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TTTS: What do we know?

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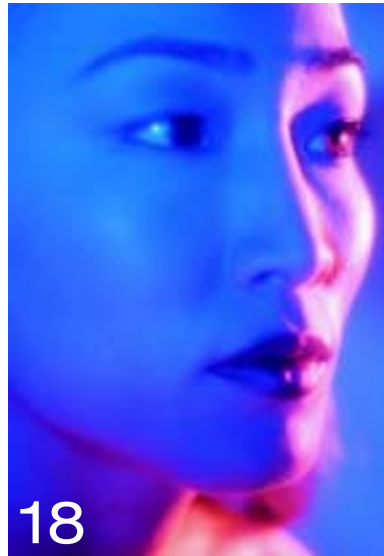
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ON THE COVER



Austin and John Obourn, 3, from Edwards, Colo., learned to ski not long after they began walking. And they learned to speak Spanish along with English; today they are equally fluent in both languages. Clothes by Spyder.

Cover Photography by Bernard Grant



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

Twin-to-Twin Transfusion Syndrome is a heartbreaker that affects only monozygotic pregnancies in which the twins share a placenta. The tragedy is that many women and doctors are unaware of TTTS. Sadly, from time to time, we hear from mothers who say they didn't learn of TTTS until it was too late; they lost one or both babies. Ever since 1988 when Dr. Julian DeLia first pioneered fetoscopic surgery as a treatment for TTTS, new options have become available to parents.

We usually run at least one "Special Miracles" TTTS story every year. Nonetheless, we continue to hear from readers: Why don't you do stories on TTTS? We realize that TTTS is a tragedy unique to multiples. You won't find information on TTTS in any other magazine. Therefore, we are running our biggest section on TTTS ever. Beginning on page 10, you will find articles on TTTS: an overview; a summary of two studies; a couple of personal stories; and some coverage of an upcoming fundraiser, TTTS Race for Hope, to benefit the TTTS Foundation and the Florida Institute for Fetal Diagnosis and Therapy.

Lonnie and Michelle Somers, parents of TTTS babies Ashley and Aspen who underwent laser surgery and are now healthy 17-month-olds, made a commitment to support parents who face the same diagnosis. They have organized the TTTS Race for Hope, slated for Nov. 14 at Washington Park in Denver. Since it is a hometown event, TWINS Magazine have a table and give away a few prizes. Please come meet us and support the race. If you can't make it to the race, you can participate from anywhere in the world through the race's National Pledge Drive. Details are on page 16.

Races to benefit TTTS research and support are gaining recognition throughout the country. Bernadette and Dave Archibald have been very successful with Conor's Run in Williamstown, Mass., in memory of their son Conor. Maureen Imbrescia organized the TTTS Walk in Saugus, Mass., now in its third year.

Dr. David Hay, author of "ADHD and Twins: A Family Affair" (September/October) reports that readers have called, asking how to find the ADHD section on his Web site. Go to www.twinsandmultiples.org, click on "Special Needs" on the left of the page, then, on the next page, click on "Attention Deficit Hyperactivity Disorder (ADHD)."

Trina Lambert, a frequent contributor to TWINS Magazine and the mother of boy/girl twins, recommends the magazine *ADDitude* for parents of ADHD kids. Visit www.additudemag.com for more information.

Brian "Fox" Ellis wrote: "As a professional storyteller and parent of twins, I realized that the most important audience I see is not the large crowds of giggling kids in a school auditorium, but the twins I tuck in each night with a story." His article on storytelling can open a world of imagination to your twins. Turn to page 20.

Dr. Joshua Coleman writes on abuse in this issue. He has a new Web site address, www.drjoshuacoleman.com. There you can sign up for his free e-letter. Look for him to be back online at the TWINS message board soon.

Happy holidays.

Sharon Withers
Managing Editor

Do you know...



Pat Sanzo, who works in our office for TWINS Magazine's parent company The Business Word Inc., is the proud grandpa of twin boys. Everett Guy Sanzo (l.) was born at 3:48 a.m. on Aug. 24 and weighed 3 pounds, 15 ounces. Jaden Elijah (r.), born eight minutes later at 3:56 a.m., weighed 4 pounds, 1 ounce. Their parents are Joseph and Jillann Sanzo. As of Sept. 24, the boys were still in the NICU. Pat and his wife Joanne have made many trips to the NICU to visit the newcomers. "We are very happy," Pat said. "The babies are doing well and soon were off the ventilators."

TWINS Magazine Message Board
Informal Feedback Poll

What week did you give birth to your twins?

39+ weeks	.8%
38 weeks	.9%
37 weeks	.18%
36 weeks	.18%
35 weeks	.21%
34 weeks	.7%
33 weeks	.7%
32 weeks	.6%
31 weeks	.4%
24-30 weeks	.2%

Correction: In the September/October issue the names George Ayres and Donna Kahwaty were misspelled. We apologize for the errors. The Messeez high chair cover can be ordered from <http://store.yahoo.com/kidsstuff/k110highchair.html>

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mailbox



Jungle babies

I have been reading TWINS Magazine for a year now and have found many articles very helpful. Early in my pregnancy I found out I was having twins and thought of the incredible miracle. I decided then and there that my twins would have a special life, beginning with a nursery unlike any other. I designed an African scene which has influenced 21-month-old Gabriel and Gerard positively. They still are not tired of the animals; they go to the wall and point to the animals and can name a giraffe and an elephant. My husband Kevin and I have learned to make every day special with new activities, hugs, kisses and love. It seems articles have not really mentioned this. That's what makes children grow to be better people and have a happy life.

Diane Ryan
Tuckahoe, N.Y.

No twin discrimination

I just finished reading the article titled "Twin Discrimination" (September/October). I have identical twin boys, 10, who are well rounded and have friends together and separately. They have been invited to parties together and separately. If you want people to treat your twins as individuals, let them do things as individuals. As they get older they need to realize they have each other but also need to make other friends with like interests. I guess I am lucky that I never have had a problem with twin discrimination.

Michelle
Meeker, Colo.

Zygoty lesson

I had the same issue as Pamela Almeida ("My Zygoty Lesson," July/August). I gave birth to twins whom everyone kept insisting were fraternal (dizygotic). They were in separate sacs and had separate

placentas (dichorionic/diamniotic) but looked identical (monozygotic). I finally sent for the DNA testing through Proactive Genetics and completed the test. It came back as I thought: My boys were monozygotic. It seems that my OB practice was not knowledgeable about this possibility. I am glad we had the test.

Stephanie Shultz
Stockton, Calif.

Freebies disappearing?

I am the mother of 2-year-old Katrina and 4-month-old Zayne and Zander. Now that larger multiple families are becoming more common fewer multiples programs are available. Many of the multiples programs have been stopped, are no longer sending helpful gifts or only multiple families with three or more qualify. Twin families that do not have high income need help with diapers, formula and baby food. I have sent the information required for many multiples pro-

grams and have not received anything, not even a letter with a rattle.

Heather Pino
Sicklerville, N.J.

Editor's Note: Some of the mothers on our message board at www.TwinsMagazine.com may know of some sources.

Upcoming article

I'm the proud mother of 2½-year-old identical boys, Anthony and Julian. They were just diagnosed with PDD [pervasive developmental disorder] in December 2003. One has speech and language apraxia. Will these subjects be touched upon within the next issues? My boys are coming along fine but the one with apraxia still doesn't say anything but "mama." I really want to get more information about how families and their children have made out.

Isabel Scala
via e-mail

Editor's Note: We have an upcoming article on speech delays and twin language. Many moms

have written letters asking for information on autism spectrum and we are considering an article. In the July/August issue we ran an article on how families handle disabilities in one twin, "When one twin lags behind."

Thanks for the help

I gave birth to twins April 11, 2003, after a rough pregnancy—from the news of carrying twins to having post-partum depression and everything in between. Reading TWINS Magazine helped me a lot in terms of what to do and of knowing I'm not the only woman out there with concerns. Thank you and everyone at TWINS Magazine for that. I hope in the future you could publish my story.

Angie Schraub
via e-mail

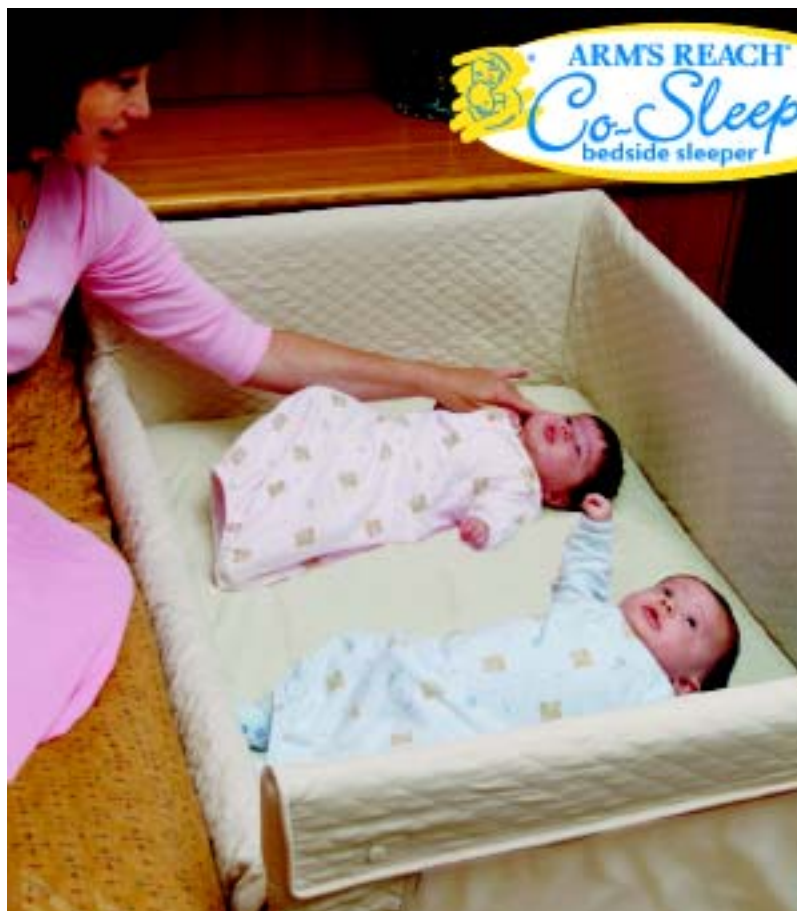
Editor's Note: We welcome stories such as yours and publish six per year. We also are compiling a book of heartwarming, funny or insightful stories about parenting twins. E-mail your story to twins.editor@business-word.com. Please type "Special Miracles" or "Book story" in the subject line.

Shortcut to heaven



I recently purchased goldfish for my 4-year-old boy/girl twins Kyler and Karsyn. It was traumatic for Kyler when his fish Scoobie died. He was very concerned about his fish going to heaven to be with his grandma. As I was flushing Scoobie down the toilet, my son asked, "Did Grandma take that same shortcut to heaven?"

Molly Baumann-Kobs
Janesville, Wis.



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Dr. William Sears
Author and child care specialist



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Older twins

My twins are 7, and I stopped subscribing to your magazine when they were 5, because I felt I had outgrown it. Articles such as these might keep readers with older multiples coming back: "Your Twins Need Surgery," "Good Sports: How to Raise Multiples With Manners" and "Holding back Multiples: What To Do About School?"

I also think you should have a column to which readers can submit things that people have said to them about their multiples, or that their multiples have said. For instance, when I was in line at the grocery store with my then 1-year-old twin boys, Grey and David, the checkout clerk asked me, "Are they identical or are they infertile?"

Or, one night, as I was tucking in my then 3-year-olds, Grey asked me, "Mom, what color are my brains?" And I told him that they were gray, just like his name, and in fact they were even called "gray matter." "Wow," he murmured, amazed. "What color are David's brains?"

Also, I'd like to issue a long overdue compliment to you on the fine writing done by Allison Berryhill. She is a genius wordsmith. I'm not very sappy and her columns have often made me cry.

Wendy Fitzgerald
Sarasota, Fla.

Editor's Note: Thank you for your suggestions. TWINS Magazine does focus on caring for younger twins, but we offer an online message board forum for parents of older twins, "Twins 5 to 12" at www.TwinsMagazine.com.

Allison Berryhill wrote "Happy Endings" for many years and we miss her this year. Her twins, like yours, are now older.

We always welcome e-mails or notes from readers. A couple of funny anecdotes appear in this issue's Mailbox; typically we run them in our Growing Stages section. To submit funny anecdotes or sayings, e-mail me at twins.editor@businessword.com. Please type "Growing Stages" or "Funny twins" in the subject line.

I have been receiving TWINS Magazine for more than seven years and although my twins are older now, I simply can't stop getting the magazine. I just love it too much! I have saved each and every issue. I still read it from cover to cover as soon as I get it and I have always wished that it was published monthly. I have been an active member on the TWINS Magazine message board for more than two years. I enjoy connecting with other parents of twins from all over our world. I have made some lifelong friends there, thanks to your magazine.

Oma Jane Woods
Hayden, Ken.

I wish TWINS Magazine had been available when we had our twins 39 years ago. I found TWINS Magazine on the Web site and have subscribed ever since. I enjoy reading all the information provided for parents of multiple birth children. It brings to mind many pleasant and some scary memories. While the magazine focuses on multiple births and younger twins, I am curious to learn if there are any ongoing clubs or get-togethers for adult twins. Our sons live in San Mateo, Calif., and since there are not any relatives nearby, they may enjoy meeting other adult twins. I would appreciate hearing from anyone who may be involved in an adult twins club.

Lorraine Potter
Reno, Nev.

Editor's Note: Visit www.TwinsMagazine.com, click on "Message Board" and join our special forum for parents of older twins: "Twins 5 to 12, and beyond." If you post your question about adult twin clubs there, you may get your answer. Our message board is free, has about 7,000 members and is open 24/7.

Twins Days, an annual gathering in Twinsburg, Ohio, every August, attracts twins from all over the country, many of whom are adults. Visit www.twinsdays.org for more information. You also might also find some adult groups through an online search.

Advice Taken

"Let go of the idea of having a clean and orderly house for a few months." This is the advice we were given repeatedly when we told others we were expecting twins. We involuntarily tested this recommendation.

Our family was going out of town for a long weekend. It had been such a busy week that much of the packing was last minute. Time quickly vanished as we got our 3-month-old twins and their four "older" siblings ready for a long road trip. There was not time to do the regular daily household chores, but we were impressed that we did get the dirty dishes washed. We left hurriedly. We counted how many kids we had in the car, but we did not take a second look at the condition of the house.

When we got back, our good friends who had been watching the house called with an apology. They had checked our house the first night we were gone. The front door was ajar. (We had forgotten to tell them that the door had been sticking and not closing correctly.) They decided it was best to call the police

instead of going into the dark house. The officer came and together they checked out our property. Our friend told us as politely as possible that the officer could not decide if our house had been ransacked by a criminal. The TV and computer were still there, but he didn't know if anything else was missing. He said he would write down a case number so we could report if something was missing.

With new eyes I walked around our house and saw what the officer saw: unmade beds, drawers that were left open with clothes spilling over the edges, dirty socks that had not made it to the hamper, Lego airplanes broken and scattered across the floor, opened mail stacked so high that the pile had tipped over and spread over the counter. I realized that it looked like someone had gone through our house looking for something—it just happened to be us!

I wonder what the case file says at the police station.

—Laurie Mueller
Ham Lake, Minn.

Passive twin, aggressive twin

A reader writes:

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

Our readers respond:

My advice to you is to start now at 8 months old. I started with my twin identical boys as soon as they could snatch things from each other. Now that they are 20 months old they know what to do when I say, "Give that back to your brother," or "Share that with your brother" and they do it. They will give each other something when I ask them to and also do it on their own, which puts a smile on my face. As far as the word "no" goes, I only use that word when it comes to their safety and it works great for us.

Lana Robillard
L'anse, Mich.

I have 15-month-old monozygotic boys. Luke has full vision while Ashton has a vision impairment. Luke is the more aggressive of the two. When Ashton has a toy, Luke inevitably wants it and will take it quickly. Ashton gets frustrated and cries as he tries to get it back. My husband, nanny and I react to this by giving the toy back to Ashton and then giving Luke another toy or option of two toys. We always direct attention toward Ashton if this happens, in order to show Luke that he will not get more attention for doing this. We also do this when Luke hits Ashton or crawls over him. We always provide the attention to the child who is being hurt or short-changed. We are not certain if this is the best way to stop this type of behavior from happening as it still happens; however, we believe it should curtail it in the long run.

