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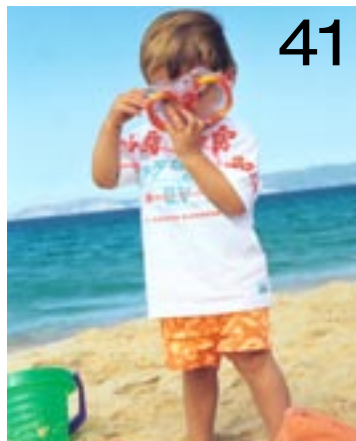
## ON THE COVER

**Noah and Lila Rubin**, 10½ months old, live in Denver with their mom Julie and dad Rick. They were born at 35 weeks; Noah weighed 5 pounds, 5 ounces; Lila, 4 pounds, 8 ounces. Noah is a little dynamo who needs to touch, taste and explore everything. "Princess" Lila is content to observe her brother, who always makes her laugh.

### Cover Photography by

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After reading the research about what TV can do to our brains and minds and talking to pediatricians—not to mention what a time-waster TV can be—I thought I might just throw out my television set... or at least move it to my unfinished basement (more like a cellar) until this wave of guilt, or motivation, or whatever it is, passes. Or, until I can't stand not knowing what shoes Katie is wearing, or what Ted Koppel thinks is the biggest headline of the day. My thinking is, if I move the TV to the basement, I can up my exercise minutes, write the great American novel, master Norwegian and organize my closet so that I never have to look through three drawers to find an item. Procrastination, always lurking behind my good intention, has—so far—won the day. My TV set still sits where it has for the past five years and Katie and Matt remain my breakfast companions.

One thing I do religiously, however, is turn off the TV the minute my daughter-in-law Molly brings 6-month-old Sarah into the house. I am so impressed with Molly. Without even asking me—can you imagine that she doesn't need her mother-in-law to tell her how to parent—she has chosen to completely avoid TV and limit video viewing for Sarah. Sarah watches maybe 30 minutes or an hour of a Baby Einstein or Brainy Baby video each week. If we left the TV running, Sarah—mesmerized by the rapid flickering of the screen—would stay glued to it as long as it was running.

Is TV really harmful to your babies? Find out what pediatricians say and questions researchers are investigating in our story "Do Your Babies Love TV?"

The TV debate is only one of several items that I am really excited about in this issue. We have a new column: Ask the Doctor. Rebecca Moskwinski, M.D., kicks off the column with answers to questions about gripe water, premie catch-up and scheduling doctor appointments. A mother of twins, Dr. Moskwinski is editor of the National Organization of Mothers of Twins Clubs book *From Twins to Quints* and president-elect of the NOMOTC. She is a welcome addition to our family of contributors.

SIDS is such a heartbreaker because it can strike the healthiest of babies without warning and without any apparent cause. For the first time ever (as far as we know) a magazine brings you information on SIDS in twins. You won't find it in any other publication. After the death of her twin son, Alice Check found very little information on SIDS in twins. She researched the medical literature and compiled her findings in order to help educate parents of twins. Turn to page 20.

Twins are seldom such serious business. In fact, they're quite funny. We want to spread the laughter so we've added a new forum to our Message Board at [www.TwinsMagazine.com](http://www.TwinsMagazine.com): Twins Say the Cutest Things. Post your funny stories there, or e-mail them to [twins.editor@businessword.com](mailto:twins.editor@businessword.com); please type "Funny" in the subject line.

To the right is a picture of twin brothers holding one twin's twin babies. Do you have twins and more twins in your family? Send us your family picture. We look forward to receiving them.

*Suzanne Withers*  
Managing Editor

## WE GET PICTURES



Monozygotic twins Judson (l.) and Jason Cox hold (r.) hold Jason's twins on the day of the babies' birth, Sept. 10, 2003. Judson is holding Ridge Tyler Cox and Jason is holding Ally Nicole Cox.

## TWINS E-DELIVERY POLL

### What's in a name?

Twins can be tricky to name. Not too sing-song, but easy to say together, yet individual. We asked: How, or why, did you choose your twins' names? Here's how you responded:

- 20% Family names
- 13% Alliteration (same letters)
- 5% Alphabetical
- 3% Rhyming
- 6% Religious
- 8% Individuality; opposite
- 29% Just liked the names
- 6% Suited them at birth
- 10% Other

### The "first" name

Many of you explained how you came to choose the names you did, but this approach was a first for us. "My husband and I named our twin boys after NASCAR drivers. Their names are James and Jeffrey, after Jimmie Johnson and Jeff Gordon. Since we couldn't choose who would get which name, we decided that the NASCAR driver who was ahead in the Winston Club Championship points at the time of birth would be the name of our first-born son. At the time of their birth, Jimmie Johnson was ahead in points, so James was named first."

**CORRECTION:** The correct Web site address for the Clean Shopper for Twins is [www.cleanshopper.com](http://www.cleanshopper.com). We published the incorrect address in the March/April issue, page 47, Great Gear. We apologize for any inconvenience.

### Goodbye to a loyal friend

The sad time has come for me to say goodbye. My DZ (fraternal) girls turned 8 this February. I've just finished reading my last issue of TWINS Magazine. I received my first copy from my OB/GYN before their birth and you've been with me the entire time. I'm positive I wouldn't have remained sane without you!

My twins are very close in height and that is where the similarities end. People no longer stop me and ask, "Are they twins?" Now, when strangers find out they are twins, they may say, "But they don't look alike!" I'm still learning that the unsolicited comments don't stop, they just change. Now, when I see a double stroller, I have to fight off the urge to ask, "Twins?" or "How are you holding up?" or "Do you get TWINS Magazine?"

I have to confess I just gave away the last bag of twin baby clothes yesterday—a clear sign I'm facing the "tweener" years. But I know there is help at [www.TwinsMagazine.com](http://www.TwinsMagazine.com), if I need it.

Thank you for your support, advice and humor. Whenever I hear of friends, family or acquaintances expecting multiples, TWINS Magazine is the only gift I consider or recommend.

Joanne Higgins Ensign  
via e-mail

### Big babies

In the Preemie News section of the March/April issue were the results of an e-poll of how much multiples weighed at birth. My girls weren't preemies; I actually had to be induced at 40 weeks. My girls were 7 pounds, 8.4 ounces and 8 pounds, 9.4 ounces. What percentage of multiples is born this large or larger, and also what the record is for the largest set of multiples at birth? I am curious to know why the poll didn't show how many babies were over 8 or even 9 pounds. It's rare with multiples, but it does happen.

Jennifer Gensler  
via e-mail

*Editor's Note: According to Guinness World Records, Evan (8 pounds, 9 ounces), Aiden (7 pounds, 5 ounces) and Lilly (7 pounds, 5 ounces) Wilson of Highlands Ranch, Colo., born in 2003, hold the birth weight record for triplets in the U.S. (They were on our September/October 2004 cover.) The heaviest twins we've read about are Patricia Jane (14 pounds) and John Prosser (13 pounds, 12 ounces) Haskin, born in Arkansas in 1924. We don't know how many twins weigh more than 7 pounds at birth. In our poll more parents than we expected reported birth weights 7 pounds and over, lending perspective to the many preemie stories we run. Nonetheless, statistics state that nearly 60% of twins are born prematurely. Turn to page 37 to read about the prematurity epidemic.*



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## Research

Patricia M. Malmstrom, M.A.



Patricia M. Malmstrom, M.A.

# Twins: lower risk of suicide

Professor Kaare Christensen is an epidemiologist whose report that twins have a lower rate of suicide compared with the single-born intrigued me. As a mom of singles and twins I've observed the benefits of twinship firsthand. It seems to me that my twin daughters buffer each other's stresses and magnify each other's pleasures in ways my single-born daughters do not. Here's what Professor Christensen has to say about how his research demonstrates a twin advantage.

### Why did you undertake this inquiry?

Strong family ties and commitment are known to be important in the prevention of suicide. Twins represent a unique and close sibling relationship as twins not only share the same family and social environment—at least early in their lives—but they also show a higher level of closeness both in terms of the number of years spent together before leaving the parental home and frequency of contact afterward. We therefore hypothesized that the suicide rate in twins was lower than that in the general population.

### What did you learn?

Through the population-based Danish Twin Registry we identified same-sex twins born from 1870 to 1930 and we established data and causes of death from 1943 to 1993 through the Danish Register

of Causes of Death. The study comprised more than 20,000 individual twins. We know from previous studies that the twin cohorts have a mortality pattern similar to that of the general population. We found, however, that twins had indeed a substantially lower suicide rate than that of the general population. We observed 211 suicides in a study population and based on the national numbers; 293 suicides were expected. This corresponds to a reduction in suicide rate of 26%.

### Where do you expect your findings to lead?

The findings could contribute to the understanding of how a social network relates to suicide risk.

Author's Note: Obviously, this is heartening news for twins and their families. Christensen's research validates the benefit of the twin relationship. This information can help parents be effective advocates for their twins' care and for school placement. And, it can be used to help educate those who would arbitrarily separate multiples. ♥

Patricia M. Malmstrom, M.A., is director of Twin Services Consulting, co-author of *The Art of Parenting Twins* (Ballantine Books, 1999) and mother of four adult children, including monozygotic twins. Order her book by calling (888) 55-TWINS or visiting [www.twinsmagazine.com](http://www.twinsmagazine.com).



**Name:** Kaare Christensen

**Position:** Scientist and professor

**Contact information:** University of Southern Denmark, Institute of Public Health, Epidemiology; e-mail: [kchristensen@health.sdu.dk](mailto:kchristensen@health.sdu.dk)

**A very special needs family**

I have three sweet, beautiful children: Jackson, 3; Bennett, 1; and Luca, 1. Having three boys so close in age is a challenge; we change diapers and clean up all day long. But our family has been given an additional challenge: All three of my sons have autism.

What are the odds? According to the Centers for Disease Control, autism affects one out of every 166 children. And the numbers just keep growing, year after year—all over the world.

I wish I had more time to think, to enjoy my children, to relax, to grieve and to just be. But I don't. I've got to arrange services for my boys, make sure the services are appropriate, follow through with their therapies, and, of course, just get through the everyday shopping, cooking, laundry, doctor appointments and more.

Each of my boys needs one-on-one attention all day long. Even with a team of therapists flowing in and out of the house, it is not enough to ensure that they get what they need. Because each has unique needs, it takes two adults just to feed them breakfast.

Jackson was diagnosed when he was just over 2 years old. Our twins were 3 months old. Life was really crazy for a year. We literally slept three or four hours a night. Taking care of the kids and researching autism was all I could do.

After Bennett was diagnosed, my husband took a mental health leave from work. We struggled with the idea that all three of our children had autism. It changes everything that you thought your life would be. Like most parents, we just want the best for our children, for them to be happy and enjoy life.

In addition to autism, the boys have multiple allergies. We spent over \$7,000 last year on formula alone. We realized we needed a space for the boys to have their therapy. We finished our basement and bought teaching supplies and therapy equipment, costing us around \$20,000. We are definitely in debt.

My husband and I have been in counseling and he handles the diagnoses much better now. But the thought of him going back to work is scary. He works for the phone company. What if he can't concentrate when he is climbing on a roof or a pole? What also scares me is the thought of managing this alone.

I am often asked to speak with other parents who have a child newly diagnosed and I was asked to run a local parent support group. I do what I can to help others. We have handled things well. But after the recent diagnosis of my twins, I need some help.

Michele Iallonardi  
Hauppauge, N.Y.

*Editor's Note: Your plight is next to unimaginable. The number of letters we get about autism has probably tripled in the last few years. We are planning a story on autism very soon and hope to include several families in our story. Please e-mail your autism experiences to twins.editor@businessword.com.*

E-mail your Mailbox letters to twins.editor@businessword.com. Please type "Mailbox" in the subject line.

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## At what age can my babies eat yogurt?

Nine months is a good age to add full-fat plain yogurt. Babies don't need the large amount of sugar in flavored yogurt. You can add mashed banana or unsweetened applesauce for flavor.

Six ounces of yogurt contains 225 milligrams of calcium and is a great base for smoothies. Throw in a little fresh or frozen fruit and a couple of ice cubes, flip the blender switch, pour and serve a healthy snack.

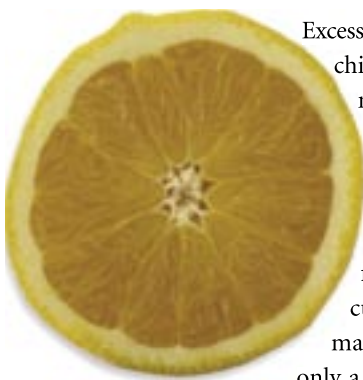
## Is your preschool fit for kids?

In South Carolina, 281 children from nine preschools averaged seven minutes of moderate to vigorous physical activity per hour—significantly lower than the **120 minutes of daily physical activity** the National Association



**for Sport and Physical Education recommends for preschoolers.** Preschool educators who do not give youngsters enough time to run, hop, skip and play outdoors are missing an opportunity to build healthy habits in children and combat the growing obesity of preschoolers.

## Do your kids load up on fruit juice?



Excessive fruit juice consumption in children is associated with malnutrition, diarrhea, stomach problems and tooth decay. If your babies and toddlers drink juice—including the so-called “pure” and sugar-free varieties—from a sippy cup throughout the day, they may fill up on juice and eat only a small amount of nutritious solid food. Break the sweet-drink habit now.

Wean your young twins by gradually diluting the juice with water until they are drinking only water. When they are older and have built good eating habits, fruit juice can be added to the menu occasionally.

## Power lunch: Rev it up

### Old-style lunch

- Beef bologna on white bread sandwich
- Mayonnaise
- Potato chips
- Canned mixed fruit in syrup
- Chocolate sandwich cookies
- Fruit punch drink

*Nutritional information: 980 calories, 48 grams fat, 13.5 grams saturated fat, 3 grams fiber*

### Nutritional boost lunch

- Lean turkey on whole wheat bread sandwich
- Lettuce and mustard
- Carrots with light dressing
- Fresh fruit
- Homemade trail mix
- Milk

*Nutritional information: 725 calories, 13.5 grams fat, 2.5 grams saturated fat, 13 grams fiber*

“Kids don't like radical changes, especially with their food,” said pediatrician Mary Gavin, M.D., co-author of the book *Fit Kids* (DK Publishing, 2004) and medical editor for [www.kidshealth.org](http://www.kidshealth.org). “But by gradually introducing substitutions, you can take small steps toward a healthier lunch menu for your child.”

—KidsHealth, [www.kidshealth.org](http://www.kidshealth.org)

*Editor's Note: KidsHealth did not provide information on the sugar in these lunch menus.*



# No to naughty words

**A reader writes:**

My 4-year-old twin girls started preschool and now use four-letter words. I tell them they're bad words and we don't use those words in our family, they ignore me and just use them more. Help!

**Our readers respond:**

We have 2-year-old identical boys who go to Early Head Start. One day they came home saying a four-letter word. What works for us is just ignoring it. Doing anything, even something as well meaning as telling them "We don't say that word," could reinforce the behavior. When we did that they thought the word had a lot of power so they used it more often. As hard as it may be to hear such a word coming out of their mouths, we pretend not to hear a thing and they have stopped.

Lana Robillard  
L'Anse, Mich.

The first thing I would do is talk to the preschool. They have to hear those words to use them, so someone is exposing them to the language.

Second, do not react emotionally, but make sure there are consequences. Using a "no-no" word in our house is an immediate timeout—no arguments or discussion. They have to learn actions have consequences. You can discuss why those are not nice words and why they got a timeout after the timeout.

