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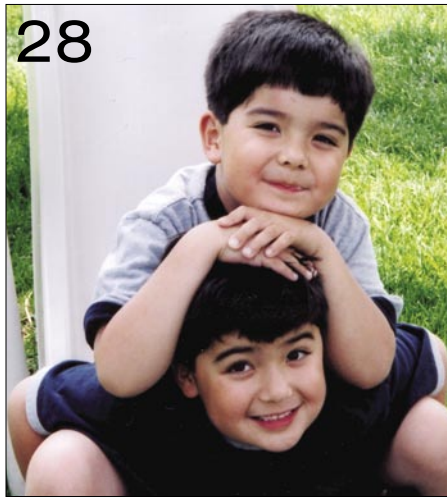
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ON THE COVER

Alexander (left) and **Benjamin Jardis**, 2½, enjoy playing outdoors and riding their bikes in Highlands Ranch, Colo. These fraternal (dizygotic) twin brothers like trains, kitties, and trying new things. Their father is also a fraternal twin.

Cover Photography by Covalli Photography



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AVENT
Naturally

Step back and take a deep breath

The past year has been a pleasure for me, mainly because I've had so many more opportunities to work with you. Thanks for all of your input, comments, suggestions and witticisms, by phone, snail mail and e-mail. I get such a charge out of reading your materials and talking with you.

This is a great time of year to step back and take a deep breath. What a whirlwind the holidays are every year! Aren't you thrilled to have some "quieter time" to look forward to during January and February? (Note: I didn't presume to say Moms of Multiples EVER have truly "quiet time.") For me, these winter days are a pleasure after all the hoopla of holidays—time to retreat a bit, do more things indoors, and savor the few hours of light that are available to us. I hope you're able to slow down a bit too.

Have you read in newspapers or heard on tv the stories about successfully potty-training infants shortly after they're born? I have, and I'm fascinated. This practice has been part of Asian life for centuries, and it's being adopted here. We've found U.S. families with twins for whom this has worked well. Can you imagine the savings on diaper costs? And laundry? And eliminating the nightmare of potty-training toddlers? Stay tuned....you'll get the WHOLE story in the March/April issue of TWINS™.

This issue was great fun to put together. You'll notice we've given you 64 pages this time, instead of our usual 56. We hope you enjoy the lineup. Some features and columns are pretty heavy-duty, while others are a bit lighter. They range from autism in twins to epilepsy, head injuries and advice about antibacterial soaps (from a dad of twins), to the more entertaining stress busters for Moms, and three pages of terrific photos of twins, our 2005 Contest Winners. You'll find yourself laughing at "Twinsitters" by Pete LaMassa on page 21 and "Riding the potty train" by Kent Lehnhof on page 24.

Be sure to read Lisa Krebs's piece on page 36. She's a mom of toddler twins and an identical twin herself. Lisa shares her "lessons learned" as a twin, which she uses within her own family. Lisa understands firsthand the rivalries, spoken and unspoken languages, labels and identity issues that go along with being one of "the twins."

We've also added a regular column to our every-issue lineup: Twin Takes by Jennifer Jordan. Jennifer is a 27-year-old twin who addresses the many questions parents have about "the best way" to handle situations with young twins. Jennifer is able to articulate her own reactions as a twinchild to the ways her parents handled things. She offers insights into the minds and souls of twins on page 18.

Before signing off, I want to thank all of you who subscribed to TWINS™ or renewed your subscriptions during the last couple of months. We said we'd donate \$1 of every new or renewal subscription between Sept. 1 and Dec. 31, 2005, to the cause of TTTS research, education and treatment. We're still tallying the results (as of Dec. 8), but it looks as if we'll be donating between \$4,000 and \$5,000. More details later.

Last but not least, a correction: The twins on our cover of the Nov./Dec. issue, Mariah and Carmen Nelsch, called me after the issue came out to say that their older sister, Jordan, was unhappy being described as their brother. We goofed. Sorry, Jordan!



Susan Alt
EDITOR IN CHIEF

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Can moms of twins get extended leaves?

Re: the letter from Christine C. in your Nov/Dec 2005 issue, I, too, looked high and low for information about extended leave for multiples when I was pregnant with my twins. Although my (employment) contract and human resources department would not accept twin birth as a reason for an extended maternity leave, my doctor felt differently. A caesarean usually earns you a couple of extra weeks (8 instead of 6) but your doctor can excuse you for longer if he/she feels you need more time to recover.

I was able to get 12 weeks off because I breastfed my twins and was noticeably exhausted at my postnatal checkup. I begged my doctor for more time and she wrote a note to my employer getting me that time. A doctor's excuse can usually get you the extension you sorely need.

Joan Baker
Columbus, OH
Via e-mail

Extended leaves in Massachusetts

I saw your mailbox question (Nov/Dec 2005) about extended leave for moms of twins. In Massachusetts, it is the law that 8 weeks' leave is granted for each child born or adopted. I've copied text from the FAQ's on the mass.gov website in the maternity leave guidelines. As a Massachusetts resident, I took 16 weeks covered under state law when my twin daughters were born in 2002!

"Question 6:

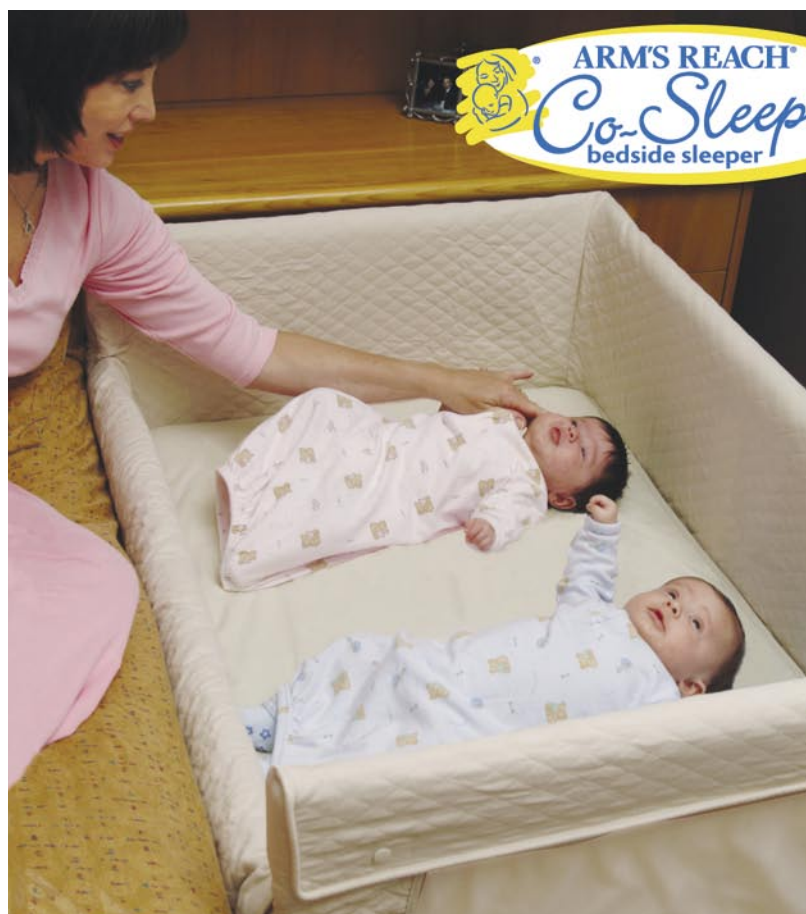
Employee gives birth to twins. She demands 16 weeks of leave, on the grounds that she has given birth twice. Must employer give her the 16 weeks?

Answer 6:

Yes. An employee who gives birth to twins has given birth two times and is entitled to eight weeks of leave for each child.

Question 7:

Employee adopts two babies at the same time. How many weeks of leave is she entitled to?



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Answer 7:

Sixteen weeks. The MCAD treats multiple adoptions the same as multiple births.”

Source: www.mass.gov/mcad/maternity

Stephanie Copithorne
Framingham, MA
mom of MZ twin girls
via e-mail

Extended leaves, continued

I worked for a large medical center near my home. They did not have a policy on maternity leave for multiples but their policy on maternity leave said you were allowed 8 weeks per child. When I told them I was having twins I was informed that following a normal delivery I would get 16 weeks (8 weeks per child). I’m sure this was not how they had planned it when they worded it that way. I was also told by my doctor that I could use the Family Medical Leave Act leave to care for my boys if they needed me at home. Hope that helps.

Gretchen Bates
Westfield, MA
Via e-mail

Moms of twins can be good home schooling teachers!

I had to respond to the letter from Deidre Kinoshita (Don’t down-play work of teachers, Nov/Dec 2005) regarding home schooling. I don’t believe that there is any parent out there who, after reading one article in TWINS Magazine, went right out and pulled their kid out of school, bought curriculum from Wal-Mart, and started to home school.

I have been researching and reading (continuing education) about home schooling for three years. I have a son who is 5 and twin boys that are 2. I just started home schooling this year, and I don’t think that I am an expert, but I do believe that I have some experience with it. Curriculum choices and learning styles are all things that you can experiment with your child; education in public schools is a constant experiment. Look at how many different ways that we have taught children how to read? If I find that one way is not working with my son, I can stop midstream, and try something different. In public education, it is one-size-fits-all.

As far as rules go, the same rules that apply when we are not doing actual lessons apply when we are doing lessons; my rules are the same no matter what we are doing. Changing the laws or the opinion of the school board is not as easy as one might think, and you might actually make some headway after the fact. Nothing in the school system moves quickly unless they want it to. I think

the point that (she is) missing is that home schooling is not about bringing the classroom into your home. If you do, you’re missing out on a whole lot of learning. Home schooling is about using the world as your classroom; there are no limits to what you can do with your children to educate them.

Anyone can home school their child. It takes a lot of guts, determination, and perseverance, but if you’ve taught your child how to pee-pee in the potty, I believe that you can teach your child anything. I find that I only have to be one day smarter than my child.

Cyndie Sherriff
Wiggins, CO
Via e-mail

Immaculate conception? Or conceiving by ESP?

I would like to know of the possibilities of twin siblings (two females) being pregnant at the same time even though one is not having sex. This is supposed to be true because the twins are my nieces, and my sister asked me to find out whether or not this can happen for real. The doctors had supposedly told my niece this.

Katherine Johnson
Via e-mail

Editor’s note: Is this for real or are you intending this to be a (humorous) riddle? Sounds quite interesting, in any case. It would be difficult to come up with a definite answer for you because I suspect there is not enough of a “data universe” to establish any real probabilities for this kind of situation. I can honestly say that I have never, ever heard of a twin sister becoming pregnant by osmosis (“immaculate conception”?) when her twin became pregnant. The kind of ESP that identical twins frequently have doesn’t go that far. I can’t imagine that any doctor would have said this to a patient. Maybe your niece misheard the doctor. The doctor might have been joking a bit about the special powers of ESP that identical twins reportedly have between them when he/she made an offhand comment in jest. I think your niece is safe if she’s not having sex and hasn’t had in vitro fertilization, either.

Selling your used twin-stuff

Hi, I would like to sell all of my stuff that I used for my twins (i.e., cribs, changing tables, etc). Is there any part of the TWINS Magazine website where I might list such items? Everything I have is in excellent condition and I would hate to let it go to waste in my attic. Any info you might have would be much appreciated. Thank you.

Susan Brunetti
Via e-mail

Editor’s note: Thanks for thinking of us! We generally haven’t run ads in TWINS or put listings on our TwinsMagazine.com website for used items

that people want to sell. Almost everybody I've ever talked to about this sells their baby stuff to other moms and dads through their local twins clubs annual flea-market sales, or else uses a local flea market for this. Readers, I ask you: Should we start a twins-style auction site on our website for this? Would you use it? E-mail me at twins.editor@businessword.com with your opinions.

SIDS article was dismaying

I am a subscriber to TWINS Magazine and have found it to be helpful and interesting. But I am having a problem with the information about SIDS and feel that I can't enjoy much of any magazine regarding infants because of the constant reminder that SIDS is lurking around the corner to take one of my children. The latest article I read is in your November-December issue in the Growing Stages section under New SIDS Recommendations.

I am confused about never letting your child sleep on their stomach. My twins are both crawling, turning over and perfectly capable of flipping over onto their stomachs at any time. This also means they can flip onto their backs, too. Are my husband and I supposed to stand over our children at night and force them to stay on their backs? It also says that parents should avoid using sleep-positioning devices. Why are they even available if they aren't usable? I can't be the only mother who doesn't like being constantly reminded of the danger of SIDS. It would be so nice to read material focusing on helpful tools people have found that work and on positive information about all the stages people with multiples go through. I know SIDS is a fact...I don't constantly need to be reminded of it.

DeeDee Baker
mother of 13-year-old Jessa, 10-year-old Josh, and
7-month-old twins, Chloe and Jordan
via e-mail

Editor's note: I imagine lots of parents are sick and tired of these warnings being "in your face" all the time. The last thing we want to do is discourage, dishearten or irritate you. Once your kids start flipping over it's awfully hard to always keep them on their backs to sleep. What's important is that while they're young infants, you put them on their backs. That's so much better for babies, especially newborns and infants. No, you're not expected to stand over them all night and flip them onto their backs once they've begun turning over by themselves. Please don't be mad at us for the reminders....we are just trying to "keep you updated" on the latest literature and clinical findings, so you're well-informed and can be great moms to your kids!!! We want them to thrive and you to thrive, too! We're particularly sensitive about this SIDS thing because we talk to so many (new) moms who haven't read about having their babies always sleep on their backs. As to the suggestion not to use any "sleep-positioning devices", I couldn't figure out the logic of that, either, and I've had a call in to the American Academy of Pediatrics to get an answer about why they issued that advice. (See Growing Stages, page 56 for more on this subject.)

Steer clear of popcorn, please

I was shocked and extremely disappointed when I read the "Baby foods" item in your Growing Stages section (Nov/Dec 2005). The statement that popcorn may be given to two-year old children (even with supervision) not only contradicts the American Academy of Pediatrics guidelines, but also is potentially dangerous.

Popcorn, along with foods such as nuts and seeds, chunks of meat or cheese, whole grapes, hard, gooey, or sticky candy, chunks of peanut butter, certain raw vegetables, and chewing gum may become lodged in a young child's narrow airway and result in choking. According to American Academy of Pediatrics guidelines, these foods should not be given to children under FOUR years of age.

In August 2004, a 3-year-old boy from New York City tragically choked to death while eating popcorn at a movie theatre with his parents. He was sitting with his parents eating popcorn when he began gasping for air. While his parents and police attempted to perform the Heimlich maneuver and CPR, they were unable to save his life. I am appalled that TWINS would instruct its readers, many of whom are first-time parents who may not be aware of choking hazards, that popcorn may be given to 2-year-old children.

In 2001, an estimated 17,537 children 14 years and younger were treated in U.S. emergency departments for choking episodes—more than 100 visits for every choking-related death, according to the Centers for Disease Control and Prevention (CDC). Of these, the CDC says 60% were associated with food items.

Sandy Katz
Merion, PA
Via e-mail

Editor's note: We received that information from a highly reputable organization, but we should have had the common sense to question the bit about popcorn. We agree with Sandy wholeheartedly and stand corrected.

Some seizures from fever are harmful

While I agree with most of your (Nov/Dec 2005) article "7 Myths About Fevers," one thing that I disagree with is that febrile seizures aren't harmful, because they can be. My son, Aaron, (a twin) started seizing one Sunday afternoon when he was 13 months old. His temperature had suddenly soared to 105 degrees, up from 101.5 degrees just an hour and a half before. (I had treated his fever with acetaminophen.)

As an RN, I didn't panic. I placed him on his side away from any objects that might hurt him and I called his doctor. When 5 minutes had passed and he was still seizing (full body movement), I called 911.

The first-responders (firefighters) placed oxygen on him and tried to cool his body temperature. When the paramedics arrived he

had been seizing for 15 minutes and was in critical condition (status epilepticus). He was intubated (a breathing tube was inserted into his throat) and needed full respiratory support. The medics were unable to place an IV line in his little body and finally gave him a shot of Versed, which stopped the seizure.

His seizure had lasted a full 30 minutes and he was unable to breathe by himself for several hours after the seizure stopped because of the medication used to stop the seizure. He was given a battery of tests including a lumbar puncture and a head CT scan. The only thing they found wrong with him was that he had influenza A (the common flu).

My son recovered fully, but had we not called 911, he would have died. If the seizure had happened at night and we had not heard him, he would have died. Aaron had no chronic conditions and was an otherwise healthy child. The doctors who cared for him determined that he had suffered a prolonged febrile seizure and that he had a 30% to 50% chance of this happening again. Furthermore, his MZ twin, Nathan, had the same chance. We have been fortunate that he has not had another seizure yet (he is now 3½ years old). We treat every fever with ibuprofen and always get all of our children flu shots.

Parents should know that any seizure that lasts more than 5 minutes is a medical emergency and that every child who has a seizure should be taken to the emergency room for a thorough examination.

Lori Watzl-King, RN
Minneapolis, MN
Via e-mail

Editor's note: This letter adds such important additional information. As we all know, there always seem to be such critical "exceptions to the rule" in life, especially with kids.

Mirror-image twins

My sister and I are mirror-image twins and I would love any info that you have on mirror image. My name is Carrie and she is Sheri. We were born in Sapulpa, Okla., in 1970.

We have the right handedness/left handedness features of mirror-image twins. We have cowlicks in our hair on opposite sides, too, and part our hair on different sides. We also have one foot just a



Carrie and Sheri in 1972.



Carrie and Sheri in the early 1990s.

tad bigger than the other, on opposite sides. As young girls, hardly anyone could tell us apart.

We even have a hard time telling ourselves apart in pictures. (It didn't help that mom always had us dressed the same.) Now that we are older, I have colored my hair some, and Sheri has had eye surgery so she no longer wears glasses although I still do.

I have found a couple of pictures from when we were kids, and one taken when we were between 18 and 25. We haven't really had any taken together since then.

Carrie LaForge
Tulsa Ok (Sheri is in Sand Springs, OK)
Via e-mail

Editor's note: We sent Carrie all the pertinent facts about mirror-image twins and how this type of monozygotic twinning occurs when the egg splits at a very specific time following fertilization, lengthwise rather than crosswise.

Double bouncy seat

I'm writing in response to the question about the double bouncy seat...I got one from www.morethanone.com which has really come in handy. It's a little oversized for babies. When my twins were very small we had to prop them up with baby blankets. But now that they're toddlers they fit just right—unfortunately the seats double as trampolines!

Rebecca J. Ginsburg
Warwick RI 02886
Via e-mail

Editor's note: Unfortunately, More Than One recently went out of business, so it may be a bit difficult to find one of these double-bouncies.

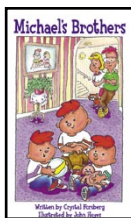
Michael's Brothers

I am hoping you are able to help me. My sister is delivering twin girls in February and we are looking for a good book to read to her 2½-

year-old son to prepare him for the arrival of his sisters. You once listed a book entitled “Michael and his Brothers” but we have been unable to locate such a publication. Please advise where we can get this book, or any recommendation you may have for another, similar book would be much appreciated. Thank you in advance!

Dina Tashman
Via e-mail

Editor’s Note: We sell the book “Michael’s Brothers” on the TWINS Bookshelf for \$5.95. It is perfect for older or younger siblings of twins. In the story, Michael is the older brother. Call 888-55-TWINS to order, or go online to www.TwinsMagazine.com and click on TWINS Bookshelf. It is just perfect to help prepare older siblings for the arrival of twins. That’s the only book we have right now that features an older brother of twins. We’ve been trying for several years to find a couple more stories about older and younger siblings of twins. Please also provide your sister with a gift subscription to TWINS Magazine for 2 years so she’ll have the best support tool available for her new life! We also have a fabulous Message Board for her at www.TwinsMagazine.com....she’ll benefit so much from it! We’re looking forward to having your sis as part of our TWINS family...good luck to her!