Lori McFarland
via e-mail

For January/February

A reader writes: My twin boys were sleeping fine and then a nightmare one night about spiders changed everything. Every night since then has been a huge struggle to get one boy to go to sleep and he upsets his brother.

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

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Two treatments help TTTS babies

Q: What is twin-to-twin transfusion syndrome and how is it treated?

A: Twin-to-twin transfusion syndrome (TTTS) is a fairly rare condition that complicates about 10% to 15% of twins who share a monochorionic (MC) placenta. In previous articles, I have mentioned the importance of placental structure as it affects the outcome of twin pregnancies. It may seem weird that some twins actually share one placenta instead of having one each. But, in fact, two-thirds of one-egg (monozygotic, MZ) twins are MC.

The problem with the MC twin placenta is that both of the umbilical cords insert into the one placental disk, and, as they do so, blood vessel branches from the two umbilical cords usually meet and connect on the surface of the placenta. There are different kinds of vessel connections: artery-with-artery, vein-with-

vein, and, most dangerously, artery-to-vein. In that third type of connection, blood is transfused from the “artery twin” to the “vein twin” down a blood pressure gradient.

Fortunately, most MC twins have several placental vessel connections of various kinds. So blood may often be transfused in both directions, and the effects cancel each other out. In 15% of MC twins, however, there is a build-up of transfusion in one direction, so one twin is the transfusion donor and the other twin is the recipient.

TTTS is usually well established by 18 to 20 weeks into the pregnancy. So there is already a serious problem by the time the dating ultrasound is normally scheduled for 18 weeks. That is a good reason for determining placental structure as

early as possible, preferably in the first trimester, even at the first prenatal visit. If we knew from six weeks on that the twins are MC, we could be looking for the earliest possible evidence of TTTS.

TTTS twins are diagnosed by the presence of too little amniotic fluid around the donor and too much fluid around the recipient. The twins may show some discordant growth, but this is not necessary for the diagnosis. Without any treatment, up to 80% of the twins die and the survivors often have damaged brains, hearts and kidneys.

Some cases of TTTS are more severe than others, and the treatment can be tailored for each case. Even with treatment, not all twins can be saved, and the outcome is probably determined by early suspicion (known MC twins) and quick

Warning signs of TTTS

Knowing placental structure as early as six weeks into the pregnancy allows parents who have a monochorionic pregnancy to watch for early evidence of TTTS.

Warning signs in the mother

- Sensation of a rapid growth of the womb
- A uterus that measures large for dates
- Abdominal pain or tightness, or uterine contractions
- Sudden increases in body weight
- Hand- and leg-swelling in early pregnancy

Warning signs in the twins

on ultrasound scans

- Evidence of a monochorionic or shared placenta
- A single placenta
- Same sex twins
- A thin, hard-to-see, dividing membrane

Evidence of TTTS

- Polyhydramnios (excess amniotic fluid) in the sac of one twin
- Oligohydramnios (decreased to no amniotic fluid) in the sac of the other twin
- Size differences (discordance) in the twins
- Hydrops fetalis (water in one baby's body from heart failure)

It is crucial for parents with a multiple gestation to determine their placental type early. With monochorionic twins, watch carefully for the warning signs of TTTS. Since TTTS is a high-risk problem that can happen quickly and at any time in pregnancy, frequent examinations and ultrasounds are necessary to catch the problem early. Many physicians are unaware of the warning signs so your awareness is critical. The TTTS Foundation advocates weekly ultrasounds with a perinatologist from 16 weeks gestation through delivery to look for placental share problems and TTTS.

The Twin To Twin Transfusion Syndrome Foundation, www.tttsfoundation.org

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diagnosis and treatment.

The management of TTTS is controversial, and several trials have been attempting to determine which method is best. The main problem is that the easier form of treatment (removing the excess fluid around the recipient by amniocentesis) does not work in severe cases; but the other form of treatment (fetal surgery) is invasive. So there are two groups of professionals: One group feels that fetal surgery is too dangerous, even in cases where amniocentesis does not cure or control the disease; the other group knows that amniocentesis doesn't always work, but, because they know how to do the fetal surgery, they are inclined to offer it in all cases of TTTS, including those cases that might respond to amniocentesis. This is an unsatisfactory situation, and is largely based on a failure to realize that TTTS varies in severity, and every case needs careful assessment to determine the best

management. There is also widespread misunderstanding as to what the blood vessel connections actually look like, and how easy it is to tackle them at surgery.

Fetal surgery for TTTS is done in suitable cases by passing a fiber-optic scope into the amniotic cavity of the recipient twin. Shining a bright light on the placental surface allows the surgeon to see the connecting vessels that are causing TTTS. A laser beam is then focused on the connections and the vessels are heated until they collapse and disappear. This stops the transfusion. Complications include premature onset of labor and rupture of the membranes. The procedure is done only by a few experienced surgeons in specialized referral centers.

Twin-to-twin transfusion is a very difficult problem to manage, and it may be some time before we know the best way to go. The main difficulty, however, is to persuade people with fixed ideas

about management to recognize that amniocentesis and fetal surgery probably both have roles to play, and that one



Geoffrey Machin, M.D.

method does not exclude the other. We will make real progress when the diagnosis of MC twinning is made in the first trimester, and we have the opportunity to tackle TTTS cases at an early stage, before they have gone too far. ♥

Geoffrey Machin, M.D., Ph.D., a fetal pathologist, is co-author with Louis G. Keith, M.D., of *An Atlas of Multiple Pregnancy—Biology and Pathology*, (Parthenon Publishing, 1999) and authored the chapters on triplet zygosity in *Triplet pregnancies and their consequences*, edited by Louis G. Keith, M.D., and Isaac Blickstein, M.D., (Parthenon Publishing, 2003).

An advertisement for Proactive Genetics' Twin DNA Test. The background is a light blue gradient. Two identical baby girls are lying on their stomachs, wearing white onesies and white hats with pink floral patterns. A speech bubble from the baby on the left contains the text: "The Twin DNA Test: 99+% Test Accuracy, Results in 7-10 Business Days, Definitive DNA Zygosity Test, Easy Bloodless Swab Kit, Secure Online Ordering". A question bubble from the baby on the right asks "Q: Are they identical?". A large answer bubble at the bottom says "A: Find out with Proactive Genetics." The Proactive Genetics logo is in the bottom left corner, and the website "www.proactivegenetics.com" and phone number "1-866-TWIN-DNA" are in the bottom right corner.

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TTTS: What do we know?

by Sharon Withers

Ask any parent—or any obstetrician, for that matter—who has faced twin-to-twin transfusion syndrome what makes TTTS so tough to treat and they will tell you that one thing is how little we know.

“There are so many questions we don’t have answers for; as a clinician it is very frustrating for me,” said Dr. Timothy Crombleholme, director of the National Institutes of Health-funded Twin-Twin Transfusion Trial and of the Fetal Care Center of Cincinnati at Cincinnati Children’s Hospital. “This field [study of TTTS] doesn’t lend itself to concrete answers. Like a lot of things in life, it is not black or white, but a big swath of gray.”

We do know that TTTS is a disease of the placenta, while the twins themselves are normal. Unborn babies, however, get their oxygen and nutrition from the placenta, and any disease of the placenta affects their well being.

We know that it is critical to catch the disease early. “Can we pick up the ones who will suffer TTTS earlier?” asked pediatric and fetal surgeon Dr. Francois Luks of the Brown Fetal Medicine Program and lead investigator of the Eurofoetus study at Rhode Island Hospital’s pediatric division, Hasbro Children’s Hospital. “We can stop the syndrome but we can’t turn back the clock. One or both fetuses may already have suffered from the condition.”

We also know what happens in a TTTS pregnancy. And we know several treatments that may help.

But we don’t know why 15% or so of monochorionic (MC) pregnancies develop problems with vascular communication when all MC pregnancies share placental blood vessels. Or why TTTS can show up at any point in a pregnancy, although the severe cases usually surface before 26 weeks. Dr. Luks believes that when the syndrome appears later in pregnancy, it was latent but we don’t know what makes it flip.

And we are not always certain which treatment is best for which patient. Two studies examining the treatment of TTTS may provide some answers.

The Eurofoetus study

Performing laser surgery in utero on identical twins suffering from twin-to-twin transfusion syndrome leads to significantly better outcomes than traditional treatment, according to a study conducted by physicians from Rhode Island Hospital, Women and Infants’ Hospital and Brown Medical School. The results of the study, led by investigators in France and Belgium, appeared in the July 8 issue of the *New England Journal of Medicine*.

The Fetal Treatment Program, a joint venture of Rhode Island Hospital’s Hasbro Children’s Hospital, Women and Infants’ Hospital and Brown Medical School, is the only site in North America that performed fetal surgery as part of the study. Principal investigators for Rhode Island site were Stephen R. Carr, M.D., Women and Infants Hospital, and Dr. Luks.

This is the first prospective randomized trial to show an advan-

tage of fetal surgery. A computer randomly assigned 142 pregnant women with severe TTTS before 26 weeks gestation to laser surgery or amnioreduction treatment. In this study, fetoscopic laser coagulation improved survival chances by 25% and reduced the risks of neurological problems by half, compared with drainage of amniotic fluid alone.

One or both babies survived in only half the mothers who were treated with amniodrainage only. Babies were also born very prematurely, about 29 weeks on average. While this is certainly better than without any therapy at all, it leaves room for improvement.

On the other hand, 76% of pregnancies treated with fetoscopic surgery ended up with one or two babies; this is an improvement of 25% when compared with amniodrainage alone. In addition to that, laser therapy reduced the occurrence of serious brain damage by the age of 6 months from 10.3% to 4.5%. This may be attributable in part to the later gestational age at birth (babies in the laser group were born at a mean of 33 weeks) or a difference in imaging studies.

The results of this study suggest that patients diagnosed with severe TTTS should be offered the opportunity to have laser intervention. Since the study ended in 2003, the in-utero laser surgery is now offered to any patients who qualify at Rhode Island Hospital and Women and Infants’ Hospital. The results appear to be comparable, or better, to the trial results.

The Twin-Twin Transfusion Trial

The purpose of the ongoing NIH-funded Twin-Twin Transfusion Trial is not to say that one treatment is always superior to another, but to determine under what circumstances which therapy is best.

“We take the sickest patients we can get,” Dr. Crombleholme said. With blinded review of tests patients undergo, doctors can chart the differences in responses to a specific treatment.

The trial is a huge study that randomizes women pregnant with TTTS babies into either a amnioreduction or a laser surgery group. Thirteen medical centers in the United States participate in the study, but only three—Cincinnati Children’s Hospital Fetal Care Center of Cincinnati, Children’s Hospital of Philadelphia and University of California at San Francisco—perform the surgery. All fetoscopic recordings are compared with placentas that undergo pathology studies, correlating fetoscopic surgery with pathologic findings for the first time ever.

Furthermore, the study follows babies for three years, monitoring neurodevelopment and evaluating the long-term outcome of the treatments. “It is far more complex than imaging studies at birth or in the first six months,” Dr. Crombleholme explained, adding that the earliest age at which neurodevelopment measurements are reliable is 18 to 22 months. The comprehensive battery of tests, the follow-up are necessary to unlock the mysteries of this very complex disease.

“Even if you are a laser advocate, there is so much we still need to know. We don’t know why a certain subset respond to laser and another to amnioreduction,” Dr. Crombleholme said. “The only way to tease that out is with a large multi-center clinical trial.”

To illustrate the purpose of the trial, Dr. Crombleholme told of a woman who was in the trial, but was declared a treatment failure and therefore had her choice of treatment when amnioreduction did not work. After evaluating her case, doctors were certain she would lose one twin if she had laser surgery. In her case laser amniotic septostomy (perforating the interfetal membrane septum) equalized the fluid volumes and saved both twins.

This case also illustrates how randomization works. “Randomization does not take any options off the table. You are not locked into a therapy that doesn’t work,” Dr. Crombleholme explained. “We have a mechanism to declare a patient a treatment failure.” If a patient in the trial is declared a treatment failure, she receives the therapy that is best suited to her babies. “We do everything we can to optimize a mother and babies’ outcome.”

The future

While these studies are investigating the treatments, much work remains. “Some researchers around the world have great mathematical models of TTTS,” Dr. Luks said. “Imaging will get better,” he continued. “We will be able to see the individual vessels on imaging. We have a little further to go to see individual vessels and flow.”

Dr. Luks also offers this advice to mothers: “It is tragic how so many people are told, ‘There is nothing we can do for you.’ Don’t take ‘no’ for an answer.”

The Twin-Twin Transfusion Trial will run for another two to three years. “Most monochorionic placentas have the communications necessary for TTTS to develop, but communications don’t cause the disease. Something triggers it,” Dr. Crombleholme said. Through the intense, comprehensive trial Twin-Twin Transfusion Trial he hopes to not only establish the best treatment for a given situation, but also find that trigger. ♥

Resources

The TTTS Foundation
www.tttsfoundation.org

The UK Twin to Twin Transfusion Syndrome Association
www.twin2twin.org

Twin to Twin Transfusion Syndrome Australia Inc.
www.twin-twin.org

Twin to Twin Transfusion Syndrome Awareness
www.ttts.8k.com

Florida Perinatal Associates Fetal Therapy Program
Dr. Ruben Quintero
www.fetalmd.com/ttts.htm

The Twin-twin Transfusion Trial
(800) IN-UTERO
www.cincinnatichildrens.org/svc/ prog/fetal-care/default.htm
www.fetalsurgery.chop.edu

The Fetal Treatment Program
Hasbro Children’s Hospital
Women & Infants’ Hospital
Brown Medical School
http://bms.brown.edu/pedisurg/ FetalTreatment.html

The International Institute for the Treatment of Twin-to-Twin Transfusion Syndrome
Dr. Julian DeLia
www.covhealth.org/stellent/groups/public/documents/www/cov_014263.hcsp

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Brad and Jake, 3 days old






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Special Miracles

by Michelle Accarpio

The year of 'the miracle'

The year 2000, celebrated by the rest of the world as the millennium, is regarded by our family as the year of "the miracle."

Our first child Joseph, born in 1994, was conceived with the aid of fertility drugs. His sister Jaclyn arrived the following year—without help from any drugs. On June 10, my husband Thomas and I found out I was pregnant, again.

On Sept. 18 we learned we were expecting twins. What a shock! I had not taken fertility drugs in six years. I had gone from thinking, "I'll never be a mother," to being a mother of four.

I sensed something was different with this pregnancy. At 14 weeks, I was unusually bloated and I felt "the flutters" but knew it was too early for the babies to move.

On Oct. 9, we heard the words that will be with us the rest of our lives. Our perinatologist, Dr. Charles Ingardia, told us we had monozygotic boys but they had Twin-to-Twin Transfusion Syndrome.

Donor Matthew would die of anemia and recipient Mark would die of heart failure and brain damage. Amniocentesis was not an option. Without laser surgery to interrupt the vascular communications between them, they would not survive. Dr. Ingardia made an appointment with fetal surgeon Dr. Ruben Quintero.

On Oct. 15, we flew to Tampa, Fla.

where we met with Dr. Quintero. Two days later I had fetoscopic surgery. The procedure went well, but we would not know for one month if it would save our babies.

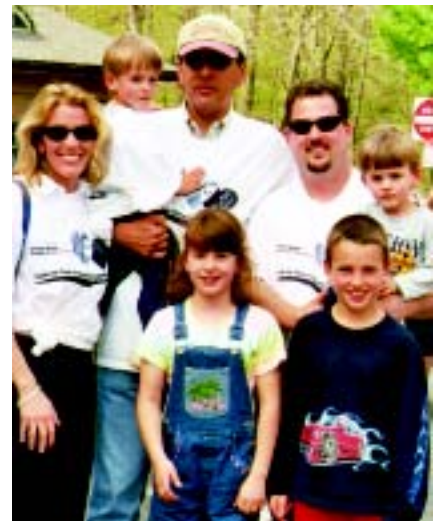
Our emotions were so unsettled. I returned home to complete bed rest and two young children who could not understand my bouts of crying. Thank God for my family and friends and their help.

I had ultrasounds, steroid injections to help develop the twins' lungs and terbutaline to delay preterm labor. On top of the enormous emotional and physical stress, these drugs made me jittery and irritable. I found it harder and harder to manage each day.

On Nov. 9, the amniotic fluid was low and Dr. Ingardia could not find the membrane that separated our babies. I didn't know how much longer I could ride this emotional roller coaster.

At the Nov. 17 ultrasound, the babies had each gained a pound, but because of low fluid pockets Dr. Ingardia admitted me to the hospital. On Nov. 22, an ultrasound showed fluid around Matthew's heart. Although the pediatric cardiologist said Matthew's heart didn't look stressed yet, Dr. Ingardia said, "The cardiologist knows his hearts, but I know your placenta, and we're taking the babies today."