I recommend *1-2-3 Magic* by Thomas W. Phelan as a good basic discipline book. We started when our twins were 2 and now rarely have to count past two. It's very effective. Remember to stay unemotional and consistent in discipline and consequences. They'll get past it fairly quickly.

Marilyn  
via e-mail

My 3½-year-old twin boys have picked up a couple of naughty words as well. And they have been known to want to have a conversation about "number 2". I tell them it is called "potty talk" and that "potty talk" is not acceptable. I tell them to stop, and if they don't, they go sit in the bathroom ("potty") and talk that way to themselves. Both sons took me up on going into the bathroom the first two or three times, but quickly found out it is quite boring to have a conversation with a toilet. "Potty talk" is now a rare occurrence in our house.

Heather Pickett  
Tacoma, Wash.

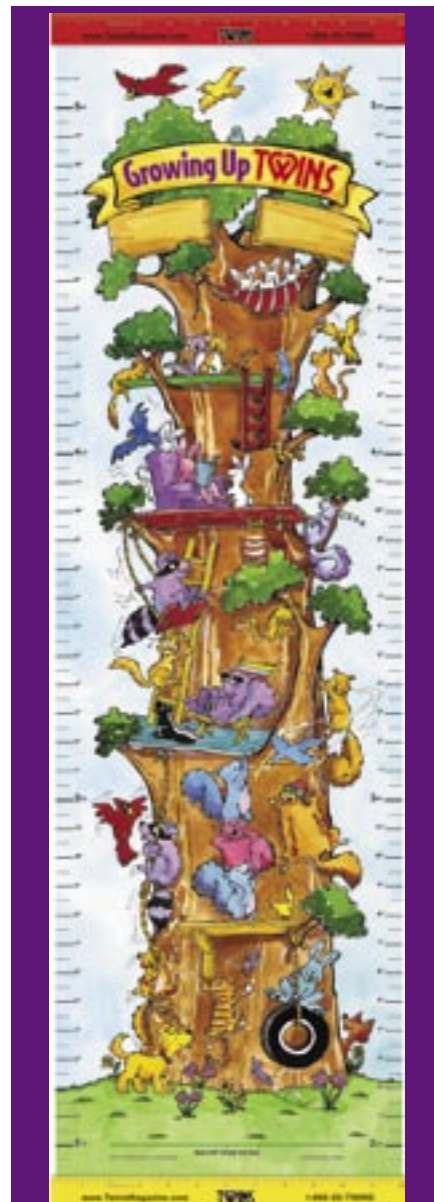
My grandmother has told me that my sister-in-law used to come up to her and call her a four-letter word and she would just look at her and reply, "Thank you." My sister-in-law would get mad and say, "But I just said @!%\*#," and my grandmother would smile and repeat "Thank you." Not that I completely agree with this, but my grandmother explained that a child just tries to get a rise out of you.

Kristien Hamilton  
Creal Springs, Ill.

**For January/February**

A reader writes: How do you handle children who will not take liquid medicine? You can buy chewable Tylenol and Triaminic thin strips, but what about antibiotics and cough syrup? I have a horrible struggle to hold down my children and attempt to get them to swallow the medicine—and keep it down.

Please e-mail your replies and questions to [twins.editor@businessword.com](mailto:twins.editor@businessword.com); please type "Family Talk" in the subject line.



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## Ask the Doctor

by Rebecca Moskewski, M.D., FAAFP



Rebecca Moskewski, M.D.,  
FAAFP

# The doctor is in

*TWINS Magazine welcomes Dr. Rebecca Moskewski to its family of contributors. She is the mother of monozygotic twins, Bridget and Lindsay, who were born during the second year of her family practice residency. She then had four singleton children—Nick, Ted, Kelsey and Molly. She lives with her children, husband Jerome and a menagerie of four-legged friends in Granger, Ind.*

*Dr. Moskewski earned her B.S. degree in biology from Purdue University and her medical degree from Indiana University School of Medicine. She specializes in Family Practice and Sports Medicine at Notre Dame, where she is team physician for the university's women's national championship basketball team.*

*Since 1992, she has served on the board of directors of the National Organization of Mothers of Twins Clubs. She currently is vice-president of NOMOTC and will be installed as president at the 2005 National Convention.*

### What is gripe water? Is it safe?

“Gripe Water” is a product sold online and in health food stores. It is touted as a treatment for infant colic and as a relief from indigestion and excess gas. It can include any of a variety of herbs and herbal oils, such as cardamom, chamomile, cinnamon, clove, dill, fennel, ginger, lemon balm, licorice, peppermint and yarrow. Desperate parents may opt to use it but it is not entirely without risk. There are many herbal products and they lack any standard for strength and dosage. They may also interfere with normal feeding. Parents who choose to use this product should avoid versions made with sugar or alcohol and look for products that were manufactured in the United States. Remember, that once colic resolves, there are no scientifically proved long-term effects. Think of colic as a stage and try to use tried-and-true methods, such as car rides and white noise.

### My babies were born five weeks early. At what age should they catch up to full-term babies?

Most premature babies will catch up in growth to full-term infants by the second year. This varies, however, depending on whether there were congenital abnormalities, nervous system injury or if the babies were considered very low birth weight (3 pounds or under). Premature infants of larger birth size will catch up to full-term babies earlier. Most doctors use the “adjusted age” when dealing with premature infants to assess their weight and development (subtracting the number of weeks’ prematurity from the birth age). For instance, at 2 months birth age your babies would be considered 3 weeks old in adjusted age. Most catch up intellectually and developmentally by age 7, but parents should be on the lookout for developmental difficulties when school begins. This again excludes those with extreme low birth weight or congenital abnormalities.

### Should I expect my pediatrician to book one appointment for both my twins, or one for each baby? They are 6 months old.

The doctor in me says “one for each baby,” but the mother in me says “both”! Seriously, though, each baby needs time allowed for a complete exam. It is unrealistic to expect mothers to leave one baby in the waiting room while bringing the other back to the exam room. Their appointments should be booked back-to-back and that way you can bring them both in together to save hassle, yet your doctor will have allowed enough time to complete a thorough exam. Some mothers, however, advocate bringing each baby in separately on different days. They enjoy the one-on-one time with each child and can then concentrate on only one at a time. This would depend on your ability to have child care available for the one left at home, of course.

Do you have a question for the doctor?

E-mail your questions to

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Please type “Ask the Doctor” in the subject line.

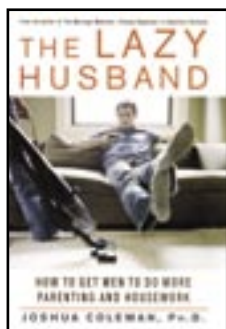
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## Sick of nagging? Sick of excuses?

*The Lazy Husband: How to Get Men to Do More Parenting and Housework* by Joshua Coleman, Ph.D. St. Martin's Press, 2005. 226 pages, \$22.95.



When Josh Coleman first began writing “Married with Twins,” his TWINS Magazine column, he told me that many of the letters he received were about lazy

husbands. Wives expressed over and over again that they were bearing the brunt of the burden of caring for twins. I wonder if he knew then that women needed a book

on this topic—a manual or guidebook of sorts—to show them how to motivate even the most dedicated couch potato and improve their marriage at the same time.

Do you feel hope rising in your heart? This little book is a quick read and can open your eyes to new ways of looking at things. Josh, the father of a daughter and twin sons, understands, personally and professionally, the division of labor in a marriage with multiples. In fact, he admits to being a reformed lazy husband.

Josh describes personality, husband and marriage types; asks if a description fits; and offers insightful, down-to-earth advice for specific situations. With checklists, self-evaluation questions and examples of effective language throughout the book, you'll find real-world help on page after page.

Not only will you find Josh's book helpful in very specific, concrete ways, but you also will enjoy reading it. Josh has an appealing sense of humor, is quick-witted, caring and quite likeable. His personality comes through in his writing.

*The Lazy Husband* is directed to women, because, as Josh points out, men have very little incentive to change a system that is working for them. It is not, despite the title, a male-bashing book. In fact, Josh advises that the best way to change your husband is to change yourself. And he has the same message for husbands in the chapter, “For the Husband.”

Sick of nagging? Learn to negotiate. Sick of excuses? Get accountability. Get *The Lazy Husband* and get rid of your lazy husband. ♡

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# Putting an End to Twin Rivalry

by Christina Baglivi Tinglof

Some days my 9-year-old fraternal twins, Michael and Joseph, compete with each other about everything from whose bowl of ice cream is bigger to who's taller. It's no wonder, since throughout their lives friends and family have compared them to each other (even though they're nothing alike in personality or appearance). And although comparing twins may seem innocent or even insightful, it's the leading cause of rivalry as they ultimately turn their comparisons to each other.

Pamela Tipton says everyone compares her 18-month-old fraternal twin girls. "What I really hate is when someone says that Abigail is the mean one and Caitlin is the good one," said the Evensville, Tenn., mom. "I usually try to brush it off jokingly and say something like she isn't mean, just more outgoing."

"When my girls were young, relatives used to compare their weight," said Nancy Firment of her identical twins, Kelly and Kimberly, now in their 30s. "They were

always thin, but one usually weighed a few pounds more than the other."

Concerned that a debate about her daughters' weight was destructive to their self-esteem and relationship, the Northridge, Calif., mom took action: Whenever a family member brought it up, Firment immediately diverted the conversation. When her twins left the room, however, she politely laid down the law explaining the subject was off limits. "There was nothing delicate that I could do," Firment said. "People just don't realize the damaging things they say to kids."

Marian Borden, author of *The Baffled Parent's Guide to Sibling Rivalry* (McGraw-Hill; 2003) agrees with Firment's direct approach. "The problem when people compare twins to one another is that they're making the assumption that one twin's development is the norm and the other twin is not meeting that norm, and therefore something is wrong."

Deflecting the conversation is a good

strategy, says Borden, but talking with your kids helps, too. "When comparisons start at a family gathering, take your twins aside and say 'Aunt Jenny's just being silly,' and remind them that everyone develops at a different rate," she said. "Then explain that we don't want to hurt Aunt Jenny's feelings in front of everyone by telling her to stop."

Although Heather Anderson's 6-month-old identical boys, Andrew and David, are too young for such a conversation, her other three children, Jonny, 9, Josh, 5, and Rose, 2, are not. She frequently talks to them about the constant comparisons that people make about her twins from their size to their personalities, and explains how hurtful that can be. "I fear that if my older children hear the same comparisons too many times, it will reflect on their relationship with the twins," said the Coudersport, Pa., mom.

If Anderson does ask a friend to stop comparing her twins, she does so in direct

earshot of her children. "I want my kids to see that I practice what I preach," she stressed. "That it's not just something they shouldn't do, but also others should know and remember as well."

### Stopping comparisons at home

Comparisons by outsiders are inevitable. Strangers in the supermarket, for instance, often ask my boys who is smarter, or who is the "bad" twin. Parents, on the other hand, can eliminate the practice at home altogether.

"We compare our children with the best intentions," said Adele Faber, author of *Siblings Without Rivalry: How to Help Your Children Live Together So You Can Live Too* (Quill; 2002). "Even though we consciously know better, the temptation is too powerful. Yet any time you view a child through the prisms of another child you diminish them both."

Sometimes, Faber explains, parents use a favorable comparison such as, "You're such a good reader, even better than your twin brother," as a way of giving one child a needed boost. Yet the child quickly realizes that it's at the expense of his co-twin, and to continue getting praise he has a vested interest in reading better than him. Thus a rivalry is set in motion.

On the other hand, a parent may use an unfavorable comparison out of frustration in wanting to goad one child into behaving better. A comment like, "Why can't you keep your room neat like your twin sister?" is also damaging as the messier twin then sees herself as inadequate.

A better approach, Faber points out, is to describe what you like ("You're reading so well!") or what you expect ("I know you're in a rush, but you need to clean your room before you go outside.") without making any references to a co-twin. And if

*"The problem when people compare twins to one another is that they're making the assumption that one twin's development is the norm and the other twin is not meeting the norm..."*

one of your multiples is prone to getting her feelings easily hurt, try to limit your praise of her sibling to private, one-on-one moments.

For years, 15-year-old fraternal twin Shaye Kwiecinski of Stony Point, N.J., struggled in school because of a learning disability that was a result of her premature birth. "Shaye had to work a lot harder in school than Caitlyn," said their mom, Nancy Kwiecinski. "So when Shaye came home with an 80 on a test, I'd go crazy congratulating her since I knew how hard she struggled to get that grade."

Yet all of this encouragement toward Shaye was secretly upsetting co-twin Caitlyn. Always a good student, Caitlyn felt her mom didn't praise her nearly as much. "She'd get hurt thinking I wasn't as proud," said Kwiecinski. "I didn't realize it. I just thought she knew she was doing well in school."

Now Kwiecinski makes a point of peri-

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odically pulling each girl aside separately to privately praise them for a job well done.

### A supportive family

Yet being part of a family also means that siblings show support and encouragement for one another, doesn't it? So how do you nurture the twin bond without creating a rivalry?

Kim Clayton of Monroe, N.J., creates situations that let her 3-year-old boy/girl twins, Maxwell and Emily, help each other daily, making each child feel good in the process. When one child is crying and the other offers hugs, for instance, Clayton encourages the consoler with lots of positive reinforcement. "Or if I give two snacks to one child," she explained, "then I tell him or her to give one to the other."

This, she feels, teaches each child the joy of sharing. "I try to praise every time I see them making an effort at helping each other or taking turns," she said.

"It's hard for twins when one gets an award and the other doesn't," noted Gina Walker, mother of 8-year-old fraternal boys, Chase and Weston. But as parents, says the La Crescenta, Calif., mom, it's our job to help our kids understand the strengths in each other. "I explain to my kids all the time that they need to show pride in each other, compliment each other," she said. "I remind them that don't have to be the same."

Her motherly wisdom is paying off. Her boys encourage each other daily. "It's amazing when I hear them say, 'That was



## Just a friendly competition?

Many multiples are naturally drawn to the same sports. Look at identical twins and Olympic gymnasts Paul and Morgan Hamm, or professional tennis players Mike and Bob Bryan. While many siblings competing in the same activity often motivate each other, some become bitter rivals. How can you tell when your twins have crossed the line from supporter to adversary?

"If you see one twin's confidence ebbing, when he feels he can never win, he's always the loser, or when he's constantly comparing his accomplishments to his co-twin's achievements, that's when parents need to step in," Marian Borden advised.

Keep an on-going dialogue with your kids emphasizing that there's always room for two, and it's not just who can jump higher or run faster. It doesn't have to be an 'I win, you lose' situation—both can be winners. There's value in every accomplishment, regardless of how large or small.

"If parents give more support for the process as opposed to the achievement, children are much safer," added Adele Faber, author of *Siblings Without Rivalry: How to Help Your Children Live Together So You Can Live Too* (Quill; 2002)

really good,' to each other," she added.

Make family pride a family ritual. During meal times, for instance, ask each of your multiples what the other did during the day that was appreciated or special, or hold a "three cheers" ceremony for anyone who did something inspirational that day. It may take a little practice but soon your twins will learn to look more at the positive attributes in each other rather than just the negative.

### Nix the birth order

Another trick is to de-emphasize birth order, says Meri Wallace, director of the Heights Center for Adult and Child Development in Brooklyn, N.Y., and

author of *Birth Order Blues* (Owl Books; 1999). "If you have only a set of twins, the one who was born two minutes earlier often becomes the older sibling in the home," noted Wallace. "If you always refer to him as the 'older child,' he can lord it over the younger one, which then creates a tremendous rivalry."