PPS from Dina via e-mail: Thank you very much! I have forwarded the information on to my sister! I appreciate your getting back to me so quickly, and I will take your advice and give a gift subscription to TWINS to my sister. My sister-in-law has 7-year-old twins, and she raves about your publication!

Editor’s note: We’re glowing with pride. That’s what we like to hear.

Little Angels

I have found a book that is great for parents with twins and triplets. I am a mother of 21-month-old twin boys. The book is called “Little Angels,” written by Dr. Tanya Byron and Sacha Baveystock. It provides examples of real families with singleton children, twins and triplets. The advice is clear and easy to start using. A brilliant book. A lot of books designed for mothers of multiples concentrate on the first year—I found the first year easy as I have a brilliant routine. However, things became more difficult for me as the usual toddler behavior started. This book is a must, although not specifically aimed at multiples. It is aimed at real families—and we all know that many families have multiples. I know many mothers of toddler multiples will find this very, very useful.

Amelia Campbell
Via e-mail

Send Letters to the Editor via e-mail to
twins.editor@businessword.com

Safer vaccines

I was very disappointed to see an In The News item (Nov/Dec 2005, “Autism and vaccine immunizations not linked: Newest study”) and shocked to see you refer to [concerns about mercury in vaccinations as a possible cause of autism] as an “unfounded immunization scare.”

The National Autism Assn. specifically states on its website that “Mercury is hazardous to humans. The use of a toxic poison as a preservative in undesirable, unnecessary and should be eliminated entirely.” It goes on to say that “Recent studies have confirmed that association between the use of thimerosal and autism has moved from ‘biologically plausible’ to a ‘biological certainty’ (Boyd Haley). Recent work by Dr. Mark Geier and David Geier in the Journal of American Physicians and Surgeons, and Experimental Biology and Medicine, have shown strong epidemiological evidence for a causal relationship between thimerosal and neurodevelopmental disorders in children.”

Senators Lieberman, Harkin and Specter are asking that language be inserted in the Labor HHS Appropriations Bill to have the National Institute of Environmental Health Science (NIEHS) fund studies of the Vaccine Safety Data Link, with CDC and external researchers, and have this research overseen by an expert panel.

Several states have recently passed “No mercury” laws, including Iowa and California. Thimerosal has been taken out of routine childhood immunizations, but ... thimerosal remains in flu shots in amounts that far exceed acceptable levels as established by the EPA and FDA.

Look into this issue further and consider printing an article featuring the other side of the story. More information can be found at www.nationalautismassociation.org, www.nomercury.org, www.factsformedia.com, and www.safeminds.org. Keep in mind that most of these organizations are not anti-vaccine, they are just advocating for safer vaccines.

Joelle McDermott
Davenport, Ia.

Editor’s note: See our major story with related information about autism in this issue, pages 30-35. We’ll cover this much more in the future. There’s more material than we could even fit into this one issue. Of particular concern regarding fears of the possible link between vaccines and autism is that many parents now avoid childhood immunizations out of fear, which may endanger the entire population—children and adults alike—if and when rampant childhood diseases that can maim and kill once again rear their ugly heads. For many years—decades, even—many of these diseases have been virtually wiped out, only to reappear in the last several years. Stay stuned.

Ask the doctor



I have heard I should never give my babies aspirin. What is the difference between acetaminophen, ibuprofen and aspirin? Is one better than the other for babies and children under 6? Can I mix them—for example, give acetaminophen at 6 a.m. and ibuprofen at 10 a.m.?



Aspirin is one of the oldest medications known to man. It is found in the bark of the willow tree, and was used for thousands of years in this form before its chemical nature was discovered. It is effective for pain relief, inflammation and fever reduction, as well as to keep the blood cells from sticking to each other (such as during a heart attack). Aspirin is a miracle drug in many ways—but it is not for children (see below).

Acetaminophen (Tylenol) is a pain- and fever-reducing medicine that has no anti-inflammatory properties. Ibuprofen (Motrin, Advil) is an anti-inflammatory drug that works for fever and pain like aspirin, but does not have the same blood cell benefits as aspirin. Doctors often advise parents when treating their child's fever that they can alternate the use of Tylenol and ibuprofen every four hours (I do). But it is important to recognize that these drugs have side effects, including the risk for liver or kidney damage if overused. Also, please understand in most cases a fever does not harm a child.

And here's why doctors ask you not to use aspirin: It is potentially harmful to children under 12 years old. Although doctors recommend its use in very specific circumstances, such as for infants with certain heart defects, you should never give a small child aspirin unless specifically told to by your doctor. If aspirin is given to a small child, especially during a viral infection, it could cause the child to develop Reye's syndrome, a serious disease in which the body deposits large amounts of fat in the liver, brain and other organs, leading to organ failure and possible death. Reye's syndrome is very rare; it has been reported in fewer than three children in the United States during each year since the warning about aspirin was issued, down from over 500 children per year before the association was known.

For your child's fever or pain, recognize first whether or not you really need to give her medicine or whether you're doing it to make yourself feel better—a good fever is how your child's body fights infection—or just trying to lower a “low grade” fever (less than 102 degrees Fahrenheit usually). If you must, or if the doctor has told you to treat her, be sure you're giving no more than the recommended dose for your child's safety.



Does it harm my 2-month-old babies to sleep in their [car seat] carriers all the time? They seem to sleep better in a sitting position.



Probably not. The risk of letting babies sleep in their car seats is that they could fall out, wiggle around and get caught and/or suffocated in the padding, or that the car seat could fall off of whatever it is sitting on and harm the baby on the way down.

I have known a few babies in my time that just didn't seem happy anywhere but the car seat—and I offer the following advice. For moms in this situation, first try to set up their crib bedding in such a way as to mimic the car seat environment—elevate the head of the bed by putting something under the mattress (not, for heavens sake, under the baby!) and try using one of those body positioning devices that has a firm pillow on either side of baby's body so he feels secure. That way you have the security of knowing baby is in his bed but he is more comfortable. If that doesn't work, please be certain that the babies are securely fastened into their car seats and that the car seats are securely placed on the floor—clipped to the firm seat base, if possible, to prevent them from rocking or tipping over.



I breastfeed my 3½-month-old twins, and also pump so that my mother-in-law can babysit for more than three hours at a stretch. They were full-term and each weighs about 13 pounds now. How much breast milk should they be getting in each bottle?

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Good for you for choosing breast milk as the food of choice for your little ones; you are doing so much to help them have a healthy future! I understand from experience how hard it is to balance the desire to breastfeed with the need to continue the life you must live, which often includes time away from your babies. It takes a great deal of discipline and planning to be able to do what you are doing, but it sounds like you are already a champ at it! We measure babies' milk requirements by their weight—in the first year babies need between 80 and 120 calories per kilogram of body weight per day (a kilogram equals 2.2 pounds). Breast milk has about 20 calories per ounce. At 3½ months of age and about 13 pounds, your babies need about 5 to 7 ounces of milk every 4 to 6 hours.

Dr. Rachel Franklin, a board-certified family medicine physician in Oklahoma City, is the mother of 4-year-old twins and the author of *Expecting Twins, Triplets and More: A Doctor's Guide to a Healthy and Happy Multiple Pregnancy* (St. Martin's Griffin 2005), available at www.TwinsMagazine.com. She posts advice on the TWINS Magazine Message Board forums "Pregnant with Multiples?" and "Postpartum." Visit her Web site, www.AskDrRachel.com.



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Give me liberty...



Illustration by Robert Peltz

My wife and I witnessed this streak of independence when my folks came over to watch the girls motor around the house. Grace, my oldest by three minutes, quickly walked over to Grandpa while Chloe went directly to Grandma. Can you imagine the look on my parents' faces? We were overcome by excitement and awe. I like to call this event the girls' First Moment of Independence. Neat, but would it last?

We started to track these events to see if this behavior would continue and for how long. Would it be polarizing to the girls? Was this a one-time-thing? My wife is very detailed and analytical, so she brought out the books and started to ask around. History and other multiple

If you find one or both of your twins asking for liberty, then it should go without saying that they are trying to find their identity. Or better yet, seek independence from each other.

However, if your twins are asking for this at age 2, then, "Houston, we have a problem."

As soon as my twin girls could walk, they started to ask for liberty. And when they got it, boy, did they make sure that they kept it! Who would think that at such a young age my twin girls would need liberty? My wife and I gave them both so much affection it would make all parents proud. But for some cosmic reason, my girls started to set their goals of demonstrating their individual identities—or independence—with other people at a very young age.

People have told me more recently this was unusual for twins. I guess both of us thought at the time this is what happens at age 2. Sure, we know about the "terrible two's" but what age does not have something associated with it? The terrible two's for us was the start of something that continues strong to this day.

parents would tell you that this is likely a one-time occurrence and not something that typically happens this early.

But not for my girls. I look back to that day and realize they knew from the start they were different. Sure they are twins, they are their own best friends and their worst enemies, and do they ever love the idea of being independent souls.

We were interested to see how or if this would carry over with other relatives. My two brothers and sister were next in line. Grace went straight to my older brother and Chloe to my younger brother. Then the odd part was they seemed to understand I had only one sister so they both went to her to play. All I can say is that my girls instinctively knew how to determine when and if they wanted to separate themselves and be independent and when they wanted to engage a person together.

In my book, "The Father's Survival Guide to Raising Twins," I hand out a bunch of tips. So I feel compelled to share one here: If your twins start to demonstrate their independence at a young age...let them.

'Do they ever love the idea of being independent souls!'

I figure if you start to curb them from something like this at a tender young age, how will you ever know if what you did was right or wrong? So don't put yourself in that position. If your wife wants to set out a different path for them, sit down and talk it through with her. (That is, if she is noticing. If she is not seeing what is going on, don't bring it up.)

There is one big subject that you might have to deal with while this toddler independence revolution is going on: Grandparents or relatives might be spending too much time with one of your kids and not enough "quality time" with the other twin. Your twins' personalities can differ ever so subtly and it might lead one twin to seek more time and attention than the other demands.

That was the case for us. An example of the personality differences my wife and I noticed: At first, Chloe would be the one to "build the rocket" and Grace would "be the astronaut." But as they became even more independent they began looking for alternatives to playing with each other. For instance, Grace would want Grandpa to "build the rocket" but she would still fly it.

It's important to be aware of twins' differences and how they "work their independence." We had to try to share relatives' time so the other twin could also have moments with Grandpa or Grandma. We also encouraged our girls to spend time with the people they didn't always automatically gravitate towards. Independence is a good thing and should be encouraged, but as a parent you will need to make sure each twin gets to know each relative as equally as possible.

As my girls' independence started to extend past our primary relatives, it became visible in other aspects of their lives as well. I have started to spot some highly independent traits within each daughter. For instance, we live in Chicago and for the longest time I have been a Chicago Cubs fan. But for as long as I can remember, Grace has said she's a Chicago White Sox supporter, while Chloe swears by the Cubs. Yes, they both like baseball—but they developed their baseball independence at a very young age. And if you mistakenly mention that Grace likes the Cubbies, she will quickly recite specific details about why the Sox are better.

We relish that at a young age our girls each developed this notion they could create their own strong, individual sense of self. Now comes the bigger question: How does that evolve, and what lies next? ♡

Tony and Kasi Valtos are the parents of twin girls born in 1996, and he is the author of "The Father's Survival Guide to Raising Twins" sold on the TWINS Bookshelf.



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Jerry & Terry: Only identical twins in political office today

It's no wonder twin brothers Jerry and Terry Kilgore are involved in politics. Growing up, their parents hosted many local, state and national Republican candidates on the family farm just outside Gate City, Virginia. The Kilgores even hosted then-governor of Virginia John Warner and his then-wife Elizabeth Taylor when they made an appearance in Southwest Virginia. Jerry claims the turnout for the couple's parade was the most people he'd ever seen in Gate City! (Wonder if that was due to the presence of the Governor or his violet-eyed wife?)

Politics is in the Kilgore blood. After serving as Gate City's first woman police officer, their mother, Willie Mae Kilgore, was appointed Scott County voter registrar, a position she still holds today. Dad, John Kilgore, Sr., volunteered in various roles for the local Republican Party.

It should come as no surprise, then, that the Kilgores run on a Republican ticket. Jerry was elected Virginia's 42nd Attorney General in November 2001, receiving more than 60% of the vote. Prior to his election as AG, he served as Secretary of Public Safety for then-Governor George Allen. Late in the Reagan Administration and early in the George H.W. Bush Administration, Jerry served as an Assistant U. S. Attorney for the Western District of Virginia. Jerry recently ran for governor of Virginia but garnered 46% of the vote, losing to his Democrat opponent.

Terry served as a Virginia Delegate in the 1st House District for the last 12 years and recently won a seventh term with 69% of the vote.

Jerry and Terry graduated with B.S. degrees in business administration from The University of Virginia's College at Wise and both graduated from Marshall-Wythe School of Law at the College of William and Mary.

Another similarity? Jerry and Terry each have two children, a boy and a girl. Jerry's children are Klarke and Kelsey; Terry's: Kayla and Kyle. And no, their children aren't twins.

Southwest Twins Festival planned

A group in Prescott, Ariz., is planning the first annual Southwest Twins and Multiples Festival for June 17, 2006, in Prescott Valley, Ariz. The organizer is Mary Topero, who is planning the event with her twin sister to celebrate their 60th birthday. She is currently seeking sponsors and making plans for a one-day event the first year, expanding to a 3-day event next year or as participation warrants. Topero would like to make the event similar to the annual

Twins Days Festival in Twinsburg, Ohio. The festival is for twins and multiples of all ages, and their families. For more information, contact Mary Topero at mtopero@hotmail.com.

TTTS surgery is more effective treatment

Identical (monozygotic) twins suffering from twin-to-twin-transfusion syndrome (TTTS) during pregnancy are much more likely to survive and do well following laser surgery in utero than if they are treated in other traditional ways. This is the finding of a major study from Rhode Island Hospital, Women & Infants' Hospital, and Brown University Medical School, as reported in the *New England Journal of Medicine* last July 8.

The relatively recent development (1995) of keyhole, fetoscopic surgery using laser coagulation to stop the flow of placental fluids from one baby to the other when they share a single placenta was found to improve survival chances of at least one and often both babies by 25% compared with traditional treatment. In utero surgery also was documented in this study to reduce the risk of neurologic problems in the infants by half.

Traditional treatment of TTTS has involved repeatedly draining excess amniotic fluid from the mother's uterus, accomplished by needle puncture five or six times during a pregnancy. So-called amniodrainage reduces pressure in the womb and reduces the risk of pre-term delivery, but does not treat the cause of the disease, which is communicating blood vessels in the placenta. Amniodrainage results in a 50% to 60% survival rate of one twin; but if one fetus dies, the other is still at risk. There is a 30% risk of neurologic damage in the surviving twin.

This study documented 76% of pregnancies with TTTS ended up with one or both babies alive following fetoscopic surgery. Laser therapy also reduced the occurrence of serious brain damage by the age of 6 months from 10.3% to 4.5%. Babies in the group treated with laser surgery were delivered at an average 33 weeks of gestation, much later than TTTS babies treated traditionally.

The results of this study suggest that expectant mothers diagnosed with severe TTTS should be offered laser intervention, and should be offered the option to travel to a medical center where this type of surgery is performed. There are only about 10 medical centers in the U.S. where this type of surgery is performed.

TTTS has an overall incidence of about 1 in every 1,000 pregnancies. An estimated 25% of identical (monozygotic) twins develop TTTS. Of these, about half develop a severe form of TTTS.

Handwashing tips



My 3-year-old twins strongly resist doing any type of handwashing, even after they've been outside or played with toys belonging to other kids. I feel as if I've tried everything and said everything to help them understand why washing their hands is important. Do you have a method that has worked for you?



My 3-year-old twins love sticker rewards. We've used sticker rewards for many things such as brushing teeth, potty training, and bedtime. Sometimes for certain events, once they get a certain number of stickers they get a prize—i.e., gum or a small toy. Sometimes with tooth brushing we tell them we have to "get the bugs out of their teeth" and they'll immediately begin brushing. So try telling your twins that there are "dirty bugs" on their hands and we need to wash them off, and if they wash their hands they'll get a sticker on their chart (or sticker book, or shirt).

Shelley Wells, RN, CHN
Via e-mail

Have you only tried soap and water, or also wipes? If only soap and water has been tried, I would recommend baby wipes. My twins prefer to use them, and I keep them everywhere. We have a box in each bathroom, as well as two boxes (one for each kid) on the kitchen table. They use them all the time and like the independence and lack of mess. I also keep a box in the car and travel wipes in my purse for those necessary clean-ups when away from the house (including after eating in restaurants).

Sandy
Via e-mail

For March/April: Send us your thoughts!

My toddler twins, 3½-year-old boys, just love to do everything together. They even sleep together. I've tried them in separate beds, but they always get out and in the morning I find them together again. Is there any problem with this? Their older brother (almost 5) and younger sister (just turned 2) often feel left out. They complain that the twins are "ganging up on them" by forming this inseparable team to battle the world. They feel kind of persecuted. I can sense a problem with these family dynamics. Got any suggestions?

E-mail your Family Coach questions to:
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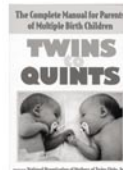
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PARENTS ALWAYS ASK: Twins always go through stages of fighting, biting and tearing each other's hair out. Sometimes these end after the toddler years, but other times the "phases" seem to last until the kids are in middle school or beyond. What's a parent to do when the twins are endlessly at each other's throats? Just wait it out? Ignore it? Or should we intervene? We always worry our twins will end up hating each other when they're grown, but we want them to love each other. What's the best way to make love happen between them, and not hate?

JENNIFER'S TAKE: I have always believed that fighting among siblings, twins or otherwise, is a very real part of life. Anyone who says they never fought with their brothers or sisters is probably lying or a Partridge; fighting is just inevitable.

I don't know if being a twin compounds these fighting phases or sibling rivalry in general, but I do know that my sister and I often engaged in full-out wars. We never hated each other; we just fought an awful lot.

My parents used to always say that when we reached the age of 3, my sister's dominant side came out and she began to boss me around: she was Napoleon's height and she possessed his attitude. I was pretty easy-going and so I would let her dictate everything... to a point. Once she crossed the line, I'd put a stop to her ways, she would get mad, and we would end up fighting.

Our methods of fighting included everything but heavy artillery. Throwing things, calling names, pulling hair, biting, pushing, breaking things, and hitting, were all a part of growing up. Because she was bigger, it was usually she who was inflicting the pain and her favorite form of fighting, by far, was biting. Whenever she did this, she had the ability to be very persuasive with me: I was easily swayed when her teeth were sinking into my skin.

I, lacking the ability to beat her up physically, preferred verbal assaults or more passive attacks. I would call her names or break her toys and then I would run to a safety zone, which was basically an area where my parents were close enough to hear my screams.

As I stated before, my sister and I didn't fight because we hated each other, we fought because we were always together and thus, we were easy targets for one another. In addition, we, as are many twins, were very competitive with each other and this competition ultimately bred more rivalry and more fighting.

My parents, whenever my sister and I were fighting, would always send us to our room, which was the same room. There we would sit and let our anger towards one another evolve into anger directed at our common enemy: the parent who had just punished

us. From here, we would eventually make up until we became upset with each other again, and then the cycle would be repeated.