Matthew weighed 2 pounds, 7 ounces, and was 14 inches long when he was born



The Accarpio family poses at the Third Annual TTTS Walk, May 2, 2004, in Saugus, Mass. Back row, l. to r.: Michelle, Mark, Thomas, Dr. Quintero and Matthew; front row, l. to r.: Jaclyn and Joseph.

at 10:14 p.m. Mark weighed 2 pounds, 12 ounces, and measured 15 inches. Matthew had a ghostly appearance, with membrane adhering to his face; Mark was bright red because of the blood. Had we waited, they would not have survived.

The twins were whisked away to the NICU. We entered a world of feeding tubes, monitors, IV lines in tiny hands, pumping breast milk, vision problems, hernias, blood transfusions, reflux and more. My babies looked so helpless. Every instinct told me I should be taking care of them, but doctors, nurses and machines were doing it. Would they ever be normal babies?

Mark came home Jan. 29, 2001, and Matthew, Feb. 12. They were in a birth-to-three monitoring program because of their prematurity and progressed right on target! I am happy to report our "miracles of the year" are happy, healthy, normal twins. ♥

Michelle Accarpio lives in Liberty, Conn., with her husband and four children.

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by Lynn Lorenz

'Disney World' TTTS babies

It all began when we decided to take our then 3-year-old daughter Lauren to Disney World Oct. 5, 2002. I wanted to get pregnant in October so I could have a summer baby. Well, my wish came true Oct. 11, in sunny Orlando, Fla.

Soon after my doctor confirmed my pregnancy, I began to get really bloated and my back was always sore. He was concerned that this might be a bad pregnancy. I had a series of two ultrasounds, two amniocenteses and a trip to the emergency room. The 14-week ultrasound showed twins. Every time, I went home feeling weird that something was terribly wrong, but the doctors could not find anything.

One Sunday morning, I turned on the TV and happened to see "Baby Story." The young pregnant mom on the show was diagnosed with twin-to-twin transfusion Syndrome. All I could do was think about my babies who could be sick like this. My husband tried to put me at ease, but I kept thinking about it.

Eager to learn more, I looked up TTTS on the Internet. What I found did not make me feel any better because I was experiencing some of the symptoms I read about—bloating, hard belly to the touch and severe back pain.

At my 20-week ultrasound, Dr. Achilles Athanassiou looked at me lying on the bed



Olivia, and Lea, 1 year, with sister Lauren, 4 years

with my beautiful daughter and my husband by my side and asked, "Have you ever heard of Twin-to-Twin Transfusion Syndrome?"

I couldn't believe it. I cried and cried and held on to my husband so tight, just hoping this was a dream.

Dr. Athanassiou telephoned his associates at the Women's and Infant's Hospital in Rhode Island; they were expecting me. There were a few options, including surgery. Dr. Athanassiou was both comforting and honest. He explained to us that if we waited any longer our twins would die.

We had to go home, pack a bag and drive straight to Rhode Island. As we drove there we cried, we prayed and we thought of the worst—and also of the best—outcome.

When we got to Women and Infant's Hospital Dr. Francois Luks, a surgeon, came in the room and looked at my dying babies on the ultrasound. He and his asso-

ciate Dr. Carr told us we had to make some life-or-death decisions. I thought I could go home, think about it and come back for the surgery. That was not the case at all.

At 10 p.m. that night I had surgery; it lasted about 2½ hours. They were able to sever about eight vessels that were creating most of the problem. All went well but as we knew there were no guarantees.

I remained in the hospital in Rhode Island for 10 days and then went home to the care of Dr. Athanassiou. It was about six weeks before he could see any improvements in the twins.

Doctors Carr and Luks called weekly for progress reports and gave us the TTTS Foundation information, where we read about other families who had gone through this and even talked with some. I was on bed rest so I sat and read and cried for each of these families, not knowing the outcome of my own. But things progressed.

At 37 weeks a strong, beautiful baby we call Olivia was born vaginally—5 pounds, 12 ounces. Lea was ready, but because her cord emerged before she did, the doctors took her by Caesarean section. She weighed 6 pounds, 4 ounces.

My miracle babies have just turned 1 year old and are doing amazingly well. ♥

Bernadette Bregoli lives in Abington, Mass., with her family.

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Lonnie and Michelle's Story

by Lonnie Somers

Few moments in life are so memorable that one can recall every detail. For us it began with the news we were expecting twins. That day seemed like a dream but confirmation was posted on the refrigerator door—the ultrasound showed two babies.

The next moment of recall came in our 20th week of pregnancy during what was supposed to be a routine check up. We were told our twins were suffering from TTTS.

That night we researched TTTS in books and on the Internet. Everything we read told us we were going to lose our daughters. Finally we came across the TTTS Foundation Web page. We called immediately and left a message of despair and a plea for help.

The next day we saw a specialist. He was amazed that our girls had survived this long and indicated to us the gravity of our pregnancy. He performed an amniotic reduction to ease the pressure inside of the womb and told us to return in a couple of days.

On our doorstep when we arrived home was a large packet from the TTTS Foundation. From this information, we made an appointment with Dr. Ruben Quintero in Tampa, Fla.

Dr. Quintero performed high level ultrasounds. I came to hate these, for every time we went into one, something was discovered that was not in our favor. First, one of our twins had only a two-vessel cord instead of three. The other twin had velamentous cord insertion (a condition where the cord inserts into the membrane instead of the placenta). Then the doctor found a very peculiar anomaly in the blood flow of one of the girls that he had never seen in any of his more than 300 cases. Dr. Quintero told us he would do what he could to save our girls.

There were some complications with the surgery. Dr. Quintero had to devise a way to move the stuck twin out of way so he could reach the placenta. Finally the surgery was over and the girls were alive and my wife was doing well.

On June 17, 2003, at 35 weeks, our miracle babies Ashley and Aspen were born by Caesarean section. To see them alive and fine upon delivery was my dream came true; tears gushed from my eyes and soul. The next recall moment that will live with me forever is the honor I had in taking Ashley, held in my arms, down to the NICU. As I walked out of the OR, I saw our families and I was the first to introduce her to her wonderful family. Aspen and Ashley spent only 13 days in the NICU at Littleton Adventist Hospital.

Today our girls are healthy and show no signs of ever having been affected by TTTS—nothing short of a miracle. We have made it our life's goal to do everything in our power to provide awareness, hope and support to parents who will be affected by TTTS. We have started the Littleton Adventist Hospital TTTS Race for Hope and all proceeds will benefit the TTTS Foundation and the Florida Institute for Fetal Diagnosis and Therapy. ♥

Our cups runneth over

Whoever said there was no point in crying over spilled milk must have been a mother of twin toddlers.

I had no concept of the amount of liquids that twins can spill, or the amount that carpets can absorb, but in the early months of twin parenthood, I learned. On some days it seemed that time not spent taking care of Emmalyn and Alexa or (seldom) sleeping was solely spent sopping up juice, milk and other spills. I became convinced that in the air, as a liquid leaves its container, some sort of molecular expansion converts a cup of juice into a gallon by the time it hits the floor.

One afternoon, as I scrubbed away at a spot I'd cleaned minutes earlier, I wondered how mothers a hundred years ago coped with rags and lye, instead of the arsenal of cleaners I had at my fingertips. It was not the first time I felt a humble gratitude to be living now.

The most ingenious invention of our modern era, I felt, had to be spill-proof sippy cups. The magic of being able to give a child a cup and know that when it was tipped upside down, rolled across the room or tossed to the other twin it would not spill, is hard to describe.

When Emmalyn and Alexa graduated to sippy cups I graduated to a new lower level of cleaning. Now I could give the house a daily once-over and it looked acceptable — certainly not meeting my pre-children standards, but definitely tolerable. And since most people have a near-fearful respect for parents of twins, the bar was a bit lower for me anyhow. Life was good.

So it was in horror that I listened as Ken said one night at the supper table, "You know, the girls are getting a little old for their sippy cups. I think we should start using regular cups with them."

"Regular cups?" An image of our early



ILLUSTRATION BY BOB PELTZ

parenting days flashed in front of my eyes. No. I couldn't go back there.

"It won't be so bad," he promised, "Look how good they are with sippies."

"Exactly. They are good with the sippies. Why do they ever have to drink from anything else?"

Emmalyn and Alexa's excitement at the transition to regular cups overshadowed my reluctance. Now they drank from cups just like mom and dad. Now they were big girls! Or at least, that was their perspective. My perspective was that they were still little girls, now making big messes.

They tried to be careful, but spills were inevitable. Our house returned to being a swampy battlefield, where paper towels marked the latest spill so that grown-ups (oddly enough, never the girls) could step into it the moment shoes were kicked off tired feet.

On one particularly frustrating day, Emmalyn and Alexa spilled every single

thing I gave them, including dark-brown Ovaltine that defied the laws of gravity and ended up on our 10-foot living room ceiling. Something inside me snapped and I sat them down for a stern lecture. "You are big girls now," I said firmly, "and you have got to be more careful. I know you're still learning and you're trying hard, but you have got to get better."

They exchanged timid glances and whispered, "Sorry, Mom."

It was impossible to remain angry. I patted them on the backs. "It's OK. You'll get better."

But through the afternoon and evening the spills continued, now accompanied by tearful admissions that they had been careful, but somehow, they didn't know how, they had spilled their cups. The house was a wetland with something sticky or sloshy at every step. I couldn't

take any more. When Ken came home, I met him at the door and said, "We're going out to eat."

We sauntered into the restaurant and delivered the usual speech about being careful with their cups. And moments later — I still don't know how this happened — I reached for something and my glass, brimming with cola, went sprawling across the table in a Niagara-worthy splash. I was speechless.

Emmalyn and Alexa's open-mouthed faces turned to me in unison. And slowly, as though she were exploring uncharted territory, Alexa leaned close and whispered, "I thought you were a big girl now, Mom."

Emmalyn took the cue with a sorrowful, "You have got to be more careful."

"But it's OK," Alexa said, "You're still learning." She patted my arm. "You will get better." ♥

Kandace York is a freelance writer who lives in Luckey, Ohio, with her husband and twins.



Child Abuse: Not Always Double Trouble

by Joshua Coleman, Ph.D.

Each year, more than 2.5 million cases of child abuse and neglect are reported. Of these, 35% involve physical abuse, 15% involve sexual abuse and 50%, neglect. Studies show that parents of twins are more likely to abuse their children than parents of singletons, which may come as no surprise to any of us parents of twins.

Parenting twins is a far more stressful endeavor than the parenting of singletons or parenting children in succession.

In this article, I'll discuss why twins are at an increased risk for abuse. My goal is to help those parents out there who struggle with this issue to identify the problem and seek help. My second goal is to help those parents who are at future risk. And my third goal is to help readers understand the difference between abuse and normal parental loss of patience or control.

First, let me clarify some terms. When we speak of abuse, we normally think of four types: physical abuse, emotional abuse, neglect and sexual abuse. I won't cover sexual abuse in this article because it typically has a different set of causes and deserves its own article.

Definitions

Physical abuse. Physical abuse is typically defined as any loss of parental control that results in bodily harm, injury or bruising of a child. While some would argue that spanking is abuse, most watchdog agencies don't consider it abuse unless it leaves marks or is being used in a way that suggests a sadistic attitude on the parent's part. Regardless of how the law reads, spanking an *infant* is abusive and should never be part of a parenting regimen.

Emotional abuse. Emotional abuse is defined as any form of ongoing shaming, ridicule, humiliation, criticism or rejection of a child. I want to emphasize the word "ongoing" because I believe that most if not all parents of twins engage in one or more of the above behaviors from time to time, or at some point in their chil-

dren's development. The difference has to do with the severity and the regularity of the behavior. The occasional loss of parental control with twins, however undesirable, is somewhat to be expected. If it occurs in an environment where the ongoing day-to-day relationship with the parent is close, warm, affectionate and trusting, it's unlikely that it will be harmful to the child, however unpleasant in the short term. On the other hand, if the ongoing parental style is emotionally abusive, then it's more likely that harm is being done and help should be sought for both the parent and the child.

Neglect. Neglect is the continual failure to attend emotionally or physically to a child's psychological or bodily needs. This is tricky terrain for many modern parents who feel like they're neglecting their children if they're not responding empathetically to every single need or emotion that their child expresses. So again, let me highlight that the operative word here is "continual." This means that the parent consistently or regularly neglects the child's emotional and physical needs by failing to provide adequate food, shelter or supervision.

Why are parents of twins more at risk to be abusive?

A number of stressors predict child abuse. Unfortunately, these factors are more common to parents of twins. One of these is parental depression. Studies show that mothers of twins are five times as likely to be depressed as mothers of singletons. Depression in mothers of twins has been linked to the following causes:

- excessive marital stress or discord
- financial stresses or insecurities
- postpartum hormonal imbalances
- history of anxiety disorders
- lack of good social support
- history of alcohol or substance abuse
- genetic predisposition to depression
- ongoing fatigue or sleep deprivation.

Why would depression lead to abuse?

Maybe the question should be "Why don't more parents abuse their twins given how exhausted, stressed out and overwhelmed we are?" The reason that depressed parents are more likely to be abusive is that they have even fewer resources to draw upon to inhibit striking out against the sources of their stress. In addition, depression can lead to impaired judgment, increased anger and increased aggression. It can also decrease the amount of control someone has over his or her ability to think clearly, and to use that thinking to control the emotions.

Is prematurity a factor?

Twins are far more likely to be premature than singletons. Sadly, prematurity is also more likely to lead to abuse than pregnancies carried to full term. Prematurity often leads to neonatal complications, low birth weight, and congenital malformations—all factors that increase the risk of child abuse.

Are both twins always abused?

Studies show that more often than not only one of the twins is likely to be abused. The higher-risk twin typically has:

- a slower rate of development
- medical problems
- lack of a fit between parent and child (for example, a highly active twin with a highly inactive parent)
- a perception by the parent that the abused twin is somehow more difficult or less lovable than the other twin.

What qualities make parents more at risk?

Studies and case histories show that some parents are at greater risk than others. The risk factors are:

- parent was abused as a child
- drug or alcohol problems
- depression
- physical illness or disability
- husband's sudden death

continued on page 20

Shaken Baby Syndrome

Shaken Baby Syndrome is one of the most prevalent forms of child abuse and occurs most frequently in infants younger than 6 months old, but can occur up to 3 years of age. When a baby is vigorously shaken, the head moves back and forth. This sudden whiplash motion can cause bleeding inside the head and increased pressure on the brain, causing the brain to pull apart and resulting in injury to the baby. Often injury is not obvious since it is internal and can include brain swelling and damage, cerebral palsy, mental retardation, developmental delays, blindness, hearing loss, paralysis and death. When a child is shaken in anger and frustration, the force is multiplied by five or 10 times more than if the child had simply tripped and fallen. Almost 25% of Shaken Baby Syndrome victims die.

Never throw or shake a baby, at all, ever. Always provide support for the baby's head and neck. Hug and cuddle the baby gently. If you feel pushed to your limit, call a neighbor or friend for help. Or, place the baby in a safe place such as a crib and go to another room.



Study Notes

- A study in the U.K. found that babies who are abused are at a very high risk of further abuse, with almost one in three re-abused within three years.
- In New Jersey, hospital charges for abused or neglected children are twice the average of other children, and a child diagnosed at the hospital with abuse or neglect is nearly nine times more likely to die, according to a new analysis of records of more than half a million children.

- unwanted pregnancy or child
- dislike of child-rearing
- economic insecurity
- large families and inadequate spacing of children.

- alcohol or drug abuse
- marital discord
- truancy
- aggression and violent acting out
- abuse of own children
- depression
- anxiety disorders
- personality disorders.

What are the long-term effects of abuse?

While we can never predict which symptoms will develop as a result of being abused as a child, one or more of the following have been consistently found in children, teens and adults who were abused as children:

- low self-esteem
- lower socioeconomic and academic achievement

When is it abuse?

While physical abuse is fairly easy to define, emotional abuse can be more tricky. In addition, many parents believe that if they're not hitting their kids, they're not abusing them. They respond to their children's protests by saying that the child can't take a joke, is too sensitive or needs to learn

how to take criticism. Not infrequently, parents who were physically abused may believe that they're not harming their children as long as they're not hitting them. This is the I'll-give-you-something-to-cry-about household.

Being a victim of emotional abuse can be especially confusing when that child becomes an adult because he or she may not be able to understand why she has such low self-esteem, such high anxiety or such a strong inability to attain her goals. "Gee, it's not like I was hit or anything. I know people who had it a lot worse than I did," is a common refrain. Most people don't realize how damaging it can be to grow up in a home where there is ongoing teasing, shaming, humiliating or rejecting.

