volunteer who can support you throughout your pregnancy by calling or e-mailing you.
3. Use this time to read. Read all the books you have been putting off. Read parenting books and magazines now, since you will have less time to read after the birth of your babies.
4. Borrow or buy a laptop computer. You can use a laptop to surf the Internet, keep a journal about your pregnancy experiences, or watch movies without having to get up from bed.
5. Get a bedside refrigerator or cooler. Your family can stock it with food and drinks so you don't have to go far when you are hungry or thirsty.
6. Use a number of pillows or a body pillow. Remember that you need to lie down on your side, not your back. Pillows propped in front of and behind you make staying on your side easier.
7. Ask your doctor about some light, nonaerobic stretches you can do in bed to keep your circulation flowing and your body from becoming achy and stiff. Poor circulation from inactivity can lead to the formation of dangerous blood clots. So it's very important to ask your doctor for ways to prevent this complication while on bed rest. If your doctor doesn't have suggestions, ask if you can consult a physical therapist for ideas.

8. Try a new hobby. You can learn to knit and make a blanket for your twins. You can read some books on digital photography and prepare yourself for all the great picture opportunities you will have with twins. You can watch videos on sketching and draw along. Any hobby you can do in bed will keep your mind active and make the time pass more quickly.
 9. Create a schedule for yourself with goals for the day, just like you would before you started bed rest. That way, you can focus on your daily goals and feel productive during this time. Examples of goals include writing in your journal each day, finishing the quilt you started, or reading another chapter in your favorite book.
 10. Remember that every day of bed rest means another day for your babies to grow inside you. Each day has a tremendous impact on their long-term health.
-



#10: Negotiate a Long Maternity Leave

In the previous tip, I discussed ways for increasing rest in your work day. When your work environment simply cannot accommodate enough rest for your specific pregnancy needs, you may have to ask for a leave of absence.

At twenty-eight weeks, Faith and Hope were not growing normally, and my cervix had suddenly shortened substantially. When my doctor told me that I would have to go on strict bed rest, I was floored.

Like many other working mothers, I took pride in my job and my career achievements. Leaving my work responsibilities to another person did not come easily. However, when I looked at what would grant me the most long-term happiness—work success or ensuring the birth of healthy babies—the choice became simple.

Even if your doctor allows you to work, I recommend that all women who are pregnant with twins strongly consider negotiating time off from thirty-two weeks onward. Twins, on average, deliver at about thirty-six weeks. During the last weeks of your pregnancy, your body will appreciate the rest, and you will appreciate the time to prepare yourself for your twins' homecoming.

Here are some keys to maintaining a healthy pregnancy and a healthy relationship with your employer:

- *Honesty is the best policy.* Let your employer know that you are pregnant with twins. Those you work with will be much more sympathetic to your situation if they know they are helping you protect the health of your two babies.
- *The early bird gets the worm (or at least an appreciative boss).* Tell your boss that you are pregnant with twins and that sometimes that means an early or prolonged maternity leave. This will give your employer time to prepare for your absence. You can enthusiastically offer to use the time you have left to help train someone for your job duties.
- *Keep your doors open.* Let your supervisor know that you are willing to be available by telephone or e-mail to answer questions from those who are temporarily covering your duties. If your company doesn't think you are going to completely abandon your job, your boss will find it easier to



TWIN HINTS

Disability Insurance



If you are undergoing in vitro fertilization and are not yet pregnant, sign up for disability insurance the next time your company offers it.

Disability insurance covers a portion or even all of your salary while you are on bed rest. After the birth of your twins, you will continue to receive payments for several weeks while you recuperate from the delivery.

Many women who are pregnant with twins are prescribed some form of bed rest. If you consider that you may be out of work for up to several months prior to the birth of your babies, the salary support that comes from disability insurance will likely far outweigh the amount of money you paid into the plan.