Because my parents always sent us to our room when we were fighting, we never were separated from each other long enough to cause remorse. I can remember fighting with some of my friends when I was a child and my parents would always say, "If you can't play nice with your friends, then you can't play with them at all." This ultimately caused me to learn that if I wanted to play with my friends, I'd better not fight with them.

Yet, since this way of thinking was never applied to my sister and me, fighting had no limits: we knew no matter how much we fought, we would still be allowed to play together.

I believe this "if you can't play nice, then you can't play together at all" ideology should be applied if parents find their twins are at each other's throats. The best thing a parent can do is separate the twins and tell them that they will be reunited when they can treat each other nicely. Because twins live together, obviously they can't be separated to the extent that parents can separate feuding friends. However, parents should separate them by banishing them to separate rooms of the house.

Continuing to let them be together, even in punishment, never gives twins the opportunity to miss each other or the ability to regret fighting in the first place. Letting twins be together, after tearing out each other's hair, or biting and hitting, never leads to the useful and necessary remorse.

Parents should also be careful to never punish only one twin for something both twins did. If both twins are guilty of fighting, then they should both be punished. If they aren't both punished, then animosity towards one another will grow and fighting will increase.

Yet, parents need to also be careful not to punish both twins if only one twin is misbehaving: If only one twin is guilty of provoking a fight, then only one twin should be punished. Punishing both twins, for something only one did, will again breed animosity.

If twins fight a lot, it doesn't mean they don't love each other or that they will end up hating each other. It simply means that they fight...the same as any two people who spend a lot of time together. If the fighting seems endless, or seems to increase, separate the twins and give them some space. Give twins a chance to miss each other and give them a chance to feel remorse for not appreciating the thing they have that others do not: a built-in playmate. ♡

Jennifer is 27 and lives in Aurora, Colo. Her twin Kimberly, is moving back to Aurora from Portland, Ore., early next year.



Patricia M. Malmstrom, M.A.

Childhood obesity study

Clinical psychologist Myles Faith is on a mission to uncover the roots of childhood obesity. Young twins and their families are helping him. Dr. Faith's early interest in child development led him to a concern for childhood obesity as he witnessed rising obesity in young children and learned of its medical complications. He wondered how a parent's style of eating and relationship to food might influence his or her children's eating behavior. That led to considering how a child's genetic makeup might also affect that child's eating.

What does your study do?

We study how children develop food preferences—how they choose what they eat and how they limit what they eat. A great deal of research literature documents that obesity is partly genetic. However, we suspect the way parents serve food and interact with children during meals may also influence food preferences and body weight. For example, parents who restrict the amount of food a child eats may actually create a boomerang effect, so the child goes to the opposite extreme and overeats. Our goal is to examine these possibilities, and identify parental behaviors that may contribute to obesity. If we do that, we may find ways to change negative behaviors. This is a tall order, because behavior is very hard to change.

How can twins help answer these questions?

For our first step, we have used a twin research design. Twin design is a scientific approach to understanding how genes pass on traits. Identical (monozygotic/MZ) twins are 100% genetically the same. On average fraternal (dizygotic/DZ) twins are 50% the same genetically. Therefore, MZ pairs are genetically twice as similar as DZ pairs. Based on that we can compare

the eating patterns of MZ twins with DZ twins. Are MZ patterns more similar than patterns of DZ pairs? Are they twice as similar in eating styles, just as they are twice as similar genetically? If so, this suggests a greater genetic influence on the trait.

How did you actually study the children?

We recruited 68 families from diverse ethnic groups who have twins between the ages of 3 and 7. About half are MZ/identical and half are DZ/fraternal. We measured body weights and body fat. We asked moms to fill out questionnaires about their feeding practices, including whether or not and how they restricted food choices, encouraged eating, and monitored fat intake.

Each twin pair then came with their mom to four different meal sessions over a two-week period. On two visits, each child ate alone with mom; we video-recorded these sessions. In two other sessions, the twins ate together while mom sat over to the side. These weren't recorded, although other aspects of child eating regulation were measured.

Each family had four tapes. Multiplied by 68 families, the tapes have given us a huge amount of data to analyze.

What has surprised you?

It is challenging to tease apart genetic influences from the children's environ-

ments because they are so intertwined. It has taken about five years to get to our current spot. I have also been impressed by at how wonderfully helpful the families have been.

It's a fun topic. We cannot yet talk about our overall results since we are still working with the data. But there are some initial findings we see. For example, MZ twins appear to be more similar in body weight and body fat than DZ twins, which would suggest important genetic influences.

Since the kids in our study do their eating in our lab, which is a novel setting for them, their behavior may not represent their long-term eating patterns over the course of months. We would like to study eating in a variety of settings, including long-term eating patterns and food choices over time. We may consider that in the future.

We're planning some new studies about the development of food preferences, eating styles, and body weight in children. If parents are in the Pennsylvania area and are interested in participating, they are welcome to contact us at 215-898-2953 or email (mfaith@mail.med.upenn.edu) for information. ♥

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



Name: Myles Faith, Ph.D.

Occupation: Scientist

Position: Assistant Professor of Psychology in Psychiatry and Director, Project Grow-2-gether, Weight and Eating Disorders Program

Contact information: University of Pennsylvania, Locust St., Apt. 2506, Philadelphia, PA 19102

Email: mfait@mail.med.upenn.edu

Phone: 215-898-2953



Joshua Coleman, Ph.D.

The lazy husband

Dear Dr. Coleman:

My husband doesn't help me at all. He is never home. It is hard caring for twins plus a 3- and 7-year-old. I've asked him many times to help but he ignores me. I don't know what else to do. Can I have your input?

Dear Mom of Twins + 2:

Sadly, your complaint is a very common one. In fact, it's so common that I wrote a book on the subject titled, "The Lazy Husband: How to Get Men to Do More Parenting and Housework." Below are some suggestions that have been useful to other moms in your situation:

- Have a talk with him about his participation when you're not at mad at him. Conversations typically end the way that they begin. If you communicate your requests or feelings with a criticism such as 'You're such a "slob," "flake," "loser," "mess," "dirtbag,"' odds are that your partner is going to go passive-aggressive on you and stay away more, rather than pick up a broom or a baby bottle. You're more likely to get a better response if you state your requests when you're feeling close, not when you're mad at him.

- Be specific about what you'd like. Be concrete and detailed in your requests. If your partner hates laundry, be open to negotiating or trading, but be sure that the trade is sufficiently fair that you don't end up feeling resentful.
- Negotiate standards. Studies show that more housework gets performed when couples negotiate and compromise. See if he's willing to make compromises with you.
- Have regular meetings. Establish weekly or semiweekly meetings about who will do what around the house. This will keep things current and decrease the chance for anger to build. Meetings should be short and to the point, 10-20 minutes, max. Keep the tone friendly and upbeat. Assume good intentions.
- Catch him doing something right. Be positive and offer praise when your partner does something that you want him to do. "I really appreciate that you emptied the trash without my reminding you. That meant a lot to me!" "Thanks for not arguing with me when I reminded you that it's your turn to clean the bathroom." Be sincere, don't condescend.
- Appreciate the ways that he does contribute. We're all more motivated to please our partners when we feel appreciated for who we are. Therefore, if you're going to raise the topic of how little he does, start the discussion by telling him something that you like. For example, "I think you're great at fixing things, and I love how handy

you are. I'm wondering if we could also brainstorm ways for you to be more involved."

- Be assertive. It takes power and strength to get someone to do more around the house when they've refused in the past to do it. Many women feel guilty and back down as soon as their partners start to grumble. However, many men feel guilty, too, because they know they're not pulling their weight. Let your partner know that this is important to you, and you expect him to do his share.
- Play hardball if you have to. If your partner completely blows you off, no matter how reasonable or firm you've been, then you have to get tough. This means discontinuing activities that you know he'll do if you don't. For example, if you pay the bills and you know that he can't tolerate late charges, tell him that you're spending so much time on housework that you're giving up bill paying. Another example: Don't fold his laundry or provide other household services if he's not reciprocating in a reasonable way. Again, the tone should be affectionate, but firm. "I love you, you're a great person, but I'm not willing to do more than my fair share in this relationship. So, from now on..." ♡

Joshua Coleman, Ph.D., is the author of "The Lazy Husband: How to Get Men to Do More Parenting and Housework" St. Martin's Press (Feb. 2005) and "The Marriage Makeover: Finding Happiness in Imperfect Harmony," St. Martin's Press (Aug. 2003). He is a psychologist in private practice in San Francisco and Oakland and is the dad of twin boys. Visit him at www.drjoshuacoleman.com.

Send your questions to Dr. Coleman at TWINS Magazine, 11211 E. Arapahoe Rd., Ste. 101, Centennial, CO 80112-3851, or e-mail twins.editor@businessword.com.

TWINSITTERS

By Peter LaMassa

My wife and I are going to a wedding on Saturday, so my parents are watching our twin 2½-year-old boys.

Dear Mom and Dad,

Thanks for taking care of William and Charlie today. Here's everything you need to know.

Read to them while they sit on the toilet. There are a bunch of books in the bathroom. 'Jack and the Beanstalk' is a favorite, but please keep in mind that they get scared at the ending. We've gotten into the habit of telling a new, "revised" ending, where Jack and the Giant put their differences aside and become good friends. Make sure that you start that new storyline at page 18. This is especially important if you are reading to them before their nap. If they get upset, they won't sleep.

As a reward for using the potty, they get M&Ms. One for peeing and two for a poop. If they asked to go (instead of you having to suggest it) they get a bonus M&M, but only if they produce. William always picks an M&M that matches his shirt. Charlie only chooses brown or yellow, depending on, well, you know. They don't get M&Ms under any other circumstances—they are only a potty reward.

If they have an accident, their clothes dresser is in their closet. Don't let them in the closet; we put the dresser in there to stop them from climbing on it. (They destroyed the safety latches.) They are really into their NY Yankees t-shirts now. William will only wear the Rodriguez shirt (#13) while Charlie is always Jeter (#2).

For lunch, give them the chicken we prepared. Try not to call them chicken "fingers." They think that they are really fingers and it freaks them out. Call them chicken "tenders" or "cutlets." William likes olives. If he asks, give him a couple of the Spanish ones with the pimentos, not the black ones. Charlie may ask for olives too. He hates them, but just give him one, which he'll spit out. (It's easier than arguing.)

If you eat with them, don't put anything on the table that you don't want them to have. They think the oil and vinegar is juice, the crushed red pepper is sprinkles and the mayonnaise is frosting.

For TV time, let them watch Shrek. They enjoy acting out some of the scenes. Sometimes they fight over who is Shrek and who is Donkey.

Encourage them to alternate; Mom, you'll probably have to be Princess Fiona.

Also keep in mind:

- The tricycles look exactly the same, but William and Charlie can tell the difference. Charlie's is the one with the scratch on the seat.
- They can't eat in the den. They'll act like they always do, and march right in with their dessert. They think they can get away with stuff when we're not around to police them.
- They're afraid of the showerhead. They won't get into the bath unless it's covered with a plastic bag.
- William's toothbrush is Big Bird (remember, B for Billy); Charlie is Elmo.
- Don't let them drink anything after 7:00 p.m.—otherwise they'll have an accident during the night. And no watermelon either—it's like a diuretic.
- Don't let William take his little Peter Rabbit out of the bedroom under any circumstances. He can't sleep without it, and you don't want to be searching for it at bedtime.
- When you are getting them ready for bed, read them a story from the big 'Curious George' book. Then they'll both ask to sleep with it. We make them alternate—tonight is Charlie's turn. Remind William that he had it last night and he'll get it again tomorrow. We really appreciate your help. It's not nearly as hard as it sounds. Now, about the dog...

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Hardwired to avoid seizures

Eight-month-old Brooke Wilson was in her grandma's arms taking a bottle when she began choking and acting strangely, scaring her parents and grandparents. But the spasm ended quickly.

The next event came only a few days later, however, and was even more pronounced. Brooke's head would fall forward and her arms would fling outward, almost like she was passing out, recalls her dad, Mike. But these events were usually brief, three minutes or less, and if an ambulance was called, by the time it arrived, Brooke was fine.

Meanwhile, Brooke's twin brother, Austin, was just fine. The babies had been born five weeks early, but both were over 5 lbs. and were each 18 inches long.

The Coshocton, Oh., parents took Brooke to their pediatrician, who diagnosed acid reflux, common in babies, and put her on Zantac. Parents Mike and Jody kept a journal of Brooke's spasms, documenting countless events that were becoming more frequent and lasting longer.

The Wilsons next took Brooke to Columbus Children's Hospital, where she was again diagnosed with acid reflux. Tests ruled out infantile spasms, a form of epilepsy, because those typically are accompanied by other types of birth defects, and Brooke had none. Her chromosomes were perfect.

But Brooke's physical and mental development was visibly slowing. She wasn't moving much, was acting lethargic, and often became hyper-emotional following a spasm. She'd been developing faster than Austin at 8 months, but quickly lost ground to his progress.

Jody knew something was terribly wrong. She operates heart monitors at the local hospital, while Mike is a manager at a local manufacturing company. They researched and kept looking for answers. Their logbook showed during one short period, Brooke experienced 30 spasms lasting three to five minutes each.



Austin (left) and Brooke at 9 months of age while Brooke was being treated with steroids for her seizures.

Still, they kept trying to cope with a condition that had doctors confused. Weeks later, the Wilsons were vacationing in Florida when another series of Brooke's spasms hit, sending her into an uncontrollable frenzy of agitation. She cried inconsolably. The family drove through the night to return Brooke to Columbus Children's, where she spent eight days being monitored, leading to a diagnosis of infantile seizures, a form of epilepsy.

"The news was devastating for us," Mike said. "There was no hope that Brooke would ever walk, talk or do any normal things for a child her age."

First she was treated with steroids given by injection in her legs, making her swell up and become really chubby. But Brooke didn't respond. She became "a shell", totally losing her personality, says Mike. Not long afterwards, Brooke was put on prednisone and following that, a third medication. Nothing seemed to stabilize her and prevent recurring seizures.

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by Lynn Lorenz



Brooke, 2, at The Cleveland Clinic being tested. The leads from her head are for continuous EEG monitoring to determine the exact type of her seizures, generalized or centralized.

Brooke was experiencing 30 to 50 spasms a day at the peak of her suffering. At one point she had 27 within five minutes; another day she had 67 spasms in 10 minutes' time. The drugs made her irritable and sleepy and "zoned out."

Brooke was also having some grand mal seizures, when she stopped breathing and was treated with a topical relaxant. She's had a half-dozen grand mal events.

VNS brings Brooke back

Then the miracle came along: Brooke was approved for a treatment usually used only on patients 17 or older. She underwent surgery at Columbus Children's to implant a vagus nerve stimulator (VNS) in the left side of her neck. At only 1 year of age, Brooke became the youngest patient ever to have a VNS implanted. VNS Therapy consists of a small generator implanted under the skin in the chest, which delivers mild impulses to the brain via the vagus nerve in the neck. The system also comes with a magnet that, when swiped over the device, can stop or decrease a seizure instantly.

Brooke, now 3, has come a long way since that operation. She has fewer than half as many seizures as before, and a sunny personality emerged that her parents hadn't known. Brooke's seizures are much less severe, often amounting to little more than a head nod, thanks to the VNS. She is seldom irritable and fidgety, and is once again beginning to develop normally.

Brooke was experiencing 30 to 50 spasms a day at the peak of her suffering.

Because Brooke's seizures often occur when she first awakens in the morning, Mike often swipes the VNS magnet over her before she goes to sleep at night, helping to reduce the length and severity of her seizures in the morning. Swiping the magnet turns the VNS on; sometimes another swipe in the morning is all Brooke needs to stave off her seizures.

Brooke's preschool has a VNS magnet, too, and they've learned to use it when Brooke displays signs of a seizure onset.

At this point, Brooke carries toys around, but hasn't yet begun to do the many imaginative things with them that a normal child her age would do. She understands a number of commands and words, and a lot of sign language to express herself, but doesn't yet speak. She makes many noises and sounds, and expresses definite likes and dislikes. Austin plays with his toys and feeds himself, and awaits the day when Brooke does, too.

"Brooke acts about a year and a half younger than Austin, yet she is now quite active again," says Mike. "She learned to walk at 14 months and climbs everywhere. She doesn't hold her own cup yet, but started preschool last August and has really come alive in the last few months. She can now grab her spoon out of her bowl and grab her binky out of my hand."

Brooke's future is bright

Brooke and Austin both attend the Hopewell School for special needs children. "Austin loves it," says Mike, who really wants his son "to be able to look at another child in a wheelchair and not see any difference." Of the dozen children in their class, eight have disabilities and four don't.

Fine-tuning the VNS to respond almost perfectly to Brooke's seizures may take another two years. "Doctors hope this is the only medication she'll need before too long," says Mike.

VNS Therapy is a product of Cyberonics, Inc., Houston. More than 28,000 epilepsy patients worldwide use VNS Therapy. ♥

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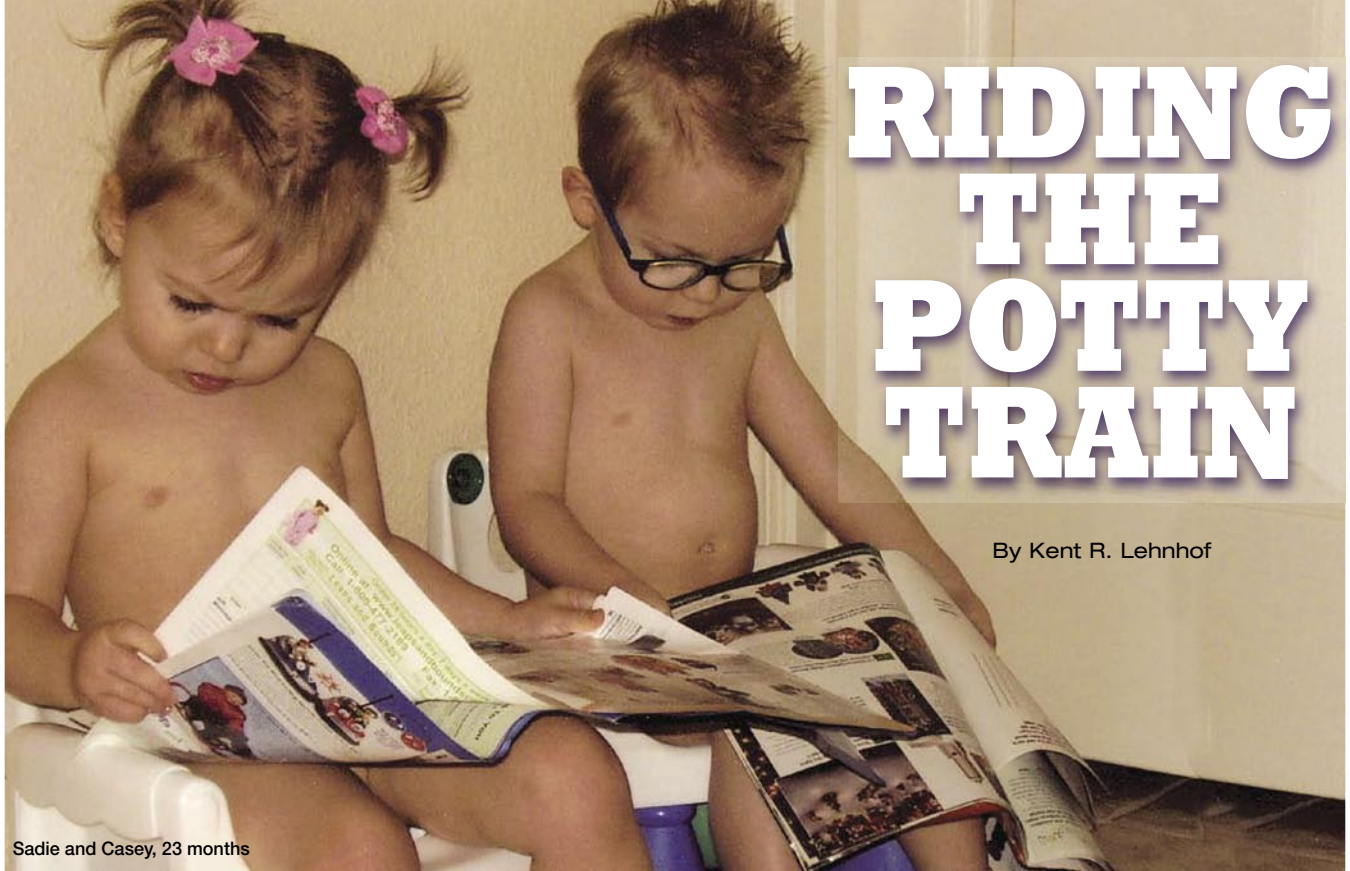
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RIDING THE POTTY TRAIN

By Kent R. Lehnhof



Sadie and Casey, 23 months

Liz has decided our boys are ready to begin potty-training. They're certainly demonstrating a high level of awareness about their bodily functions and the state of their diapers. Liz entered the boys' room a few weeks ago to find Jacob standing stark naked in his bed. Gesturing dismissively to the diaper that he had stripped off and thrown down onto the floor, he declared: "Diaper squishy. Me need new one."