Emotional abuse can be equally as damaging to long-term well being, in part, because it's so hard to root out and label. Those who strive to understand the sometimes maddeningly subtle ways that childhood emotional abuse plays out in adult dysfunction can be labeled as babies or whiners in our "Get over it," "Move on," and "Get real" culture.

On the other hand, I don't think parents need to cower in guilt and fear every time they blow it with their kids. We do need to be aware of our vulnerabilities in the parenting realm and work to correct them and repair them when they surface. But, there's a lot of gray zone between ideal parenting and abusive parenting behavior. For example, I'm sometimes more impatient with my twins than I'd like to be. Most of the time I think my impatience is within normal limits—meaning, they'd prefer it if I were more patient, but they're probably not suffering any long-term consequences because of it. Occasionally, I do cross the line and if I don't catch myself in the middle of it, or apologize later, then my wife jumps on me and I back off.

Will my twins confront me when they're adults with a therapy bill or a litany of complaints about my lack of patience when they were young? Maybe. But, I also know that my impatience is balanced out by a predominance of affection, dedication and interest. At least that's what my wife says, and lord knows, she'd rain five kinds of jus-

tice down on my head if I wasn't being a good parent.

What can I do if I've been abusive?

Recognize that there's a problem and make a plan for change. Try to avoid punishing yourself with shame and guilt. Believing yourself to be a terrible person will only increase your risk of repeating the behavior. This is because it's natural to want to punish those who are associated with our feeling bad about ourselves: "If it weren't for you, I wouldn't have to feel like this!" Try to have compassion for yourself by making a check mark by the risks for abuse listed in this article. Realize that you're not alone. Almost anyone is capable of abusing his or her child if sufficiently stressed.

Women who kill their children are almost always suffering from a form of mental illness such as a severe postpartum depression or postpartum psychosis. In our cowboy justice system, these women are sentenced to life in prison or handed a death sentence. In other countries, such as England, they're treated where they should be, in psychiatric centers. (If murdering your children doesn't qualify as grounds for mental illness, I'm not sure what does.)

Don't isolate yourself. Remember, one of the causes of abuse is the lack of a good social support system. Tragically, those who are the most in need of support are sometimes the least likely to seek it.

Humans evolved in large social groups where children were raised communally. This means that we probably don't have the wiring to be doing this all alone without anyone to help us. Bearing this in mind, join a parenting group, a mothers of twins group or a stress-reduction group. Make sure to see your friends and family (assuming that your family is not a big source of stress).

Seek professional help. It's possible that you'll need additional help in gaining control over your behavior. Having a therapist to talk to can be a huge source of support and self-understanding. You may also benefit from medication to help with depression, anxiety or aggression. Because marital discord can sometimes be a cause, consider couple's therapy.

Finally, put yourself first for a change. Don't strive to be such a good parent or spouse that you come last on the list in terms of getting down time. Make sure you do something nurturing for yourself every day. Parents are the most likely to hurt their children when they have nothing inside to draw upon. Make sure that this doesn't happen to you. ♡

Joshua Coleman, Ph.D., is a psychologist in private practice in the San Francisco Bay Area. He is the father of twin sons and a daughter and the author of *Imperfect Harmony: How to Stay Married for the Sake of the Children and Still Be*

Happy (St. Martin's Press). Visit his Web site at www.drjoshuacoleman.com.

Resources

- m **Parents Anonymous**, www.parentsanonymous.org, (909) 621-6184
- m **Prevent Child Abuse America**, www.preventchildabuse.com, (800) CHILDREN
- m **National Clearinghouse of Child Abuse and Neglect Information**, <http://nccanch.acf.hhs.gov>, (800) 394-3366
- m **Childhelp USA**, www.childhelpusa.org, national abuse hotline, (800) 4-A-CHILD
- m **MedLine**, www.nlm.nih.gov/medlineplus/childabuse.html
- m The Department of Human Services, Child Protection Crisis Line (Victoria, Australia) 13 22 89.
- m **National Society for the Prevention of Cruelty to Children** (U.K.) www.nspcc.org.uk, Helpline, 0808 800 5000.



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A revolution in maternal nutrition

Dr. Barbara Luke is a revolutionary in the best sense of the word. Ask any mom of multiples who has benefited from her pregnancy management program. Almost single-handedly Luke is revolutionizing the prenatal care of multiple pregnancies with a combination of prenatal education and nutritional guidance. Her groundbreaking research has overthrown the longstanding practice of restricting weight gain during pregnancy. The dramatic results for multiples include reductions in preterm birth, low birth weight and developmental delays; and, increased length of pregnancy and higher birth weights with a two-thirds reduction in the risk of complications overall.

Challenging the status quo

Dr. Luke explains how she developed a special interest in twin, triplet and quadruplet pregnancies. "My experience as a public health nurse in the Bronx opened my eyes to the great need for preventive care," Luke recalled. "This led me to do graduate research in maternal nutrition, which led to my opening a clinic and eventually starting a WIC program, which I am proud to say is now 30 years old!

"During my pregnancy in 1988 my OB

wanted me to severely limit my weight gain. This didn't make sense to me, especially since my son was a big baby, weighing 9 pounds, 1 ounce, at birth. I wondered how this nonsense about not eating when pregnant had developed," Luke said. "In the Johns Hopkins library I found that many obstetric books recommended starving women so they would have small babies to deliver and thereby avoid serious complications. This idea persisted in spite of the fact that the advent of antibiotics had much improved the safety of Caesarean section delivery in cases of babies too large for the mother's birth canal.

"I did a chart review on weight gain in pregnancy and discovered that multiples were often left out of the data. There were no guidelines anywhere regarding weight gain in multiples. As a nutritionist I found this baffling. For my doctoral dissertation at Johns Hopkins University, I began to fill in the blank by doing clinical research to document the beneficial effects of maternal weight gain on twin outcomes."

Promoting prenatal nutrition

In 1996 Luke established a prenatal nutrition clinic for women expecting multiples at the University of Michigan Medical

School. "I found that if the mom doesn't eat well right from the start fetal growth slows. You can't make up for the loss and you can't stop the resulting preterm labor. There is a short, early window of time to build placentas rich enough to support the development of healthy babies," Luke explained. "I recommend early weight gain; for example, 24 pounds by 24 weeks with twins, and consumption of 3,000 to 4,000 calories a day, depending upon the mom's pre-pregnancy weight and the number of babies."

The basis of Luke's program is actually a diabetic diet, which stabilizes blood sugar levels. Protein and carbohydrates are eaten together and supplements with vitamins and minerals taken separately. (Prenatal vitamins make women nauseated because they combine vitamins and minerals.) She recommends these vitamins and minerals: one multi-vitamin a day which contains 100% of the non-pregnant recommended daily allowance (RDA) during the first trimester and two a day thereafter; and 3 grams of calcium, 1.2 grams of magnesium and 45 mg. of zinc every day.

Sharing the data

Throughout her 30-year career Luke has



Researcher: Barbara Luke, B.S., M.P.H., Sc.D.

Position: Professor, Department of Epidemiology and Public Health, and Department of Obstetrics and Gynecology, University of Miami School of Medicine, Miami, Florida

Publications: Twelve books, including the award-winning *When You're Expecting Twins, Triplets or Quads*, co-authored with Tamara Eberlein. Harper Collins, second edition, 2004.

Contact information: www.drbarbaraluke.com



Patricia M. Malmstrom, M.A.

used a multifaceted approach to study issues affecting the health of women and children, including maternal nutrition, fetal alcohol syndrome, and links between maternal fatigue and poor pregnancy outcomes. To describe trends and outcomes, she likes to telescope national vital statistics data. She finds that combining several years of data can result in unique, population-based analyses. Using this method she defined the optimal plurality-specific birth weight and gestational age combinations associated with the lowest risk of fetal death. The tables from this study have been reprinted in the American College of Obstetricians and Gynecologists' most recent technical bulletin on multiple pregnancy. Her 1992 analysis ("The Contribution of Singletons, Twins, and Triplets to Low Birthweight, Infant Mortality, and Handicap in the United States," *Journal of Reproductive Medicine* 1992; 37:661-6) has had a far-reaching effect on raising public awareness.

Over the past seven years Luke has formed a consortium of universities to pool data on twin, triplet and quadruplet pregnancies from the diverse fields of ultrasound, anthropology, biostatistics, finance, physiology, dietetics, nursing, pediatrics and obstetrics. Together they have amassed data regarding admissions, placental data and infant health on 3,500 pregnancies. Every year since its inception, the consortium has published important new findings, including most recently, birthweight references for twins based on longitudinal measures of fetal growth, and birth weight.

Infiltrating the mainstream

"If you want smart, healthy kids, eat well, especially red meat, to reduce your risks of infection and anemia," Luke said. By translating her research into practical guidelines via her books and programs in Michigan and Miami, Luke has improved the lives of hundreds of children and their families. She practices what she preaches. Day after day, during their weeks or months of bed rest, she brings hot breakfasts to the University of Miami's hospital-bound mothers-to-be.

"Irrespective of their doctor's beliefs and practice, the evidence is really clear that the benefits of good nutrition are completely under the mom's control," Luke said. "One-by-one, women who follow my guidelines are educating their obstetricians about the importance of nutrition in multiple births. Doctors are willing to give nutrition a chance if it produces healthy babies that reflect well on their reputations."

Quiet perhaps, but a revolution indeed! ♡

Editor's Note: For more information about Luke's program, order the second edition of her book *When You're Expecting Twins, Triplets or Quads* from the TWINS Magazine Bookshelf and visit her Web site. Luke also offers fee-based consultations regarding nutrition and/or fetal reduction via her Web site.

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

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Taking back the holidays

by Melanie Bowden

For years I have wound myself up with tension before, during and after the holiday season. I often blamed my feelings on others. I thought if some of my relatives weren't such perfectionists, then I wouldn't feel so much pressure to be perfect too. I would compare how I decorated, wrapped presents and prepared meals to others who have higher standards than I do in these areas. I was afraid that they would think less of me if my house wasn't spotless or if I served so-so meals.

Then last fall I wrote an article on overcoming perfectionism. I learned that almost all of us have perfectionist tendencies in some area. I also learned that just because family members of mine strive for a perfect holiday at their houses, that doesn't have to be my priority. An expert on perfectionism, Dr. Monica Ramirez Basco, showed me how I've let others' stan-

dards control my behavior and influence my level of holiday anxiety.

I remembered all of the times when I ended up cranky and tired from overextending myself to make the holidays just right. I knew I couldn't face another holiday season filled with so much stress.

I decided to do the holidays a new way. Instead of straining for perfection, I would focus on relaxing and enjoying the company of others.

I didn't send out Christmas cards—gasp!—for the first time in my adult life. I hired a cleaning person to come the day before family arrived. Instead of cooking a fancy meal at home on Christmas eve, we took our guests out for Chinese food. I kept repeating my mantra: My priority is to have a fun, relaxing time.

I let family members help when they offered rather than jumping in and doing

it myself as I would have done in the past. I made sure that I didn't drink too much alcohol. I got plenty of sleep. When others dressed up for Christmas dinner, I wore what I wanted: jeans, slippers and a soft sweater I had received as a gift.

I stayed in my pajamas later. When I needed quiet, I took time to read by myself. I let the days unfold naturally rather than overplanning activities in advance.

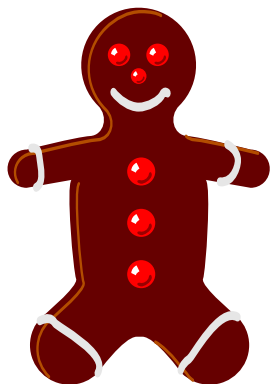
Letting go of my worries about what others thought freed me to concentrate on what I really wanted. I woke up to the fact that I've been my own worst enemy all these years by striving for a "perfect" holiday.

If I could wrap imperfection up with a sloppy bow, that's the gift I'd want to receive every year. ♡

Melanie Bowden is an imperfect freelance writer, mother of two and postpartum doula. She's considering throwing a bad dinner party and inviting all the perfectionists she knows.

Sugar and spice and everything nice

Nothing beats the smell of gingerbread baking in the oven. With twins, making gingerbread cookies in steps is easier than one marathon session. Make the dough ahead and refrigerate or freeze it until you are ready to cut and bake the cookies. Save decorating for another day. Different sizes and shapes of gingerbread people add interest. Miniature cookie cutter gingerbread men can be rolled thin and baked to a gingersnap crispness. Big gingerbread men can be a little softer, or bake an extra minute or two if you want them crisp enough to hang them on the tree. Or you can make flat gingerbread house-shaped cookies. All ages can participate. Be sure to have several of each size of the cookie cutters on hand, though.



Gingerbread Cookies

1 cup butter	24 teaspoons cinnamon
1 cup packed brown sugar	1 cup molasses
1½ teaspoons salt	1 large egg
1¾ teaspoons allspice	5½ cups all-purpose flour
2¼ teaspoons ginger	1½ teaspoons baking soda
1¼ teaspoon cloves	dissolved in ¼ water

Cream the butter, brown sugar, salt and spices together. Add the molasses and egg and mix well. Stir in half the flour and the soda dissolved in water, mixing until well combined. Add the remaining flour. Dough should be very stiff. Wrap dough in plastic and chill overnight.

Preheat oven to 350 degrees. Divide the dough into thirds. Roll the dough out to desired thickness. (Tip: Roll the dough onto a cookie sheet lined with parchment, stamp out the shapes with cookie cutters and pull the dough away from the cookie cutter before removing the cookie cutter. This is a much less frustrating method for young children.) For ½-inch thick cookies cook about 8 to 10 minutes, being careful not to overbake. They will firm up while they rest. Decorate.

Icing

4 cups of powdered sugar
3 to 4 Tablespoons of fresh lemon juice
Blend and tint with food coloring. Spread over the entire cooled cookie, or pipe from pastry bags to make faces, collars and buttons. You can also decorate cookies with raisins or red hots before they are baked.

The Real Santa

by Nancy B. Gibbs

When my identical twin sons were 4 years old, the three of us jumped into the car and off we went to visit Santa Claus and to do some

Christmas shopping. They had their lists complete in their minds, knowing exactly what to say when Santa asked that very important question, "And what do you want for Christmas?" We visited several stores before we went to sit on Santa's lap. In all the excitement, I noticed the boys got very quiet, only whispering to one another.

The twins looked and acted so much alike that very few people could tell them apart. Even I couldn't tell them apart at times, without careful consideration and thought. Of course, they were the center of attention everywhere we went that day. They were so much alike, so cute and had personalities that would knock you off your feet. There were times, even at the age of 4, however, that they would get frustrated because no one could tell them apart.

As we were shopping that day, they began to notice that there were a lot of different Santas—not just one as they had believed. This concerned them because they wanted to tell the real Santa what they wanted, not some impostor. Finally, after all the quietness, Chad spoke up and said, "Mama, why are there so many Santas?"

Like all good mothers, I explained that they were Santa's helpers and that there were too many places for only one Santa to be. He just had to have some help.

Brad then spoke up saying, "But Mama, we want to talk to the real Santa."

"OK," I said, as we headed toward the mall, our last stop. "The real Santa is at the mall."

They were very excited about seeing the real Santa. Again, the whispering began. I wondered what they were whispering about. When we arrived at the mall, we jumped out of the car and we all ran to see the real Santa. One at a time, the boys sat on good old Santa's lap and as they left him they both wore a giant smile.

I asked Chad what Santa had said that brought such a big smile to his face. Chad said, "I know he is the real Santa!"

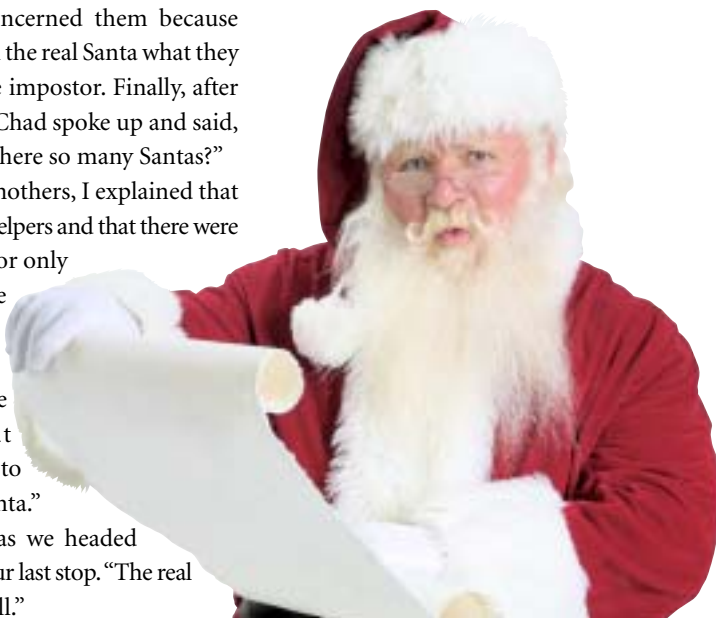
"How do you know?" I asked.