Most insurance companies will not cover women who are already pregnant when they sign up for disability insurance. So if you are pregnant, be sure to find out if the insurance company excludes pregnant women prior to signing up.

happily support you while you are gone—even if your leave stretches out longer than you had expected.

- *More is better than less.* Even if you don't think you will need so much time off, it doesn't hurt to negotiate a longer leave now. It is always easier for your boss to give you more work than less. If you prepare your supervisor for the time off, you can decide to work or not when the time comes.
- *Seize the moment.* Consider taking the longest maternity leave protected under the law and that you can financially afford. After the birth of your twins, you and your body will appreciate the time to recuperate and adjust to caring for twins. Your twins will appreciate the bonding time they have with you during these precious early weeks of their development.



#11: Let Your Own Home Get Messy, But Keep Your Baby's Home Sparkling Clean

If your doctor has you on bed rest, I know from experience that enforced relaxation can make you feel helpless and nonproductive. Here you are, not only stuck at home but also stuck in bed!

The natural reaction is to create work for yourself by attending to house duties when you should be attending to bed rest. This is not the time to have a spotless home. Rather, see your body as your babies' home. Let your house get messy, and focus instead on keeping your babies' home safe and clean.

For some women, the recommendations in this tip will come very easily. For others, it will present a major lifestyle change.

Know that your effort means a great deal to your babies. Giving your babies a happy, healthy home in the womb will benefit them more than anything else you do during this time.

Here are some important ways to keep your babies' home safe and clean:

- ♦ *Eat nutritiously.* What you eat determines what your babies eat. Read Tip 12 for how to maintain a healthy diet.
- ♦ *Avoid smoke exposure.* Smoking or inhaling second-hand smoke prevents babies from getting the food and oxygen they need to grow normally. The result is a greater risk of miscarriage and poor fetal growth. Twins already have a greater risk for poor growth due to competition for space and nutrients. Smoke exposure compounds such stress.
- ♦ *Avoid toxic substances.* Alcohol and recreational drugs are toxic to babies. Avoid them completely. Check with your doctor before using any kind of medication, including over-the-counter medications. Even herbal medicines can have potent chemicals that can lead to birth defects and miscarriage.
- ♦ *Stick to your prescribed bed rest.* Bed rest does not mean staying home and doing chores. It does not mean running a home office. It means a reduction in physical and mental stress for you and your babies.
- ♦ *Consider going green.* I recommend that every mother read Dr. Alan Greene's book, *Raising Baby Green* (2007), for ideas on how to give your babies a clean, organic, environmentally-friendly start to their lives.



#12: Don't Go on a Diet

The current trend in obstetrics is to minimize pregnancy weight gain. However, this does not apply to twins. In twin pregnancies, a mother's weight gain plays a crucial role in the health of her twins. Inadequate weight gain in a twin pregnancy increases the babies' risk of poor growth and premature birth. When it comes to twins, the bigger, the better.

How Much Do I Have to Gain?

You should gain at least thirty-five to forty-five pounds during your pregnancy. For an average-sized woman, the recommended starting point is about 2,700 calories a day.

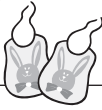
You need to eat enough to gain roughly four to six pounds during the first trimester and one and a half pounds every week during the second and third trimesters.

If you are underweight or not gaining adequate weight, or your babies show signs of poor growth, your caloric goal may be even higher. If eating more does not result in adequate weight gain for you and your babies, your doctor may prescribe bed rest. By decreasing your energy expenditure, the balance of calories remaining for your babies' growth increases.

What Should I Eat?

You should aim to eat the following every day:

- ✦ Three or more servings of dairy such as milk, yogurt, or cheese
- ✦ Three or more servings of fish, meat, poultry, nuts, beans, or eggs



Twin Story Eating for Three

During my pregnancy, Faith and Hope grew well until around twenty-six weeks, when Hope's growth dropped off. I was put on bed rest and told to consume more calories.