As part of the potty-training preliminaries, Liz has been teaching each boy to pull down his own pants. It's pretty funny to see them laboring so intently at their own waistbands. Although Liz has been encouraging them to place their hands in such a way as to even out their exertions (one hand fore, one hand aft), the boys tend to just grab the front in both fists and start tugging. Hung up on their cute little bottoms, the elastic stretches to almost unimaginable lengths, and you begin to wonder if the little guy is going to actually slingshot himself off the ground. Sometimes the front of the pants is almost down to the ankles, but the back remains up at the waist. Then, with a loud twang, the waistband suddenly clears the diaper, and both pants and boy come tumbling down. When this happens, the boys promptly stand up and start shaking their legs until they have liberated their ankles from their trousers, and then walk away—as if that was the way things were supposed to go.

Although my sons seem prepared for P-Day, I'm terrified of the process. I was more than willing to leave for work that day, hoping to return to find the whole thing over and done with. When I returned, things weren't done with, but my wife was almost done in. She—and the washing machine—had been working non-stop, simply trying to keep up with all the accidents. In an effort to give mother and machine a night of rest, we tried

to put the little boys back in their pull-ups, but each refused to relinquish his underwear. When we consented to keep them in their Bob the Builder briefs, they contentedly laid down and promptly went to sleep.

I had a much harder time. Plagued by visions of flooded cribs, I leapt from my bed and raced to the boys room at least a dozen times in response to barely audible creaks or murmurs that I was sure betokened bladder overflow. Each frantic flight, though, turned up two sleeping boys who, as my anxious palpitations proved, were doing a great job staying dry. At about 5:00 a.m., Jake padded into the bathroom, urinated in his toilet, and then climbed back into his crib. When Nate woke up an hour later, he too was dry. I was amazed and Liz was energized.

Although the twin factor made the first day well nigh impossible, Liz is convinced that sibling rivalry accelerated the learning curve on successive days. It was on these days that she began rewarding with fruit snacks boys who kept their pants dry. If one boy was rewarded when his brother was not, the fortunate winner made sure to seek out his snackless brother and eat each envy-inducing treat in full view, reminding his brother between bites about his toileting failures. After accidents, each boy took it upon himself to deliver stern lectures on the virtues of bladder control. Nate, for instance, followed his wet brother into the bathroom and squatted down before him at the toilet, wagging his finger back and forth while pronouncing: "No, no, no, Jacob. No wet pants." On another occasion, Jake informed his dejected brother: "Wet pants make Mommy sad. Wet pants make Daddy sad. Wet pants make me sad too."

But the boys are also interested in helping each other succeed. On countless occasions, Nate or Jake has wandered over and pushed

down the penis of his toilet-perched brother, making sure that the urine goes where it's supposed to. And for the most part, that's where it has wound up. Although we still have occasional accidents, both boys are now fairly reliable. A few days ago Liz praised them for being pretty much potty-trained. Nate pricked up his ears and enthusiastically volunteered: "I want to ride the potty train!"

Unfortunately for us, the potty train has barreled right through bedtime. Bedtime used to be fairly well scripted, but things have completely broken down. When placed in his crib, each boy will pop up and proclaim a need to relieve himself. Although they are almost certainly crying wolf to keep bedtime at bay, we don't yet have the confidence to rebuff a request of that kind. So we spend about 40 minutes each night shuttling first one boy and then the other to the bathroom.

Moreover, the green light that we gave the boys to get out of their cribs and go to the bathroom has been interpreted by them as a universal permission. They no longer stay put. I had a late meeting at school this week and didn't return until 10 p.m. At that late hour, Liz was still trying to get the boys down. She was standing in the middle of their room like some kind of madwoman shortstop, darting to one side and then the other to scoop up fleeing boys and plop them back in bed. Even when we field our full parental team, we still get taken into extra innings. The best we have done to date is 9:30, two and a half hours later than normal.

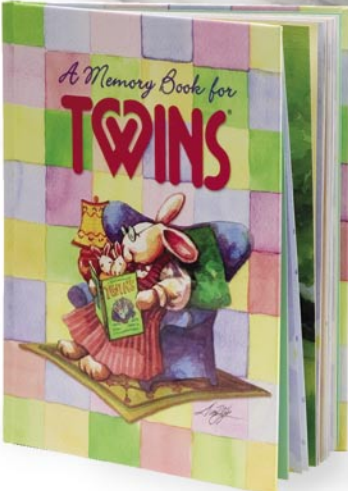
Last night, I was the one alone at bedtime. I hadn't even shut the door all the way before Nate was calling out to his brother: "Let's get out!" I took up a sentry position between their cribs but could do little more than simply witness the wildness. The boys put on quite a show for and with each other. They have even developed their own games. At one point, Jake yelled out "Let's play Noah!" and then he and his brother started synchronously running the length of their mattresses, shouting "Noah" as many times as they could before slamming into the end of the crib. (Although I don't know the origin of this game, I imagine it's a pretty apt reenactment of what everyone on the ark was doing after being stuck with all those smelly animals for several weeks.)

Other games are less elaborate, but all seem to call for a collision at the end. The most rudimentary is when each boy stands at the end of his crib and then, like a giant tree being felled, crashes thunderously to his mattress without bending his body. The circus only subsides when the boys finally tire to the point they allow me to hold their hands through the crib bars and hum lullabies. I don't actually know when they finally fall asleep. Sprawled out on the floor, clinging to little hands and humming as soothingly as I could, I fell asleep myself.

I'll have another outnumbered evening tonight and tomorrow. Liz's grandfather died this week and she flew out to attend the funeral. The boys and I will be on our own for four days. When Liz eventually returns, I imagine we will have regressed to such a point that all three of us will be staying up until midnight and needing new toilet training. ♡

Kent Lehnhof teaches literature in the English department at Chapman University in Orange, Cal., and shoulders a large share of the parenting duties in his house. His boys just turned 3.


Brad and Jake, 3 days old



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Nicholas Haavisto, a fraternal twin, testifies before the Minnesota senate about what it was like being separated from his sister, Victoria, in school. He is sitting on the lap of his dad, Kristoffer Ostenso.

School policy to separate twins spurs changes

Parent and expert testimony supports twins' law

By Brett Martin

When Wendy M. Haavisto's twins were forced into separate classrooms when they started first grade last year, she took action. She told her boss, a Minnesota state senator and father of twins, that the school wouldn't honor her wishes to keep her twins together.

Sen. Dennis Frederickson (R-New Ulm) told Haavisto to draft language for a bill that would give parents of twins and multiple birth children the right to decide if their children would be placed in the same classrooms. Frederickson sponsored the bill, which garnered widespread support from politicians, constituents, the Minnesota Valley Mothers of Multiples, and the National Organization of Mothers of Twins Clubs, Inc., among others.

Rep. Marty Seifert (R-Marshall), whose wife is a twin, carried the bill in the House of Representatives. It passed unopposed in both the Senate and House before being signed into law on May 5, 2005. (see TWINS, July/Aug. 2005, page 18)

This year, when Haavisto's twins entered second grade, they were in the same classroom.

Ignoring parents' wishes

As a legislative assistant, Haavisto knew how to get an idea shaped into a bill and ultimately into law. Even more importantly, she knew what was best for her children's education. All of the research she'd read supported her belief that her twins would perform better in school if they were kept together.

On Feb. 22, 2005, when Frederickson presented his bill before the Minnesota senate education committee, Haavisto

and other parents of twins and multiples testified about the importance of their kids staying together in school. Their stories highlighted a pattern of uncooperative school administrators who refused to accommodate parents' requests.

Haavisto's testimony was consistent with other parents' experiences. She had requested, verbally and in writing, that her twins, Victoria and Nicholas, be placed together in first grade.

"We were assured by the school that yes, indeed, they would be together," she said.

When school started, however, the twins were assigned to separate classrooms.

"Nick and Tori didn't understand why they had to be separated," Haavisto said. "We tried to work with the school as much as we could. We got calls from the school that our son was disruptive because he was crying in class. Well, he was crying because he missed his sister. Victoria would come home crying from school."

Only weeks before school started, Haavisto and her husband Kristoffer Ostenso, also a twin, moved to Inver Grove Heights. Their kids had a new home, new daycare, a new school bus, and a new school.

"With all this trauma, they needed each other. They didn't want to go to school because they knew they'd be separated," Haavisto said, adding that the school's solution was to pull both kids out of their classrooms and place them together in a third class. "We reluctantly gave in to the school and left them separated."

Nicholas also addressed the senators, saying, "I didn't know we were going to be in separate classrooms," before he erupted in tears.

Conventional wisdom in schools has often been to separate twins so they can

"develop individually," a myth discounted by researchers, including renowned twin expert Nancy L. Segal, Ph.D., a professor of psychology at California State University in Fullerton, Calif., who has written two books on twins.

"The twin bond, especially among identical twins, is unusually close—but this does not diminish each child's individuality in any way," Segal wrote in a letter to the senate committee. "It does mean that twins are more likely to feel comfortable and secure in a new situation, like school, when they are with their twin. They are also able to develop relationships apart from their twin sibling, despite being in the same classroom."

Research is on parents' side

Segal noted that research shows children entering school with friends are more likely to participate in activities and spend less time with teachers.

"Being with a friend dampens some of the difficulties in separating from the parent—so it seems blatantly unfair to ask twins to separate from their parents and from their twins," she wrote.

In an interview with TWINS™, Segal echoed those thoughts. "We know that best friends do well together in school. Why we hold twins to a higher standard is beyond me," she said. "There is no evidence that twins who are together in school will do any worse."

At the same time, Segal advises parents to dress identical twins in different outfits to help students and teachers tell them apart. She also urges parents and teachers to work closely together for the twins' and multiples' best interests, rather than have an adversarial relationship.

Also handed out during the committee

hearing was a Stetson Law Review article written by Lana Larson Dean, the mother of identical twin girls, which suggested that forced separation of twins in schools may be a violation of parents' constitutional rights. While the Constitution does not expressly give parents the right to decide if their twins or multiples should be in the same classroom, Dean said parents do have established rights.

"Three such liberty interests that apply...are the right to direct the education of children, the right to direct the upbringing of children, and the right to intimate association," she wrote.

Spirit of compromise

Just because Fredrickson introduced a bill that became law so quickly and without any "no" votes on senate or house floors, doesn't mean everyone supported the idea.

Grace Schwab, director of government relations for the Minnesota School Board Association, argued that local school boards, in cooperation with parents, should decide classroom policy for twins and multiple-birth children.

"This really belongs at that level," she said. "This is really about micro-managing schools."

Although Schwab conceded that the parents had valid arguments and school principals sometimes acted "egregiously," she wanted school boards to set policy for

administrators to follow.

"It became clear the hierarchy of where you go when you have problems stopped at the principals," she said.

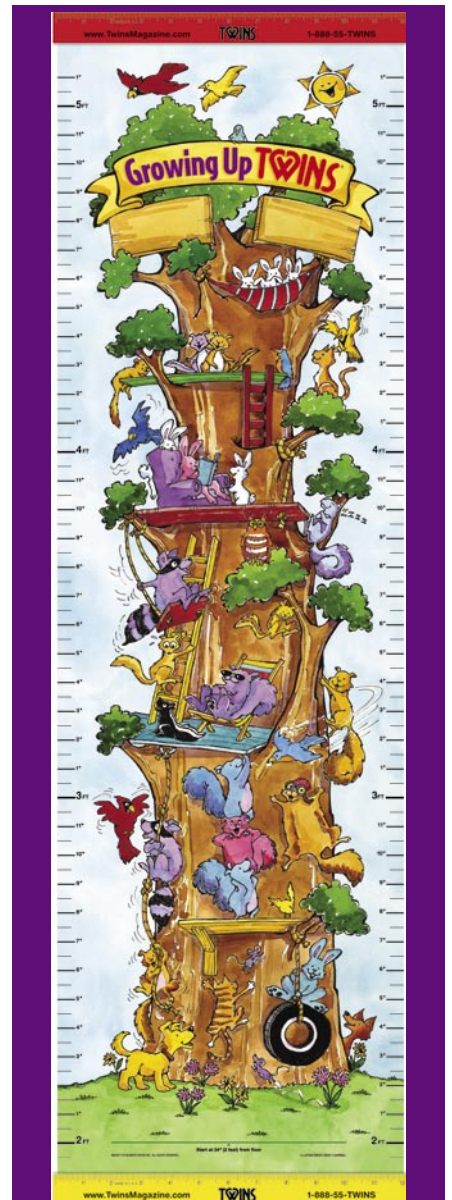
A senator who voted against the bill in committee raised concerns that it would open the door for other parents' similar requests. Opponents feared parents could ask for their kids to stay together based on race, religion, or being siblings, even if they weren't twins.

Fredrickson dismissed the notion, saying the legislation was geared exclusively toward the parents of twins or multiples.

"I want the final decision-maker to be the parents. I don't want the school to make the decision against the wishes of the twins or multiple-birth children and against the wishes of the parents," he said. "Parents are in the best position to know what's best for their children."

He worked with Schwab to address her group's concerns, such as making sure school administrators would play a collaborative role with parents in choosing classrooms. Changes were made, and the final version of the legislation gives parents the right to choose the classroom "unless the school board makes a classroom placement determination following the school principal's request."

"It's good to have a set of rules to go by that everybody knows," Schwab told TWINS™. ♡



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Other states take notice

Although Minnesota was the first state to pass a law giving parents discretion in classroom placement for twins and multiples, it's not the first state to address the issue. In 1994, the Oklahoma House of Representatives passed a resolution recommending that school districts develop policies concerning the separation of twins and multiples. The resolution stated that the separation would be on a case-by-case basis and take into consideration the parents' preference.

In Montreal, Quebec, the school board recently voted to give parents a choice in the placement of twins in classrooms. The resolution was then sent to every school in the province of Quebec.

Since Minnesota enacted its law, parents in other states have taken notice. Haavisto said parents in a dozen states have contacted her, asking how to get a similar law passed by their legislatures.

"What's good for Minnesota may or may not be good for other states," Haavisto said. "But if parents are determined to do it, they can get it done."

Like many multiples, my 9-year-old fraternal twin boys are close. But it wasn't until recently that I was reminded how strong their bond really is. I was going through their school backpacks, leafing through graded class assignments when one in particular caught my eye. The heading read, "My Best Friend," and there was a crayon rendering of both my twins holding hands with big smiles on their faces. Just the sight of it made my eyes well up with tears.

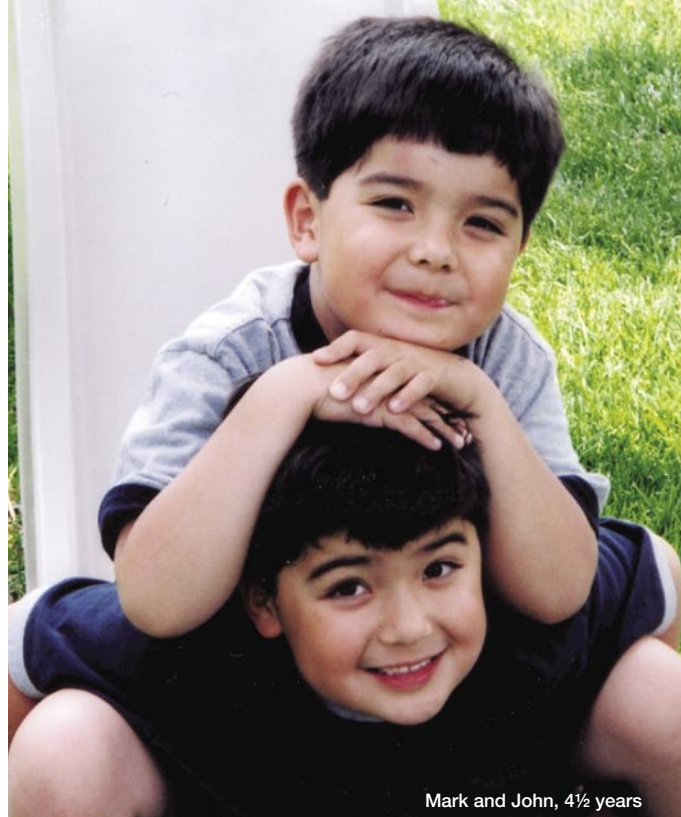
The ties that bind

Unlike single-born children, twins have a unique connection. "The twin bond is important since it's a relationship that really started in utero," said Eileen Pearlman, a licensed marriage, family, and child therapist who lectures on multiple birth issues and is the author of "Raising Twins: What Parents Want to Know and What Twins Want to Tell Them" (Harper Resource, 2000). "Even in the womb, there was a lot of working together sharing a very small space."

Yet it's not only this preordained creation that makes the twin bond so special; there are other forces at work, too. From a practical point of view, most young multiples do everything together—from eating and sleeping, to bathing and playing. This high access to each other has an added bonus: helping to cement a strong intra-twin relationship.

"My fraternal twin boys, Luis and Leonel, are 19 months old and have never been apart for more than an hour," said Wendy de Munoz of Montreal, Canada. They argue and push like all other young kids learning to cooperate and share, but she sees a strong innate attachment. "They hug, kiss, and cuddle all the time. If one gets hurt, the other will go and rub his head, doing all this on his own ninety-five percent of the time."

Lisa Odorizzi's 2½-year-old monozygotic daughters, Hailey and Ashley, are close, too. "If one wakes from a nap first, she waits patiently for the other to get up. They cover each other with blankets, give each other sippy cups or the puppy," said the Mt. Olive, Ill., mom. "We have always told them how important it is to be nice



Mark and John, 4½ years

BEST FRIENDS FOR LIFE

NURTURING THE TWIN BOND

By Christina Baglivi Tinglof

to each other but I think the friendship is just there."

The third factor contributing to the strong twin bond, Pearlman explained, is that twins act as each other's "transitional objects"—you know, the teddy bear or security blanket that helps ease the pain when there's an injury or when Mommy's not around. "That teddy bear can also be replaced with a twin," she said. "If Mommy's not here but my twin is, that will soothe me."