"Because he knew who I was, without me telling him", said Chad "He called me Chad and he called Brad, Brad. He's the only person who could tell us apart today. He's got to be the real Santa."

I wondered how Santa knew their names in the first place; much less who was who, but I was also very relieved that he did.

As they ran to the car ahead of me, I noticed the back of the sweatshirts that they were wearing clearly read "Brad" on one, and "Chad" on the other. I was so glad that the real Santa was not only a jolly old fellow, but an observant one too! ♡

Nancy B. Gibbs is a freelance writer and mother of twin sons who lives in Cordele, Ga. Visit her Web site at www.nancybgibbs.com.



Hanukkah party

When the kids were young we had large Hanukkah parties and invited lots of kids. At these parties we made Jewish stars out of Popsicle sticks and decorated the stars by gluing yarn to the back. This took a bit of time but the kids loved doing it. We hung them up around the house and still have a few we put up today.

We also played "Pin the Flame on the Menorah." We drew a huge menorah on a piece of poster board and cut out felt 'flames'. One at a time, we covered the kids' eyes with a handkerchief and spun them around three times. They then tried to find the board and scotch tape the flame on the menorah. We still have the menorah with the felt flames which the kids 'lighted' when they were young—before I let them use matches with the real menorah.

The kids also decorated cookies, but that was pretty tame. And of course, every one got presents.

—Lorraine Skupsky,
Greenwood Village, Colo.,
mother of 14-year-old triplets





Doing enough for the holidays

by Trina Lambert

Repeat after me, “I can’t do it all.” That’s right, you can’t do it all, especially if now is your season to have very young twins or more in the home. But you can create a December that suits your family’s current lifestyle.

Plan your holidays around what matters most to your family and remember to choose age-appropriate activities and celebrations for your children. This is doubly important when you have multiples. What will happen if you pack the calendar with activities inside and outside of the home? You probably won’t have much peace or goodwill in your little corner of the earth.

Practice saying “not this year”

Eliminate many activities if you want to avoid these not-so-jolly results of overdoing the season:

- ❑ Kids missing regular nap, meal and bedtime routines
- ❑ Children sleeping in the car between activities but not when at home
- ❑ Kids over-stimulated from sights, sounds and smells in busy shopping areas
- ❑ Parents stressed-out from following children around areas that aren’t childproofed
- ❑ Kids exposed to weather extremes
- ❑ Parents exhausted and cranky
- ❑ Kids exhausted and cranky.

Otherwise, your ho-ho-ho can easily become a bah-humbug.

Plan to “do” the season without being “done in”

With a little planning, you can create a holiday with at least a tiny bit of peace and plenty of joy.

Pick one or two special events for the season. Save the rest for some other year. Many communities, especially in metropolitan areas, have an overwhelming array of choices. Lights at the zoo? A lighted parade? Disney on Ice? Ask yourself how these fit with your twins’ bedtime or tolerance for weather.

Rosemary Dunn, a Sydney, Australia, mother of 3-year-old twin girls and a 6-year-old boy, said this: “Holiday activities, while the twins and their brother have been little, have been planned entirely around how well we can cope with them, the environment we’d be going into and how they’d cope without a nap. For example, in Australia, the heat of mid-summer is an issue as much as the cold would be elsewhere.”

Modify decorating schemes

Keep fragile decorations packed away. Protect your treasures—and your kids. You won’t be able to relax with kids and breakables together.

Switch to non-breakable ornaments, such as plastic cookie cutters on trees or decorate the top portion of the tree only. You can also secure the tree’s top to the ceiling with fishing line or place the

tree behind gates or on a table.

Jennifer VanSchoyck of Spencerville, Ohio, decided to skip the usual Christmas tree last year. Instead, she created a tree from green and brown poster boards, then hung it on the wall. Next she cut circle, square, rectangle, oval and heart shapes from colored paper. She and her then 3-year-old daughters and 2-year-old son colored them for tree decorations. "It worked for us and was really fun. This year I think a regular tree will be safe, but I think we will make more ornaments," Jennifer said.

❖ Plan age-appropriate versions of your traditions

You may have a tradition of baking and decorating cookies or making ornaments for gifts. If it can be done with toddler twins, great. Otherwise, tweak the tradition into something your kids can do. Maybe, instead of a full-blown baking production this year, you can decorate pre-made cookies from the refrigerator section of the grocery store and reduce the number given.

❖ Look for easy ways to visit Santa

Standing in line at a shopping mall is hard enough with one small child, let alone two or three. Santa attends parties for many twin clubs or preschools. If, after waiting in line, your kids decide the guy with the white beard and the red suit is really scary, then you won't lose much time. Plus they get to experience Santa along with children they know.

❖ Avoid crowded shopping

Keep your kids from jam-packed stores. Leave them home with one parent or another relative, hire a sitter, shop by Internet or mail order, visit non-traditional locations such as garden centers, buy gift cards or have a working parent stop on lunch hour. If you must shop with your children, choose the least-busy store hours and bring only well-rested and well-fed children.

❖ Holiday hazards ❖



- ❖ Seasonal plants such as mistletoe and holly
- ❖ Unattended candles
- ❖ Candles with leaded wicks
- ❖ Batteries
- ❖ Latex balloons
- ❖ Cleaning supplies
- ❖ Visiting relatives' medications
- ❖ Plastic packaging or packing peanuts
- ❖ Wired ribbons or ribbons longer than 7 inches
- ❖ Ornaments, lights and other decorations
- ❖ Older siblings' toys with small parts
- ❖ Food that is a choking hazard, such as hard candies or nuts
- ❖ Alcoholic drinks left sitting around at a party



❖ Toy shopping resources ❖



- ❖ Dr. Toy, www.drtoy.com
- ❖ Oppenheim Toy Portfolio, www.toyportfolio.com
- ❖ Toy Safety Hot Line (Toy Industry Association)
www.toyhotline.org
- ❖ Toy Tips, www.toytips.com
- ❖ Poison Helpline, 800-222-1222

❖ Continue healthy eating

An occasional treat is OK, but living on sugar cookies will put everyone on edge. Both you and your kids will be happier if you eat your normal meals and snacks most of the time.

❖ Limit adult activities

Take care of yourself, too. Don't confuse your list of "musts" with "wants" during these busy days of raising young children. Minimize social obligations and household activities—for a few years, anyway.

❖ Host family celebrations

Hosting the larger family celebration at your home may save your sanity by keeping your kids in their own environment. Just make sure you ask others to bring food or help out in other ways.

Wyndi Adkins's boy/girl twins were 20 months old last year when she and her husband hosted the family Christmas celebration. The Waxahachie, Texas, mother plans to continue the tradition for now, especially since her children are still on feeding tubes, a long-lasting result of prematurity. Wyndi said, "Everyone comes to our house. It is easier on the twins. They are able to take their naps and sit in their own chairs for meals."

Kids who are comfortable tend to make the celebration more enjoyable for their parents and other relatives.

❖ You can do enough

No, you can't do it all, but you can do enough. Watch your little ones ooh and ah at lights and join them in experiencing the simple wonders of the season. ♡

Trina Lambert is a freelance writer and frequent contributor who lives in Englewood, Colo., with her husband and boy/girl twins.

great holiday gear



New Legos for the diaper set

A new brick system four times the size of traditional Lego bricks and made of a slightly softer plastic Quatro is designed for tiny hands. Packed in a handy storage container with studded lid for baby's first tower stacking! Ages 12 months and up. From Lego, three sizes of set sell for **\$9.99**, **\$14.99** and **\$19.99** each. www.lego.com; (800) 453-4652.

Let the good times roll

Encourage your twins to crawl with Roll-Along Pig and Quicker Quacker. Other roll-alongs (not pictured) include Poppin' Push Car and Fearless Flyer airplane. Babies love the soft velour bodies and the sound of crinkly parts. Ages 6 months and up. From Sassy, each retails for **\$7.99**. www.sassybaby.com; (800) 323-6336.



Cats and dogs

Perfect for twins, these 100% cotton handknit backpacks are comfortable and soft to wear. They are canvas-lined, have a tassel pull zipper and measure 9 1/4 inches by 12 inches with 20-inch long straps. From Zebra Hall, each retails for **\$38**. www.zebrahall.com (800) 834-9165.



Meet the Aquapets

Twelve new lovable, interactive Aquapets are available for adoption. The floating, dancing, three-dimensional "creatures" chatter in response to sounds and to having their "buttons pushed." We love Aquapets; Kiko and Tu liven up our office and make us smile on the busiest of days. Ages 3 and up. From Wild Planet, they range in price from **\$9.99** to **\$14.99**. www.wildplanet.com; www.myaquapet.com; (800) 247-6570.



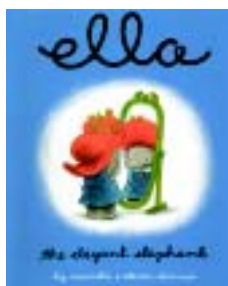
Holiday hits *A round-up of recent releases*



Twice as Nice: What It's Like to Be a Twin, written and illustrated by Nicole Rubel, answers the

question: What's it like to be a twin? She knows because she is a twin. A potpourri of facts, tips, resources, witty little riddles and history, the book will appeal to all families with multiples. Available on our TWINS Bookshelf. (Farrar, Strauss and Giroux), **\$16.50**.

Ella, the Elegant Elephant, written and illustrated by Carmela and Steven D'Amico, is a wonderful story of differences, bullying and courage. Readers will fall in love with shy, sweet Ella. Ages 4 to 8. Scholastic Inc., **\$16.95**.



Angelina Ballerina inspires little girls to go after their dreams in *The Magic of Dance*, in four new-to-video animated and two live-action dance instruction segments. Ages 3 to 6. DVD, **\$16.99**; VHS, **\$12.99**.



20 little fingers

Mudpuppy's 3-D Dinosaurs in a Box—a 2004 Creative Child Preferred Choice award winner—develops fine-motor skills, hand-eye coordination and critical thinking skills. Ages 4 and up. **\$13**. www.mudpuppy.com; (800) 670-7441.

Around and about

All babies need a stroller. The Toy Twin Stroller is just like the real MacLaren. The sturdy toy stroller features individual reclining seats and swivel front wheels. New from MacLaren Strollers, it sells for **about \$60** at specialty juvenile products stores and online. www.maclarenbaby.com; (877) 442-4622.



photography by www.photosbynelsch.com

Blocks for all ages

Great for the whole family, Kapla blocks will be like the community jigsaw puzzle—but much more interesting and challenging. Once a structure and a pattern are established, your twins will work together naturally, building teamwork and cooperation as they build a tower or other creation. Kapla helps to develop your twins' manipulative skills, sense of balance, concentration ability and creative spirit. Every piece is identical so there is no arguing over who has what piece. Your twins will never outgrow these blocks. Recommended by the National Association of Gifted Children. Ages 3 and up. **\$64.95** for the Kapla 200 starter set. www.kaplaworld.com; (866) 465-2752.



Bitty twins

A great gift for an older singleton sister, especially when paired with the twin stroller! The boy/girl twin dolls have light brown eyes that open and close, and cuddly cloth bodies with vinyl arms, legs and heads. New from American Girl, **\$76** for the set. www.americangirl.com; (800) 845-0005.

Good to go

A vacation at a family camp is a gift the whole family can look forward to all winter. The 8,000-acre Zion Ponderosa Ranch Resort in Southern Utah has something for everyone: hiking, rock climbing, swimming, mountain biking and much more. At its summer kids' camp for ages 3 to 11, kids can enjoy crafts, nature hikes, games and a horse basics course. All activities, programs, meals and accommodations are included in one affordable price. Visit www.zionponderosa.com or call (800) 293-5444 for more information.



Bob the Builder encores in *Snowed Under: The Bobblesberg Winter Games*. A blizzard threatens to stop the winter games construction. Can Bob and his crew save the day? DVD, **\$14.99**; VHS **\$9.99**.

Preschoolers will wiggle and giggle to *Santa's Rockin' with the Wiggles*, featuring John Fogarty and Barry Williams of The Brady Bunch. DVD, **\$16.99**; VHS **\$14.95**.



Music appreciation for kids is as easy as A to Z. A Dr. Toy pick, *The A to Z Symphony* consists of one-minute videos—one for each letter of the alphabet—set to the music of great composers. Sing-along with a symphony? The playful lyrics on the *Classical Fun Sing-a-Longs* CD teach children the tunes of some of history's most famous works, from Rossini's William Tell Overture to Beethoven's Moonlight Sonata. Ages 1 to 5. DVD, **\$19.95**; VHS, **\$14.95**; CD, **\$14.95**. Visit www.cmkids.org for more information, or to order.



Twin Tales



We all want more quality time with our twins and few things can match the warmth of cuddling in bed and telling stories. Few things pass the miles quicker on a long car ride than swapping silly jokes.

Teachers have known for years that storytelling, reading aloud, reciting poetry and playing word games are a great way to build language skills in young children. More important than the concrete skill development is the love for language that is nurtured through this dynamic sharing of stories.

Parents are a child's first teacher. Parents of twins have a unique opportunity to encourage this love of language through interactive storytelling. Twins can play a vital role in creating and telling their own tales.

Storytelling builds skills, and more

My daughters have always loved stories. As I am typing this article one daughter is reading a book on the couch next to me. They were born a few days before Christmas, (the very best present I have ever received), and for their first Christmas, Santa brought them cloth and vinyl books they could chew on.

Since children's literature is my passion, we already had a rich collection of award-winning children's picture books. Weekly visits to the library are a free source of great stories for everyone. My wife and I read aloud to them every day. Now, I must admit that reading to an infant is not the same as reading to an older child. We mostly talk about the pictures, make animal sounds and let them turn pages, often skipping a few or going backwards. The purpose at this age is to begin to expose them to the fun of books and stories. Don't get frustrated that they do not sit through the entire story; enjoy the process and the high-quality cuddle time.

More important than the books, it is this early exposure to language, the art of listening and talking that builds a foundation for oral language development. Research shows that kids who grow up listening to stories are better prepared to be solid readers and writers when they get to that stage. Research also shows that all kids, even twins, get to this stage at different times, but reading aloud and telling stories builds skills that get them there more confidently.

Silly finger rhymes and sing-song repetitive stories like "This Little Piggy" and "Itsy-Bitsy-Spider" are actually some of the most potent

tools in nurturing language acquisition. They are also a lot of fun! Take a moment and recall some of your favorite little poems and stories from your childhood. Ask your mother or grandmother to remind you or fill in the blanks if you do not remember them.

These simple, silly, short stories model many of the most important concepts in literature. The characters are clear cut. The setting is often well defined. There is a beginning, middle and end, so your twins learn sequential order and plot. Even in a four-sentence story like "Once there was an old witch," there are examples of complex literary ideas like suspense, pacing and the ironic twist of scaring the witch.

My personal revelation about the effectiveness of storytelling came in two potent moments while my daughters were toddlers.

Two twin stories

I remember one particularly difficult day. My wife was away at a conference for a long weekend and I was home alone with the girls. I wasn't feeling well and the twins had had one too many arguments over a toy. Sharing has always been difficult, even though we have two of many things. The girls could tell I was not in a good mood. I plopped down on the couch, flustered. Lily came wobbling across the floor dragging a book. She climbed into my lap and she "read" the book to me. Of course she did not know how to read, not yet being 2 years old, and she was just beginning to stretch her vocabulary. But she knew how to turn pages and make sing-song sounds while pointing at the pictures. More importantly, she knew that a lap is a warm and secure place where a special kind of bonding takes place. She knew that cuddling with a book was soothing for her and her frazzled daddy. This made my day and affirmed my life work all in one simple gesture.

Around the same time, I came home from a few days on the road and my wife grabbed me by the elbow and said, "You have to see this!" She dragged me into the family room where the twins were sitting on a big book of animals from around the world. As a frequent speaker at teacher conferences I have collected a few of those great big cardboard picture books that measure 3 feet by 3 feet when open. The girls' favorite one had large, two-page murals of animals from different ecosystems. One mural was arctic animals and the next was rainforest or desert animals.