Around the same time, I was also diagnosed with gestational diabetes (pregnancy-associated high blood sugar). This meant that I could no longer eat a lot of carbohydrates like bread or pasta to increase my calories.

Initially I had a hard time figuring out what I could eat without causing my blood sugar to skyrocket. Fortunately, my obstetrics group had a nutritionist and physician assistant who specialized in dietary counseling for pregnant mothers.

Eating became my job. I was told to stop working, go on bed rest, and eat, eat, eat! And that is what I did! I made it my full-time job to grow my babies. I planned nutritious meals, checked my blood sugar as directed, and ate as much as I could.

With bed rest and proper nutrition, Hope's growth improved. By the time she was born, she surprised everyone by being bigger than anticipated. As a pediatrician, I was thrilled to know she was over 1,500 grams (3 pounds 5 ounces)—a benchmark weight above which the risk of long-term complications drops dramatically.

I know from experience that bed rest and meal planning can become a chore. But the benefits for your babies are worth it. See a nutritionist, plan your meals, and eat, eat, eat!

- ♦ Four or more servings of vegetables
- ♦ Three or more servings of fruit
- ♦ Nine or more servings of bread, cereal, and pasta

Depending on your specific situation, you may be required to eat more or less from each food group. I recommend keeping a record of what you eat and reviewing the food diary with your doctor or a nutritionist. Continue logging your food intake until you have a solid idea of what you need to eat to meet your dietary requirements.

In addition to eating a variety of foods, be sure to drink at least eight to ten cups of fluids a day. When cooking with oil, select oils that are high in essential fatty acids such as sunflower, canola, and soybean oils.

How Often Should I Eat?

I recommend breaking up your caloric intake into three meals and three snacks. That way, your blood sugar remains stable throughout the day, resulting in a steady flow of nutrients to your babies.

As your pregnancy progresses, your enlarging uterus can press on your stomach, making you feel full sooner and increasing your risk of heartburn with large meals. Eating several small meals and snacks prevents you from having to consume huge amounts of food at a time.

Vitamin Supplements

Discuss any vitamin supplements you plan to take with your doctor or a nutritionist. It's important that you receive the right amount of vitamins without overdosing yourself. Eating a healthy diet will provide the majority of your daily vitamin requirements.

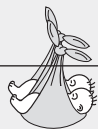
Pregnancy

In addition to a well-balanced diet, the Institute of Medicine recommends the following supplements starting after twelve weeks of pregnancy:

- ✦ Iron: 30 mg
- ✦ Zinc: 15 mg
- ✦ Copper: 2 mg
- ✦ Calcium: 250 mg
- ✦ Vitamin B6: 2 mg
- ✦ Folate: 300 mcg
- ✦ Vitamin C: 50 mg
- ✦ Vitamin D: 5 mcg or 200 IU

Seeing a Nutritionist

Because twins carry a high risk of low birth weight, most insurance companies cover at least a one-time consultation with a nutritionist for women who are pregnant with twins. Research shows that women who received counseling from a nutritionist during their pregnancy had bigger, healthier babies. I recommend that every woman take advantage of a nutritionist consult if one is available.

TWIN FACTS *Foods to Avoid*

Certain foods that may be innocuous to most people can be dangerous for pregnant women and their unborn babies. Avoid these foods during pregnancy:

- ♦ *Raw or undercooked meats, eggs, poultry, and fish.* When raw, these items can lead to infections with bacteria and parasites.
- ♦ *Unpasteurized soft cheeses, homemade cheeses, and any unpasteurized milk products.* These may contain a dangerous bacteria called Listeria.
- ♦ *Unheated deli meats, hot dogs, and leftovers.* Thoroughly heat these food items to avoid infection with bacteria.
- ♦ *Large fish such as tilefish, shark, king mackerel, and swordfish.* These contain high levels of mercury, which can cause damage to an unborn baby's nervous system. The Food and Drug Administration (FDA) recommends eating up to twelve ounces a week of seafood lower in mercury, such as shrimp, canned light tuna, salmon, pollock, and catfish. See the FDA's Web site for more information on safe seafood consumption: www.epa.gov/waterscience/fishadvice/advice.html.
- ♦ *Large amounts of caffeine.* Keep your intake to less than 150 mg per day. Larger amounts have been linked to higher rates of miscarriage and low birth weight. Caffeine content can vary depending on how a beverage is made. Limiting yourself to one cup of coffee, tea or caffeinated soda a day will help keep you below this limit.