Wallace suggests mixing things—don't introduce them or even sign a family card according to who showed up first. From setting the dinner table to singing Happy Birthday, deliberately change the order each time. "Don't relate to the oldest as the oldest," she added. "Make sure you give each twin, no matter what the situation,

the opportunity to go first."

And finally, spend time alone with each twin separately, stresses Borden. Multiples especially need to feel that you enjoy each one's company independently. "They're not a unit," she said. "They're distinct individuals with individual needs. And they want to know that you are trying to meet those needs."

When a child feels secure with your love and attention, competition between twins quickly becomes a tie game. ♡

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Christina Baglivi Tinglof is the author of *Double Duty: The Parent's Guide to Raising Twins*. She lives in the Los Angeles area with her husband and three sons including fraternal twin boys.

# PERSONALIZED STORY BOOKS

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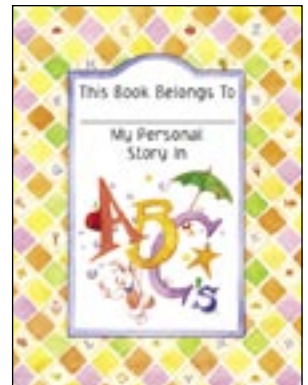
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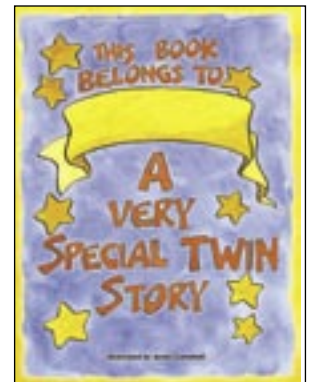
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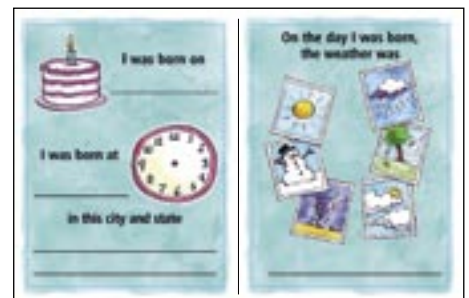
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# In Synch: Baby Schedules

by Sharon Withers

***Before you had twins,  
NSYNC may have had you  
dancing the night away,  
but with your New Kids  
on the Block, In Synch  
can have you sleeping  
the night through.***

When any expectant parent seeks advice from those who have made it through the first year, they may hear “Sleep when your babies sleep.” What advice do parents expecting multiples hear just as frequently? “Get your babies on a schedule.”

After the babies arrive, you will have little time to decide whether to feed them on demand, on a schedule, one-at-a-time or simultaneously. As days fade into nights and the fog of exhaustion sets in, your priority becomes to get some sleep. But how best to get sleep? Get them on the same schedule. Is it easier said than done?

“I found that the only way I could function was to get the girls on a schedule from the day I brought them home from the hospital, especially since I was nursing them,” said Kim Davis of Jacksonville, Fla. “Three under 3 can get crazy some days,” Kim said of her then 2 ½-year-old girl and 7-month-old twin girls.

Take scheduling one step at a time, Kim advises. “First, I started with the nursing schedule. If only one twin was awake when it was time to nurse, I woke the other one so I could nurse them together.

“Look at your children’s sleep patterns. When you put one down for sleep put the other one down,” Kim said. “One might fall asleep before the other, but just let her lie awake for a while until she falls asleep. They will eventually get on the same schedule.”

Don’t always think conventionally about naps, Kim advises. “Napping in the swing helped our scheduling process.”

Children love schedules because it gives them a sense of security when they know what is going to happen, especially at bedtime, Kim explains. “Always do the same thing before going to bed at night, even when they are infants. Whether it is reading stories, singing songs, giving baths, establish a routine that lets them know it’s time for bed,” she said. “I breastfed all my children exclusively and my children have

slept through the night since they were three or four months old. I attribute that to their nighttime routine.”

Kim added one caveat to scheduling. “You can never foresee baby blowouts (poop everywhere), throwing up or other things that will happen,” Kim warned.

Here’s how Kim handles blowouts and other surprises. “I just flow with them and don’t get frustrated,” she said.

While dealing with the situation, remain calm and patient. “Your children can sense your frustration and you are molding them by your behavior,” Kim said. “I found a simple prayer to God for patience and strength usually does the trick, too.” When your schedule has been interrupted, try to get back into the groove as soon as possible. ♡

## **Kim’s schedule for her 7-month-old twins**

6:30 a.m.	Wake up twins to nurse; after nursing put them back to sleep
8:15 – 8:30 a.m.	Wake twins and put them in car seats to drive my daughter to preschool
9:30 a.m.	Nurse twins and play with them
10:15 – 11:15 a.m.	Twins nap in their swings
11:15 a.m.	Put twins in car seats to go pick up my daughter from preschool
12:30 p.m.	Nurse twins and put them in their Exersaucers to play while I make lunch
1:15 p.m.	Feed twins cereal and fruit
1:45 p.m.	Twins take two-hour power nap
4 p.m.	Twins wake and I nurse them
5:30 – 6 p.m.	Feed twins cereal
7 p.m.	Nurse twins; bathe them or read books with them
7:30 p.m.	Twins go to sleep in their crib
10 p.m.	Wake twins to nurse ; they go right back to sleep until 6:30 a.m. the next morning





Hannah and Kristen Davis, at 7 months, are "in synch" playmates.

## Getting in synch

- ✓ **Keep your expectations realistic:** Synchronized schedules will not happen overnight. In fact, some babies and parents struggle with schedules indefinitely.
- ✓ **Keep a log.** Even in rare moments of clarity it is hard to remember who woke when, who nursed for how long and on which side, who dirtied a diaper. A log during the first three to four weeks will help you determine how your babies' natural patterns are emerging.
- ✓ **By the time your babies are about 14 pounds,** they should be able to adjust their schedules, with your nudging. Build on your babies' natural patterns and adjust gradually. For example, if you want your babies to go to sleep 30 minutes earlier at night, wake them up 30 minutes earlier for a few days until the pattern changes and they wake at the earlier time on their own.
- ✓ **Once a schedule is established, watch for problem areas** that need attention. If you continue with your log, it can help you spot and fix problems and stay on track.
- ✓ **As your babies grow,** they will show signs that their schedule needs to be changed.
- ✓ **As children get older,** rituals can signal the transition to a new part of the schedule. Washing hands can be a transition to eating dinner. Reading stories can be a transition to bedtime.
- ✓ **Routines are important,** but when special occasions come up you can expect to break the schedule for a couple of days. If your children are old enough, explain in advance how the special occasion will change things for them; for example, you might say, "Tonight we will have time for only one bedtime story instead of two."

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## Finding our certified car-seat technician

My husband and I are extremely safety conscious and mechanically challenged, so I did quite a bit of research before purchasing car seats. Some of my extra safety conscious friends sent me articles from *Consumer Reports* outlining the pros and cons of certain brands. After discussing the options with several salespeople, we bought two infant carriers made by Century.

We tried to get some help installing the seats at fire stations all over Washington, D.C., and Maryland. We finally found a sympathetic person in Takoma Park, Md., firefighter Lt. Valerie Tarbox. My husband Alex, Lt. Tarbox and two firefighters spent almost two hours installing the seats.

Given the time and muscle involved, we wanted to leave them in place for several decades, but about a year later, when the kids hit 20 pounds and outgrew the infant carriers, it was time to start over again.

After reading more safety articles and comparing notes with fellow parents, we purchased two British car seats designed to be tethered to the bottom of the car to prevent any vertical movement during an accident. According to our sources, tethers were the wave of the future, and soon, all U.S. car seats would be manufactured to accommodate them. They weren't very common in the U.S. then, so not many people knew how to install them correctly.

We learned about the pitfalls of parental installation of seats during a CPR and basic infant safety class. Apparently, the vast majority of car-seat owners install seats incorrectly, and this is why so many cities offer free car-seat inspections. After waiting in line with dozens or hundreds of other parents, people can get assistance from a certified car-seat technician. One organization that sponsors these events, National



ILLUSTRATION BY CHUCK GALEY

SAFE KIDS Campaign, urges parents to bring their children to the inspections so the technicians can adjust the car-seat position and straps to the child. As much as we wanted our children to be safe, we avoided bringing Adrienne and Julian to one of these inspections because we feared we'd have to wait in line for hours. We imagined cranky babies and multiple meltdowns.

After more research, a staffer at the National SAFE KIDS Campaign put me in touch with a company called Baby Shield. The founder, Rod Harris, offered to come to our apartment to install the new seats, at no charge.

"We don't pay anyone anything?" I asked. "What's the catch?"

A Baby Shield staff person told me there was no catch, but she encouraged me to make a donation to the National SAFE KIDS Campaign.

At one point during the installation, Rod put all of his body weight, about 190 pounds, onto each seat and asked me to pull the seat belt as tightly as I could while he was kneeling on the seats.

"Harder . . . tighter . . . OK, that's good!" he said, as sweat began to drip from his brow. If the neighbors in our apartment building had heard all of the grunting in the back seat of our station wagon, they might have speculated that we were doing more than installing seats. After three tiring and acrobatic hours, Rod was satisfied with his work.

I told him he was a perfectionist and asked him how he got to be so passionate about installing car seats, especially as a pro bono project. He told me he had been an engineer at Raytheon and never felt like he was doing any good for anyone. That's when he started his baby-proofing company. The car-seat work, he said, is just something he volunteers his time to do because it's so important.

When I tried to describe Rod to my husband, he had trouble accepting the altruism. Like a good journalist, he reiterated my question, "What's the catch?" With Rod there really isn't one except that while he's installing seats, he meets a lot of families who are eager to hear about his baby-proofing business, so it's a good opportunity to hand out business cards and brochures. But the bottom line, he insists, is that he doesn't want any children riding around in improperly installed car seats.

I donated some money to the National SAFE KIDS campaign, made out another check to Baby Shield and thanked Rod for his time. I offered him some coffee after our exhausting installation session, but he turned it down. Like the Lone Ranger of the baby-safety world, he got into his 1997 green Mercury Sable and drove away. ♡

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Lauren Kafka reflects on the first year with her 6-year-old boy/girl twins from her home in Bethesda, Md., where she runs a home-based editorial business.

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PHOTO BY JERRY WALTERS

2005 photo contest

## RULES AND TERMS

**ELIGIBILITY:** Photos must have been taken within the last 12 months by the person submitting the photos. Each photo must be original work and previously unpublished or accepted by any other print or electronic publisher. Photos by professional photographers or professional photography studios are ineligible. Only original color or black-and-white print photographs and high-resolution (300 dpi, 5" x 7" minimum) digital images burned to a CD are eligible. Slides, photocopies and e-mails will NOT be accepted.

**CHOOSE A PHOTO CATEGORY:** You may enter from one to five photos in any or all categories: Enter five photos in one category, or one in each category, or any combination. You can win in only one category. You must choose a category for each photo and designate the category on the back of each photograph. Limit is five photographs per household.

**PHOTO CATEGORIES.** Descriptions for the categories are not intended to limit the subject of the photo, but are suggestions only. Photos must include both twins or all multiples.

- **Daily life activities:** playtime (indoors and out), bath time, tooth brushing, mealtime, crying, fighting, helping, bedtime, taking medicine, taking temperature, in the car seat, on the phone, in the highchair, breastfeeding, bottle feeding, timeout, combing hair, dressing, being disciplined, birthday parties or any aspect of daily life.
- **Travel, recreation, sports and lessons:** gymnastics, making music, singing, on the airplane, at the airport, reading books, drawing, painting, swimming, etc.
- **Out and about:** at the supermarket, church, department store, park, playgroup, dentist's office, doctor's office (getting shots, throat exam, etc.) preschool, zoo, picnics, restaurant or other outing.
- **Emotional/relational:** the twin relationship; twins' relationships' with other family members, friends, and playmates; twinship; jealousy; happiness; sadness, loneliness—the whole range of emotions and moods.
- **Families:** Candid shots of parents with twins and various family combinations—father and children, mother and children, sibling and twins, all family members. Photos of families engaged activities such as chores, reading, bedtime, cooking and others are especially welcome.

**JUDGING:** A panel of judges including a professional photographer, the TWINS® Magazine editor-in-chief, managing editor and art director will select the winners. All decisions are final and will be based on the opinions of the judges regarding overall technical and communication quality of the photograph, with special attention to the photo's ability to express the particular category in which it is entered. Criteria include: sharp focus; no red eye; strong composition; good lighting; "capturing the moment;" charm; mood and the degree to which the photo depicts "twinship." (Hint: Eliminate background clutter.)

**PRIZES:** You may submit photos in more than one category, but can win in one category only—no duplicate winners. Five cash prizes will be awarded. Overall prize is \$100; category prizes are \$50 per category. In the event of a tie, winners will share prize money. Winners will be notified by mail on or before Friday, Sept. 9, 2005, and announced in the November/December 2005 issue. Winning photos will be published in the January/February 2006 issue. Other photographs may appear in TWINS from time to time.

**TERMS AND LIMITATIONS:** TWINS® Magazine reserves the right to accept or reject an entry for failure to comply with any of the rules or for any reason whatsoever. Incomplete entries will be disqualified. TWINS® Magazine is not responsible for lost, stolen, incomplete, illegible, misdirected, postage due, damaged or late entries. TWINS® Magazine is not responsible for entries lost in the mail. Any and all materials submitted become the property of TWINS® Magazine. TWINS® Magazine reserves the right to publish all photographs in the magazine or on [www.TwinsMagazine.com](http://www.TwinsMagazine.com) at any time. Photos cannot be returned. No phone calls, please.

**HOW TO SUBMIT:** Each complete entry consists of:

- **Photos with identification labels on the back.** Attach a label to the back of each photo and include the following information: Name of parents, address, phone number, name of twins (right and left), date of birth of twins, age in photo, twin type (monozygotic, dizygotic or unknown) and the category in which the photo is entered. If you burn a CD, attach the information to the back of a print-out of the image.
- **Signed photo release form.** Each photo must have a separate release form attached. You can find a release form on page 45 of this issue or on our Web site, [www.TwinsMagazine.com](http://www.TwinsMagazine.com); click on "Double Takes." (Photocopies and scans of the release form are acceptable.)
- **Check for \$5 entry fee.** There is a \$5 entry fee for up to five photos. You may submit one, two, three, four or five photographs. The entry fee is \$5 total, regardless of the number of photos you submit. Make checks payable to "TWINS Magazine." Do not send cash.

**Deadline for entries:** Entries must be postmarked no later than Friday, July 8, 2005, and received no later than Friday, July 15, 2005.

Mail entries to:

**TWINS Magazine Photo Contest**  
11211 E. Arapahoe Rd., Suite 101  
Centennial, CO 80112-3851

You will not receive acknowledgment of receipt of your entry. No phone calls, please.

**Enter today! It's as easy as 1-2-3-4!**

1. Shoot
2. Stick  
(a label on the back)
3. Stuff (all the pieces in an envelope)
4. Ship



# He was so healthy

by Alice Check

My husband Tom and I became first-time parents on April 26, 1987, with the birth of our twins Candice and Patrick. During my pregnancy, I was aware of the increased risks with multiple births, but felt very special and delighted with the prospect of having twins. When the babies were born full-term and healthy, I assumed that I was one of the lucky ones who had escaped the pitfalls of a multiple pregnancy. I never dreamt that we would join the ranks of bereaved parents just 100 days later.

Candice and Patrick had distinct personalities from the beginning. Patrick seemed to be all little boy and Candice was all little girl, and the combination of personalities seemed perfect. Patrick, always hungry, was more demanding and boisterous and within a few days of birth became decidedly chubby. Candice was more sedate and gained weight slowly. Within a few weeks, the babies began smiling and responding to us. I was enthralled with my babies and with the experience of motherhood. My husband and I took the twins out shopping and on other expeditions, and needless to say, we were always the center of attention. We were thoroughly enjoying our experience as the parents of twins.