Laurel would point at four or five animals and then Lily would make up a short story using all of these animals. They would get off the big book to turn the page, sit back down in the middle of the mural, and then Lily would point at four or five animals. Laurel made up a song including all of the animals her sister chose. They took several turns like this, unaware that we were listening. Their stories and songs had wit and action. They laughed at their own cleverness.

My wife told me that they made up this game by themselves. In that moment all of the academic research about storytelling became more than an abstract theory. It was actualized fact. It was absolute truth. It was an epiphany.

How to tell a story

So how do you tell stories? Is this something that only a professional can do? Is it hard to learn? Wholeheartedly, I say no, it is the most natural thing in the world. Storytelling is something that all of us do every day of our lives. Whenever you tell your spouse about your day, you are telling a story. When you call your mother to tell her about your twins' latest achievement, you are telling a story. Storytelling is the most basic process of communication. Brain research affirms what grandmothers have always known, we are at our core storytelling creatures. It is through our personal stories and cultural mythology that we know ourselves and we know our place in the world.

Just as when you are excited you talk faster and when you are sad you talk slower, play with the pace and the emotion in your voice. Change your voice to be different characters. Make sound effects. Younger children love funny animal sounds.

Use your body language to convey characters. Sit up straighter or hunch over, gesture and gesticulate wildly, make funny faces. Storytelling differs from acting in one important way: You do not have to act! Use the gestures and facial expressions that feel natural. While telling stories, be conscious of these natural expressions and play with turning up the drama, become more animated. Young children love silly faces!

The most important tool of the storyteller is the imagination. Even though it is a work of fiction—a fairytale—while telling the story make it as real as you can. Imagine with all of your senses. The more deeply you can enter into the story the easier it is for your listener to suspend disbelief.

We all have favorite folktales from our childhood or maybe a picture book that we have read aloud a dozen times. Reading aloud is a great thing. But let me encourage you to put the book down and tell the story. When you are looking into the eyes of your children you can monitor their response and explain phrases they might not know when they look puzzled. You can speed up if you notice that they are losing interest or you can embellish and stretch the scenes they seem to love. Most importantly you can invent and be more creative when you are not anchored to the text on the page. People of all ages respond well to the spontaneity and quick wit of a storytelling moment.

So, how was your day?

Engage your twins in the storytelling process. After you sing the song for them, encourage them to sing with you. When grandpa comes over encourage them to sing for him. Public speaking is the number one fear of adults, yet kids love to be in the spotlight. With the right kind of positive reinforcement you can prevent a lot of job anxiety later on in life.

Telling Tales

Once There Was an Old Witch

I learned this story from a 4-year-old. Play with different voices and big gestures:

Once there was an old witch,

(cackle)

Stirring her pot.

(Stirring with your arm, shoulders, whole torso.)

Along came two ghosts,

(Changing your voice to sound like a ghost.)

"I wonder what she's got?"

(Curious and pointing.)

Tip-toe, tip-toe, BOO!

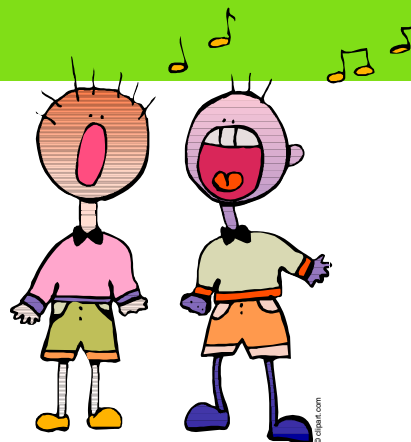
(Use your hands like feet to tip-toe and then scream BOO!)

I got you!

(“Jump” the audience. Take a bow.)

Dark and Stormy Night

Recite it several times and it sticks in your head like a popular melody. Each time you read it through, change the first name, Andy, and play with different voices—an opera voice, a cowboy voice, Boris Karloff, Elmer Fudd and others you can imagine.



*It was a dark and stormy night.
Two robbers sat in their den.
One was named Andy,
And one was named Ben.
Andy said to his friend,
“Tell us a story Ben.”
And then Ben said,
It was a dark and stormy night.
Two robbers sat in their den.
One was named Andy,
And one was named Ben.
Andy said to his friend,
“Tell us a story Ben.”
And then Ben said...*



The Shark Song

Sing it with a be-bopping jazzy voice. With the Baby Shark, touch your index finger with your thumb, open and close it like a mouth in rhythm with the song. With the Momma Shark, open and close your hand, all four fingers touching your thumb, for a larger mouth. For the Granny Shark, curl your fingers and thumb in and sing it with your lips wrapped around your teeth, like a toothless granny. For the Papa Shark, use both hands to make the biggest mouth. Mimic swimming for the girl and then fake a shark attack. At the end sing Happy Shark four times, each time pantomiming a different shark in reverse order, Papa, Granny, Momma, Baby.

*Baby Shark baum-baum-m-baum-m-baum
Baby Shark baum-baum-m-baum-m-baum*

*Momma Shark baum-baum-m-baum-m-baum
Momma Shark baum-baum-m-baum-m-baum*

*Granny Shark baum-baum-m-baum-m-baum
Granny Shark baum-baum-m-baum-m-baum*

*Papa Shark baum-baum-m-baum-m-baum
Papa Shark baum-baum-m-baum-m-baum*

*Girl swimming baum-baum-m-baum-m-baum
Girl swimming baum-baum-m-baum-m-baum*

*Shark Attack! A-A-A-A-H-H-H, blurb, blurb, blurb
Shark Attack! A-A-A-A-H-H-H, blurb, blurb, blurb*

*Happy Shark baum-baum-m-baum-m-baum
Happy Shark baum-baum-m-baum-m-baum
Happy Shark baum-baum-m-baum-m-baum
Happy Shark baum-baum-m-baum-m-baum*

As you tell a story invite your twins to add details. It could be as simple as a pregnant pause to let them inject the next word or idea to help move the story forward. You might invite them to add a sound effect; for example, whenever you say cow they moo, or whenever you say horn they honk.

Or it could more complex. My favorite game is the circular storytelling game. One person starts a story and whenever they want they say, "and then..." The next person picks up the tale and adds to it. You take turns adding to the story as you pass it around. This is a great way to pass long car rides.

I have taught the short stories included with this article to 3- and 4-year-olds and then encouraged them to tell these stories to a partner. It is so funny to hear a 4-year-old try to scare his twin with the old witch or sing with their gums for the grandma shark. Once they learn one of these easy stories, they learn the skills they need to tell longer more complicated stories. As I love to say, if you can tell the old witch you have learned all the skills you need to tell Shakespeare's Macbeth.

Another idea, one that I learned from my wife's bedtime ritual, is a story starter that I recommend to parents regularly when speaking at PTA meetings. It is so powerful and yet so easy. Just ask your child this one basic question, "So, how was your day?"

Taking time to listen to their stories is the most important way

a parent can honor their child. Beyond building language skills and helping them to articulate ideas, the act of careful listening says wordlessly that their story is important to you. They are important to you. Even when my girls were little, my wife would review the whole day with them, highlighting the joys and maybe soothing a few of the rough spots. Now that they are in junior high, we always ask this question when we pick them up from school or soccer practice. We take pride in their clever use of language and ability to make a story from everyday events, but more importantly, we relish the communication, as in communion, that we share by sharing stories. My wife and I treasure the bonds that have been nurtured through the listening and telling of stories. ♡

For more simple, short stories visit the one-room school house online at www.foxtalesint.com. For more information about how to tell a story, click on the red fox in the bottom right side of his home page. Send Brian some of your favorite poems, finger rhymes and silly stories that he can share with other parents.

Brian "Fox" Ellis is a professional storyteller and author who has traveled the world for 25 years collecting and telling traditional folktales and original science stories. Fox has produced seven CDs and published six books. Fox lives in Peoria, Ill., with his wife, Kim Thrush, a

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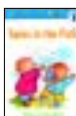
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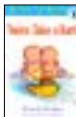
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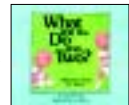
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Shelley Rotner, Sheila M. Kelly **\$16.95**
Filled with photos of twins, this book shows parents and their twins what it means to be a twin and helps kids develop a sense of individuality. *Hardcover, 32 pages.*



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Mary Bond **\$15.95**
Rhyming book pairs each letter with a photograph of twins or triplets engaged in activities from tree climbing to napping. Space to insert own photo on last page. *Hardcover, 32 pages.*



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Christmas magic

My mother loved Christmas and she made it special for all of us. The holiday decorations would go up the first week in December and stay up until the end of January. She found her greatest pleasure in her Christmas tree. She would buy two trees, one large and the other slightly smaller. She would pull the branches of the smaller one through the larger one until the trunks almost touched. Then she would bind them together, get them in the stand and begin the decorating. No one beat my mom for a fuller or more lush tree. My memories of a childhood Christmas in Montana are lush and full, too. It was magical.

We have a reputation in our neighborhood for an extended celebration of the season, as well. We are the last to put up our outdoor lights but we are also the last to take them down. Two years ago they came down around Easter. This year we are the first to have them up because they never made it down last year. They are hanging a little oddly here and there but most of them are still attached, so Jack says it counts.

I remember the first year the kids were really aware of Christmas and the tree. We still had the safety gate at the top of the stairs, so they could not go down without us. It was about 5 a.m. and we could hear their words of wonder as they stood at the top of the landing and looked down into the living room. They could not believe their eyes.

Santa had tied a balloon to each stocking and that immediately caught Mary's eye. "Look," we could hear her squeal, "there's balloons down there."

The number and size of the packages around the tree fascinated Annie. "Santa has been here!" she cried. Joseph was insistent that they wake us up so we could start the festivities. It was as magical and wonderful to watch them that morning as it has been each Christmas since.

This will be the first year that they know

about Santa. It started with the Easter Bunny, when Mary found some extra "carrot clothespins" that I had foolishly left in a drawer. The same type of clothespins had decorated their Easter baskets just days before. She took her find to her siblings in a plastic bag she had marked with the word

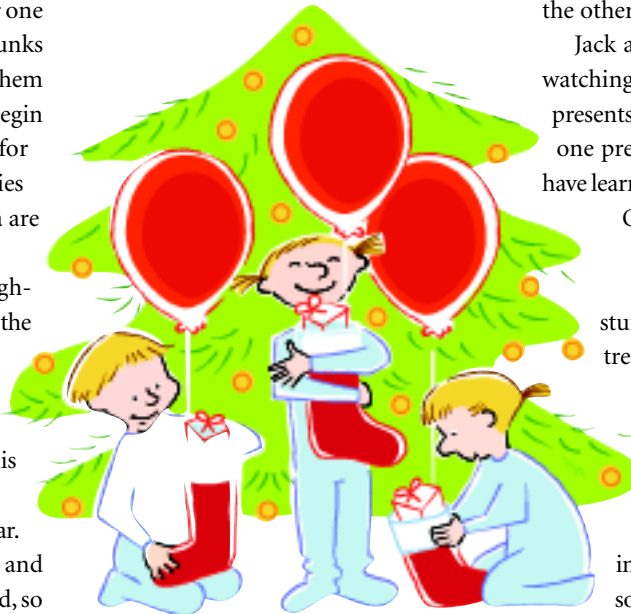


ILLUSTRATION BY MARY PETERSON

"proof." This discovery led to a discussion among them about the existence of the Easter Bunny. Then they came to me.

I took my usual tack by asking them "What do you think?" Annie responded that she thought she wanted to know one way or the other. I made a mistake by not talking to each one individually at this point. Normally, I never treat them like a group or assume that just because one is ready, everyone is ready. This time though, I told them that if they asked me straight up I would not lie to them.

Mary asked, "Are you the Easter Bunny?"

"Yes," I replied. Then I started to talk about the magic of the season and wanting to be a part of the love of giving. They were full of questions that led from the Easter Bunny to Santa.

My answers, unfortunately, broke one child's heart that day, along with my own. One of my three still desperately believed and the tears that were shed then bring tears to my eyes now. That day, one child grew up faster than either of us wanted while one continues to believe in spite of all I said and the other was ready to hear about Santa.

Jack and I have loved being Santa and watching our children's responses to the presents he has brought. Santa brings only one present to each person, so my three have learned to be selective in their requests.

One year Mary danced around the room, unable to contain her joy, so happy that she found the large, stuffed tiger waiting for her under the tree.

Another year Joseph told me "Santa doesn't always bring what you ask for. Sometimes it's something better!"

Annie conned Santa into bringing her two heart necklaces one year, so that she would have a present to give me.

In our house on Christmas Eve, Santa's elves sneak in and give everyone new pajamas to wear that night. The packages magically appear and there has always been a big discussion about where you were and did you see or hear anything. Santa still ties a balloon to everyone's stocking and the presents are neatly piled around the tree.

Every Christmas has held something special that I carry in my heart. I am not sure what will happen this year. I do know that the elves will be sneaky again and Santa will deliver presents. This year reminded me that I have three unique individuals who fill my heart. I still believe that magic will happen. I am also taking bets on when our lights will come down. Happy holidays. ♥

Joann M. Amoroso lives in Englewood, Colo., with her husband Jack and triplets who were born July 1996.



by Patricia Malmstrom

Twin studies make important contributions to our understanding of ourselves. At the turn of the twentieth century, geneticist Francis Galton deduced that since monozygotic (identical) twins share the same biological makeup they are ideal subjects for studies to sort out the relative influences of heredity and environment on human behavior and health. Ever since, scientists have been comparing the degrees of similarity between monozygotic (identical) twin pairs with the similarities between dizygotic (fraternal) twin pairs. Those areas in which monozygotic twins have greater similarities than dizygotic twins are assumed to be influenced by heredity. The most obvious example is the great similarity in height and weight of monozygotic (identical) pairs.

Of course, twin studies then and now depend upon twins. Researchers recruit twins to registries that provide a ready pool of multiples whom researchers can call upon to participate in specific research projects as the need arises. There are many registries worldwide: The oldest is in Denmark; the largest with more than 140,000 twins is in Sweden. The United States is home to several registries, with research topics as diverse as language learning, the origins of temperament and the causes of obesity.

Registries vary in size and the scope of their studies. Some con-

duct their research through questionnaires and phone interviews; others require participation in person. Some require and often will pay for zygosity testing. Some are restricted to adult participants and some include children.

Northern California Twin Registry (NCTR) findings

The NCTR's key findings to date are based on studies of adult twins. Among them:

- Obesity over the life span is determined, in part, by different genetic factors as people get older.
- Tobacco smoking is determined partly by genetic factors, some of which may also underlie alcohol use.
- Change in memory function in aging adults is influenced partly by genetic factors. When identical twins experience differences in memory change, it appears that these differences are related to differences in their blood pressures.



The relatively new Northern California Twin Registry (NCTR) of SRI International in Palo Alto, Calif., focuses on studies of how genetic and environmental factors influence health. It is a good example of how twin registries operate and the challenges of recruiting members. NCTR began enrolling adults in 1995. Its membership increases daily as more and more multiples hear about it and sign up. Right now there are close to 2,000 adult twins registered and more than 200 pairs of children, some as young as newborn.

Ruth Krasnow, the NCTR database manager, reports that participants are very enthusiastic about the opportunity to help others. She adds that staff members also are enthusiastic; they not only appreciate the help of the twins, but also enjoy meeting them and observing the special connections between them.

So far, the majority in the NCTR registry are monozygotic. Perhaps, she thinks, because dizygotic twins don't realize that they are equally important to twin studies. "In order to have a balanced registry, we need twins of all kinds. We enroll triplets, too," she said. Krasnow also points out that not all of NCTR's research requires participants to come into the lab. Multiples living anywhere in the world are welcome to register.

The registration process involves filling out a questionnaire. New participants receive a membership package which includes an identification card and a subscription to the registry's newsletter. They are then notified whenever a study for which they are eligible is beginning so they can decide whether to participate in it.

Now that sufficient numbers of children are enrolled, the NCTR registry is expanding the scope of its research to include childhood phenomena. "We are just starting up a project to investigate the ways sleep changes as we age," Senior Project Administrator Mary McElroy, M.P.H., explained. "We need twins from 8 to 20 years of age for this study, because 9- and 10-year-olds are considered perfect models for human sleep—they are the 'best sleepers.'"

Director Ian Colrain added, "Over the second decade of life, the amount of deep restorative sleep decreases by about 40%. By the early 20s most young adults will experience problems getting to sleep or staying asleep on a regular basis. Laboratory-based measurement of sleep in twins of different ages and developmental stages will enable a determination of the extent to which these changes are genetically determined versus the result of environmental factors."