That twins help soothe each other in times of stress allows many multiples to more easily adjust to unfamiliar situations. "My twins were getting ready for preschool for the first time," remembered Kim Clayton, "and Max grabbed Emily's hand and said, 'It's OK. We're doing it together!' Like he knew she was nervous or something." The Monroe, N.J., mom is still amazed by her 3-year-

olds' connection to each other. "I see now that their bond is there whether or not I tell them to do or say something nice to each other."

Nurturing the relationship

So is it necessary or helpful for parents to encourage their multiples to continue developing a deeper friendship? Most important is for parents to recognize that their children's bond is always evolving and changing, and some twins will be closer than others. They'll also be closer at certain times than at others.

Between the ages of 24 and 36 months, for instance, children start the separation and individuation process. "They're trying to figure out who they are," explained Pearlman. "It's 'who I am', not being a twin. What's me and what's not me?" During this time, the bond may become less important. Parents, Pearlman cautioned, shouldn't force their multiples to do everything together during this time. Instead, they should try to understand that this is just a normal phase, a natural progression to becoming an individual.

Pamela Fierro, author of "The Everything Twins, Triplets, and More Book" (Adams Media Corporation, 2005), believes parents "have to teach children the basics of human interaction: to respect

Tips for strengthening the bond

- Give your twin child lots of praise when she does something considerate or nice for her twin.
- Take each twin shopping individually, after about age 3 or 4, to buy a special birthday or holiday gift for the other.
- Talk candidly and frequently about the importance of being happy for the other's achievements. When one twin wins an award or trophy, help the other make a homemade card of congratulations.
- Encourage each twin to spend time alone with other single-born children in the family or with a friend.
- Offer your twin children privacy and alone-time when needed.
- Never insist on constant twin togetherness.

each other's feelings, apologize when they hurt someone, be inclusive and not exclusive, and support each other in hard times."

Yet the most valuable tool parents can give their multiples is an identity. "The more individualized twins are, the less they're competing trying to figure out who they are as opposed to who they're not," said Pearlman. "When they feel more comfortable with themselves, then they can experience and appreciate the twin relationship—the 'we' relationship—more."

Maria Quiles is sensitive to her monozygotic twin daughters' differences. "They do a lot of things together but I don't push one's likes on the other," she said of the 2-year-olds, Gabi and Gracie. Gabi, for instance, favors *Dora the Explorer* and has her side of their bedroom decorated to match her enthusiasm for the cartoon character. The Miami, Fla., mom also encourages each daughter to pick out her own clothes. "They don't like the same foods, either, and I don't push it. I try to allow each to have her own tastes."

Fierro agreed with this approach. "Parents should encourage their twins as individuals—recognize their individual needs, nurture their individual talents and goals." She recommended that parents find an activity—whether sports, music, or art—that each child can call her own. Her 10-year-old twin daughters do just that. "One takes dance and the other plays basketball. One plays piano and the other sings in the chorus," she said. "They do plenty of things together but I really encourage them to find one thing that is theirs alone."

Calling for comfort

This early connection between multiples often translates into a strong adult bond. Through shared experiences over the years, the twin union matures, taking on a deep richness. "The twin history is really important as we get older," explained Pearlman, herself a monozygotic twin. When older multiples need a bit of nurturing and support, for instance, they can always turn toward the one who knows them best, their co-twin. "I still find myself—as well as many other twins I know—during periods of stress, calling my twin. There's this soothing function, even as adults. Just hearing my twin's voice provides that soothing, comforting function."

When a person has a co-twin, all that is wrong with the world can quickly become right. ♡

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. Tinglof's book, Fierro's book and Pearlman's book are available at www.TwinsMagazine.com on the TWINS Bookshelf.

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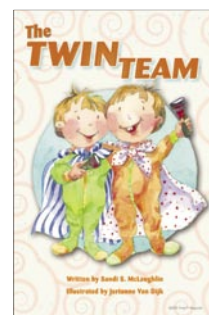
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Autism in twins

By Joanne Amoroso

What if one or both of your twins were diagnosed with autism, or if you suspected your kids might be affected by autism? Chances are you'd be alarmed, perplexed and thoroughly confused. Many parents are hearing a lot about autism, but they wonder what specific signs and symptoms they should watch for.

And even more troubling in this age of "autism everywhere," parents are unsure how autism is diagnosed and what the treatment options are.

Autism is just a word, until it is used to classify your child's behavior. For a parent, the initial reaction to the diagnosis can vary from feelings of denial to relief at hearing their fears validated, to confusion and apprehension. Understandably, parental and family reaction to the diagnosis is complex and varied. Being told that your child has autism changes everything: the services your child is entitled to, how you interact with your child and your dreams and hopes for this wonderful youngster. It impacts a family emotionally, spiritually, financially and physically.

Autism manifests itself in many different ways. Diagnosis is difficult, and fluid (see related story page 34 about symptoms and diagnosis.) No one really knows what causes autism, or why the incidence of autism seems to be increasing dramatically among young children during the last 10 years or so.

There has long been a highly-charged debate among drug companies, scientists, medical doctors and parents of autistic children about whether vaccines given to young children "caused" their subsequently-diagnosed autism. (See story, page 32 for more about studies that both support and refute this theory.)

Jacoby Dent and his twin

The Dent family of Greenwood, Del., is absolutely convinced—in spite of some credible studies and reports to the contrary—that mercury toxicity contributed to their son's autistic behavior. Jacoby Dent developed normally alongside his twin sister, Journey, until about 9 months of age. When he was 4 days old and five pounds in size he received a hepatitis-B vaccine that contained 12.5 mcg of thimerosal (a vaccine preservative very common in most childhood vaccines until recent years). According to the Dents, using the EPA's own standards, a child would need to weigh 275 pounds for this amount of mercury to be considered safe. Jacoby's exposure to mercury was not limited only to the vaccines he was given as a baby; his so-called mercury burden was increased in part by the 14 dental amalgams (fillings) that were in Lisa Dent's mouth during pregnancy as well.



Jacoby and Journey Dent, looking happy at age 3 in mid-2004, six months after Jacoby began treatments for autism that would attempt to rid his body of heavy metals.

At 9 months, Jacoby was flapping his arms, rocking back and forth and becoming noticeably less aware of his surroundings. Between 12 and 18 months, Jacoby's symptoms worsened, and he was so different from his twin sister, Journey, who was very outgoing. He cringed when the Dents touched him, and stiffened when hugged or kissed. Jacoby began toe-walking, and began slapping himself, beating his head against walls or the floor, scratching his own face, pulling his hair. He became aggressive with his twin, and had difficulty eating anything but crunchy carbohydrates. Jacoby's vocabulary decreased dramatically, and his words weren't intelligible. He couldn't express his needs to the Dents, and became very frustrated when no one could understand him. Lisa and her husband brilliantly thought to teach Jacoby sign language so he could express himself: More, please, thank you, eat and drink were important signs he used frequently.

'We couldn't go anywhere'

"Jacoby had so many sensory issues that made it extremely hard to go anywhere," said Lisa Dent. He couldn't tolerate changing clothes, going from a dark room to a lighted one, hair cuts, nail clipping, brushing his teeth, being touched, or wind blowing his hair, to name a few. At any moment, in any location, Jacoby could have a tantrum that lasted for hours.

Lisa Dent believes the estrogen in her daughter Journey's biochemical makeup may be the key to why she developed normally, while Jacoby didn't. Some research has shown estrogen protects brain cells in girls and women from mercury toxicity that can destroy neurons, while testosterone seems to speed the death of neurons in the brain. Genetics also plays a key role, since some children are unable to excrete metals on their own, while most children can receive vaccinations and have no problems.

By the time he was 2, Jacoby was diagnosed with autism. In January, 2004, the Dents read an article about autistic behavior being associated with mercury toxicity. The article cited an osteopathic physician, Rashid Buttar, O.D., who had developed a method for removing mercury from children's bodies by means of a chelation (pronounced kee-lay-shun) process using a topical

Wherefore autism?

Only 62 years ago did child psychiatrist Leo Kanner, M.D., of Johns Hopkins University first describe autism. Based on his research with 11 children who had an apparent congenital lack of interest in other people, Dr. Kanner used the term “early infantile autism” to describe a condition not previously recognized as a separate clinical entity. The word “autism” had formerly been used to describe the self-centered quality of thinking in schizophrenia. It took many more years before researchers and clinicians concluded that autism and schizophrenia were, in fact, separate conditions. Autism organizations were first formed in the 1960s and ‘70s by parents of children with autism.

cream applied to forearms and/or inner thighs. The cream contains DMPS, which has been used for many years to treat acute mercury poisoning.

The Dents contacted Dr. Buttar and began nine months of chelation treatment on their son, who showed marked improvement almost immediately. (Dr. Buttar is medical director of Advanced Concepts in Medicine in Cornelius, N.C., and specializes in the interrelationships between metal toxicity and insidious disease processes. He is vice-chairman of the American Board of Clinical Metal Toxicology.)

(Editor's note: Chelation therapy can be dangerous, because it leaches vital vitamins, minerals and trace substances from the body. Some people have died from chelation therapy that was improperly administered or not monitored closely enough. Patients undergoing this therapy must be constantly tested for chemical imbalances, and must take daily supplements to replace the vitamins, minerals and trace metals lost during treatment. Only highly-trained medical specialists should be used.)

As each month passed and with each set of test results showing more metals being excreted, Jacoby began to “come back,” said Lisa Dent. “His sensory issues were the first to resolve, about one month after starting treatment. He became more aware of his surroundings and more active within our family. After about two months, his speech returned and his vocabulary increased at a rapid rate, by over 300 words. After three months, he was potty-trained,” reports his mom.

The long road ahead

Jacoby still struggles with some “transitioning issues” and mild behavior problems, but Lisa takes these in stride because they are similar to what many typical 4-year-olds exhibit. Jacoby is currently being evaluated by school professionals with an eye to placing him in a mainstream preschool classroom. He currently attends an all-day autism program in Lewes, Del., and is being integrated into a regular preschool setting within that school for two hours a day.

Jacoby now counts to 20, says his ABCs, recognizes upper-case letters and most lower-case letters as well, can spell his name and those of family members, verbalizes colors and shapes, and loves hugs and kisses. These all demonstrate a major change from nearly two years ago when Jacoby began treatments. The Dents now work with a doctor much closer to their home in Delaware, but will continue to treat Jacoby with the DMPS until he no longer shows any elevated levels of toxic metals in his system.

The Dents have worked tirelessly the last two years to have mercury banned from childhood vaccines. They succeeded in helping pass a law last July in Delaware, now one of four states to have passed similar laws that will eliminate thimerosal from all childhood vaccines. Flu vaccines, however, including those for children, continue to contain 12.5 mcg of thimerosal, unless a parent or patient specifically requests a thimerosal-free vaccine. Delaware's law gives manufacturers until 2007 to phase out

mercury in flu vaccine. The Dents are not anti-vaccine but are adamant about their objection to allowing mercury (the second most dangerous neurotoxin in the world) to continue to be used as a vaccine preservative.

The AAP strongly recommends that all infants and children be vaccinated to protect them from 12 serious vaccine-preventable diseases, as well as recommending flu vaccination for healthy children 6 months to 23 months, a population at increased risk of flu-related hospitalizations.

For families with one twin affected by autism, dealing with the emotions of watching one child thrive and the other grapple with autism can be devastating. The realization that their twins will never attend classes together or have the “normal” twin bond can be difficult to reconcile.

Raising a child with autism places extraordinary demands on parents and the family as a whole. The family often lacks enough hours in a day to do all they wish and need to do, a source of frustration and pressure. Meeting the needs of the child with autism leaves little or no time for the twin or other children in the family, much less the needs of a spouse or even oneself. Household tasks, family commitment, and other responsibilities may have to be split among those caring for the ASD child, leaving little time or energy for activities as a family.

Research indicates parents with autistic children experience even greater stress than those with mentally retarded or Down's Syndrome children. Parents of autistic children are frequently unable to determine their child's needs. Autism prevents their child, to varying degrees, from clearly communicating those needs, leaving both child and parent angry and frustrated.

continued on page 32 ►

Autistic children often require constantly structured time, not always feasible in a busy home environment.

Additional challenges can involve structuring bedtime routines, dealing with difficulty sleeping through the night and planning meals that everyone can and will eat. When more than one child or twin suffers from ASD, the stress is compounded.

Children with autism often do not understand the ramifications of their actions, which can be bothersome but also devastatingly tragic. Providing a safe home and learning environment becomes a potential lifelong issue for families, caretakers and educators. The ASA devotes almost four full web pages to suggestions for ensuring a safe environment for an autistic child.

Pressure and grief

The family of an autistic child faces negative reactions from society when venturing out in public. People often stare, make comments or fail to understand mishaps or behaviors that occur. Consequently, families often suffer from feelings of isolation.

One significant source of stress is concern about long-term caregiving and financial burdens related to home programs and therapies. A great fear is that the primary caregiver will lose his or her job and source of support.

Meanwhile, parents grieve over the loss of the “typical” child they expected to have and the loss of their dreams, lifestyle and “normal” days they expected for themselves and their family. Siblings and twins experience their own stress and grief; they typically experience feelings of jealousy, frustration, and embarrass-

ment over their ASD sibling, at the same time as being the target of aggressive behavior of their ASD sibling. Non-autistic children can end up trying to “make up” for the deficits of their ASD sibling or have concerns about their own future role as caregivers.

The Scala family

Isabel Scala is a busy lady. A mother of three sons living in Toms River, N.J., her identical twin sons, Julian and Anthony, were diagnosed with PDD in 2003. Her boys inexplicably stopped babbling when they were between 6 and 7 months old. Isabel’s sister-in-law, a physical therapist, noticed worrisome behaviors such as stemming and lack of eye contact. Despite her pediatrician’s recommendation to wait and see, Isabel took the boys to a pediatric development specialist. Anthony was diagnosed in October and Julian in December. Isabel had arranged for early intervention in their home by mid-January, fighting “tooth and nail” for services necessary to meet the needs of her boys, including up to five therapists five days a week in her home from 9 a.m. until 1 p.m.



Anthony and Julian Scala

Anthony progressed from being nonverbal to learning sign language and ultimately to verbal communication. Julian, verbal but difficult to understand, is now highly verbal, clear and under-

continued on page 34 ►

Vaccines and autism

For many years, concerns about a correlation between childhood vaccinations and the onset of autistic symptoms concerned parents and medical professionals. The debate rages on.

In May, 2004, the Institute of Medicine (part of the National Institutes of Health) issued a lengthy report rejecting childhood vaccines as a cause of autism, specifically the measles-mumps-rubella (MMR) vaccine. The report also concluded that thimerosal, a preservative containing mercury used in some childhood vaccines, was not a cause of autism. In 1999, the American Academy of Pediatrics (AAP) and the U.S. Public Health Service recommended that vaccine manufacturers remove thimerosal to minimize children’s exposure to all sources of heavy metals, including mercury. Today, all routinely-administered vaccines given to young children are either completely free of thimerosal or contain only trace amounts of

it. But injectable influenza vaccines, including those given to children, still contain thimerosal as a preservative, unless parents specifically request vaccines without the preservative be given to their children. Manufacturers are working on alternative methods of preserving vaccines.

A broad-based, highly-respected Danish study issued in 2002 concluded there is no correlation whatsoever between thimerosal-preserved vaccines and the incidence of autism. The study, covering three decades (1971-2000) and nearly 1,000 Danish children, was conducted by the Danish Psychiatric Central Research Register. The Danish report showed that the incidence of autism continued to increase even after the removal of thimerosal from all vaccines in Denmark in 1992, proving that the supposed correlation was false.

In June, 2000, a multidisciplinary conference sponsored by the American Academy of Pediatrics (AAP) also concluded that available evidence solidly refutes the hypothesis that the MMR vaccine causes autism or

associated disorders. The United Kingdom also evaluated 12,956 infants born in 1991 and 1992. The age at which the thimerosal-containing vaccines were administered was recorded. Measures of mercury exposure by 3, 4, and 6 months of age were calculated and compared with a number of measures of cognitive and behavioral development covering the period from 6 to 91 months of age. Researchers concluded there was no causal association or harmful effect on neurological or psychological outcome for vaccinated children.

The heated debate regarding the affect of vaccines and a possible connection to autism continues to occupy a national forum concerned with ongoing research, spurred by the book “Evidence of Harm” by David Kirby and continued discussion by bipartisan representatives in Washington D.C. The CDC is committed to continuing to evaluate the role of vaccines. The CDC is planning the Children’s Longitudinal Development Study (CHILD Study), which will study factors making it more likely a child will have an ASD.

What is autism, anyway?

According to the Autism Society of America, autism is a brain disorder that affects a person's ability to communicate, to reason and to interact with others. It is a so-called "spectrum disorder" that affects individuals differently and in varying degrees of severity. The symptoms of autism are separated into three areas:

- Deficits in communication
- Deficits in development of social skills
- Inflexible behavior.

Autism affects an estimated 1 in every 166 individuals or about 1.5 million Americans. It is four times more common in boys than girls and is found equally in all walks of life and all populations around the world. Based on statistics from the U.S. Department of Education, autism is growing at a rate of 10% to 17% a year. The Centers for Disease Control (CDC) has called autism the fastest-growing serious developmental disability in the U.S.

Autism is one of five disorders that fall under the umbrella of Pervasive Developmental Disorders (PDD), a category of neurological disorders. They differ in terms of when the symptoms appear, how fast they appear, how severe they are and their exact nature. The five PDDs are:

- Autistic Disorder
- Asperger Disorder
- Childhood Disintegrative Disorder (CDD)
- Rett's Disorder
- PDD – not otherwise specified (PDD-NOS)

Each disorder has specific diagnostic criteria outlined in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR). There is no medical test to confirm or refute a finding of autism. The diagnosis is based on the presence of markedly abnormal or impaired development in social interaction and communication and a markedly restricted repertoire of activity and interest.

Genetic influence in autism

While no one knows the exact cause of autism, scientists believe both genetic and environmental factors play a role. The medical community generally accepts autism is caused by abnormalities in brain structure or function. Yet it is not a mental illness nor is it caused by parental rearing practices. Children with autism are not unruly children who choose not to behave.

Studying identical (monozygotic) versus fraternal (dizygotic) twins provides researchers with a scientific method for analyzing the genetic component of any disease or syndrome. These studies can help distinguish genetic from environmental contributions and define the disorder more precisely, ultimately contributing to treatments. In an AMA-cited study, autism was found to have a genetic basis. Using a strict definition of autism,

when one twin had autism, 60% of monozygotic (identical) twins also had autism, while 0% of dizygotic (fraternal) twins had autism. Using a broader definition of autism (spectrum disorder), when one twin has autism, approximately 92% of monozygotic and 10% of dizygotic twins will have autism. The CDC studies of twins report similar findings; in identical twins there is about a 75% chance of both twins having autism, while that rate for fraternal twins is only 3%. The risk of autism in other siblings ranged from 2% to 6%. The inheritance pattern is complex and suggests that a number of genes are involved.

The CDC says autism also tends to occur more frequently than expected in individuals who have other medical conditions, such as Fragile X syndrome, tuberous sclerosis, congenital rubella syndrome and untreated phenylketonuria (PKU). The drug thalidomide taken during pregnancy has been associated with an increased risk of autism in children.

Autism symptoms are often present at 2-3 months and visible by one year of age, based on a number of "home movie" studies. Developmental specialists found subtle symptoms of autism at one year when reviewing home movies of children who were subsequently diagnosed with autism. Investigators used sophisticated movement analysis using home movies of 2-to-3-month-old children eventually diagnosed with autism (and those not diagnosed) that were then coded and evaluated for their capacity to predict autism. Children who were eventually diagnosed with autism could be predicted from movies taken in early infancy.