## Return to work

I had worked for a few years and had always assumed that I would be a working "supermom." In fact, it seemed to be my duty to



Patrick and Candice Check, 3 months

show the world that the professional woman can do it all, although after the birth, I truly had no interest in anything else except my babies. I decided to compromise and work part-time, figuring that I could always quit if I could not achieve a balance between motherhood and work.

I found a babysitter who cared for infants in her home, and since she had two teenage daughters and her mother helping her at times, I thought that the babies would receive lots of attention. Reluctantly, I returned to work when the babies were 14 weeks old. The first day was uneventful. The second morning, Aug. 4, I dropped the babies off, touching Patrick on the cheek and getting a sleepy smile as I walked out the door. I spent part of the morning telling my co-workers about the babies and showing off their pictures.

## MORE INFORMATION

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

[www.nichd.nih.gov/sids/sleep\\_risk.htm](http://www.nichd.nih.gov/sids/sleep_risk.htm)

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

[www.climb-support.org](http://www.climb-support.org)

## SIDS: The Facts

**SUDDEN INFANT DEATH SYNDROME** is the sudden, unexpected death of an apparently healthy infant under 1 year of age. It remains unexplained after a complete post-mortem investigation, including an autopsy, an examination of the scene of death and medical history review.

- As a result of the national Back-to-Sleep campaign, launched in 1994 as a joint effort from First Candle/SIDS Alliance, the AAP and NICHHD, SIDS rates declined dramatically.
- Despite the campaign's success, SIDS

remains the leading cause of death for infants 1 month to 1 year old, claiming the lives of about 2,000 babies each year.

- While SIDS occurs in all socio-economic, racial and ethnic groups, African-American and Native American babies are two to three times more likely to die of SIDS than Caucasians.
- Most SIDS deaths occur when a baby is between 2 and 4 months old; 90% of all SIDS deaths occur before 6 months of age.
- Most babies who die of SIDS appear to be healthy prior to death.

## The call

Before lunch, I received a call from a man who identified himself as the sheriff: “Your son Patrick is having a little trouble breathing. Could you go to the hospital?” My world fell apart. When I arrived, a nurse took me aside into an office and the doctor came in and told me Patrick was dead. I asked, “Where is my other baby?” thinking that the babysitter might have sent her along too. Nobody, however, was aware that Patrick was a twin.

I then asked to see Patrick, thinking that I could still be with him somehow. The still, lifeless shell was nothing like my little boy, and I tried to absorb the reality that I had said my final goodbye to him that morning, a moment I would have given anything to return to. I held the little shape briefly, then the phone rang and I had to tell my unsuspecting husband that our baby was dead. The nurse took me back to the office and I waited, in a deep state of shock, for Tom and the coroner to arrive.

The doctor’s assessment was SIDS because there was no apparent cause of death. I had heard of SIDS, but I was astounded because I thought SIDS was something that happened to tiny, helpless newborns—not to big, healthy boys who cried lustily one moment and smiled the next. I was not at all aware that 3 months was the age of greatest risk for SIDS. Tom arrived, and then the coroner, who began questioning us. He explained that



Candice Check, age 17

the term SIDS means that no cause of death can be found after a thorough investigation and autopsy. Several weeks later, when these were complete, we were informed that the finding was SIDS.

## The first days

Upon leaving the hospital, we were faced with many horrendous tasks, the first of which was picking up Candice from the babysitter’s. All I wanted to do was grab Candice and run, but I knew we had to hear the babysitter’s story and see where Patrick died. She described how she thought she heard Patrick stirring during a nap and sent her 13-year-old daughter to check on him. Her daughter found him blue and unresponsive, and the babysitter immediately called the paramedics and began mouth-to-mouth resuscitation. Although I felt too numb to comfort the babysitter, I told her I knew it was as hard for her as it was for us. We made

the indescribably bleak journey home, carrying Candice and the empty car seat that had held Patrick a few hours earlier. Later that day I asked a volunteer whose phone number I had been given in the emergency room to call the babysitter since I thought it would be helpful to have an objective person talk to her about SIDS.

When we got home, we had the joyless task of calling relatives and then our pediatrician, who arranged for Candice to be admitted to a hospital for tests to see if she was “normal.” Although it was exhausting to spend the night in the hospital, it was a blessing to not be in our empty home. We went home with Candice on an

► 23

- More SIDS deaths occur in the winter and fall than any other time of year.

- 60% of victims are male; 40% are female.

**We don’t know how to prevent SIDS in all cases, but parents and caregivers can take steps to reduce the risk of SIDS.**

- Place your babies to sleep on their back at naptime and at night.
- Do not smoke while you are pregnant and don’t let anyone smoke around your babies after they are born.
- Use a safety-approved crib with a firm, tight-fitting mattress covered with only a sheet.
- Remove all soft, fluffy or loose bedding and

toys (including blankets, soft or fluffy bumpers and positioners) .

- Use a wearable blanket to replace loose blankets in your baby’s crib.
- Do not put your baby to sleep on any soft surface (sofas, chairs, waterbeds, quilts, blankets, sheepskins and similar items).
- Room-sharing is safer than bed-sharing.
- Do not dress your baby too warmly for sleeping; keep the room temperature at 65 to 71 degrees F.
- Educate relatives, babysitters and other caregivers about these important safety tips.

—from [www.sidsalliance.org](http://www.sidsalliance.org)

**To co-bed with your babies or not? It remains controversial, but if you do, here are some important guidelines to follow:**

- Do not sleep with your infants if you smoke, have been drinking alcohol or take drugs.
- Do not place your babies on their stomachs.
- Remove any loose pillows or soft blankets from near your babies’ faces.
- The mattress should be firm with tight-fitting sheets and bedding.
- There should not be any space between the mattress and headboard or wall where your babies could become trapped.

## 1. Results of SIDS research and public education: 60% drop in rate of SIDS deaths

In the late 1980s, studies from New Zealand and other countries showed that even though the causes were not understood, the rate of SIDS could be reduced by placing infants on their backs to sleep in a safe sleeping environment, by dressing the infant lightly, keeping the room temperature around 65 to 71 degrees F, avoiding

exposure to cigarette smoke and breastfeeding.

In 1992, the American Academy of Pediatrics (AAP) issued recommendations that healthy infants be placed on their backs to sleep and, in 1994, initiated the Back-to-Sleep campaign, also supported by the National Institutes Child Health and Human Development (NICHD). In 1995, the

U.S. Consumer Products Safety Commission (CPSC) linked soft bedding to infant deaths and began public education campaigns.

These public health efforts resulted in a 60% drop in the overall rate of SIDS, from about 1.5 SIDS deaths per 1000 live births in the 1980s to a rate of 0.62/1000 by 2000.

## 2. What do we know about SIDS in twins?

### Comparison of the rate of SIDS in twins to singletons: Twins are about twice as likely to die from SIDS as singletons.

From the 1960s when SIDS first began to be studied through the 1980s, the rate of SIDS was about 1.5 per 1000 births for singletons and about 3.0 per 1000 births for twins. After the introduction of the Back-to-Sleep campaign in the early 1990s, the rate of SIDS gradually decreased to about 0.6 per 1000 births for singletons and 1.2 per 1000 births for twins. Overall, individual twins are about twice as likely to die from SIDS as singletons.

### At-risk SIDS babies: More individual twins die of SIDS because a higher percentage of them fall into high-risk categories.

In the 1990s, Dr. Michael Malloy, a pediatrician from the University of Texas, did a thorough analysis of the infant mortality data recorded in the report "The U.S. Birth and Death Records 1987-1991." He looked at the SIDS rates of twins in various populations and compared pairs of twins in which both twins survived with pairs of twins in which at least one died of SIDS.

He found a higher risk for female-female pairs of African-American infant twins born to mothers with less than 12 years of education. Also, the birth weights were lower and the gestational ages were less, and the percentage of difference in birth weight between the twins was greater in pairs of twins in which one died of SIDS.

Overall, Malloy found that twins were twice as likely to die of SIDS as singletons, but when he adjusted for the factors of birth weight, race, maternal age and maternal education level, the risk for twins fell to 1.13. This can be interpreted to mean that the actual risk to twins and singletons is similar, but that more individual twins die of SIDS because a higher percentage of them fall into high-risk categories.

### Risk of losing both twins to SIDS: Probability is less than 1%.

Dr. Malloy found that from 1987 through 1991, there were 753 pairs of twins in which one died of SIDS; seven pairs of twins in which both twins died of SIDS; and seven pairs of twins in which both died but SIDS caused only one death. From this data, the probability that a twin will die of SIDS when his or her co-twin has already died of SIDS is 0.9%—slightly less than 1%.

### Simultaneous SIDS: Only 12 cases in 98 years can be verified.

Cases have been recorded in which both twins have been found dead at the same time, and the cause of the deaths was reported to be SIDS. Dr. Stephen Koehler of the Allegheny County Coroner's Office in Pittsburgh studied cases from 1900 to 1998, and found 41 cases cited in the world literature. Of the 41 cases, 12 pairs (29%) met the three criteria Koehler established for determining if a case was actually simultaneous SIDS in twins:

1. Both infants meet the definition of SIDS set forth by the NICHD.
2. Infants are twins.
3. Simultaneous means the deaths occur within 24 hours.

### Multiple births increase as SIDS rates decline: Raw number of twins' families affected by SIDS has remained steady.

The number of twins born in the U.S. increased from 107,339 in 1997 to 122,309 in 2000. In 1997, SIDS claimed the lives of 133 twins (1.24 deaths per 1000 twins). In 2000, SIDS deaths among twins was 131 (1.07 deaths per 1000 twins). The number of U.S. families with twins affected by SIDS remains the same—about 130 to 140 per year—because the number of twin births has steadily increased as the SIDS rate has decreased. Statistics on triplets and higher-order multiples have been compiled.

## 3. Safe-sleeping environment and co-sleeping

When it comes to co-bedding, parents of twins have not one, but two, decisions to make: Should their infants sleep with them, and should their infants sleep with each other? Creating a safe sleeping environment is the critical factor.

The family bed controversy is well documented, and we know that placing babies on soft mattresses with blankets increases the risk of suffocation and

strangulation. (See notes on page 21.)

According to the NICHD recommendations, parents should not place any soft, fluffy objects in the crib. If you want to separate your twins in the crib, avoid using soft material such as a rolled-up towel, blanket or pillow to create a homemade partition. (Some people may even consider the other baby to be a "soft object.")

It appears that only one study has been conducted on bed-sharing of an infant with siblings. This study looked at a high risk group, African-Americans, and concluded that infants who shared beds with siblings were also more likely to sleep prone and use softer beds, which increased the risk of SIDS. The bottom line is, make sure shared sleeping is safe sleeping.

# One of the most difficult aspects of SIDS is that parents are thrown from the most joyous time in their lives to the most painful.

apnea monitor, although we understood that there are no tests to predict SIDS and no treatments or devices known to prevent SIDS. Funeral arrangements followed, then the difficult process of trying to fit back into the normal world when nothing felt normal.

## Grieving

One of the most difficult aspects of SIDS is that the parents are thrown from the most joyous time in their lives to the most painful. I was at an emotional peak following the birth of my babies, and I felt very special being the mother of twins. When the unforeseen, unimaginable death occurred, the letdown was extremely severe and the abrupt absence of my baby threw me into intense withdrawal. It seemed like I had abandoned him and I felt like part of me was dead.

Many things in my daily life became painful. Since I still had a baby, everyone I met assumed that I was an ecstatic young mother. Patrick quickly became a nonentity, and although I continued to try to introduce the subject into conversations, people rarely said anything to acknowledge my loss. The message was that since I had a baby, it was no big deal that one had died and that my loss was minimal because Patrick was “just” a baby. People who have never lost a child rationalize that it is worse to lose an older child, but as a bereaved parent, I understand that every child has a special role in the family that would make their loss particularly tragic.

It was too difficult for me to return to work, and within a few weeks, people started cheerfully asking if I was enjoying staying home with my baby. I once enjoyed interacting with other new mothers, but now seeing them enjoying their babies reminded me of the way things used to be. It was unbearable to stay home, however, and I found it helpful to have something on my calendar every day, forcing me to get out and act normal. I did join in activities with other mothers and babies, although I derived little enjoyment from it.

Before my son's death, I did not have a clue that grieving would totally consume me. In order to internalize my loss, I had to examine every aspect of it over and over until it became real. I had to process the fact that I no longer had twins and would never see the babies interact or grow up together. One of the most heart-breaking ideas was that the babies were now permanently separated. I spent several weeks with this thought constantly running through my head: “Candice and Patrick can't be together anymore.” Until some of this work was done, I went through the mechanics of living but did not feel like I was part of this world.


## Recovery

Within a few weeks, I began to attend support groups for people who had lost infants. From my SIDS group, I learned that my situation was not unusual; in fact, SIDS is one of the leading causes of death of children. I was amazed to learn that more children die under the age of 1 from SIDS than die between the ages of 1 and 15 from all other illnesses combined. I also discovered that the scenario of a baby dying in day care was not unique. The time of peak risk for SIDS (2 to 4 months) often coincides with the end of maternity leave; this seemed to be a glaring omission in the countless articles such as “Finding Quality Daycare,” and “Combining Motherhood and Career” that I had read.

I found little information about SIDS in twins from SIDS organizations, although I read that twins are at an increased risk for SIDS. I wondered if the increased risk for twins could be explained by factors known to be associated with SIDS such as low birth weight and prematurity, or if factors exclusive to multiple births were at play.

In time, I engaged in activities that along with my inner processing helped me to heal. Support groups helped me understand that similar traumas happen to people just like me all the time. I did work for the National SIDS Foundation and was fortunate to become connected with the Center for Loss In Multiple Birth (CLIMB). This international support network, founded by Jean Kollantai in Alaska following the stillbirth of one of her full-term twin sons in 1986, provides support and information for people who have experienced the loss of one, some or all of their multiples during pregnancy, birth or childhood. For CLIMB, I reviewed the medical literature on SIDS in twins, which led to a presentation at the 2004 International SIDS Conference in Edmonton, Alberta.

## Hope

At this time it is not possible to predict which babies will die. The good news is, most babies live. The majority of babies who do die of SIDS appear to be perfectly healthy and do not have significant risk factors that would alert anyone that they will become SIDS victims. And that may be one of the greatest heartaches of SIDS. 

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Alice Check lives in Beaverton, Ore., with her husband and three children. Her family raises guide dog puppies and hosts exchange students. She volunteers for CLIMB and, since her son Nolan who was born in 1989 has autism, she researches autism with the same commitment she has had to SIDS.

# Confessions of a reluctant mother

When it came to raising kids, I always placed women into two categories: Women who were mothers, and women who simply had children and took care of them. I don't know how I formulated those polar opposite camps, but I'd always known that I'd be a member of the latter category.

Like my own mother, true mothers are knowing, selfless creatures who dispense wisdom like cherry Lifesavers and keep medicine cabinets stocked with Betadine, Calamine, large and small Band-Aids and sunscreen in 30 SPF.

I, on the other hand, am a writer given to a restless spirit and a medicine cabinet with outdated mosquito repellent, cold cream and smooth rocks I picked up at the ocean the summer I turned 7. A self-professed neurotic with a dash of hypochondriasis, I'm anchored one day and mired in self-examination the next, the type of woman who would introduce her children to Billie Holiday long before Mother Goose. And yet, approaching my late 30s, I could not deny my curiosity—yearning, really—to venture into the strange and foreboding world of motherhood. I longed to experience the very bond that equally terrified me. But in doing so, would I succumb to the clichés that had steered me toward the path of single-hood for so long? Would I lose my identity to Fisher Price moo cows and endless conversations with other mothers about the trials of teething?