"We would love to hear from parents who are interested in enrolling their children in the registry," McElroy said. "When twins become members of a registry they benefit a lot of people. In this case they will help us understand sleep problems and possible prevention and remedies." ♥

Patricia Malmstrom, M.A., is director of Twin Services Consulting, www.twinservices.org, and co-author of *The Art of Parenting Twins* (Ballantine, N.Y.) She is the mother of four adult children, including monozygotic twins. You may e-mail her at twinservices@juno.com. Order her book from the TWINS Magazine Bookshelf online at www.TwinsMagazine.com, or call (888) 55-TWINS.

Selected twin registries in the U.S.

Mid Atlantic Twin Registry enrolls twins, preschool age through adult, who were born or live in North Carolina, Virginia and South Carolina for studies of health issues. Identical and fraternal twins of all ethnic backgrounds, and even twins whose co-twin is deceased, can participate. Since many health conditions run in families, the parents, children, brothers, sisters and spouses of twins may also participate in some research. For more information, visit www.matr.gen.vcu.edu/resrc or send an e-mail to matr@vcu.edu.

Northern California Twin Registry (NCTR) of SRI International in Palo Alto, California enrolls multiples of all ages from all states for studies of health issues. For more information or to register, visit www.sri.com/policy/twin; e-mail mcelroy@unix.sri.com; or call (800) SRI-TWIN.

Southern California Twin Project at the University of Southern California investigates individual differences in human behavior including: personality, cognitive abilities, mate selection, antisocial behavior and delinquency. Twins of all ages are eligible for this twin registry. To register, send an e-mail to usctwins@usc.edu or call (213) 740-2261.

The Twins Study @ Harvard is a long-term study of language development in twins, supervised by Jennifer Ganger, Ph.D., and Professor Steven Pinker, Ph.D. The goal of the project is to study identical and fraternal twins to determine the relative importance of nature and nurture in language development. Both identical and fraternal twins are needed, but must be of the same sex and between 0 and 3 years of age, living in the U.S. For more information, visit www.twins@wjh.harvard.edu, e-mail twins@wjh.harvard.edu, or call (617) 495-0937.

University of Wisconsin Twin Center enrolls Wisconsin multiples from infancy through the middle school years for research on socio-emotional development. For more information, visit <http://psych.wisc.edu/wtp/contact.htm>, e-mail wisconsintwins@waisman.wisc.edu, or call (608) 265-2674.

More ideas? Visit the Web site of the National Organization of Mothers of Twins Clubs: www.nomotc.org where you will find a list of current twin research projects and contact information.



Joshua Coleman, Ph.D.

Don't shut out in-laws

She said

The holidays are approaching and I dread them. My husband will not tell his mother we are not going to spend Christmas with her. He hates going over there. It irritates him that she says dinner will be at 2 and sometimes it is 2:30 or 3. He is antisocial around her and won't face issues head-on. He says if she would just be on time and follow our rules he wouldn't get upset. Also, she wants us to pick up the twins when they cry, even if they have been fed and their diapers are dry. My parents live two hours away and I think we should go there every Christmas. He needs to tell his mother we are not going to be spending Christmas with her this year, and maybe never again. —Lucy

He said

I feel too guilty to tell my mother we will never spend Christmas with her again. Yes, I like Lucy's family holidays much better, but I feel obligated to spend every other Christmas with my mom. It's just that she irritates me. I try to control my criticism, but it comes through. And if I just watch TV and don't talk much, my mom thinks something is wrong and then I really get frustrated. I can't just ditch her, though. Lucy nags me about my mother saying things about our "cry it out" method and she wants me to tell my mom we won't be coming over this year. It is all too tense and too much pressure. I hate holidays. —Sean

Hi Lucy and Sean,

Managing parents and in-laws is a hot topic of debate in many homes around the holidays. From your letter, it sounds as though the issues are about Sean's relationship with his mother, Sean's mother's behavior and whether Sean should take a stand about Christmas with his mother.

First off, if people only saw their families when they wanted to over the holidays, there'd be far fewer people on the road and in the airplanes. For many people, holidays, rightly or wrongly, are one of those times when you decide to just suck it up because it doesn't feel worth the price in guilt, or because your own values are such that you believe that it's just the right thing to do. This often means spending time with people whom you would never choose to spend time with if you weren't related to them, or if your spouse weren't related to them.

So from that perspective Lucy, Sean has the right to spend at least every other Christmas with his mother without having to worry about his upsetting you. It sounds pretty unpleasant to be there, but he may have learned that it's useless to confront his mother and that it's not worth it to challenge her if he only sees her once a year or less.

On the other hand Sean, perhaps Lucy is right that you are too avoidant when it comes to your mother. Your mother does sound difficult, but it's certainly reasonable for you to say before you visit, "Mom, I'm looking forward to seeing you." (I know you're not, but let's be practical.) "The last time we visited, it was hard on you when we didn't pick up the twins; however, it was a little hard on me to hear you comment on how we raise our kids," (Leave Lucy out of it since your mom will probably assume that Lucy's putting you up to it). "So we are planning

on coming over, but I'd really prefer it if you just let us parent the way we like to parent and not comment on it."

Your tone should be upbeat but authoritative. It's good to have this conversation in advance of your visit because if she makes any parenting comments when you're there, you can remind her of your conversation.

Both you and Lucy should work to make this a team effort for the sake of the marriage. On your end Lucy, this means being sympathetic to Sean for being saddled with a mother who makes it so unpleasant that Sean can't tolerate being around her. It's not fun for him and it will only make him feel more miserable if he has to fight you about this.

Sean, you should work to be sympathetic to Lucy for having to be around your mother, since she doesn't have the blood tie that you have and wouldn't choose to spend Christmas there if she had the option.

It's both of your jobs to figure out how to make the best of a bad situation and to have fun with it. Perhaps you could have some kind of code between the two of you so that you can take a break from your mother if things get too annoying. Some people plan errands that they have to do when they visit their parents or in-laws; go for a run, go to the store for that one thing you forgot so now you simply have to go and get it you're so sorry you'll be right back in a few hours if not a few days? Just don't let this become a wedge issue between the two of you. It's just once every other year. It ain't worth it. ♥

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



Help for “hyper” holidays

The holiday season can be a disruptive, distracting and over-stimulating event for young children with Attention Deficit Hyperactivity Disorder. Author Bruce A. Brunger says that the key is re-directing ADHD children and creating secure routines. His tips are good for all children, however.

1 Build-in routines

ADHD kids do not handle sudden change very well. So, in the days leading up to the holiday, establish and stick to routines. Set aside several scheduled “preparation times” with the child to decorate, make cookies and participate in other holiday activities.

2 Create traditions

Traditions are just another form of routines. For young children with

ADHD, traditions serve as stable reference points in the midst of changes that occur during the holidays. Aside from the usual holiday traditions, create your own family traditions: a special family story, a “countdown” calendar or schedule of holiday activities.

3 Practice for new experiences

Young kids with ADHD have trouble knowing how to behave in certain situations, and are often impulsive and act out during holidays. So, in the days leading up to the holiday, role-play with your ADHD child, teaching him or her proper behavior before the guests arrive, visiting someone’s home or going to visit Santa.

4 Be consistent

Stick to schedules and rules. Change the expected schedule or rule once, and you confuse the ADHD child. Don’t stir the pot by changing things at the last minute.

5 Spread out gift-giving

Showering an ADHD child with a number of gifts all at once may over-stimulate him, and result in hyperactive or impulsive behavior. And, ADHD kids become bored easily. Instead of giving all the gifts at a single time, try spreading out the giving of presents over several days, or at several times during the day.

6 Involve your children in holiday projects

ADHD kids have boundless energy, especially with all the excitement of a holiday. So, re-direct your child’s energy toward constructive projects. Make cookies with your child and give them to friend. Buy a special toy together and give it to charity. Enlist the child’s help in decorating or making a “countdown calendar.”

7 Schedule quiet time

Set routine times each day when you snuggle up with the child in a blanket and have a special snack and holiday story reading times. Turn on some mellow music and take a break with your ADHD child to get away from the hectic pace of the holidays. Quiet moments together are an effective way to help your ADHD child “wind down.” ♥

Bruce A. Brunger, M.B.A., is a “concerned-parent-turned-author/expert” and the father of three young children, one of whom has ADHD. He wrote the books *ADHD in the Young Child: Driven to Re-Direction* and *The Buzz & Pixie Activity Coloring Book* (Specialty Press, Inc.), www.addwarehouse.com.

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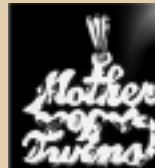
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Separation anxiety

Adrienne and Julian were almost 10 months old when Alex and I took our first trip as a couple without them. Alex seemed much calmer than I felt, which made me wonder if most dads have a significantly easier time leaving their children than most moms do.

The plan was to leave Adrienne and Julian with my parents, who would be assisted by Alex's parents and three part-time sitters for about 96 hours while we went to Florida for a conference Alex was attending. I felt horribly guilty leaving town when the kids were so young and needy. My brother compared me to Mazy Bird from the Dr. Seuss book *Horton Hatches the Egg*, just flying off and leaving my nest unattended. But my mother encouraged me to take a break and assured me that the children would be all right—as would she and my father.

I began preparing for departure about a week ahead of time—making lists of every possible item my folks could need while they were babysitting: diapers, wipes, drool cloths, baby soap, baby shampoo, baby food, formula, bottles, spoons, pacifiers, bibs, etc. I ran the preliminary list by my mother.

"What about clothes?" she asked. "And toys?"

I had completely forgotten about clothing, toys and dozens of other essentials. My list now included 27 items and was still growing. The night before departure we packed the final 14 items, fed ourselves, picked up a fancy cheese platter for my parents and drove out to their apartment to get the kids settled.

I was OK as I explained to my mother the Tylenol dosage schedule in case the kids got sick, and I was still relatively composed as I showed her the digital-thermometer instructions. I had just finished replacing all of the latex nipples on the baby bottles my



ILLUSTRATION BY BOB PELETZ

folks had in their apartment with the flavorless silicone kind our kids preferred, and I reached over to give my mother a hug. She felt my tears drip onto her neck, and she promised me that everyone was going to be fine.

For years, my mother told me how hard it was for my sister-in-law to travel when she had small children at home. I always chuckled to myself thinking, "Hah! That won't be a problem for me." Big-shot international traveler, here I was crying on my mommy's shoulder. Mom asked if I might feel better if I saw them sleeping peacefully in their portacribs. I tiptoed into Adrienne's room and put my hand on her back to make sure she was breathing. I straightened the sheet and asked my mother to make sure it was tight every night so Adrienne wouldn't inhale it and suffocate. Mom nodded in a reassuring way, much like a preschool teacher might nod to a 4-year-old student. We

peeked into Julian's room, and I listened to his long, rhythmic breaths and pulled the blanket up to his shoulders.

My dad offered to go to West Palm Beach in my place if I changed my mind. Alex smiled in a fatherly way when I told him how pathetic and sappy I felt.

"Why isn't this harder for you?" I asked.

"Because I know they'll be OK," he said.

Somehow the angst surrounding this separation wasn't the same for him, and I believed at that moment and still believe that separation anxiety generally isn't the same for most men as it is for women—no matter how sensitive and caring the men are. I'm convinced that my difficulty with leaving the children—even in extremely competent, caring, loving hands—had a lot to do with the fact

that they had been attached to me for 37 weeks. Then I spent the next 10 months as the primary person responsible for meeting their daily needs and translating their cries, whimpers and giggles. Leaving my parents' apartment that night was almost unbearable.

After we got home and started to pack, the silence got louder. "It's strange here without the kids," Alex said. I discreetly wiped away another tear before he could see it.

I fought off the temptation to call Mom that night. I waited until the next morning and checked in with her from the airport before our departure. "They slept through the night and ate like stevedores at breakfast," she said. "Everything will be OK," she assured me.

"You promise?" I asked.

"I promise," she said. ♥

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

Drug warning for breastfeeding moms

The FDA warned mothers to avoid domperidone, an illegal drug that is promoted on some breastfeeding Web sites as being able to increase milk flow. Domperidone, available online, is approved in other countries for stomach disorders but not for nursing. The drug may be excreted in breast milk and harm the baby as well as the mother.

New TTTS fundraiser

"What do an Ironman triathlon and Twin to Twin Transfusion Syndrome have to do with each other? Nothing... other than I am going to fight to finish one to fight to finish off the other," writes Steve Economo on his Web Site "Fighting TTTS to Save Baby Twins," www.active.com/donations/fundraise_public.cfm?key=econ

On March 10 his twin daughters Alexandra and Nicole were born 2 1/2 months premature. Their weight was just over 5 1/2 pounds...combined! Steve and his wife found the TTTS Foundation and relied on the organization for support, education and direction. Without the help of the TTTS Foundation, he believes his girls would not have survived. To show his gratitude and to help other twins survive, he is attempting to complete the Ironman Arizona triathlon April 9, 2005, to raise money for the TTTS Foundation. "If my daughters can fight to survive, I can fight to help other twins survive," writes Steve.

Visit his Web site, or the TTTS Foundation Web site at www.tttsfoundation.org for more information.

NIH studies confirm heritability of ADHD

The National Institutes of Health recently concluded two studies on ADHD. (Some readers of TWINS Magazine participated.)

In "Monozygotic Twins Discordant for Attention-Deficit/Hyperactivity Disorder: Ascertainment and Clinical Characteristics," published in the *Journal of the American Academy of Child and Adolescent Psychiatry*, January 2003, NIH researchers reported their findings on the nature vs. nurture question in ADHD.

"We basically confirmed that ADHD is highly heritable, since it was so hard to find MZ twin pairs discordant for ADHD. Most pairs were concordant for ADHD (both twins had the disorder). We found that in discordant twin pairs (one twin has ADHD and the other does not) the twin with ADHD presents similarly to a singleton with ADHD," explained Wendy Sharp, M.S.W., a member of the research team, led by Judith L. Rapoport, M.D.

In "Anatomic Brain Abnormalities in Monozygotic Twins Discordant for Attention Deficit Hyperactivity Disorder," published in the *American Journal of Psychiatry*, September 2003, researchers reported the results of conducting magnetic resonance imaging (MRI) scans on monozygotic (MZ) twins discordant for ADHD. Since MZ twins are genetically identical, researchers anticipated that this study would highlight brain regions linked to ADHD that

are particularly susceptible to environmental factors.

"In terms of magnetic resonance imaging (MRI) of the brain," Sharp said, "the twins with ADHD had significantly smaller caudate volumes than their unaffected co-twins. This finding supports the model of ADHD that implicates the prefrontal-striatal circuitry. We found that one twin with ADHD had a lesion in his brain in an area that is most likely responsible for his ADHD symptoms.

"For most people with ADHD, MRIs are not necessary and do not yield useful information," Sharp explained. "In the case of MZ twins where only one has ADHD, getting a MRI of the twin with ADHD may provide useful clinical and scientific information."

Twin beauty pageant

Vanitha and Sunitha Channai, who run a textile design company "Les Jumelles," which means "Twin Sisters," have won a unique title which has nothing to do with their business. The Indian pair were crowned the world's most beautiful identical twins from among the 1,400 pairs competing in the international European Twin Festival beauty pageant in the picturesque Caneva World resort in Lazise Del Garda, Italy. The sisters also have been selected to be part of an international delegation that will "grapple with problems related to being twins."

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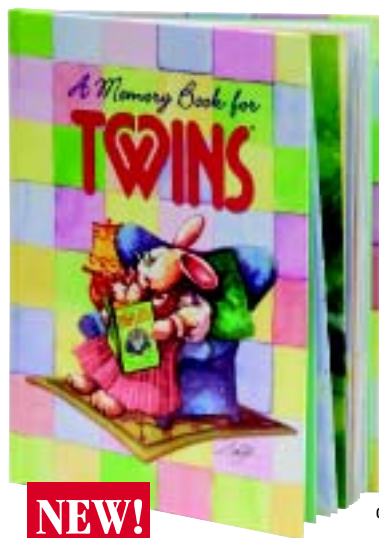
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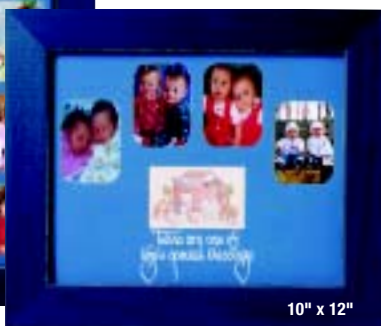
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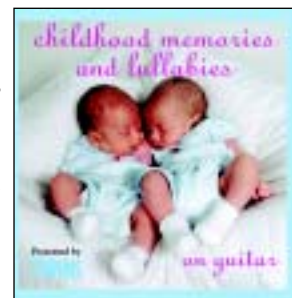
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Childhood Memories and Lullabies On Guitar

EXCLUSIVE! You and your twins will truly love this delightful award-winning collection of lullabies and childhood favorites performed by Michael Kolmstetter (a father of twins!). And because these delightful songs are collected on one compact disc, you'll play them as background music while you feed, read to, and prepare your twins for bedtime. The collection includes such classics as Brahms Lullaby, Are you Sleeping?, Mary Had a Little Lamb, All Through the Night, Rock-A-Bye-Baby, Twinkle Twinkle Little Star, Mozart's Lullaby and Spanish Melody. 19 songs.