Families can cope with the stresses of having an ASD child in several ways:

- **Take time for yourself and other family members, even if it is something simple and quick. The quantity is not as important as the quality. Even a few minutes a day can make a difference.**
- **Fix the favorite meal of each sibling and adult in the family once in a while.**
- **Have lunch with your spouse when your children are at lunch.**
- **Meet your children individually for lunch at their school.**
- **Occasionally schedule an activity without the ASD child. Every child deserves to enjoy time with each parent, and with other siblings, that is not open to the challenges of autism. Each child deserves to be the focus of the family's attention for a while.**
- **Be creative and consider one or more of the following: exercise, prayer, deep breathing, writing in a journal, advocacy, counseling and keeping a schedule that includes a moment for yourself.**

Symptoms and diagnosis

Autism Spectrum Disorder (ASD) covers a wide range of behaviors and abilities. No two people with ASD will have the exact same symptoms. The National Institute of Child Health and Human Development (NICHD) lists five behaviors that signal further evaluation is warranted for babies:

- Does not babble or coo by 12 months
- Does not gesture (point, wave, grasp) by 12 months
- Does not say single words by 16 months
- Does not say two-word phrases on his or her own by 24 months
- Has any marked loss of language or social skill at any age.

Having any of these five “red flags” does not mean a child necessarily has autism, but a child showing these behaviors should be evaluated by a multidisciplinary team.

Accurate diagnosis is based on observation of the individual's behavior. Children with ASDs might learn difficult skills before they learn easy ones. They can learn skills and then lose them (i.e., language and vocabulary). They may demonstrate significant delays in language, cognitive and social skills, although motor skills may be on target for their age. In some cases, aggressive and self-injurious behavior is present. Because autism shares some behaviors associated with other disorders, various medical tests may be ordered to rule out or identify other possible causes of the exhibited symptoms. The behaviors of ASD may or may not be apparent in infancy (18 to 24 months) but usually become obvious during early childhood (24 months to 6 years).

Some specific symptoms include:

- Social skills: limited or no eye contact; aloof manner; limited or no desire to interact with others' trouble understanding others and their own feelings; laughing or crying for no apparent reason; no fear of danger; dislike of being held or cuddled.
- Speech, language and communication: About 40% of ASD

children do not speak at all; echolalia (repeating something immediately or at a later time that was said to them); voices that sound flat; inability to regulate speaking volume (speaking too loudly or softly); hard time listening to others; not understanding or responding to gestures; using gestures rather than verbal language to communicate needs; inappropriate use of pronouns; standing too close to others (“invading their space”).

- Repeated behaviors and routines: repeating actions over and over again; spinning objects; desire for routine; inability to accommodate changes in routine.

While there is no single test that can definitively diagnose autism, several screening instruments are used to diagnose autism:

1. CARS rating system (Childhood Autism Rating Scale) uses a 15-point scale and is based on observed behavior.
2. The Checklist for Autism in Toddlers (CHAT) is used to screen for autism at 18 months. It is a short questionnaire with a section for parents and one for the child's pediatrician.
3. The Autism Screening Questionnaire is a 40-item screening scale used with children 4 and older.
4. The Screening Test for Autism in 2-year-olds is being developed by Wendy Stone at Vanderbilt University and uses direct observations to study behavioral characteristics in children under 2.

The ASA recommends a multidisciplinary team of professionals evaluate a child suspected of having autism. Evaluation reports are more useful if they are specific. They help parents and professionals more in later years when reevaluations are conducted.

Many myths and misconceptions exist about autism. Many children with autism develop good functional language or use sign language or pictures to communicate. Autism cannot be “outgrown” but symptoms may lessen as the child develops and receives treatment and therapy. While sensory stimulation is processed differently by ASD children, they can and do give affection, though patience is needed in order to accept and give love on the child's terms.

standable. The boys delighted in being able to communicate their needs. The boys now attend a preschool in a special education autism program. As with any set of twins, their individuality has emerged, with Julian being the “social butterfly,” earning him the nickname “the major,” while Anthony is bright and quiet at preschool. Anthony initiates few social interactions, but when asked to play, joins in willingly and enthusiastically.

For Isabel, the diagnosis of autism spurred her to action and advocacy. She went online, read everything available about autism, and made autism her mission in life. She familiarized herself with the Individuals with Disabilities Education Act (IDEA), the federal law entitling her children to an appropriate education. She expresses appreciation for and devotion to her 11-year-old son Franco, who's always a big help to his brothers. Franco's after-school activities provide his own outlet and identity. Isabel's husband has struggled with anguish over the diagnosis, grieving over missing so much of his sons' lives as he carries the financial burden for the family, working long hours and unable to participate in many day-to-day activities of his family. Isabel, honest about the

devastating affect PDD has had on her family and her marriage, doesn't shy away from the challenges they still face.

Isabel's greatest lesson to date is to never judge what other people are doing with their children. She takes situations at face value and avoids jumping to conclusions about “misbehaving” children. She expects to mainstream her boys with minimal support and integrate them into school as fully as possible. For now, she keeps a tight schedule using charts and forecasts and encourages everyone to live in the moment.

Treatment options

Autism, added as a special education exception in 1991, is the 6th most common disability in the U.S. The CDC reported 141,000 children in 2003 were served under the “autism” classification for special education services. Not all children with ASD receive special education services under “autism,” so the education data underestimates the actual prevalence of ASDs.

IDEA guarantees a free and appropriate public education for every child with a disability, using both statutes and regulations.

Two other laws govern educational rights of students with disabilities: the Family Educational Rights and Privacy Act of 1974, which protects the privacy of a student's records, and Section 504 of the Rehabilitation Act of 1973, which protects the civil rights of persons with disabilities.

When an autistic child is younger than 3, he is eligible for "early intervention" assistance, a federally funded program available in every state but provided by various agencies depending on the state. Assistance may be available in the home or school. Teachers and professionals experienced at working with autistic children staff the program. Related services such as speech, physical or occupational therapy are offered.

From age 3 through 21, disabled children are guaranteed education that is thoroughly documented in an IEP (Individualized Education Program). Educational programs for autistic students often address a wide range of skill development including academics, language, social skills, self-help skills, behavioral issues and leisure skills.

'Nobody asks for this'

Mary Joann Lang, Ph.D., is a neuropsychologist and the mother of an autistic daughter. She began Beacon Day School in Huntington Beach, Cal., to supply behavioral therapy while meeting academic needs. "At Beacon, we see each of our students as the individuals they are," says Dr. Land. "We tailor programs to fit each child's needs. We address behavioral issues, academic abilities, communications skills and more."

A recent study of the Relationship Development Intervention (RDI) program provided encouraging results. Steven Gutstein (MD OR PHD???) of the Connections Center, Houston, Tex., conducted the study by observing 31 autistic children between the ages of 2 and 9 over 16-months. Seventeen families participated in the RDI program while a control group of 14 children with similar diagnoses, ages and functioning participated in other treatments. RDI program is a parent-based clinical treatment plan aimed at addressing core issues such as learning, friendship and empathy. RDI is based on extensive research in child development and translates that into a systematic clinical approach. The study found that after 16 months, 70% of the children in RDI showed improvement in at least one diagnosis category on the Autism Diagnostic Observation Schedule (ADOS). Thirteen RDI children were able to attend regular school classes without significant support. Similar results were not achieved in the control group.

Laura Abramson of Brighton, Mich., understands autism through the eyes of her triplets, all diagnosed with autism: "The one thing that has struck me through all of this is that I used to view the parents of special needs kids as 'other people.' It never dawned on me until I became one myself that nobody asks to be the parent of a special needs child. At the end of the tests and diagnoses and studies, they are still the same children you have loved unconditionally since the day they were born. They are not their diagnosis. Now our job is to help them to reach their full potential, while honoring who they are with all of their idiosyncrasies." ♥

When an autistic child is younger than 3, he is eligible for "early intervention" assistance, a federally funded program available in every state but provided by various agencies depending on the state.

Resources

Improvement of Child Caring (CICC) a nonprofit parenting and parenting education organization. www.ciccparenting.org; (800) 325-2422.

The Autism Perspective (TAP)—magazine dedicated to bringing balanced, cutting edge, informative and education articles from around the world. www.theautismperspective.org; (310) 709-0941.

Spectrum Publications—magazine started by a N.Y.-based autism advocate and parent. Dedicated to families dealing with autism. www.spectrumpublications.com; (516) 933-4050.

The relationship between MMR vaccine and autism from the Vaccine Education Center Newsletter, Children's Hospital of Philadelphia. American Medical Association discussion rejecting the correlation between vaccinations and autism. www.ama-assn.org/ama/pub/category/13697.html

The Connections Center—multi-disciplinary program develops innovative evaluation and intervention programs, including RDI treatment. www.rdiconnect.com; (866) 378-6405

Beacon Day School—Mary Joann Lang, Ph.D., neuropsychologist and parent of autistic daughter. School tailors programs to fit each child's needs, nurturing students towards an independent life. www.beacondayschool.net; (949) 477-2144.

Centers for Disease Control (CDC) provides link to National Information Center on Children and Youth with Disabilities (NICHCY), which has a resource sheet that lists key programs in each state. www.cdc.gov; (800) 695-0285.

Newsweek Magazine, February 28, 2005. Cover story about new research on autism.

Joseph Dent, father of Jacoby Dent, can be reached at: Jodaddy5@myshorelink.com

POAC (Parents of Autistic Children)—site offers information on teacher training, workshops, newsletters, special events and resources. April is Autism Awareness Month. www.poac.net

Treatment options for mercury/metal toxicity in autism and related developmental disabilities at www.autismresearchinstitute.com

Researcher who has done extensive work on autism disorders and has testified before Congress, Mark Geier, M.D., head of The Genetics Centers of America, Silver Spring, Md. mgeier@comcast.net.

TWIN WHO'S A MOM OF TWINS TALKS TO OTHER MOMS OF TWINS

By Lisa R. Krebs

As a twin who is a mom of twins, I have often been asked for advice by other moms of twins on everything from how to dress twins to whether they will be friends for life.

Books have been written on how to raise twins, how to understand twins, and the strange twin-connection that often exists. Being a twin myself, I know all about the great mysteries of twindom.

When I found out in my second pregnancy that I was having twins, the first thing I learned was that the idea twins skip a generation is a myth.

Then I wondered, would I have an instinctive ability to navigate the chaos of parenting twins? Would being a twin help me at all? The answer is yes. I've found that being a twin means I'm predisposed to certain preferences about how I raise my sons.

Dressing the twins

We frequently see identical and fraternal twins dressed in cute, matching outfits, particularly if the twins are both boys or both girls. When they're infants, it's not a problem. They are so cute: A matching set, who can resist? But dressing twins alike for very long can create problems, both now and in the future. Don't assume that simply because you are the mom or dad, you can tell your own kids apart instantly when they are dressed identically. Identical twins are really difficult to tell apart, especially if they're dressed alike. Even fraternal twins often look so much alike as babies that you'll find yourself in a muddle quite frequently.

Color coding is a good idea, right from the start. It's a lot easier to identify your child by the shirt color than by the slightly squarer jaw line or broader nose. These features can change overnight. Moreover, nobody but you can see the difference between jaw lines and noses.

But the real problem in dressing your babies and toddlers alike is once you get in the habit, it gets harder to stop. When your children begin asserting their independence, the last thing they want—even in toddlerhood—is to wear the same shirt.

My advice to all parents of all twins: Dress them differently, from the beginning. It's important to understand that these kids are individual personalities. Even if their genes are identical, they'll still be different people. If they want to dress alike at some points, they will.

Twinspeak

Twins often have their own form of communication. But not always. My sons don't have their own language, but they do have an unspoken form of communication that is expressed through body language.

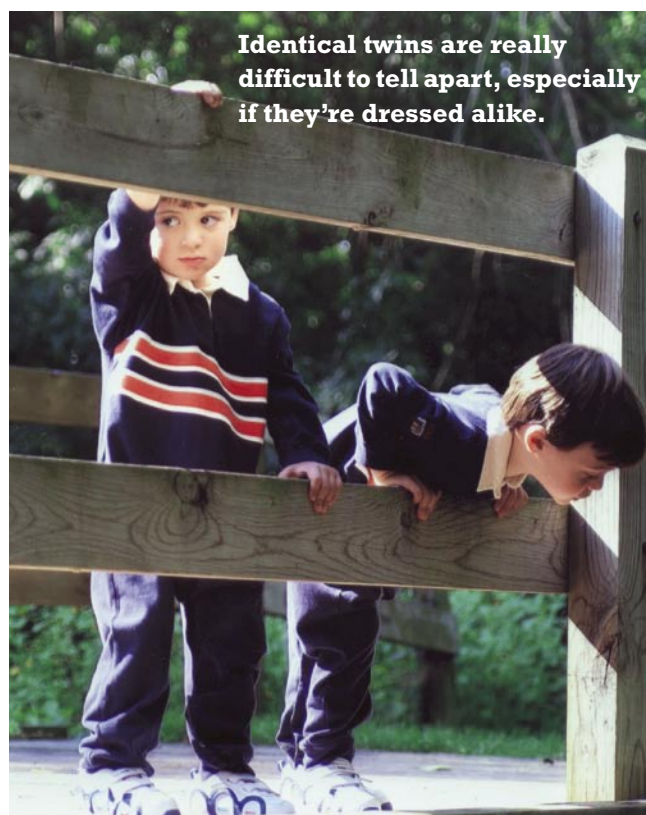
Occasionally, they will share a look, then jointly go off after something together. My sister and I did this, too, more than we did the twin-talk thing. We don't need to actually speak to communicate, even to this day.

Usually, we express more by just being near each other. This is what I see with my sons, so perhaps for them it is the same. If twins don't engage in twin-speak, don't assume they don't have their own communication.

Sibling rivalry, times 2

Twins aren't immune to the battle of the siblings. If anything, their rivalries can be twice as intense, twice as furious and twice as vicious. They aren't just fighting an older or younger sibling for attention or a coveted role, they are fighting for an undefined position of dominance over one another, for a role that doesn't exist. They are fighting themselves, in a way, pushing against any possible image or comparison their twin might present.

Where one person normally fills a space in the family meant for one, there are two. They often look alike, and usually think enough alike that they can understand each other's expressions and body language better than anyone. They share a room. They share a closet. They are the same age, with the same likes and dislikes of



Identical twins are really difficult to tell apart, especially if they're dressed alike.

Zane and Zack, 3 years

that particular age. They are, occasionally, angry about it and they take this out on the person who fills their same place.

Every twin, at some point in their life, will think about what it would be like if there were only one 12-year-old in the family. Wouldn't the room then not need to be shared? Wouldn't there then be twice as many clothes? Wouldn't that space in the family reserved for the two of them not be so crowded? It's a thought that comes and goes relatively quickly, but not before some harsh words are spoken.

I have often assured my sister that, because I was born first, she was the twin part, a copy of me. And I've cruelly said that if our mother didn't have twins, I would be the one that existed. This isn't remotely true at all, but it made her angry anyhow, just like my other proclamation, that, with twins, minutes represents years, so because I was three minutes older than her, really, I was the older (and superior!) sibling. It was just a way to separate myself from her through something more concrete than minutes. I wanted her to know that just because we were born on the same day doesn't mean we are the same. It was a way for me to be anything but a twin, in a world where everyone adores twins.

Best friends forever, or not?

There is a misconception that because twins spent nine months in the womb together, they will automatically forge a friendship, a bond, and a love for each other that will keep them close for life. There will be a bond all right, unspoken and subtle, a connection that is always there, and, if broken, missed.

But there is another side to constant companionship. Sometimes, you just get sick of the other one. Sometimes, you just need to spread your wings and be an individual, not part of twindom.

This is particularly true during the adolescent years when trying to find an identity. Twins learn early that they are sometimes seen as only half of a whole, not a whole in their own right and incapable of functioning without the other. By the time twins are 13 or so, they will either enjoy being thought of as one and the same or they will revolt against it. If left alone, they will probably veer back together, to the bond and friendship they shared growing up, and it will be all the stronger for the times they've spent apart.

Ironic contradiction

As much as people inadvertently see twins as two halves to a whole, they also try to identify differentiating characteristics that will set each twin apart. This is where statements like "He's the shy one, he's the outgoing one" come in, or "He's the dominant guy, this one is less assertive."

My sister and I were labeled in this way for some time. Although you could only tell us apart if we wore different colors, and we both were A-students in seventh grade, we were often referred to as "the pretty one" and "the smart one." Looking back, it made no sense. But these labels stuck. My sister was deemed a troublemaker most of her childhood, but if you counted offense against offense, it wouldn't hold true.

There is a misconception that because twins spent nine months in the womb together, they will automatically forge a friendship, a bond, and a love for each other that will keep them close for life.

I was labeled the smart one. She was labeled the pretty one. My sister's grades dropped in high school and she spent a lot of time on make-up and hair. I spent more time being "smart" though really, our grades differed only by one B or C. And I was just as obsessed with my wardrobe and appearance as she was. These were the years we veered apart, seeking independence from each other. We went our separate ways, into separate branches of the Armed Services—she, the Navy, while I joined the Air Force. The last thing we wanted at an age where we were trying to find our way, was to be seen on the same base, in the same uniform, looking like clones.

While we were both exploring our different paths and personalities is when it became apparent how much we were really very much alike. We both finished our degrees while working full-time, a marker of stubbornness, determination, and a willingness to work hard for what we wanted. We both followed the things we loved as children, travel and writing for me, travel and medicine for her. The two of us work in extremely different fields, but we pursue the passions inside us in the same manner.

The label game

Avoiding labels is the most important thing I can do for my sons. One will not be the smart one, one the dominant, one the athlete, one the clever, one the handsome rogue and one the shy guy. There are differences in their personalities, and these can be acknowledged. It'd be absurd to pretend they didn't exist, but equally absurd to assume that since one exhibited more of a particular trait, then the other must lack it completely.

As a mom of twins, my tendency is to do everything I can to make it easier for my sons to grow as individuals, to be whomever they choose to be outside their special bond. I won't treat them as anything but two little boys who are the same exact age and size. Their special relationship is theirs to develop and display however they choose. My role as a mother is to help them grow to be who they are, two whole beings crowded in the space normally reserved for one. ♡

Lisa Krebs was an editor and staff writer for Air Force magazines for nine years. After that, she was a creative writer for an online role-playing game, writing creative fantasy quests and back-story. Lisa's now a stay-at-home mom of twin toddlers and an 8-year-old daughter and she's a freelance writer. She lives in Kent, Wash.



The truth about antibacterial soaps

By Matt Pliszka

Take it from a dad of twins who's an expert in this field, the many germ-busting products you're being bombarded with today are fraught with some serious risks. For your kids' sake—and your own sake—get rid of them. Plain 'ol soap and water will do the job just fine.

The market is swamped with personal antibacterial products, from hand soaps to body washes. In 2004 and 2005, over 500 new antibacterial soaps were introduced, according to the FDA. People seem to be convinced these products are necessary to push back a supposed bacterial invasion threatening our very well-being. Quite the opposite is true—these products may actually be bad for the health of you and your children, in several important ways.

With a Bachelor's of Science degree in Chemistry from Marquette University, I have specialized in cleaning chemistry for the last 18 years. Based on that formulation experience, I refuse to have any antibacte-

rial products in our house. I am concerned that using them may actually harm my wife and 13-month-old twins.

Millions of types of bacteria are found everywhere and on practically every surface in everyday life, including the human body. We literally are immersed in, and are constantly breathing, many types of bacteria, molds, yeasts and viruses throughout our lives, and that is not entirely a bad thing. We are constantly surrounded by pathogenic and non-pathogenic bacteria in our homes, on our skin and in the environment around us. Non-pathogens are typically harmless to people with healthy immune systems. That is, they do not cause any specific disease. When found

on the skin, they are sometimes referred to as natural flora. It is the pathogens we all worry about, but even with pathogens that can cause serious disease, our bodies have natural ways of fighting invasions by these bad germs.