It was a question, as it turned out, that I had ample time to ponder. Getting pregnant was not as easy as I'd expected. Two years of unsuccessful and expensive fertility treatments only reinforced my suspicions that the universe did not see me as being fit for the job. Not to be counted out so easily, I turned to adoption as my way of outwitting Mother Nature for turning her back on me. Once I'd tried calling her sweetly, patiently, and then with loud threats and tearful crying sessions. It was now my turn to take over and ensure that finally, my number would be in the hopper.

My husband and I made our way onto the list at Catholic Charities, but not long into the adoption process, morning queasiness that could no longer be ignored prompted this blackballed



Kim Navarro is the enthusiastic mom of 2-year-old Pablo and Gabriel.

mother to get a pregnancy test. Four home tests and one lab test later, I was officially a member of the elite group that had so eluded me.

I'll never forget the day that I found out I was pregnant. It was a warm June afternoon with a light breeze and billowy white clouds in the sky. The kind of clouds that, if you look at them long enough, become turtles or trains or cowboys riding horses. After I left my doctor's office, I didn't rush to buy out the baby stores or doodle names for boys or girls in a spiral notebook.

Instead, even before making one phone call, I sneaked off

to my favorite hideout, a bohemian coffeehouse where everyone reads Kerouac and wears black from head to toe. Pretending to read a poetry book, I cried tears of joy and relief, but I cried tears of something else, too. Something I couldn't name and dared not. Nonetheless, I leveled the question and let it surface. Did I truly want to have children or was I playing some role I thought society expected of me? Now I would surely be exposed as a fraud. Things were suddenly happening so fast, I hardly had time to answer the questions that flooded my mind.

During my first ultrasound, the doctor located my baby's heartbeat, moved the wand slightly to the right and found another heartbeat. Twins!

Suddenly the stakes were getting higher. In the following months, I stashed diapers, converted rooms and purchased double everything, from cribs to Snickers bars. As I prepared to meet my little ones, a picture kept popping into my head: me as a magical mama playing house and tea party with my little girls. They'd grow up to become young women who shared my love of books and words. Simply put, they'd be smarter, saner, better versions of me. "Anything but two boys," I prayed as if I were ordering a latte.

I knew that I had no right making requests. Not at my age. Not after all I'd gone through to get pregnant. But I was terrified of boys. I saw myself awkwardly tossing a football while teetering on high heels as each spike dug into the grass. I'd spend the next 18 years dissecting insects and scooping baseball mitts off the kitchen



counter and then these little beings would grow up, flee my home and my life and I'd never hear from them again.

Thirty-seven weeks into the pregnancy, Pablo and Gabriel were born. The irony was not lost on me. I greeted my little boys with all the wonder, excitement and trepidation I had experienced during my pregnancy. Slowly, together, we ventured into the new days and our new lives. Armed with every parenting book in print, I highlighted and dog-eared each guideline, milestone and illness imaginable. I cradled and bathed, attended to feeding schedules with the predictability of a train pulling into a station. And then, although I can't name the moment it happened, not like a line drawn in the sand, but I referred to my books less and listened to myself more. I watched Pablo and Gabriel sleep at night. I strolled them through the park in which I played when I was small, same playground toys, a dragon you can climb, and monkey bars, still the same. And I felt my mother's presence there with me. Her child, now a mother. I did introduce my boys to Billie Holiday. She leads them into their dreamy naps and from what I can gather, they approve.

### Dual nature

Today, my boys are almost 2 years old. I love them with a love I can only describe as bone-deep. I laugh now, at my apprehension at having children, at my gender stereotypes, my ignorance and my abject selfishness. But most of all, I laugh at my inability to believe that I could be entrusted with life's most beautiful gift. I already knew that summer clouds were really animals and shapes, and even before I had children, in my heart, I was already a mother.

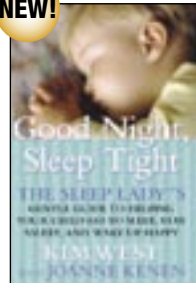
My friend Rebecca and I were talking about my journey to motherhood: fearful of having one child, then having boys and now raising two thoroughly Y chromosome beautiful sons. "It makes perfect sense you had twins," Rebecca said in her usual Zen way. "They represent the two parts of yourself, your dual nature."

My fears of motherhood failed to recognize that duality in myself and, I suspect, in all of us. Our desire to share ourselves and our longing for impenetrable solitude. The reality that we are anchored some days and other days, we drift and float like the clouds. Our need to nurture, to cling to something that is of us, and our need to be free as a teenage girl with a shiny new car. All have their place. All worthy. All of these, the confessions of a reluctant mother, forever changed and twice blessed. ♡

Karen Navarro happily stays at home with her twins in Edmond, Okla., where she freelances.

## TWINS Bookshelf Spotlight

NEW!



### Good Night, Sleep Tight

Kim West and Joanne Kenen

\$22.95

Maryland social worker Kim West is affectionately known as The Sleep Lady® to her satisfied clients. With co-author Joanne Kenen, a journalist and social worker herself, West offers easy to learn skills and techniques to help children sleep and stay asleep for longer periods. Sleepless parents of twins will find this book indispensable. *Hardcover, 384 pages.*

NEW!



### Expecting Twins, Triplets and More:

Rachel McClintock Franklin, MD

\$14.95

Oklahoma family physician Rachel McClintock Franklin is the mother of twins born in 2001. A frequent media contributor, Dr. Franklin provides the "girlfriend's guide to twin pregnancies" in this informative and often humorous book. Includes information on nutrition and exercise and helpful reference guides. A reassuring book about twin pregnancies from someone who has been there through the experience. *Paperback, 208 pages.*

Visit [www.TwinsMagazine.com](http://www.TwinsMagazine.com)

to see more books and detailed descriptions. Special offers and closeouts are available on-line.

## Twins, Triplets or More?

NOMOTC can help you find a local club to provide you support as you face the joys and challenges of parenting multiples!

see [www.nomotc.org](http://www.nomotc.org) to find a local club near you or call (877) 540-2200.

**Have questions about what to expect during pregnancy? How to breast-feed two? Separate birthday parties? Toilet training for two or more?**

*We can help! Our book "Twins to Quints," authored by parents of twins, triplets and more is a perfect resource for all your questions.*

**Are you a single parent? Or, perhaps, your multiples have special needs?**

*NOMOTC offers support for not only these categories, but has support for bereavement and even for Spanish speaking parents.*

**Are you a professional dealing with twins, triplets or more?**

*NOMOTC offers an Affiliate membership to individuals who encounter multiples through their profession or to those parents who don't have a local club conveniently located nearby.*



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# Grammie's Twins

*A tribute to my mother*

~ by Ann Jett ~



Antoinette Serignese holds her 1-month-old twin grandsons Cameron and Carson.

My quest for motherhood began commonly enough. Just before our first wedding anniversary in 1998, my husband Andy and I began “trying.” For the next year and half, I took fertility drugs and had more than a dozen artificial inseminations. Every cycle ended without achieving a pregnancy. Each month I felt as though

someone I loved had died. My sadness was almost entirely consuming. I thought, “Nothing could ever feel as bad as this.”

My mother always encouraged me to continue and never give up. A devout Catholic, she said rosaries, novenas and offered special prayers to the Blessed Virgin Mary daily. In November 2000, we underwent our first attempt at IVF. I thought, surely I have to endure the struggle to get pregnant so that I will be eternally grateful for the miracle and privilege of conceiving and carrying my own child. I was devastated when, just before Christmas, my pregnancy test came back negative. I thought I would lose my mind. Still, my mother continued to be a source of support and strength. She firmly believed it was all part of a plan for me and that God would bless us with children.

We began our second IVF attempt in January. When we received the call that the pregnancy test was positive, I cried. The first call I made was to my parents. My mother was overjoyed! I am the fourth of five children and my parents already had seven grandchildren. But you would have thought I had just told her she was going to be a grandmother for the first time.

In late February, we learned we were having twins. I was ecstatic! A little freaked out, but purely euphoric. My mother exclaimed, “We hit the jackpot!” Anyone my mother knew—family, friends, people next to her in the checkout

line at the grocery store—heard the story of my trials and tribulations and the payoff: twins!

As my pregnancy progressed, I encountered some problems. A shortened cervix put me on bedrest at 25 weeks, followed by contractions, pre-eclampsia and, ultimately, pre-term labor at 31 weeks. I was hospitalized and my labor halted, but soon my liver joined the party, bringing cholestasis of pregnancy to my growing medical vocabulary.

## The gift of a renewed and new relationship

Every day my mother made the 30-minute trip from her home to the hospital, bringing me pasta, soups and other homemade specialties. At 34 weeks, the doctors decided to deliver the babies. On Sept. 3, 2001, Labor Day, Cameron Charles Jett made his entrance at 5 p.m. and weighed 5 pounds, 12 ounces. Carson Carmine Jett followed a minute later, weighing in at 5 pounds, 6 ounces. We brought our beautiful redheaded Cameron home Sept. 12, and dimpled Carson followed Sept. 17.

In all honesty, becoming a mother was not exactly what I expected. I loved my babies with all my heart and considered myself truly blessed, but I found motherhood of twins to be somewhat isolating. My recovery from my Caesarean section was hampered by Bell's Palsy, which I developed five days postpartum and which took six weeks to fully resolve. Andy travels for business. My sisters, extended family members and friends were wonderful in the beginning, offering help and meals, but they had older children and jobs. If it weren't for my mother, who tirelessly came to our house each weekday, I would have spent most of my time struggling to feed and care for two babies while staring at the four walls. With her generous help and support, I was able to acclimate to my new role and take care of my babies in the way I wanted, in addition to getting a nap and some help with mundane chores like laundry.

Among my mother's proudest distinctions was becoming a grandmother of twins. I don't believe there ever has been a redhead in my whole Italian family. But Cammy's red hair added a sparkle to my mother. Carson had more of my family's physical features and a little Sicilian temper.

I had been given a gift with the birth of our



Cameron and Carson, 3½ years old

twins. But I also received an additional gift—a renewed relationship with my mother. My mother and I had always been very close, but this was different. Prior to the birth, I was busy with my career. Andy and I traveled and enjoyed many leisure activities together. Although I spoke to my mother on a daily basis, I visited her only a couple of times a month. And we lived only 30 minutes apart.

Having twins allowed me to reconnect with my mother on a different level. I began to see things through her eyes and gain perspective into her feelings and opinions, both as a mother and a woman. I always loved and respected my mother and appreciated all my parents had done for me. I, however, truly learned the meaning of sacrifice and commitment that comes with being a parent.

### Good-bye too soon

On Sunday, May 9, 2004, Mother's Day, my mother suffered a massive coronary and passed away in the late morning at the home she and my father shared for 57 years. My whole world crumbled. I was distraught, devastated and completely grief stricken. In a haze, I moved mechanically through each day's tasks and events, desperately trying to maintain some scrap of composure for my boys' sakes. I never realized how much of a child I was and how much she had taken care of me as I became a mother. I was shattered.

In the days following my mother's death, I tried to make sense of her passing. Why had she been taken from me, especially at this time... when the twins were becoming precocious preschoolers, animated and outspoken... when Mother's Day had been so difficult for me during my struggle with infertility...when I had only three Mother's Days in which I got to celebrate being a mommy?

The months have been filled with trying to adjust to this new, unwanted status in life. I never thought I would experience anything more painful than infertility. The loss of my mother put so many things in perspective, especially the value of life and relationships. I was fortunate that my mother was able to see Cameron and Carson through their first years when they formed a special bond.

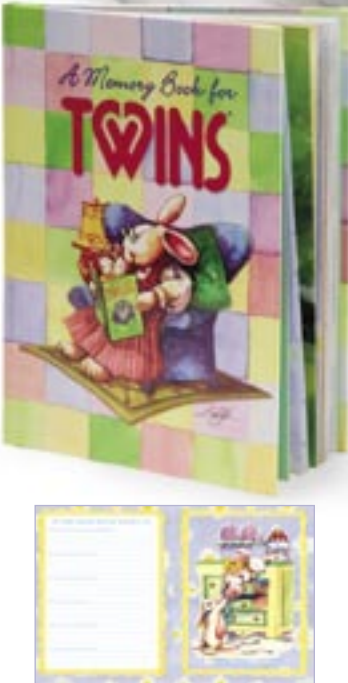
### Honoring Mom's life

As the one-year anniversary of my mother's death approaches, I am reminded of how my mother would want me to honor this day. Instead of feeling robbed of this day of celebration, Mom would want me to remember the blessing of my twins and to honor the example she set for me as a parent. Instead of allowing the holiday to be sorrowful and tainted, she would want it to remain a celebration of life, of her legacy as a woman, a wife and a mother, along with my own triumphs. I will try to maintain that bond and reinforce these precious memories in any way I can.

Forever, I will carry with me the special support, encouragement and love my mother gave us. I will try always to instill in Cameron and Carson how precious are the gifts of time and family. And, what a special gift being a twin is—and how proud they should be of knowing they were and will remain "Grammie's twins." ♡

Ann Jett lives in Farmington, Conn., with her twins and her husband, 30 minutes away from where she grew up.

Brad and Jake, 3 days old



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# Stay-at-Home-Dad Diary

My first days at home with the twins,  
or how I taught my daughter to love the bottle

by Ben Trefny



## Day One.

I am now officially a house husband.

My wife has left me, and our 7-month old twins, to resume her career. It's noble, I suppose, as there aren't enough special education teachers out there to begin with. But without Frances's breastfeeding capabilities—unique in our family of four—I worry that we could be sunk.

But there she went, anyway, back to the working world, with a kiss and a smile and an all-too-quick scamper down the front steps and out the door. I was on my own with our son and daughter, entrusted to feed them, clothe them, keep them clean and get them to sleep. Pity the poor children. And their stay-at-home dad.

My son, Kyle, must have felt sorry for me with my furrowed brow, because he spent the first day in a pretty jolly mood, ate regularly and napped well. My daughter, Erin, however, had something entirely different in mind.

After Frances exclusively breastfed the kids for a week during vacation, our little girl began to see the bottle as just another plaything to teeth on. The idea that milk came out was simply a novelty. Since I was in charge now, this proved to be something of a predicament.

Basically, my initial thought was to show her that:

1. She's hungry.
2. The bottle provides milk.
3. She should drink it.

Well, after a marathon nap session, Erin seemed ready to eat. But after playing with the nipple for a while, she started yelling. "Aaaaauuuggghhhhh!" I'll interpret: "Get that stinking bottle out of my mouth!" Picture a lovely, blue-eyed, bald, toothless, 14-pound porcelain doll. Now give it fists of rage, a scream of impending disaster and the color of a pickled beet. That's my girl.

Unfortunately for Erin, she had few other eating options. Solid food is recreational at this stage, so she has to drink milk.

My job is to fend off her flailing arms, corral her swinging head, ignore her furious protestations and squeeze a few drops of milk between her gnashing gums. Easier said than done.

After much coaxing at the dining table, I finally resorted to laying Erin on a sheepskin and essentially forcing the bottle to her mouth. Eventually, after much effort, she relented, drinking about an ounce. (She needs about five ounces per meal.) During the struggle – and I'll remind you that this is my first day – a few specks of blood ended up on the nipple.

Oh, my goodness, I'm killing my daughter! Well, probably not. She has been teething mightily for a few months. It could have been a cut somewhere in there. I never did figure it out. Still, it gave me pause about forcing the bottle too... um... forcibly.