SF90115 \$9.95 each



20th TWINS MAGAZINE ANNIVERSARY

To place an order, call (888) 55-TWINS, go online or use the order form in this issue.

Tiny Fingers and Tiny Toes

Celebrate twins and create a lasting keepsake!

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

- A. Fingers - SF90035 \$39.99 each
- B. Toes - SF90036 \$39.99 each



A. 12" x 15"

B. 12" x 15"



A. 11" x 14"

"Discover Wildlife, Raise Twins" Ceramic Plaque

A sentiment every parent of twins can relate to! This handcrafted ceramic plaque will tickle your funny bone and keep your sense of humor charged when you most need it. Leather hanger. 5^{3/4}"H x 7^{1/4}"W.

SF90092 \$17.99 each



Multiples of Love

Your love is doubly deep when you have twins, in spite of the challenges they present and the amount of work you do while they are tiny babies. And this plaque expresses the perfect sentiments. You are filled with joy, and your heart overflows with love, but there are times when you are ready to tear your hair out! Hang this on your wall, or on the wall of your darlings' bedroom as a reminder of the wonder of having multiples and the beauty they've brought to your life. The colorful, heartwarming art is a print of a watercolor original by renowned California artist Jerianne Van Dijk created exclusively for TWINS® Magazine and TWINS Shoppe. Oak frame, glass included.

Creamy parchment mat, pale gold liner; 11" x 14" overall.

SS03002 \$31.99 each; two or more \$29.99 each



"To a Mother of Twins"

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

SW00022 \$31.99 each

Two or more \$29.99 each

B. 11" x 14"

"Pardon Our Mess... Twins Live Here"

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

SW00021 \$31.99 each

Two or more \$29.99 each



Personalized Twin Afghan

Clever original design created by an artist with twins and exclusive to us. Woven throw in a large size is personalized with your twins' names and their birth date in green embroidery. 100% cotton, washable. 46" x 67". Shipped directly from manufacturer.

Allow 3 to 4 weeks for delivery. No express delivery.

SF90112 \$49.99 each

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

10 tips for great holiday photos

Snapping a great holiday photo is the same as taking a great photo any day of the year. The only thing that changes is the setting.

1 Fill the frame. Get up close; your kids' faces should fill two-thirds of the frame.

2 Flash those twins. Indoors, a flash adds needed illumination. Outdoors, place your twins with their backs to the sun and use the flash to illuminate their faces. This eliminates squinty eyes.

3 Do a background check. Make sure clutter, busy patterns or telephone poles don't distract from the focus of the image—your twins' faces.

4 Zoom, zoom, zoom. If you have a camera with a zoom lens, a long setting (85 to 100 mm) makes faces look better.



5 Twinergy. Music helps set the mood, or an activity such as reading a story, but you can't force a mood or fool the camera. If you can't get two happy faces in one shot, try individual shots. In fact, individual shots should be part of your routine approach to photographing multiples.



6 Red-eye relief. If your camera doesn't have a multiple-flash feature, try standing slightly to the side and have your twins look to one side of you rather than straight at the camera. If your camera has a cable that connects the flash to the camera, hold the flash away from the camera.

8 The "plane" truth. If you position your twins in different planes, such as one behind the other, one may be out of focus. You don't have to line them up like little soldiers, however. One can lean over the shoulder of the other, or have one stand and the other sit, or position them face-to-face.

9 Be prepared. Often the best shots are candid. Keep an eye out for those moments of joy, tenderness and chaos that happen every day. And remember, once they are 3, 2 is gone forever.

10 A good photo lab can get the most from your negatives or digital images.
—Thom Harrop

Some 'fishy' advice

A recent UK study found that eating fish regularly in late pregnancy may boost fetal growth. Yet, warnings not to eat certain fish before and during pregnancy scare women away... and raise questions about feeding fish to their young children.

With the waves of seemingly conflicting information about eating fish floating around, it's hard to know what to do. Most people don't eat enough fish to be concerned about the warnings, but the FDA and EPA have issued three simple guidelines in an attempt to clear the confusion, especially for expectant moms and young children.

- Do not eat shark, swordfish, King Mackerel or tilefish because they contain high levels of mercury.
- Eat up to 12 ounces (two average meals) per week of a variety of fish and shellfish that are low in mercury: shrimp, canned light tuna, salmon, pollock and catfish. Albacore (white) tuna has more mercury than canned light tuna, so limit white tuna to 6 ounces a week.
- Check out local advisories about the safety of fish in caught in local waters. If you can't find information on local catches, limit your intake to 6 ounces and don't eat any other fish that week.

To learn more about the EPA's fish advisory visit www.epa.gov/ost/fish or www.cfsan.fda.gov, or call (888) SAFEFOOD.

Locks of Love

Monozygotic twins Jenna and Nicole got their very first haircut at the age of 5. It was an exciting day for them, one they had been looking forward to because they wanted to do just what their mom and older sister had done—donate their hair to Locks of Love. Together, the monozygotic pair donated 20 inches of hair, enough to make a wig for a young cancer patient. It's a holiday gift that would thrill a very sick patient. Visit www.locksoflove.org for more information.



Home remedies that work

- **Stuffy nose.** Mix a quarter teaspoon of salt in a half cup of water, and spray or drop the solution into the nose. It helps clean out nasal mucus, which washes out pollens and virus bugs. Generic saline drops work the same way. Don't use other nasal sprays.
- **Sore throat.** Push the fluids to keep the throat moist.
- **Tummy upsets.** For diarrhea, push the BRAT diet—bananas, rice, applesauce and toast. For constipation,

serve plenty of fruits and vegetables, high fiber foods and water.

- **Fever.** A crying baby or active child can have an elevated temperature, but still not have a fever. If your child's temperature reaches 100.4 degrees F, he's running a fever. Fever is a signal that your child is fighting an illness. To bring down a temperature, remove extra blankets and layers of clothing. Sponge a baby with lukewarm water, not cold water and alcohol, which can dry out the skin. Before giving your child ibuprofen (Advil) or acetaminophen (Tylenol), call your doctor to make sure you have the right dosage.
- **Call your doctor** if you have a gut feeling that something is wrong, if your child is a newborn or is acting listless or "off."

Kids Need Flu Vaccine, Too!

Predictions for a long and hard flu season underscore the need for flu shots.

Although babies under 6 months of age cannot get flu vaccine, they can be protected if those around them get the flu shot. If you have twins under the age of 6 months, especially preemies, it is important that everyone else in your household get flu shots. (Premature babies also are in the high-risk group for RSV and should receive a series of preventive injections to protect against that illness.)

Despite long-standing recommendations to provide influenza vaccine to all children with underlying medical conditions, vaccination rates of high-risk children remain low, with as few as 10% to 31% being immunized each year. Recent studies show influenza-associated illness in children under 24 months of age leads to hospitalization rates similar to those among adults 65 years of age and older. During the 2003-2004 influenza season, CDC reported more than 150 influenza-related deaths among children.

What causes twinning?

A Swedish study indicated that high levels of folic acid may increase the chances of twinning. Findings of a recent California study countered the Swedish conclusion.

Now a study in the UK suggests that a high level of environmental pollution may increase the rates of twin births based on the twin birth rate patterns in Hesse, Germany. Spontaneous twinning rates in areas near the toxic waste incinerator were more than twice as high as those in two comparison areas. Researchers concluded that there may be a link between industrial pollution and the rate of twin births. The important word is "may."

National Family Week

Connections Count is the theme of the 34th annual National Family Week, Nov. 21 through 27. A new addition to this year's campaign to strengthen families in the U.S. is the Family Salute Web page where any family can post a message of support and thanks to military families. Visit www.nationalfamilyweek.org for more information.

Statement of Ownership, Management, and Circulation

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3. Other Classes Mailed Through the USPS: 1,158 (average during preceding 12 months), 1,162 (actual nearest filing date).

E) Free Distribution Outside the Mail: 475 (average during preceding 12 months), 425 (actual nearest filing date).

F) Total Free Distribution: 1,633 (average during preceding 12 months), 1,587 (actual nearest filing date).

G) Total Distribution: 36,849 (average during preceding 12 months), 37,085 (actual nearest filing date).

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J) Percent Paid and/or Requested Circulation: 95.59% (average during preceding 12 months), 95.72% (actual nearest filing date).

I certify that the statements made by me above are correct and complete.

Susan J. All, Editor

❖❖ "Co-chairing" >>



Double takes

Boy/girl twins are (almost) always dizygotic (DZ, "fraternal"). Can you guess whether the same-sex multiples pictured on these pages are monozygotic (MZ, "identical") or dizygotic?

1 ❖❖ Mikaela and Jonathan
20 months
San Jose, California



2 ❖❖ Julia and Leah
21 months
Milford, Massachusetts



3 ❖❖ Andrew and Samuel
7 months
Austin, Texas



4 ❖❖ Austin and Holton
3½ years
Brunswick, Georgia



5 ❖❖ Blake and Lanie
18 months
Alpharetta, Georgia



6 ❖❖ Caio and Ian
2 years
Denver, Colorado



7 ❖❖ Julia and Leo
2 years, 9 months
Mohegan Lake, New York



8 ❖❖ Emily and Kimberly
14 months
Carteret, New Jersey



9 ❖❖ Elle, Evan and Emma
3 years
Laurenceberg, Indiana



10 ❖❖ Hailey and Jordan
21 months
Lee's Summit, Missouri



11:: Ilana and Haley
10½ years
Commack, New York



12:: Isaac and Ethan
10 months
Cleveland, Georgia



13:: Tyler and Justin
4 years
Bergenfield, New Jersey



14:: Kevin and Steven
9 months
Sayville, New York



15:: Quayd and Brody
6 months
Cortez, Colorado



16:: Radha and Preethi
10 months
Voorhees, New Jersey



17:: Sydney and Samantha
10 months
El Paso, Texas



18:: Megan and Sydney
8 months
San Antonio, Texas



19:: Sullivan and McKenna
23 months
Burlington, Vermont



20:: Raquel and Angelina
8 months
Brooklyn, New York

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Photo Tips

What we are looking for:

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

We select photos for an upcoming issue three months prior to its distribution. Because of the volume of photos received, we are unable to respond individually. Enclose a signed release form. If your photo is selected and you have not included a release form with it you will be contacted to sign a photo release. **See Release Form on page 45 of this issue.**

Please be sure to:

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

Send your twins' photograph to:

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

NOTE: We are unable to use any professional photographs. Photos will not be returned. All photos become the property of TWINS.

20 - 20	20 - 19	20 - 18	20 - 17
19 - 20	19 - 19	19 - 18	19 - 17
18 - 20	18 - 19	18 - 18	18 - 17
17 - 20	17 - 19	17 - 18	17 - 17
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5 - 20	5 - 19	5 - 18	5 - 17
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3 - 20	3 - 19	3 - 18	3 - 17
2 - 20	2 - 19	2 - 18	2 - 17
1 - 20	1 - 19	1 - 18	1 - 17

Based on parental reports.

Why I should be president

Although I am not a hot-shot incumbent president or senator, I believe I possess the proper qualifications for the job.

Managerial experience. I manage a staff consisting of a 7-year-old, 2-year-old twins, two cats and a snake that lives in the basement. My duties include telling them what to do (except the snake) at all times. I believe it is a testament to my less-is-more style of managing that my staff routinely ignores my requests such as "Get down!" or "Clean up this mess, now!" and "Please, please, please stop crying and go to sleep."

Fiscal responsibility. I acquired two of my staff within one minute of each other, thereby reducing associated acquisition expenses and thus ensuring a future playmate, which, I hope, will cut down on travel expenses. In addition, I manage to provide for, feed, clothe and entertain my staff with funds that I don't actually have.

Public appeal. I am obviously very popular, as evidenced by the fact that complete strangers routinely run through grocery stores and across parking lots just to see my staff so that they can ask astute questions such as "Are they twins?" and make insightful and witty comments such as "Wow! Double trouble!"

Diplomatic skills. No matter what activities my staff engages in, I am able to



ILLUSTRATION BY BOB PELTZ

avoid being arrested for them.

Time management skills. I am able to perform seven activities simultaneously while talking on the phone, whereby the other party is unaware that I have no idea whatsoever what either of us has said.

Work ethic. I routinely work more than 24 hours per day, seven days per week. I sometimes work several times during the night attending to the needs of my staff, such that I sometimes need to "multi-task" during the day, and I am certain that my

clients have absolutely no idea that I am often asleep during meetings with them and while I am working on their accounts.

Problem-solving skills. I can fix anything that is broken with scotch tape, make any food taste like macaroni and cheese, clean any surface with saliva and a two-inch piece of tissue, and create educational material from dryer lint.

Negotiating abilities. I am known by my staff for my tough negotiating style, mainly bribery and nagging.

Organizational skills. I believe in the old adage "A place for everything and everything in its place." Thus staff equipment may be kept only in the following areas: Living room, family room, dining room, kitchen, hall, bedrooms, bathrooms, porch, driveway, yard, basement, attic, car and my purse.

Leadership qualities. I am a born leader, as exemplified by the fact that my staff follows me everywhere, including to the bathroom.

I am in touch with the little people. Need I say more?

If I am elected, I plan to ensure that my opponents will personally go to the homes of every twin mommy and daddy to help them get caught up on their laundry.

Elaine A. Lederman is campaigning for president from her home in Strasburg, Va.

Brian and Brad

by Brian and Brad Jones



The perfect holiday gift!

Who am I? What is a twin?

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

We've created **2 new story-books** that do exactly that! Sold in sets of two so that each child has a personal storybook, these are filled with simple material, are **fun and educational**. Each of the 32 pages is loaded with colorful illustrations. From the time your twins are toddlers, they will love having these stories read to them. Each storybook provides dozens of **fill-in-the-blank spots** for you to write in your child's unique preferences and personalized information. **Exclusive to Twins Magazine...not available anywhere else.**

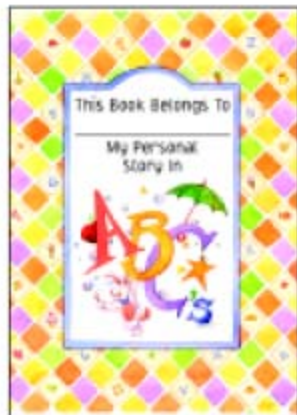
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toll-free 888-55-TWINS.

Go to our web site to see samples
of pages from these new books.

*Sold exclusively through
Twins Magazine*

1 My Personal Story in ABCs

Your child will learn the letters A to Z with pictures and words. **There are more than 20 places for you to write** in personalized information about your child's responses—**favorite animals, the number of kids in your family, and Mommy's and Daddy's names**. Lavishly illustrated by artist Jerianne Van Dijk, who did the gorgeous water-color illustrations for our popular TWINS Lifetime Memory Book.



2 A Very Special Twin Story

Your child will be delighted with the chance to play the major role in telling his or her own **personal story**. Wonderfully illustrated by artist Jenny Campbell, this softbound book allows your child to include on many pages **important personal information** such as the time and **day they were born**, your home address, favorite colors and clothes, **favorite games and activities**.



Parents of twins tell us they want personalized books for their twins!

We listened to you, and created products you said you wanted. These vibrant books will quickly become favorites your children will treasure today and forever. Buy 2 of the same book, or buy one of each so your twins each have a different story. Either way, these will be prized possessions of each twin.

My Personal Story in ABCs by the editors of TWINS Magazine. Illustrated by Jerianne Van Dijk. 32 pages, 8-1/2 x 11 inches, softbound. \$15.95 each.

A Very Special Twin Story by the editors of TWINS Magazine. Illustrated by Jenny Campbell. 32 pages, 8-1/2 x 11 inches, softbound. \$15.95 each.

Set of two books **\$25⁹⁵**

Give your twins these special holiday books!



Versatility

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The Avent Feeding Bottle is clinically shown to reduce colic* and is recommended by more doctors than any other brand†. Created to closely resemble the breast, the natural shape and feel of the Avent Nipple encourages your baby to latch on and suckle, giving you the versatility to switch effortlessly between breastfeeding and bottle feeding while keeping your baby comfortable and happy.

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