Does that mean we should not try and limit the overall number of bacteria that can get into the body? Nope. That's why soap was invented. In addition to washing dirt off, soap also removes bacteria by washing them off your skin. Good old soap and water has been used for hundreds of years as the way to limit contamination entering the body.

Starting a few years ago, however, soap manufacturers thought they could

improve on plain soap by making it antibacterial. Bad idea. First off, they don't really kill off many bacteria, because the antibacterial agents are pretty weak. Fact: You would do better just washing your hands with plain soap and hot water.

A recent study on hand-washing conducted by a major soap manufacturer in the squatter settlements of Karachi, Pakistan, compared the effects of hand-washing in preventing diarrhea and pneumonia. This was a population where routine hand-washing was not typically practiced. One group washed their hands with antibacterial hand soap, another group used plain hand soap and the control group used only water with no soap. After many weeks, the group that used plain hand soap had a lower incidence of each disease than the group that washed with antibacterial soap or the group that used just water. (Results reported in the British medical journal *The Lancet* 2005 366:893).

Resistance + triclosan = bad news

Not bad for good old soap and water and so much for the marketing hype. A big problem with antibacterial soaps is that nearly all of them rely on an active ingredient called triclosan, which tends to kill off the non-pathogenic (good) bacteria, while the pathogenic (bad) bacteria tend to survive longer because the "normal flora" are no longer competing with them. Hence, the numbers of pathogenic disease-causing bacteria will thrive because they now have access to more available nutrients, with fewer non-pathogenic bacteria around to take their food. Think of a lawn. When it's full, thick and healthy, weeds are kept in check because healthy grass out-competes weeds for space and nutrients. When the lawn has bare or thin spots, weeds flourish without healthy grass to compete with them.

What is more, the pathogenic (bad, disease-causing) bacteria that survive the antibacterial agents can pass on their survival ability to their offspring. Clever little buggers! Future generations will be resistant to the antibacterial agents in a specific soap, as well as related ones.

The jury is still out on whether or not this soap resistance translates into bacterial resistance to antibiotic medications. There is anecdotal evidence that this could be the case but no definitive link has been made. Yet. These antibacterial agents have been shown to upset the natural balance that normally keeps disease-causing bacteria in check on our bodies. This is certainly not the only factor, but it is a major contributor.

Now for the really bad news. Triclosan reacts with the chlorine in tap water (yes, your drinking water!) and swimming pool water to form significant quantities of chloroform, as well as quantities of chlorinated dioxin, when sunlight is thrown into the mix. Most communities still chlorinate tap water to disinfect it. Public swimming pools use chlorine bleach to disinfect bacteria-ridden water.

Dioxin is deadly. Dioxin is a known human carcinogen and is easily absorbed through the skin (Virginia Polytechnic Institute and State University study, April 2005). Granted, there has been no study (yet) that directly links hand-washing dishes or hands with antibacterial soaps as a direct cause of cancer. But do you really want to chance it, knowing that cancer-causing agents are definitely being formed in pool water and even on your hands? Or those of your kids? I don't. And I don't want my twins and my wife using this stuff, either. There is a real possible danger here, so why chance it?

Triclosan has been found in fish and human breast milk. No one really knows what long term effect this could have on overall human health or the balance of the ecosystem. If you are a healthy person who wants to maintain a healthy balance of good and bad bacteria in and on your body, stay away from antibacterial soaps. For skin washing applications, this marketing gimmick promises more than it delivers. No additional benefit is derived from them for healthy people, and the risks are high. (People with compromised immune systems, however, do benefit from using antibacterial soaps. They are also used appropriately in hospital settings.)



Matt and Eileen Pliszka with their twins, Jake and Josie.

Baby shampoo works well

Remember, washing bacteria off your hands and body with plain soap is as effective as using antibacterial soap, without the risks. In cases where soap and water are not available, the available waterless hand sanitizing products (alcohol-based) can be used with minimal risk until hand-washing can take place. There will always be a place for sanitizing your countertops, cutting boards, etc., in your home, but not for sanitizing hands and bodies of healthy people.

With the proliferation of antibacterial products, it is sometimes difficult to find plain hand soap not labeled antibacterial or antiseptic. If you want a liquid hand soap that is not antibacterial, use a body wash, a baby shampoo, or even a mild liquid manual dish detergent (for hand washing dishes). Baby shampoo is a great refill for those pump dispensers that the kids love so much. These alternatives will be effective for washing your hands without the risks of antibacterials. ♥

Matthew E. Pliszka is a cleaning formulation chemist who lives outside Milwaukee, Wisc., with his wife Eileen, and their twins Jake and Josie. Matt co-founded Environmentally Sensitive Solutions, Inc. (ESS), and has dedicated his career to finding safer and more environmentally-friendly cleaning products for home, commercial and industrial cleaning applications. His NEU Homecare line is Ph neutral and won't harm kids. It sells nationwide through individual reps and select retailers. www.neuhomecare.com

STRESS-BUSTERS: *Recharge in 1-10 minutes*

By Jane Polizzi

Many of us have no extra time. We struggle to fulfill our responsibilities and to find precious free time to recharge. Yet, recharging our bodies and minds keeps us balanced and ready for the next challenge. How can we fit it in?

Instead of trying to find 30 to 60 minutes for exercise or a favorite pastime, try finding one to 10 minutes several times a day. Then discover your favorite “quick hits,” the activities that recharge you, and do them when you can.

Let's consider the following as potential quick hits for you:

Exercise

The goal is not to work up a sweat, but to lengthen, relax or awaken your muscles. How do you feel—are your muscles tight? Are you sluggish?

A series of yoga stretches. Light weight lifting. A brisk walk, maybe just out the driveway or around the perimeter of your house. A leisurely stroll. Calisthenics. Try different approaches or perhaps a combined approach to see what works best for you.

In the morning my muscles feel tight, particularly at my shoulders or lower back. My two preschoolers almost make exercise impossible because they climb on me when I'm getting onto my yoga mat. Solution: A series of yoga stretches I can do within 5 minutes in the shower. Sometimes I can't do them—my son is sprinkling powder in the hallway or we're running late for my daughter's ballet class—so I seek the chance when they are playing nicely or watching a video. I manage to stretch a few times a week.

This minor progress encouraged me to find 10 minutes for light weights in combination with calisthenics. The combination allows for an effective but short workout that energizes. By the time the kids discover that I'm missing and find me, I'm done.

Meditation

Meditation allows you to slow the constant influx of thoughts to focus on one thing—your breathing, a fixed object, or a repeated sound (mantra). You may think, “I can't chant in my office to take a break. You don't have to. Sit in a relaxed position. Close your eyes. Take a deep breath in through your nose and round out your belly. Exhale and push all the air out through your mouth. Now breathe normally and focus on the air moving in and out of your body. You can visualize a pleasant scene. You can use progressive muscle relaxation whereby you gently tighten, hold, and release one area of your body at a time with your eyes closed. The idea is to keep your mind off your daily tasks and to rest your mind and body, however briefly, to recharge.

I had a fantastic yoga instructor who taught me the benefits of meditation, visualization, and breathing exercises. After each yoga session we would lie down and she would talk us through a few minutes of relaxation exercises. What a powerful tool. I felt as if I'd had a vacation. She used visualization to present visual images to enjoy. She used progressive muscle relaxation so we could think

about draining tension from our bodies one area at a time. We used breathing exercises. Our bodies were still. Our minds were calmed. We were relaxed. I took away techniques to use without driving to a class or having the time for a full yoga workout. Five to 10 minutes is a long time for meditation. Use it.

Nature/ mind/body connection

Whoever said we should stop and smell the roses was right. Studies at Texas A&M University have shown that viewing images of nature reduces blood pressure and muscle tension within five minutes. Momentarily stop and observe your surroundings. Stretch your eyes by turning away from the computer and look out the window. Notice how the craggy twisted winter limbs of soaring oaks progress into buds of spring, blooms of stringy flowers, and full green leaves over several months. See the different shades of the sky each day.

City dwellers can seek details of architecture never noticed before. Mothers and fathers can relish the curves of their children's silhouettes. Pet lovers can stroke their animals. An outdoor walk is a great way to observe the beauties of our surroundings. If you can't get out, simply get to a window and pause for a few minutes. Observe the subtle details of the people and objects around you.

Spirituality

Whatever your particular beliefs, having faith gives strength. Having complete trust, confidence and loyalty in something, be it God or a loved one, gives us resiliency. When you are afraid, overwhelmed, or in need of support, having someone to listen and reassure may only take a few minutes, but can go a long way in refueling you to cope with challenges. Whether part of an organized belief system or one you construct yourself, it's great to have a place to turn, particularly in times of great despair or joy. Sharing strong feelings is a beneficial outlet that recharges.

Music and sound

Sound can energize, annoy, cloud or clarify. It affects each of us differently. Become conscious of the sound around you, how you feel and what you need to achieve more balance. Are you in a cacophonous environment and need the escape found with some gentle jazz in the car on the way to the store or the doctor? Are you in a quiet room and could use a lunch break with hard rock from your personal CD player? Are your kids driving you crazy and a few minutes of dancing to a Top 40 tune would do you all some good? A few minutes of soothing, inspiring or energizing music can revitalize. Tune into your sound environment and create the balance you need.

You can use these tools as a springboard. Use your mind to determine how you feel, what you need and how to use quick hits to soothe, energize or take you away for a few minutes to clear your mind. These power-packed charges will help you keep going in today's fast-paced world.

3 HEAD INJURY

MYTHS

By Steven Sainsbury, M.D.



Elyse and Jude, 17 months

Today's media are partially responsible for some of the myths surrounding head injuries. We see the hapless movie victim fall backwards, striking her head on the brick fireplace, and within seconds, the character dies from the injury. Or after a head injury, a dazed, nearly unconscious teen gets rushed to the ER, while his friends frantically yell at him to stay awake.

Yet the reality is far different from the media portrayal of an injured head, so let us separate the myths from the facts.

MYTH #1: Never let a head-injured child fall asleep.

Consider this common scenario: Your 2-year-old twin boys are racing through the house just before bedtime, when one of them falls and strikes his forehead against the doorjamb. He cries immediately (screaming might be more accurate), develops an impressive goose egg, but within minutes, he is active and happy. Bedtime approaches, but you diligently keep him awake using whatever means are necessary. After all, if he falls asleep, he may never wake up. By the time you bring him to the ER, your toddler is extremely cranky from being kept up several hours past his bedtime, and you are exhausted from your efforts. Furthermore, from an ER doctor's point of view, trying to evaluate the mental status of an over-tired and irritable 2-year-old is the ultimate challenge.

Please. Let the poor kid sleep. Sleeping is not the issue. What I want to know is whether or not the child can be awakened. In other words, is he just sleeping, or is he unconscious?

When a person gets bonked on the head, the fragile brain can bruise and swell after bouncing against the much-harder skull. Head trauma can cause brief unconsciousness, followed by a headache, nausea, or lightheadedness. We refer to this cluster of symptoms as a concussion, and the injury usually resolves over the course of a few days.

What do we do for simple concussions? Not much. Rest, watchful care, and try to avoid any new injuries while the brain heals. (I always feel silly telling parents to keep their 2-year old from playing in any way that would risk a fall or further injury, as if such a thing is humanly possible.)

Your child's goose egg is also not a major source of worry. The scalp and forehead have thick skin, packed with tiny blood vessels. A contusion to this tissue breaks these vessels and they bleed beneath the skin. A goose egg can be impressive in size, but rarely causes any lasting problems.

What we worry about much more than a concussion or a goose egg is bleeding inside the head, between the skull and the brain, or inside the brain itself. This expanding pool of blood, called a hema-

toma, can compress the brain, causing lethargy or unconsciousness. Surgery on this very dangerous injury can be life-saving.

MYTH #2: X-rays are needed to properly diagnose head injuries.

First of all, while X-rays can show if the skull has a fracture, they do not answer the far more important question: How is the brain doing?

Secondly, skull fractures usually are benign and rarely require any treatment at all.

The only way to properly assess for bleeding inside the skull or brain is with a CT-scan or an MRI, not plain X-rays.

MYTH #3: Head injuries are not serious if a person who's been knocked-out wakes up within a few minutes.

This is a dangerous myth.

Head injuries can cause slow and subtle bleeding between the brain and the skull, and the signs of such bleeding might not be apparent for several hours. Any child who has been knocked out should be evaluated by a physician, even if the child looks and acts fine. As for the head-injured child who wasn't knocked out—if he or she has a headache, is irritable or vomiting, or “just not acting right” to you—get the child checked out by a physician, too. And certainly if a child continues to scream or cry, he should be checked by a doctor. Take this to mean that prolonged fussiness and crying are red flags for you as a parent.

But please, while you are driving to the doctor, let your fussy child sleep if she wants to. We have wonderfully annoying ways of waking up patients in the ER. ♥

Steven Sainsbury lives in San Luis Obispo, Calif., and is the father of eight in a blended family, including three surviving quads, now 21 years old. He's been writing medical articles for TWINS since 1986, and has worked as a full-time emergency physician since 1985.

TWINS Parents' Bookshelf

Visit www.TwinsMagazine.com to see more books and detailed descriptions, special offers and closeout are available on-line.

GENERAL PARENTING

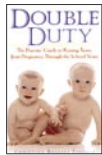
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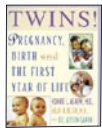
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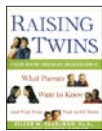
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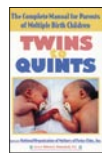
Raising Twins: What parents want to know (and what twins want to tell them)

Eileen M. Peairman, Ph.D., Jill Alison Ganon \$18.95
From a leading expert in twin development, this book blends guidance, interviews and illustrative cases about physical, emotional and cognitive development in twins, birth through adolescence. *Paperback, 267 pages.*



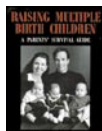
Twins to Quints: The Complete Manual for Parents of Multiple Birth Children

Rebecca E. Moskwiniski, M.D., ed. \$18.00
Compiled by National Organization of Mothers of Twins Clubs, edited by Education Vice President Rebecca E. Moskwiniski, M.D., packed with research, expert advice and practical "been there, done that" tips from moms of multiples. *Paperback, 298 pages.*



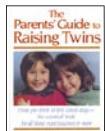
Raising Multiple Birth Children: A parents' survival guide

William & Sheila Laut \$19.95
Practical, well-thought-out guide loaded with great lists, tips from dozens of parents of multiples, plenty of "Why-didn't-I-think-of-that?!", insights and loads of humor. *Hardcover, 240 pages.*



The Parents' Guide to Raising Twins: From pre-birth to first school days—the essential book for those expecting two or more

Elizabeth Friedrich; Cheryl Rowland \$13.95
Authors are mothers of twins, deliver a bounty of useful guidance. Readers tap into a wealth of practical tips and advice from doctors, nurses and dozens of other parents of twins. *Paperback, 304 pages.*



Keys to Parenting a Child with Attention Deficit Disorders

Barry E. McNamara, Ed.D.,; Francine J. McNamara, MSW, CSW \$7.95
The McNamaras, TWINS Magazine advisory board members, suggest ways to work with your child's school, effectively manage behavior, provide emotional support and act as advocate for your child. *Paperback, 216 pages.*



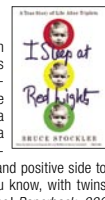
Your Baby's First Year

Glade B. Curtis, M.D., and Judith Schuler, M.S. \$16.00
Full of helpful information, this book's weekly format allows the parents of newborn children to follow their development over a 52-week period. While every child is unique, the data contained in the book provides guidelines to the development of children. *Paperback, 544 pages.*



I Sleep at Red Lights

Bruce Stockler \$13.95
Every parent of multiples will identify with Bruce Stockler's hilarious adventures with his triplet babies. Bruce is the primary parent for his four kids, who include a slightly older singleton son. Bruce is a former stand-up comic who worked as a joke writer for Jay Leno. He is laugh-out-loud funny, and tends to see the funny and positive side to absolutely any horrific situation. As you know, with twins or triplets, there are a good many of those! *Paperback, 336 pages.*



Two at a Time

Jane Seymour; Pamela Patrick Novotny \$14.00
Reading this is like talking across a table over coffee with award-winning actress Seymour about pregnancy, birth, life at home. Lists, answers to common questions. *Paperback, 205 pages.*



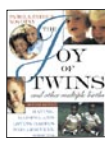
The Art of Parenting Twins

Patricia Malmstrom, M.A.; Janet Poland \$14.00
Pat Malmstrom, founder of Twin Services, Inc., has adult twins and holds degrees in early childhood education and special ed. Highly readable. Covers organizing your home, breastfeeding, "twinshock," developmental delays, identity issues. *Paperback, 333 pages.*



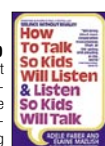
The Joy of Twins: Having, raising, and loving babies who arrive in groups

Pamela Patrick Novotny \$16.00
This handbook covers everything from the scientific facts to practical parent-to-parent hints about raising two babies at once. An outstanding book. Highly readable! *Paperback, 326 pages.*



How to Talk So Kids Will Listen & Listen So Kids Will Talk

Adele Faber; Elaine Mazlish \$12.50
Contemporary classic that every parent needs to read, about parent/child communications. Supportive, friendly, and, above all, effective. Elicits cooperation from children better than all the yelling and pleading in the world. *Paperback, 286 pages.*



Keys to Parenting Multiples

Karen Kerhoff Gromada; Mary C. Hurlburt \$7.95
Practical help for nurturing multiples from birth through childhood. Covers breastfeeding, individuality, combined energy, toilet learning, school, development. *Paperback, 216 pages.*



The Multiples Manual: Preparing and Caring for Twins or Triplets

Lynn Lorenz \$13.95
Written by an identical twin who is the mother of triplets, The Multiples Manual is a compendium of over 1,000 indispensable tips and ideas for new parents of multiples. Covering topics ranging from crying to feeding to bathing to safety and more. Parents will find they don't need to read from cover to cover but instead can skip and jump to topics of greatest interest. With assistance and information from several parents of multiples organizations, The Multiples Manual entertains as well as informs. *Paperback, 270 pages.*



Discipline Without Shouting or Spanking

Jerry Wyckoff, Ph.D.; Barbara A. Unell \$8.00
Every parent of 1- to 5-year-olds knows children often whine, refuse to eat, throw tantrums. Unell, founder of TWINS Magazine and a parent of b/g twins, teamed with Wyckoff to help parents discipline children without damaging self-esteem or natural curiosity. Revised and expanded. *Paperback, 160 pages.*



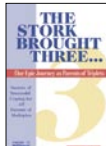
Imperfect Harmony: How to Stay Married for the Sake of Your Children and Still Be Happy

Joshua Coleman \$23.95
In his upbeat manner, Josh Coleman, TWINS Magazine columnist and father of twin boys, offers down-to-earth advice that really works for parents who do not want to end their marriage. He will help you tame out-of-control conflict and let go of fairy-tale ideas of marriage popular today. *Hardcover, 224 pages.*



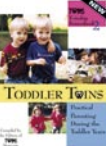
The Stork Brought Three: Secrets of successful coping for parents of multiples

Jean P. Hall \$12.00
Even if you have twins instead of triplets, you'll enjoy this touching, humorous first-hand account. Inspiring tale emphasizes two essential ingredients for raising multiples—patience and a sense of humor. Learn from the practical steps this mom took to make life manageable. *Paperback, 82 pages.*



The Twinship Sourcebook 2: Toddler Twins

TWINS Magazine \$14.95
Everyday questions are addressed in this practical guidebook. Twins and triplets who are moving beyond their babyhood—and, oh boy, can they move!—make every day a challenge and lots of fun! Insights from experts and other parents. Topics include: biting and fighting, eating, potty training, identity, discipline, growing stages, physical development, language development, emotional development, playtime, creativity, and more. A perfect gift. *Paperback, 198 pages.*



The Father's Survival Guide to Raising Twins

Anthony J. Valtos \$13.95
The father of twin girls Chloe and Grace, Anthony Valtos is a Chicago advertising executive encouraged by his wife, a labor and delivery nurse at a Chicago hospital, to write this book for other new fathers of multiples. *Paperback, 126 pages.*



Twice as funny ... TWINS: A book of cartoons

David Lochner \$10.95
This cartoon collection is sure to tickle your ribs. A GREAT GIFT. *Paperback, 104 pages.*



PREGNANCY/EXPECTING

Pregnancy Week-by-Week

Dr. Jane MacDougall \$8.95
An innovative, spiral-bound guide to the development of children during pregnancy, Dr. MacDougall provides tips and suggestions of prenatal care for expecting mothers. Week-by-week, it presents useful information on topics of concern to mothers, from nutrition to medical issues and yoga exercise. *Paperback, 96 pages.*



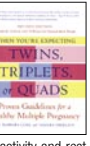
The Multiple Pregnancy Sourcebook

Nancy Bowers, RN, BSN \$17.95
A perinatal nurse and mother of twins writes on pregnancy, infertility technology, prenatal testing, nutrition and development, preterm labor, birth and the NICU. *Paperback, 420 pages.*



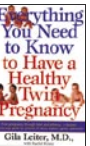
When You're Expecting Twins, Triplets, or Quads Revised Ed.