Anyway, she ate a little. And when Fran came home, there was no blood (no harm, no foul) and Erin happily drank away from Mommy's breast.

One day down.

## Day Two.

OK. It got worse. This time, however, there was no blood. Or, maybe I just blocked it out.

After having such a tough time convincing young Erin of the merits of eating, to little avail, I called our family practice for advice. A doctor returned our call and suggested a number of possibilities. So, when Erin protested the bottle today, I was strategically prepared.

First, I tried a sippy cup. Erin dug it for a while, but after about an ounce of milk—some in her stomach and most on her shirt—she started yelling.

Next, I sat her on my knee to watch Kyle chug away. He watched us out of the corner of his eyes as he held the big bottle up to his mouth. Erin soon grew bored and started yelling.

Then, I strapped Erin into a Baby Bjorn, a backpack that



Exhausted, Ben refuses to disturb sleeping babies, Erin and Kyle.

attaches in front and wandered around while holding the bottle up for her to drink. She actually enjoyed that for a while, casually drinking while touring our home. But then she caught on to my distracting trick and started yelling.

I tried a plastic cup that she could lap at (yelling), a shot glass for her to sip from (more yelling), then a metal coffee cup for both lapping and sipping (and much yelling). I tried the bottle in numerous different positions (yelling, yelling, yelling), then the sippy cup again...

Meanwhile, Kyle fell asleep.

Eventually, I went to the last resort—a syringe that I filled and shot into the side of Erin's mouth. She actually enjoyed holding the tool in her hand, but when I pressed the milk out, she was unimpressed. Most of it ended up on her bib.

The strange beauty of the situation is that Erin seems smart enough to know what she wants, and she knows how to manipulate her surroundings (and servers) in order to get it. The sadness is that she doesn't know what's best for her. Like, for example, how eating is necessary to survival. But I'll keep on trying new solutions, and eventually I'll wear her down. I hope.



Luckily, Erin doesn't seem to hold a grudge. After we finish every battle at the dining table, we share a hug. It makes it easier to fight again.

## Day Three.

Fran takes off in the early morning, and immediately Kyle and Erin start screaming for Mom. I try reading to them, playing with them, singing and dancing for them... all to no avail.

I pick up Kyle to console him, and he settles down. But that sets Erin off on a jealous tirade, and she renews her screams vigorously. I set Kyle down to pick up Erin, and the moment he touches the ground, he goes off.

I change their diapers... poop everywhere! Icky! I have to change their whole outfits to clean up the mess and by the time I'm done the whole room smells like... Well, it's stinky.

On to the dreaded dining table. Kyle eats like a champ, again—he's a natural-born grubber—but Erin's up to her new tricks. Bottle? Nope. Cup? Uh-uh. Syringe? No way. The old torture-her-on-the-sheepskin technique? Nobody needs another bloody lip. Eventually, I give up. Erin can survive seven more hours until Mom gets home, right? The real question is, can I?

That question is answered shortly thereafter, when the constant juggling of screaming infants leaves me completely exhausted. While the kids lay belly-down on a sheepskin, their mouths full of wool—tears, snot and spilled milk everywhere—I find myself drifting away. Drifting to the calm, sane working world of adults. A place where tantrums happen behind closed doors... where lunchtime lasts 20 hurried minutes, rather than two harrowing hours... where dissatisfaction isn't screamed, but is instead whispered behind the boss's back... drifting...

Goodness me! I passed out. I look for the kids on the rug. They're not there! I start looking all over the house. I didn't know they could crawl yet. Where could they have gone? Those two could conspire to do anything.

Oh, where's Frances when I need her? Probably kicking back in the teachers' lounge, sharing a chuckle about the predicament she knowingly left me in.

And look at Daddy, here. Not only can he not properly feed his daughter, but he also made the bedroom smell like a pasture, passed out on the job and lost the kids.

With a jolt, I return to reality. Luckily, today wasn't actually that bad.

The kids haven't crawled away and escaped... yet. But don't think that I don't frequently imagine this exact set of scenes unfolding.

Actually, Erin ate great today for the first time under my watch. Drank the whole bottle and smiled. Twice. That was reward enough, for now.

## Day Four.

In retrospect Day Three turned out to be mighty easy. Erin ate. Kyle ate. Erin napped. Kyle napped. Erin pooped. Kyle pooped. (But that's to be expected.) Everything going utterly and hopelessly wrong was just my projection of what might have been, based upon my restless dreams of Night Two.

Luckily, thanks to a rejuvenated Erin and an inspired Kyle, I seem to be getting the hang of this stay-at-home thing. Until they start crawling. Egads!

Now that we've got a family with kids, some friends have started telling us horror stories of home hardships and behavior problems. I think behavior issues color many situations, and our little Erin definitely is working hard to figure out how best to manipulate her environment. She's really not too tough, though. At her screamiest, Erin lasts only about 10 minutes. No problem.

Kyle, on the other hand, is just a cuddly, little, smiley guy. Sometimes he gets upset if he's hungry or over-excited, but otherwise he's a mellow fellow. I just have to make sure I feed him on time.

Everything's already much better. After a few days of bottle refusal, hunger seems to have overtaken Erin's desire to have her way (whatever way that happens to be). In fact, today she ate more than she ever had before. Usually I feed both kids simultaneously, and if there's anything left when Erin is finished, I give it to Kyle. But today she ate faster than her brother, and then got mad when her bottle was empty. Kyle didn't mind, so I gave Erin almost an ounce from his bottle. She might be the little sister, but she's going to catch up in a hurry at this rate.

Also, per my working wife's suggestion, today I fed the kids half a mashed banana. Now I, personally, never, ever, ever, ever eat bananas—slimy, bruised, putrid messes they are. I consider it a personal triumph that I actually peeled the stinking thing. But I did and Erin and Kyle really liked it. (Makes me wonder if they're my kids.) Much as I despise the fruit, I should mention that a banana is probably the easiest food to feed babies. No slicing or dicing. No bottle-opening. Just peel it, mash it and stick it in their craws.

If only the rest were so easy. Raising twins, really, is not so much about the banana itself. It's more about trying to avoid stepping on the banana peel. And, until I find some time to clean, our floor will be littered with them. ♡

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Ben Trefny endures, and occasionally triumphs over, the trials of stay-at-fatherhood in his San Francisco home. For him and others like him, every day is Father's Day, filled with opportunities to gain a true appreciation of the natural gifts (such as breastfeeding) of mothers of twins.



Joshua Coleman, Ph.D.

# Arrival of twins launches marital blame game

### A reader writes:

Dear Dr. Coleman,

I really need help with my husband. Our twins are 5 months old. My problem is that he blames me for everything and says that the twins have ruined his life. It's not like he didn't want to have kids. It's just that since the twins have been born, he says he thinks it's a big mistake. What's worse is that he has a terrible temper. He can't stand it when they cry and he gets mad at me, like I'm supposed to fix it. This is all making me feel guilty, depressed, and upset. Any advice would be appreciated.

Dear Reader,

I'm sorry to hear you're going through this. I commonly hear from new mothers of twins who are struggling with their husband's impatience, irritability or blame.

First, let's talk about being a dad. The sad truth is that many of us are slower to rise to the task of getting on board as parents. We just don't always know what we're supposed to do with the little critters. While moms commonly are aided in their attachment by pregnancy and the hormones that come from nursing, men don't have that assistance. As a result, a man may not get excited about being a dad for months. In some cases, it may take a year or more. This is partly because we tend to see our children as potential playmates and can't get that experience until they're old enough to run us around a bit. So, it isn't unusual for a man to feel trapped by being a new father of twins and that may not bring out the best in him.

In addition, many men feel rejected by the loss of their wife's attention but lack the communication skills to give voice to those feelings. The average guy can't say, "I really

miss you. I feel like I'm on the bottom of your list now. I don't know how to connect with you like we used to and it makes me feel scared and lonely."

Instead, men blame, shame and withdraw. Bearing all of this in mind, here are some suggestions:

- When he's calm, ask him to tell you about his feelings. Listen without judgment. Express empathy for whatever ways that he feels hopeless, trapped, or worried about the future. If he starts to blame you say, "Wait. I want to hear your feelings but I don't want you to blame me for them. If there's something you'd like me to change, I'm happy to listen, but I'll be more receptive if you can simply state it as a request."
- Work to feel less vulnerable to his blame, shame and guilt trips. One of the best ways to do that is to remind yourself of the irrationality of his complaints. While there may be things that you can do to support him, it isn't your fault if he's having a hard time making the transition to being a father of twins. Learn

how to soothe yourself if you find that you're buying into his anger or blame by reminding yourself that you're a good person, and you don't deserve to be mistreated. Make sure you're getting plenty of support from friends, family, or the TWINS message board.

- Set limits if he's being verbally abusive. Men who are excessively blaming and angry need to be reined in. When he gets mad, tell him that you are interested in what he has to say, but that you have a hard time listening when he's so mad. If he can't control his temper, then say, "Knock it off. I won't be talked to that way!" If that doesn't work, tell him that you don't like how he's talking to you and that you're going to walk out of the room. Tell him that you'll be happy to resume the conversation when he's calmer.
- If these recommendations are unsuccessful, you should consider couple's counseling. If he refuses to go, tell him that you're going to go by yourself because you need help figuring out what to do with the feelings you're having about the marriage. Don't wait too long to get help. ♥

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Dr. Coleman is a psychologist in private practice in the San Francisco Bay Area. He is the author of *The Lazy Husband: How to Get Men to do More Parenting and Housework*, and *The Marriage Makeover* (St. Martin's Press). He is the father of twin boys and a girl. You can e-mail him at [drjoshuacoleman@comcast.net](mailto:drjoshuacoleman@comcast.net) or visit [www.drjoshuacoleman.com](http://www.drjoshuacoleman.com).



# Do your babies love TV?

by Sharon Withers

“You can bet Einstein didn’t watch Baby Einstein videos,” declared Dr. Donald Shifrin, chairman of the American Academy of Pediatrics National Committee on Communications. Dr. Shifrin is a private practice pediatrician in Bellevue, Wash., and clinical professor of pediatrics at the University of Washington School of Medicine in Seattle.

If babies don’t really need the supposed brain boost of videos, why are parents and babies so enthusiastic?

It’s all about the marketing, says Dr. Shifrin. The steady stream of hype sends this message: If you want your baby to keep up with the other babies on the block, if you want your baby to get into a good kindergarten, if you want to give your babies a head start, if you want your babies to develop every ounce of intelligence possible, then you need this video. In fact, if your children don’t watch this, they will be disadvantaged.

Parents want to do what is best for their babies, to help them make the most of their intellectual abilities and give them opportunities they didn’t have themselves. And the sales pitch is that these videos and TV programs are good things. Parents keep buying and buying. It’s a billion-dollar business.

## Should I allow my babies under the age of 2 to watch television and videos?

No, according to the American Academy of Pediatrics. “The Academy has been adamant about this,” said Dr. Rosario Gonzalez de Rivas, a pediatrician in San Juan, Puerto Rico, and a member of the AAP communications committee. She also teaches at the School of Medicine, University of Puerto Rico in San Juan.

## Why is turning off the TV best for baby?

We know how babies learn, and television and videos do not fit into the optimal method of learning. “Babies learn in three ways: by physical movement, by manipulation and by interaction,” said Cindy Oser, R.N., M.S. She is director of the Los Angeles bureau of Zero to Three, a non-profit organization that promotes the healthy development of our nation’s infants and toddlers.

When your babies and toddlers sit in front of the television like little zombies, eyes fixed on the screen, mouths slightly agape, they are not interacting, physically moving or manipulating. They may be entertained, but they most likely are not learning.

Oser says that parents can make videos interactive by sitting with the baby and talking about what they see, by interacting with the babies. But parents can do that without a video.

“There is no substitution for parental interaction,” said Dr. Shifrin. “Parental interaction is three-dimensional. When you read the same book over and over to your children, it is different every time.” You interact and talk about different things.

Whatever the attraction, television can be mesmerizing for babies. Television viewing for babies under the age of 2—whether background or foreground—is not in the baby’s best interest. Realistically however, babies can’t avoid television viewing completely unless you ban all television from your home.

## But videos aren’t like TV; they’re educational. Can’t they help make my babies smarter?

“Assigning an educational value to these videos is not prudent,” advised Dr. Shifrin.



“Entertaining is different from learning,” said Oser. “Some parents believe videos are educational and will make their babies smarter. The danger is they replace more valuable experiences.”

“We don’t have any studies that demonstrate that [TV and videos] give any advantages to babies,” said Dr. Gonzalez de Rivas. “Babies are passive in front of a television. There is no interaction. Nothing is more stimulating than interaction with parents.”

### Is it true that there is an ADHD connection with television? And what about short-circuiting brain development?

All three experts concur that we do not have enough research to make a definitive statement on a link between television viewing and ADHD, and also brain development. Two to three studies need to replicate the same results and researchers are just beginning to look at toddlers and media.

Dr. Gonzalez de Rivas offers a possible explanation for school inattention. “In videos and on TV, images change constantly, every few seconds. When a child gets to school, he is so stimulated by media it is hard to adapt [to a traditional classroom].”

### What harm can a video really do?

Building media habits begins at birth. “TV and video are really a youngster’s introduction to the electronic world. By the end of high school, most children will have spent twice as many hours in a front of a TV as they have in a classroom. And about 50% of 8 to 18-year-olds reported the TV was on in their homes, regardless of whether anyone was watching it. Who do you want teaching your children values?”

Probably 20 minutes or so a day of a baby video or some slow-paced TV program for toddlers is harmless, said Oser. Doctors Gonzalez de Rivas and Shifrin acknowledge that the occasional video is likely harmless.

But it’s a slippery slope, Dr. Shifrin warns. “Instead of asking what harm it can do, ask, ‘What is its value?’ It’s like a McDonald’s meal once a week. It’s not going to make hurt your diet, but it is easy to buy one, then two, then three meals a week.” Soon it’s a habit that has become harmful.

“The harm is baby videos are not interactive; there is not the give and take a baby or toddler needs with parents,” Oser said.

### Get real. I can’t possibly give up videos and TV.

“I need to plug in a video to make dinner, take a shower or just get some quiet,” said one mother of 10-month-old twins. “I am not giving up videos. No way.”

“We are not trying to rain on your parade,” said Dr. Shifrin.

If you use baby videos Oser has some suggestions. “Screen all videos first, so you can talk to your children about them. And make sure your children do not miss out on the things they can truly find learning and joy in—exploring, sensory experiences and interaction. A baby dropping a spoon in a cup over and over again is learning.”

The risk arises when children spend half of their waking hours in front of the television set. From what we know now, one video here or there won’t do any harm.

### What about children over the age of 2?

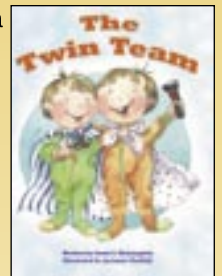
It’s a different story for children over the age of 2, and especially over the age of 3. We do know that they can learn from television and video. Their thinking skills and memory are developed enough to take some things they see and apply them in their lives, especially with parents’ help. *Sesame Street* and some of the slower-paced programming on television is quite good.