#13: Bond with Your Unborn Babies

I fell in love with Faith and Hope from the moment I saw their beating hearts on ultrasound at seven weeks of gestation. Emotionally bonding with them before birth prepared me for the physical endurance that was required to take care of them after birth.

It's never too early or too late to form healthy attachments with your babies. At every stage of your pregnancy, there are ways you can strengthen your mother-twin bonding:

- *Name your twins.* As soon as you find out you are pregnant with twins, name them. Naming takes them from the unfamiliar realm of “embryo,” “fetus,” or “twins A and B” and places them immediately in your heart as your children.
- *Look at them.* At every ultrasound, ask for a picture of your babies. Looking at these images will remind you just how real they truly are. Line the images up and see how much they develop over the course of your pregnancy. These are your babies growing before your eyes!
- *Read, talk, and sing to them.* Research shows that newborn babies recognize their mother's voice from birth as a result of hearing it while they were in the womb. Verbally communicating with your unborn babies bonds you to them. Hearing your voice bonds them to you.
- *Touch them.* Place your hands on your belly and feel their kicks. Lightly press on your belly, and you may feel a kick in response.
- *Keep a pregnancy journal.* See Tip 14 for what to write in it.



#14: Keep a Pregnancy Journal

Even if you don't consider yourself a writer, I encourage every mother to keep a pregnancy journal. You can use a bound notebook, a three-ring binder with blank sheets inside, or a commercially prepared journal with fill-in-the-blank questions.

A pregnancy journal will benefit you and your babies during your pregnancy. Use a journal to:

- ✦ Write your loving thoughts about your babies.
- ✦ Record inspiring quotes, words, and stories.
- ✦ List great tips you want to remember from books you have read and from other twin mothers.
- ✦ Track milestones in your pregnancy. Record events you would want to remember, such as when you found out you were pregnant with twins and when you first felt your babies kick.
- ✦ Express your fears and concerns. Putting your thoughts on paper relieves anxiety, thereby reducing stress hormones that can trigger preterm labor. Psychologists routinely recommend journals as a strategy to reduce stress in their patients.
- ✦ Organize questions for your doctor. Bring your journal to your appointments.
- ✦ Record your ultrasound and lab results. I kept a record of Faith and Hope's ultrasound growth measurements. It inspired me to see them go from being just a few ounces to several pounds.

After the birth of your twins, this pregnancy journal will serve as a precious keepsake for you and your babies. Your writings will detail for your twins how much you loved them from the beginning, even before they were fully formed. It will remind you of the challenges you faced, how you endured, and how you achieved a miraculous accomplishment in giving birth to twins.



#15: Remember That Humor Can Help Overcome All Obstacles

Good humor is the key to maintaining a positive view of a unique pregnancy experience. There are many benefits of a good laugh. Here are a few:

- ✦ Laughing relieves stress, reducing your risk of stress-related preterm labor.
- ✦ Laughing releases endorphins—natural, pain-relieving chemicals. It also distracts your mind away from pain. I found laughter to be an effective, risk-free way to alleviate the nausea I suffered during the first half of my pregnancy.
- ✦ If you are relaxed, your babies will be more relaxed. When a woman is upset, her unborn baby's heart rate rises in response to her distress. Your happiness translates into a more relaxed environment for your babies.
- ✦ Happy mothers are better able to bond with their unborn babies, forming an important foundation for a healthy parent-child relationship.