Dr. Shifrin advises taking a selective approach. “It’s like a candy box [of assorted chocolates]. Watch programs, not TV.” ♡

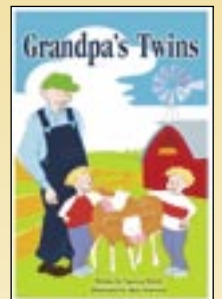
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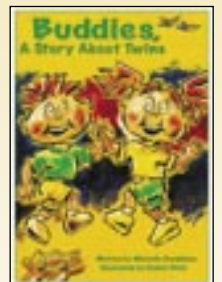
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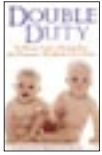
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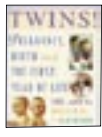
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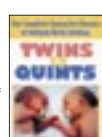
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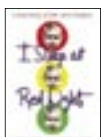
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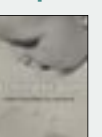
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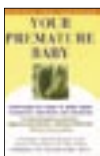
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# The cost of prematurity

by Joann M. Amoroso

**Premature birth is an epidemic in the U.S. Parents and experts have many questions. The answers can't come soon enough, according to the March of Dimes, sponsor of a five-year Prematurity Campaign.**

*How long did your pregnancy go? Who was your doctor? How long did your children stay in the hospital before coming home? These questions and more are often the icebreakers when families of twins and triplets first meet. For families of multiples, the risks and complications of premature birth are real life struggles many have faced.*

In January 2003, the March of Dimes launched a \$75 million, five-year public health campaign aimed at decreasing the rate of premature birth by at least 15%, educating pregnant women to recognize the signs of preterm labor and raising the awareness of the common and serious infant health issues related to an early birth.

For parents of multiples and their children who live with the complications of prematurity, day-to-day reality is a constant reminder of the effects of this epidemic. Helping future parents of multiples avoid an early birth is within everyone's reach. Understanding is the first step.



Kiley Speelman was born in 1999, 14 weeks early and weighed 3 pounds, 3½ ounces.

## A doctor's perspective

For Kent Heyborne, M.D., of Englewood, Colo., preventing a premature delivery is a passionate part of his life's work and his daily practice. Dr. Heyborne has been practicing in the Denver area for more than 10 years, caring for families with high-risk pregnancies. He is the director of Maternal and Fetal Medicine at Swedish Hospital as well as an associate professor in the Department of Obstetrics and Gynecology at the University of Colorado School of Medicine.

"There are established reference points when we talk about premature births. The threshold for viability is 24 weeks. By 28 weeks almost all babies survive, but still face significant risks for long term disability. The landmark 32 weeks minimizes long-term complications but comes with an anticipated hospital stay after delivery for the babies. At 36 weeks, babies generally can go home from the hospital with their mothers. We could talk about the number of weeks in terms of what is ideal, but it is usually more helpful to talk about what is realistic and what is average," says Dr. Heyborne. For twins,

the average gestation is around 35 to 36 weeks; for triplets, 33 weeks; and for higher order multiples, 31 weeks or less.

In his practice, preterm labor with or without the premature rupture of the membranes (PROM) is the number one cause of premature delivery of twins. Pre-eclampsia and growth discordance (unequal fetal growth) follow in order as the next two complications resulting in an early delivery. For triplets and higher order multiples, pre-eclampsia moves up as a risk, at least equal to or slightly greater than the risk of preterm labor/PROM.

Among the many tools Dr. Heyborne uses to prevent a premature birth are monitoring his patients closely for adequate weight gain, tracking cervical length and using the fetal fibronectin test, a relatively new test that is predictive of preterm labor. He is convinced that while the mechanisms causing some of the risks for preterm birth are the same for singleton and multiple births, there are processes unique to a multiple pregnancy worth studying.

## Multiples at risk

According to the March of Dimes, most preterm multiples weigh less than 5½ pounds (2,500 grams). Babies born before 32 weeks of gestation and those who weigh less than 3¼ pounds (1,500 grams) are at increased risk of health complications in the newborn period as well as at a higher risk for lasting disabilities.

### Extra measures for multiples

Families expecting multiples generally need to visit their doctors more frequently than a woman expecting a singleton. Eating right and gaining the recommended amount of weight reduces the risk of having a low birth weight baby. Studies show that gaining enough weight in the first 20 to 24 weeks of pregnancy is especially important for women carrying multiples. Follow your doctor's orders for rest, stress reduction, smoking cessation and regular checkups for ultrasounds, monitoring cervical length and more to reduce the risk of a premature birth.

## Hope for the future

### Cerebral Palsy

A study published in the October 2004 issue of the *American Journal of Obstetrics and Gynecology* found that brain injury that leads to cerebral palsy was much more commonly associated with infection rather than with hypoxia (oxygen deprivation). Researchers studied premature infants who suffered from periventricular leukomalacia (PVL), a specific kind of damage to the brain's white matter. The white matter is particularly subject to injury in premature infants. A large majority of infants with PVL developed cerebral palsy. Infants who had positive bacterial cultures of the blood, cerebrospinal fluid or the throat were two to four times as likely to suffer brain damage as those who did not.

Finding ways to prevent and treat infections may have a huge impact on the problem, especially since infection is a major cause of preterm labor and PROM.



Kooper, Kiley's twin brother, also weighed 3 pounds, 3½ ounces.

### Pre-eclampsia

A study published in the January 2005 *Journal of the American Medical Association* offered hope for the development of a urine test that could predict the likelihood of a pregnant woman developing pre-eclampsia. The study found that urine samples from women who developed pre-eclampsia had extremely low levels of a placental growth factor protein needed to nurture blood vessels for both the mother and the fetus. While the test would not prevent the disorder, it would alert doctors to monitor at-risk women closely and prescribe blood-pressure drugs, in the hope of delaying or preventing the onset of the condition.

Pre-eclampsia can lead to seizures, strokes, kidney damage and death. The only known cure is to deliver the babies. According to the study, pre-eclampsia accounts for up to 15% of all premature births in the U.S.

Dr. Heyborne explained that virtually all of the mothers he has treated who are carrying triplets or more would develop pre-eclampsia, if they carried the babies long enough. While a test would be helpful, it does not prevent or cure the disease. While Dr. Heyborne remains cautiously optimistic that research will yield successful treatment and even preventive measures, multiple gestations inherently carry a higher risk for pre-eclampsia.

## How you can help

Parents of premature babies can band together to help curb the epidemic of prematurity. Create a virtual hospital wrist band in honor or in memory of your twins—or a child you know—who were born prematurely. As the program's name states, you'll be Banding Together with individuals from across the nation in support of one goal, saving babies. Your donation will support March of Dimes research. ♥

Joann M. Amoroso, a freelance writer who lives in Englewood, Colo., is the mother of premature triplets who are now thriving 6-year-olds. She represented TWINS Magazine at the March of Dimes Colorado state conference in November 2004.

# Conference notes: Promising research

## Infection-induced preterm birth

Dr. Ronald Gibbs, professor and chair of the Department of Obstetrics and Gynecology and the E. Stewart Taylor Chair at the University of Colorado School of Medicine reported that infection-induced births may account for up to 50% of preterm births, especially those less than 30 weeks gestation. Dr. Gibbs conducted a study supported by the March of Dimes and concluded that the root cause of the infection and the duration and timing of antibiotic treatment impacts the effectiveness of delaying or preventing an infection-associated premature birth. His study was published in the *American Journal of Obstetrics and Gynecology* on March 10, 2002. Dr. Gibbs is the medical chair of the March of Dimes Prematurity Campaign in Colorado and a member of the national March of Dimes Scientific Advisory Committee on Prematurity.

## Fetal lung development

Dr. Carole Mendelson from the University of Texas Southwestern Medical Center in Dallas and fellow researchers are studying the role fetal lung development may have in the initiation of labor. While the research, funded by the March of Dimes, is in the early stages, the study holds promise for coming to understand what triggers labor and how to prevent preterm labor.

## Diagnosis of preterm labor

Dr. Durlin Hickok, Vice President of Clinical and Regulatory Affairs at Adeza Biomedical and clinical profes-

sor of Epidemiology and Obstetrics and Gynecology at the University of Washington, discussed using biochemical markers to assess the risk of preterm labor. Some of the symptoms of preterm labor—such as backaches, pelvic pressure and even bleeding—can also happen in a normal pregnancy and are not always helpful when assessing the need for treatment. Researchers have found 20 chemical or physical markers to help doctors determine when and if treatment is needed. One of those markers, fetal fibronectin (fFN) is closely associated with potential or existing preterm labor. An FDA-approved test is available during routine screening of patients from 22 weeks gestation on. According to Dr. Hickok, the test does not have to be modified to get accurate results when testing a multiple pregnancy.

## Triggers and treatments

Dr. Jamie McGregor, C.M., from the Keck School of Medicine at University of Southern California and Obstetrix, of Tucson, Ariz., talked about the triggers of premature birth as well as what can be done to prevent it. Some recommendations for prevention—such as adequate weight gain, smoking cessation and stress reduction—are well known. Also, psychological stress, infection and nutritional stress can negatively affect the placenta. Lesser-known factors, such as checking for periodontal disease as a source of an infection, are also important.

Dr. McGregor recommended cervical

surveillance and prescribing 17alpha hydroxy progesterone to prevent premature births. Progesterone was used to prevent prematurity 20 to 30 years ago but fell out of favor. Two recent studies have reignited interest in this therapy by demonstrating significant reductions in prematurity rates among women at increased risk for premature birth. Dr. Heyborne and his colleagues are conducting a national multi-center study to investigate the effectiveness of this treatment in women pregnant with twins or triplets.

## Effects of prematurity

Dianne Maroney, R.N., M.S.N., coauthor of *Your Premature Baby and Child: Helpful Answers and Advice for Parents*, has been a neonatal intensive care nurse for more than 17 years and is the mother of three children, including her daughter Mackenzie, who was born in 1993, 14 weeks too soon. Maroney talked about some of the “hidden” or lesser-known complications of prematurity. Recent studies have found a higher incidence of ADHD (20% to 22% versus 6% in the general population), language delays, constipation (33% compared to 6% for full-term babies), dental problems and developmental lags.

“People will talk about loving and bonding with your baby as a dance between parent and child,” Maroney said. “Time spent in the hospital disrupts the development of the relationship between parent and child. For a premature baby, this bonding must be thought of as a slow dance.”

—Joann M. Amoroso

## One family's story



Kiley (l.) and Kooper Speelman were the 2004 poster children for the Colorado chapter of the March of Dimes.

Life for the Speelman family was happy and busy in the winter of 1999. Kim was 26 weeks pregnant with twins. Her doctor was regularly monitoring the pregnancy, Kim was taking excellent care of herself and she and her husband Kelly were in the process of moving from Illinois to Colorado. Kelly was in Denver and Kim was busy packing up their household for the move. But early one Sunday morning, Kim felt “kinda funny” and she drove herself to the hospital. She was in labor. It was too foggy to fly her to a hospital with a higher-level NICU so her doctor called an ambulance, but it was apparent that Kim was going to meet her twin boys before she could be moved to a high-risk center.



Kiley (top) and Kooper Speelman, at 4½, are the picture of health.

Kiley and Kooper were born that day, 14 weeks too soon. Kim was able to see them briefly before they were rushed to the nursery and then taken by ambulance to the NICU at a hospital an hour away. They were baptized before they left for the NICU. Kim did not see them again until the next day and still had to continue to work on getting her home packed up for the family's move.

Each baby weighed about 2 pounds, 3½ ounces, good for their gestational age, but Kim and Kelly faced surgery to close Kooper's PDA heart valve, and respirators and hernia surgeries

## The somber facts

- Babies born three or more weeks before their due dates are classified as premature.
- Since 1981, the incidence of prematurity is up 29%.
- Prematurity is the second leading cause of prenatal mortality and the single largest cause of newborn death within the first month of life.
- Prematurity is the leading cause of lifelong disabilities (from cerebral palsy and mental retardation to vision and hearing loss) for babies who survive.
- In the United States, nearly 12% or 480,812 babies born in 2002 were born prematurely.
- Of the 12%, about 3% of those born prematurely were multiple gestations.
- Close to 60% of twins, over 90% of triplets and almost all quadruplets and higher-order multiples are born preterm.
- Of the \$25 billion spent on infant hospital stays in 2001, \$13.5 billion was spent on premature births.

—March of Dimes, Colorado state conference,  
November 2004

## MORE INFORMATION

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

[www.cdc.gov](http://www.cdc.gov)

for both boys—plus the isolation and powerlessness of being parents of premature infants. Kiley and Kooper were 3 weeks old before Kim was able to hold them. Kelly had to go back to Colorado a week after the birth and did not see them again for almost three months.

The boys are now 5 years old and the picture of health. Neither suffered any permanent damage. Kim is a busy stay-at-home mom whose optimism, gratitude and enjoyment of her life are apparent with every word. “I learned what is important. My pediatrician just shakes his head when he sees us, which is rare. The boys made the growth charts when they were 18 months old and we have never looked back.”

The Speelmans were the 2004 March of Dimes ambassador family for the Denver area and continue to volunteer for the March of Dimes. “Kelly and I truly believe if it weren't for the March of Dimes we wouldn't have our sons with us today,” Kim said. “Two advances funded by the organization—specialized newborn care and surfactant therapy—helped save their lives.”

—Joann M. Amoroso



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Finding UV suits that appeal to baby fashionistas is often the challenge. We love **Petit Patapon's** creative styling and fabrics. The shirts and shorts come in newborn to 14 years sizes; at better retailers nationwide. Hawaiian print shorts, \$29; coordinating shirt, \$36. Go to [www.petitpatapon.com](http://www.petitpatapon.com). ▶



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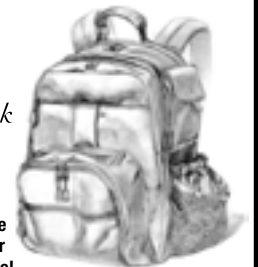
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Special Gifts for Families with Multiples

# TWINS® Shoppe



## TWINS Lifetime Memory Book

TWINS Exclusive! This remarkable new book captures the special moments in your life and the lives of your twins! Every one of the 56 full-color pages is filled with the gorgeous water-color illustrations of renowned California artist Jerianne Van Dijk. They await your thoughts, family facts, and photos. Special pages for info from when Mom and Dad were growing up, your babies' wonderful "firsts", and your family trees. You'll love the luscious sherbet colors in this volume. Hard cover, 8.5" x 11" on heavy, durable paper stock.

We sell a set of two at a special price so each of your twins will have one.

**SS03003 \$34.95 for a set of 2 books**

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## Growing up Twins Growth Chart

TWINS Exclusive! Created especially for families with twins. Vibrant colors and adorable critters adorn this chart designed to hang on the wall. A unique accent piece for your children's room. Celebrate your children's growth milestones during their early years. Your family will enjoy this lifelong keepsake. Printed in full color and laminated for long-lasting durability. Use a permanent marker to write each child's name in the banners at the top, and then note your darlings' heights at important moments in their young lives. Ribbon hanger and adhesive hook-and-loop tabs included. When your children outgrow the chart, each one gets to keep a brightly enameled customized wooden ruler to use with school projects. 40" H x 12" W

**SS03001 \$25.95 each**



12"-x-15"



10"-x-12"

## Photo Frames

**Exclusive to us!** Collect your twins' special pictures in these keepsake frames. Designed especially for families with twins. Choose from a 12"x15" blue-painted frame with 10 openings in the matching mat, or a 10"x12" blue-painted frame with four openings in the matching mat. Both frames are beautifully lettered to say, "Twins are one of life's special blessings." Adorable Noah's Ark two-by-two illustration appears in one opening of each photo frame.

**SF90031 12" x 15" \$23.99 each**

**SF90032 10" x 12" \$19.99 each**



18"-x-18"

## Twin Sisters Hand-in-Hand

Colorful, high-quality print exudes the warmth of twin sisters' special relationship, and the strength and support they gain from their twinship. This picture belongs on the wall of every twin girl's bedroom.

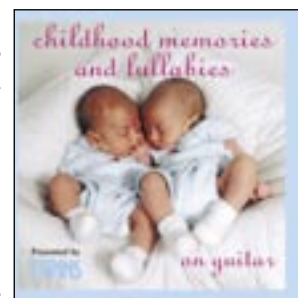
Verse surrounding print says, "Little girls are precious gifts, Wrapped in love serene, Their dresses tied with sashes, And futures tied with dreams." Framed print is 18"x18" overall, double-matted in dusty blue and rose, then beautifully surrounded in 1" gold leaf frame. Comes with glass.

**SF90033 \$43.99 each**

## Childhood Memories and Lullabies On Guitar

TWINS 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**



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"H x 15"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. 5¾"H x 7¼"W.

SF90092 \$17.99 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

## "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



B. 11"-x-14"

## Twice as Nice Photo Frames

**NEW!**

These two ceramic frames from Russ Baby will look fabulous on your dresser, bookcase, shelf or fireplace mantle. The frames have glass inserts and flocked backing, each frame provides a unique opportunity to show off your twins. The Stars and Hearts frame includes spaces for two photographs to show your twins separately. The Bears and Balloons frame has room for one big photograph to show your twins together. These are beautiful, wonderful gifts



A.



B.

to celebrate the birth of your twins for a close family member or even for yourself. Frames are individually boxed. Twice as Nice Stars and Hearts Frame is 4½" x 6" and holds two 1¾" x 2¾" photographs. Twice as Nice Bears and Balloons Frame is 8¾" x 6¾" and holds one 4" x 6" photograph.

A. SF04002 Stars and Hearts \$12.99 each  
B. SF04003 Bears and Balloons \$14.99 each



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

Babies over the age of 6 months and children benefit from the vitamin D in sunshine, but too much of a good thing can be harmful.

- Dress babies under the age of 6 months in long pants, long-sleeved shirts and a hat with a brim and keep them in the shade.
- For older babies and children choose a broad-spectrum, waterproof PABA-free sunscreen with an SPF of at least 15 made for



Casie and Katie, 8 months

children. Apply it 30 minutes before exposure to the sun; reapply every two hours and after swimming.

- Select clothes made of tightly woven cotton, which protect better than clothes with a loose weave.
- Protect your twins' eyes. Babies and children need sunglasses with UV protection, too.
- If you children get a sunburn that blisters call your doctor immediately.

## TWINS SAY THE CUTEST THINGS

My 2½-year-old says, “I can’t like that” whenever she doesn’t like something. The same twin also asks me, “When Aunt Jan come save me?” Whenever Aunt Jan comes over and the twins are gated in the playroom, Jan always runs to them and says, “I’ll save you!” and lets them out.

—from *www.TwinsMagazine.com* Message Board, *Twins Say the Cutest Things* forum, posted by the mom of two sets of twins: Jaclyn and Ashley, born April 21, 1999; and Amber and Paige, born May 14, 2002.



Joseph and Patrick, 20 months

## Cradle cap



Tyler and Callie, 8 months

Cradle cap primarily affects babies under 1 year of age and, although noninfectious, can spread quickly from the scalp to other parts of the body, especially the face and neck. Although characterized by red, flaky skin, this non-hereditary condition does not cause itching.

Treatment for cradle cap is simple, especially if it is confined to the scalp. Wash the scalp with lukewarm water and a mild baby shampoo more frequently than usual, and follow up with a soft brushing to help remove the scales. If you use baby oil, rub only a small amount into the scales, then shampoo and brush. Otherwise, scales can build up on the scalp. If cradle cap worsens or spreads, talk to your doctor.



*The best way to  
change a diaper?*

## WITH A SENSE OF HUMOR

- 1** Put on swimming or safety goggles.
- 2** Protect clothing with a plastic sheet.
- 3** Remove dangling jewelry.
- 4** Tie back long hair back.
- 5** Wear plastic gloves (not latex).
- 6** Make sure you have baby powder, wipes, extra diapers, clothespin for your nose and a list of any unusual foods baby might have eaten in the past 24 hours.
- 7** Place Twin No. 2 safely in crib and insert ear plugs to block screams for attention.
- 8** Lay Twin No. 1 on a flat, safe surface.
- 9** Gently remove diaper.
- 10** Struggle with the new diaper while baby sprays you.
- 11** Fling soiled diaper into diaper pail.
- 12** Clean and powder baby.
- 13** Struggle to put clean diaper on squirming baby.
- 14** Oops! Twin No. 1 wasn't done yet. Start over!
- 15** Do it all again with Twin No. 2!

Lisa Smith  
Yarmouth, N. S.  
Canada



Christian and Nicholas, 2 months

## Spring cleaning fights dust mite allergy

**D**o your children awaken more stuffed up than when they went to bed? They might have an allergy to dust mites, microscopic creatures from the spider family. Dust often contains molds, fibers and dander from dogs, cats and other animals, as well as tiny dust mites. When inhaled, dust mites can cause allergic symptoms.

All allergies are on the increase, but this is the time of year when dust mites are busiest. These mites, which live in bedding, upholstered furniture and carpets, thrive in the summer and die in the winter.

In the case of a dust mite allergy, an ounce of prevention is worth a

pound of cure. Researchers found that almost double the number of children in households where no preventive measures were taken developed dust mites allergies. Preventive measures used in the study were simple: covering mattresses with dust-mite-proof casings and washing bedding in hot water (above 130 degrees) every four to five days.

If your children have been diagnosed with a dust or dust mite allergy, think "spring cleaning." Reducing dust helps reduce the aah-choos and itchiness. Visit [www.medem.com](http://www.medem.com) for information on keeping a bedroom as dust-free as possible.

## Can you identify the choking hazards?



Abbey and Allie, 7 months

1. Balloons
2. Whole grapes
3. Popcorn
4. Hard candy
5. Nuts
6. Sunflower seeds
7. Watermelon with seeds
8. Cherries with pits
9. Raw carrot
10. Raw peas
11. Raw celery
12. Hot dogs
13. Spoonfuls of peanut butter
14. Apple chunks
15. Chunks of meat

All are choking hazards. In fact, any child under 4 can choke on almost any food or small object, if he does not sit up, chew well or if he squirms and runs around, but the foods in this list are always dangerous. Children under 8 can suck a balloon that has popped down their windpipes.

## Another benefit of eating like Popeye



Collin and Riley, 15½ months

If your house was built before 1978 (the year lead-based paint was banned), lead may still be in the soil. Kids should not play in soil containing lead, nor should it be used for vegetable gardening. If you are concerned, have your soil tested. Also, have your children eat fresh or frozen spinach. A diet high in calcium and iron reduces the amount of lead the body absorbs.

## Midnight fog

Being an older parent, I intended to be very proactive and organized for my babies arrival. I did a lot of reading during my pregnancy and came up with the plan of many parents of newborn twins: We would keep them on the same schedule for sleeping, eating, changing, everything—you get the picture.

My husband and I together fed both babies formula at the same time in the middle of the night, even if it meant waking one up. At four weeks, I had my baby girl's ears pierced (as my Mexican mother had done for me) with special baby earrings. This was about the same time that my husband started traveling again for his work. Now, I was solo some nights and could only feed the babies one after another. Being a twin mom, I was in a constant state of exhaustion... so much for being an older, organized parent.

One night shortly after my daughter's ear piercing, I was doing the night feedings. I looked down at my sweet baby girl and saw her earring was gone... oh no... it was worse... both earrings were gone! I could only think of those itty-bitty holes in her tiny ears, and how would I ever get those baby earrings back in? First, I had to find them. In the dimly lit room I looked in her nightshirt, in the chair, on the floor—even in her diaper, and that's when I realized I was feeding my son.

That first year was a blur, somehow we got through it and today we have wonderful 4-year-olds.



Austin Obourn at 2 months

Mikel Obourn  
Vail, Colo.

## 10 tips: A spoonful, and no more



**T**oo much of any medication can cause serious problems. This is especially tricky for parents of twins who are giving medicine to both children. Even the common over-the-counter Tylenol, Temptra, Liquiprin, Panadol, Motrin and Advil can become dangerous when a child gets an overdose. Rules to keep in mind:

1. Keep a written record for all medications. Note who received how much and at what time.
2. Use medicine dispensers in different colors, available at any pharmacy, for each twin.
3. Adult medications are not the same as pediatric.
4. Always follow directions based on your children's ages and weights.
5. Do not combine cough or cold products that contain acetaminophen with an additional dose of acetaminophen; it's the total dosage that counts. Same goes for ibuprofen and other over-the-counter medication.
6. Ask the pharmacist if it is safe for acetaminophen or ibuprofen to be taken with a prescription.
7. Do not give your children any aspirin.
8. Never double-dose or give medicines longer than recommended. It will not help your child, and it may do harm.
9. Before each dose, check the label—twice!
10. Do not mix medicine in with food; certain foods can interact with medicines, many of which are absorbed differently when taken with food. Always ask your pharmacist if a medicine should be taken on an empty or full stomach.

American Academy of Pediatrics  
www.medem.com

### Twins by the NUMBERS

Number of twin births  
in 2002 in the U.S.:

125,134

## How does your garden grow?



Katherine and Nicholas, 23 months

Start a summer-long project for your twins now! Plant practically fail-proof cucumbers and let your kids tend the patch. Other easy-to-grow plants include carrots, radishes and squash. Regardless of which veggies you choose, plant several different ones in case one variety doesn't produce.

It is also risky to let each twin pick one veggie to grow: If one "crop" fails and the other thrives, one twin will be an unhappy farmer before the season barely gets going. In fact, seeing that first cucumber or carrot will be a moment of excitement. The success builds self-esteem and may even encourage picky eaters to try a few new veggies.

To set apart a kid's garden, use untreated wood to make a small raised bed on a plot of tilled soil in a sunny location. (Some gardening centers sell snap-together plastic frames.) Fill with high grade soil and compost. Plants like raised beds, with their good drainage and air circulation, and should thrive—a big plus for gardening with children.

If you have only a small patch of space, build a teepee frame with a horizontal string "trellis" to make a Jack and the Beanstalk plot.

For color and to help control veggie-loving insects, throw in some marigold seeds. Your kids will be surprised to learn that you can eat marigold petals in your salad!

❖❖ *"I'm really sorry she fed me twice. I'm sure she didn't mean to."* ➤➤



**1::** Hanna and Hope  
3 months  
Burlington, Connecticut

# Double Takes

Boy/girl twins are (almost) always dizygotic (DZ, "fraternal"). (See the article on our Web site.)

Can you guess whether the same-sex multiples pictured on these pages are monozygotic (MZ, "identical") or dizygotic?



**2::** Krystian and Mateusz  
3 years  
Wells Falls, New York



**3::** Morgan and Madison  
3 years  
Rialto, California



**4::** Ava and Jack  
18 months  
Seattle, Washington



**5::** Trevor and Addison  
5 years  
Thornton, Colorado



**6::** Braylon and Bryson  
5 months  
Lanett, Alabama



**7::** Charissa and Casten  
8 months  
Peshtigo, Wisconsin



**8::** Kristen and Ashley  
2½ years  
Eagle, Idaho



**9::** Heather and Alyssa  
4 years  
San Jose, California



**10::** Amara and Ian  
4 years  
Sandy, Utah



**11::** Bailey and Madison  
8 months  
Waleska, Georgia



**12::** Marlis and Zoie  
2½ years  
Fargo, North Dakota



**13::** Alex and Julio  
3¼ years  
Sterling, Virginia



**14::** Zakk and Xander  
19 months  
Bayville, New Jersey



**15::** Raveen and Ryann  
3½ years  
Saint Albans, New York



**16::** Addison and Avery  
3½ years  
Royston, Georgia



**17::** Drew and Owen  
9 months  
Canal Winchester, Ohio



**18::** Nathan and Nicholas  
3 years  
Marysville, Kansas



**19::** Quincy and Hazel  
10½ months  
Colorado Springs, Colorado



**20::** Hannah and Haley  
2 years  
Kingsport, Tennessee

**Photo Tips**  
*What we are looking for:*

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

We select photos for an upcoming issue three months prior to its distribution. Because of the volume of photos received, we are unable to respond individually. If your photo is selected and you have not included a release form with it you will be contacted to sign a photo release. **See Release Form on page 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  
1121 E. Arapahoe Road, 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.

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ZD - 01	ZW - 14	ZD - 02	ZM - 18
ZD - 12	ZM - 11	ZD - 10	ZD - 06
ZM - 08	ZD - 07	ZD - 06	ZD - 05
ZD - 04	ZD - 03	ZM - 02	ZD - 01

*Based on parental reports*

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## Lies moms tell themselves

### I will never prop a bottle.

Enough said on this one.

### I can do this myself!

Without the help of God, a supportive spouse, friends, family, neighbors, church, a moms of multiples group or paid help (you lucky souls!), go ahead and start the Prozac drip, sister.

### I will keep everything sanitized and germ-free.

OK, I really attempted this, from color-coding to snipping a chunk off Courtney's pacifier to distinguish between the identical products they both insisted on. But at 3 a.m., the third time I had been up at night, if Chrissa left milk in her bottle and Courtney was still hungry after downing hers, she got the leftovers. (Anyway, I breastfed, usually.) As for baby food, one twin got the yummy discarded food from the other twin's mouth after she had gummed what she could.

### I will spend one-on-one time with each twin.

Pop quiz:

- 1.) It has been a crazy day. You've had it up to your ears with screaming, tantrums, sharing issues, antibiotics, napping struggles and crayon on the wall. The only thing in the fridge is mustard, eggs and antibiotic. When hubby walks in the door after a long day at work, do you:
  - A. Allow him to get settled and calmly

ask him to watch two kids while you take the one who has had a hard day with you to the grocery store for some mommy-time?

- B. Throw all three children at hubby before he gets out of the car, grab the grocery list and gun it down the street as you see the pizza delivery man pull up in your driveway and hope your husband has some money?

2.) It's Saturday morning. Your husband offers to take the kids to the park for a few hours so you can have some free time. (I know, I know, but this is *my* quiz.) Do you:

- A. Tell your husband how nice that offer is and let him take two children while you spend some one-on-one time with the other one?
- B. Sleep until dinner?

### I will get my figure back soon.

When I first had my babies, I thought I was so skinny. I mean, look at how much stomach was gone. You don't realize how not skinny you are until you try on your pre-pregnancy clothes. The only diet you will be on while the twins are infants is the "all I had time to eat today was cereal, goldfish and Coke." When they are toddlers, ditto on the diet. Nothing changes.

### I will have more energy when they...

...sleep through the night. No you won't,

because about that time they learn to crawl and are into everything.

...can walk, so I don't have to carry them around anymore. No, because as soon as they can walk, they run.

...are potty trained. Are you crazy? Taking multiples to the bathroom all day takes a lot of time.

...are in school. Nope, because you are room mom, not for one but two.

...are in college. The thought that my children might someday move away from their mommy terrifies me. Can't go there.

### I will love my twins the same.

You will love your twins differently and you should. I love the way Courtney gallops everywhere she goes. I love the way Chrissa smiles all the time. I love the way Courtney cannot tell a lie while her sister could win an Oscar in this department. I love it that Chrissa tells me, "I love you" spontaneously all the time. Some children need more love after a boo-boo. Some need more affection when you drop them off at Sunday school. Every child is different and needs to be loved for their uniqueness.

So, what have I learned about being a mom of twins? Everything is not what you had expected. But sometimes, it is even better. ♡

---

Kari Loth, a freelance writer who lives in McKinney, Texas, with her husband, twins and their big brother, knows the truth about being a mom of twins—and loves it.

## Twin Vision

by Brian and Brad Jones



**The Perfect Gift for a Family Member,  
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