Barbara Luke, Sc.D., M.P.H., R.D., and Tamara Eberlein \$19.95
Newly revised and updated, Dr. Barbara Luke of the University of Miami School of Medicine and mother of twins Tamara Eberlein provide specific, empowering information for parents of multiples about health care providers, diet, activity and rest restrictions, preterm labor, and post-pregnancy feeding and care. Also included are 50 nutritious recipes for optimal birth weight of the multiple children, and numerous charts, graphs and illustrations. Appendices include helpful resources for new parents of multiples and a detailed glossary. *Paperback, 420 pages.*



Everything You Need to Know to Have a Healthy Twin Pregnancy

Gila Leiter, M.D.; Rachel Kranz \$15.95
Dr. Leiter is a mother of twins and an OB/Gyn herself. Offers practical information, and detailed resources when expecting twins. *Paperback, 330 pages.*



The Pregnancy Bed Rest Book A Survival Guide for Expectant Mothers and Their Families

Amy E. Tracy \$14.00
Information on everything from notifying your employer and working with your health insurer to proper nutrition and calisthenics. Guide helps you adjust to horizontal living and get back on your feet. Extensive resources list. *Paperback, 229 pages.*



Having Twins And More: A parent's guide to multiple pregnancy, birth, and early childhood

Elizabeth Noble \$18.95
Revised third edition bursts with details about multiple pregnancy, birthing experience, postpartum, and caring for twins at home. Chapters on prenatal psychology, premature delivery, twin bonding. *Paperback, 562 pages.*



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.*



Pregnancy Packet

TWINS Magazine \$15.00
Two new practical pocket guides by Dr. Glade B. Curtis and Judith Schuler provide new mothers of multiples detailed information on specific pregnancy and postpartum concerns. First-time mothers will find these quick guides particularly interesting. *Paperback.*



PREMATURITY

Your Premature Baby: Everything you need to know about birth, treatment, and parenting of premature infants

Frank P. Manginello, M.D.,; Theresa Foy DiGerónimo, M.Ed. \$17.95
Guide to facing the challenging and often costly ordeal of giving birth to and caring for premature babies. Revised edition. *Paperback, 336 pages.*



TWINS Parents' Bookshelf

Visit www.TwinsMagazine.com to see more books and detailed descriptions, special offers and closeout are available on-line.

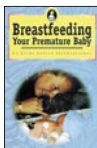
Your Premature Baby & Child

Amy E. Tracy; Diane L. Maroney, R.N. **\$17.95**
Written by experienced premie parents and medical professionals, this book answers your questions about the NICU, homecoming, bonding, medical, developmental, school years and more. *Paperback, 327 pages.*



Breastfeeding Your Premature Baby

Gwen Gotsch **\$5.95**
La Leche League International reinforces its message that breastfeeding is possible in seemingly impossible circumstances. *Paperback, 60 pages.*



SLEEP

The No-Cry Sleep Solution: Gentle Ways to Help Your Baby Sleep Through the Night

Elizabeth Pantley **\$14.95**
This sensible book offers a 10-step program that leads you, one day at a time, to your goal of a good night's sleep for everyone. Full of tips and suggestions, not formulas. *Paperback, 256 pages.*



Nighttime Parenting: How to Get Your Baby and Child to Sleep

William Sears, M.D. **\$9.95**
Vigorous opponent of letting babies cry it out, Sears offers dozens of tips to help you get your babies (and toddlers) to sleep and stay asleep. Revised. *Paperback, 204 pages.*



Solve Your Child's Sleep Problems

Richard Ferber, M.D. **\$14.00**
Does your child have difficulty falling asleep? Wake in the middle of the night? Suffer from night fears? Packed with sample problems and solution. *Paperback, 251 pages.*



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.*



The No-Cry Sleep Solution for Toddlers and Preschoolers: Gentle Ways to Stop Bedtime Battles and Improve Your Child's Sleep

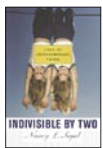
Elizabeth Pantley **\$15.95**
Targeted especially for parents of children age 1 to 6, parenting expert Elizabeth Pantley provides positive approaches to help children go to bed and sleep soundly through the night. Without resorting to negative punishments to encourage children to sleep, this child-friendly book provides effective, loving solutions to common problems ranging from evening melt-downs, nightmares, night walking, and nighttime visits to a parent's bed. *Paperback, 400 pages.*



TWIN PSYCHOLOGY

Lives of Extraordinary Twins

Dr. Nancy L. Segal, PhD **\$13.95**
A fraternal twin herself, Dr. Nancy Segal is a professor of Psychology at California State University. The author of *Entwined Lives: Twins and What They Tell Us About Human Behavior*, Dr. Segal brings us the stories of the lives of twelve sets of multiples. *Hardback, 280 pages.*



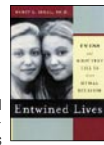
Twin Stories: Their Mysterious and Unique Bond

Susan Kohl **\$13.95**
A mother of twin boys talks to twins of all ages and writes with insight, warmth and humor, what it's actually like to be a twin. These stories provide a fresh look into twintship. *Paperback, 188 pages.*



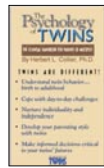
Entwined Lives: Twins and What They Tell Us About Human Behavior

Nancy Segal, Ph.D. **\$18.50**
Leading twin researcher and monozygotic (identical) twin, Segal sheds light on nature vs. nurture debate, shows how twins hold the keys to understanding physical and intellectual capabilities. Excellent resource for parents of twins. *Paperback, 396 pages.*



The Psychology of Twins: A practical handbook for parents of multiples.

Herbert L. Collier, Ph.D. **\$13.95**
Twins differ from singletons and, just as importantly, from each other, whether monozygotic (identical) or dizygotic (fraternal). Dr. Collier, a psychologist and father of twins, draws experience from rearing his twins who are now well-adjusted adults and also from counseling hundreds of families with multiples. Offers compassionate wisdom seasoned with patience. Practical and down-to-earth, a must-have book for parents who want to understand and value each child as an individual. *Paperback, 120 pages.*



Dancing Naked in Front of the Fridge... And Other Lessons from Twins

Nancy J. Sipes, Ph.D. and Janna S. Sipes, J.D. **\$16.95**
The title of this book refers to twintship being like a dance in front of a mirror—each twin constantly reflects the other. These marvelously accomplished identical twins take a look inside their twintship, and help a reader take a fresh look at their own personal relationships. Gain new and valuable insights into your twins and yourself. *Paperback, 244 pages.*



TWIN PHOTO COLLECTIONS

Twins

Mary Ellen Mark **\$35.00**
Mark is one of America's leading photographers. Her work has been in *New Yorker*, *Rolling Stone*, *Vanity Fair*, *Vogue* and *Life*. She attended the popular "Twins Days" festival in Twinsburg, Ohio, for 2 years photographing twins with her large-format camera, producing this amazing book of 80 stunning images that depict the bond between twins and captures their unique individuality. *Hardcover, 96 pages.*



Twins: Photographs by David Fields;

Essays by Ruth and Rachel Sandweiss **\$27.50**
Beautiful collection of photographs and short essays celebrate twintship—27 pairs of twins, including Muhammad Ali's twins, Jane Seymour's twins, Mario and Aldo Andreotti, the first NASA twin astronauts, twin Olympians, twin brothers who survived the Holocaust. Coffee-table book. *Hardcover, 144 pages.*



Facing the loss of a multiple

Coming to Term: A Father's Story of Birth, Loss and Survival

William H. Woodwell Jr. **\$25.00**
By sharing the very early birth of twin daughters, Woodwell looks at the heartache and miracles of NICU, the death of a twin, and survival. *Hardcover, 216 pages.*



A Different Kind of Mother Surviving the Loss of My Twins

Christine Howser **\$13.95**
Howser lost both of her twin boys shortly after their birth and offers a story of love, loss and the choices that made healing possible. *Paperback, 120 pages.*



TWINS MAGAZINE SPECIAL REPORTS

Feeding Multiple Babies

The simple questions—whether to breastfeed or bottle feed, weaning, handling colic, and many more—become more complicated when you have two or more babies. Full of useful insights from mothers who have been there! *40 pages.*

Tips and Tools for New Parents of Twins and Triplets

When "twinshock" hits new parents, it hits hard. This report is a blessing for new parents of twins. It provides practical, encouraging advice about coping with day-to-day challenges in the midst of chaos and sleeplessness. *52 pages.*

Health & Safety for Infant Multiples

From choosing a pediatrician to childproofing for twins, to dealing with ear infections and diaper rash, all parents of multiples need simple, essential advice. *40 pages.*

Premature Twins and Triplets

Helps frightened parents deal with big and little traumas they face as their small, prematurely born multiples enter life with extra health problems. *44 pages.*

NICU

Helps parents deal with their fears of the hospital NICU, challenges of nurturing their premies, and bringing their tiny babies home. *54 pages.*

Higher Order Multiples

For parents of triplets and quadruplets who face the same concerns of parents of twins—only multiplied. Topics include sleeping, feeding, bathing, dressing, car seats, school, relationships among multiples, and growing up as multiples. *88 pages.*

Multiples 7 to 12: The Middle Years

Twins really grow up quickly. Report sheds light on parenting challenges during the twins' elementary school years—competition, discipline, sexuality, safety, self-confidence, identity and more. *85 pages.*

Multiples During the Adolescent Years

Parenting teen twins is confusing and stressful, times two. Straightforward advice on multiples' adolescent development during raging hormone periods, behavior, health and education, and typical parenting woes. *87 pages.*

Discipline Without Raising Your Voice

Dealing with twins is doubly tricky. Report on discipline and behavioral issues will enhance your parental coping skills, ease tensions and help you through difficult times. Your children will benefit enormously. *54 pages.*

A Guide for Parents Who Want Their Twins to Share a Classroom

Report helps you persuade school officials to allow your twins to remain in the same classroom. Gives crucial information to parents, also provides educators' perspectives. *25 pages.*

Separate Classrooms or Together?

Multiples face unique schooling challenges and questions. To separate or not? What to do when one succeeds, the other doesn't? Report helps light the way down the difficult educational path. *58 pages.*

Preschool and Kindergarten – A Guide For Parents of Twins

Preschool and kindergarten are exciting times in the lives of young multiple children, and for their parents, too. From gathering supplies for school, to coaxing nervous twins out of the car on their very first day, to supporting the growth of children as they learn and increase their knowledge, this collection of articles by parenting experts can help all parents of school-age twins. Read how twins learn in school and how parents can help teachers and other students identify each twin. *36 pages.*

Getting Ready: When You're Expecting Twins

NEW! This report covers everything from understanding twin zygosity to fostering a healthy pregnancy to a primer on the NICU to synchronizing schedules and hiring a nanny or parttime helper. This report offers solid advice and knowledgeable information that new parents of multiple children absolutely need to know. The report also provides help for everything from bed rest, and expecting the unexpected, to critical concerns for premie babies to the stress a family may experience when twins arrive. *72 pages.*

\$8.95 for one • \$14.95 for two

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Margie Fincher \$5.95
 Book of rhyme teases readers with the question, "Can you guess who my friend can be? I'll give you hints and you will see."
Paperback, 16 pages.



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Lori Manning \$5.95
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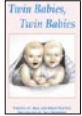
The Chairs Where Pam & Sam Sit
Cynthia Grannell \$5.95
 In the style of "This is the house that Jack built," the milk lands on the floor, the cat licks the milk, the cookie falls on the cat and so on.
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Tiny Tired Twins
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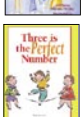
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Joan MacNeil; Robin MacNeil \$5.95
 In musical rhythms of a poem, twin babies create many delights.
Paperback, 16 pages.



The Twins & the Birthday Party
Marcia Murphy \$5.95
 Lucy is invited to a party, but her twin isn't. Boo hoo. Then he has a special day alone with Mom.
Paperback, 16 pages.



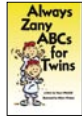
Three is the Perfect Number
Kimberly Carey \$5.95
 Triplets jump rope, play restaurant, sneak cookies and give parents a big bear hug. Stimulates imagination, self-directed play.
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One Baby, Two Baby, Three Baby, Four
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 All multiples will giggle when they see quadruplets crawling, visiting a zoo, crying, taking a bath and, finally, falling asleep.
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Always Zany ABCs for Twins
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 Romp through the alphabet with playful rhymes. Great for teaching twins the ABCs.
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Stacy Dye \$5.95
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Lynn Burgess \$5.95
 Twins dislike having their heads patted by relatives who can't tell them apart and who always ask who is older, who is smarter. Story helps twins learn to handle adult silliness.
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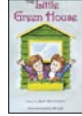
My, You Have Your Hands Full!
Amber Lappin \$5.95
 Simple rhymes tell how full life is with multiples, and what is most full is Mommy's heart.
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It Takes Two
Tammie Blackburn \$5.95
 Twins complement each other: One draws pictures, the other writes words, but to get the whole job done, it takes two.
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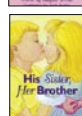
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Beth Covino \$5.95
 Twins introduce "our two beds, two blankets, two pillows for resting our heads." But some things differ... one likes to read, the other loves music.
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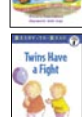
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Wendy Black Mancarella \$5.95
 Boy/girl twins have dissimilar personalities, like different foods and activities, but figure out how much they love each other.
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Doris Goldstein \$5.95
 Twins turn the couch into an airplane and imagine forks and spoons having a party.
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 Twins get ready for bedtime by brushing their teeth, getting into their pajamas and settling down for the evening. Illustrated by Sam Williams.
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Paperback, 24 pages.



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Barbara Shenwood \$5.95
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Avi and Rachel Vail \$15.99
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Twin Tales
Donna Jackson \$10.95
 Including both scientific research and interesting personal stories, this well-illustrated energetic discussion of twins will appeal to inquisitive younger readers. Donna Jackson's book explores twins and their similarities, as well as their differences.
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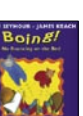
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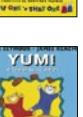
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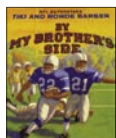
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 Twins can't resist the smells coming from a basket of cookies mom has made for their hungry dad, whose fishing isn't going well. Everyone's in for a surprise!
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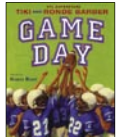
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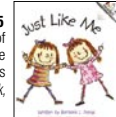
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Barbara M. Joosse \$15.95
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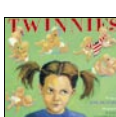
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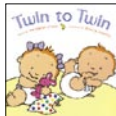
T is for Twins: An ABC Book
Mary Bond \$15.95
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Hardcover, 32 pages.



Twinnies
Eve Burling \$6.00
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Nicole Rubel \$16.50
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Hardcover, 32 pages.



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2005 photo contest winners

Winner: Overall Category ▶
Jackson and Harrison Presley, 27 months
Summerville, S.C.



▲ Winner: Family Category
Noah and Emily Zimmer, 4 years
with dad, Bill
Granger, Ind.

Winner: Out and About Category ▶
Kimbrow and Kane Harrell, 25 months
Conway, Ark.



▶ Winner: Emotional Category
Lilibeth and Wystan Byers,
8 months
Bristow, Va.



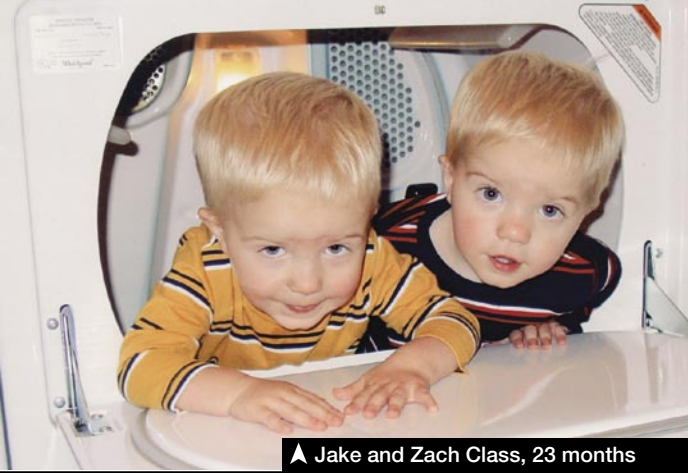
▼ Winner: Humorous Category
▼ Sophia, and Hannah Eftekhari , 34 months,
Addison Eftekhari, (center) 4 years
San Mateo, Calif.

▲ Winner: Everyday Life Category
Colleen and Kayla Klahn,
29 months
Frankinton, N.C.



TWINSTM MAGAZINE

honorable mention



▲ Jake and Zach Class, 23 months

▼ Nicole and Matthew Nenninger, 3 years



▼ Lauren and Christopher King, 2½ years



▲ Elli and Sandhya Ray, 9 months

▼ Jennifer and Lillian Young, 16 months

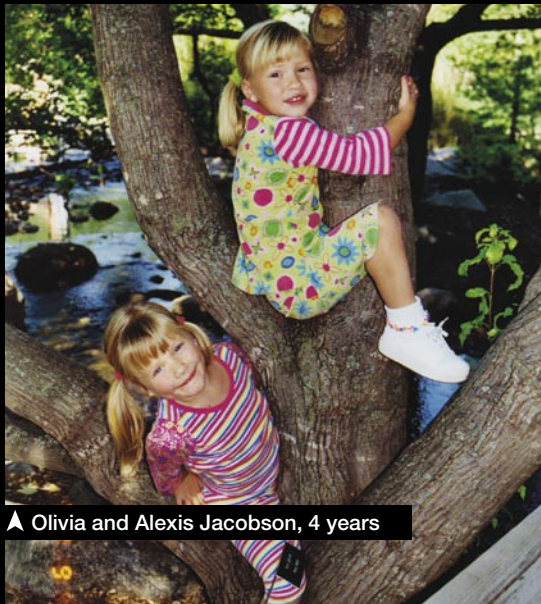


▲ Savanna, 6 years, Sydney and Samantha Johnson, 7 months

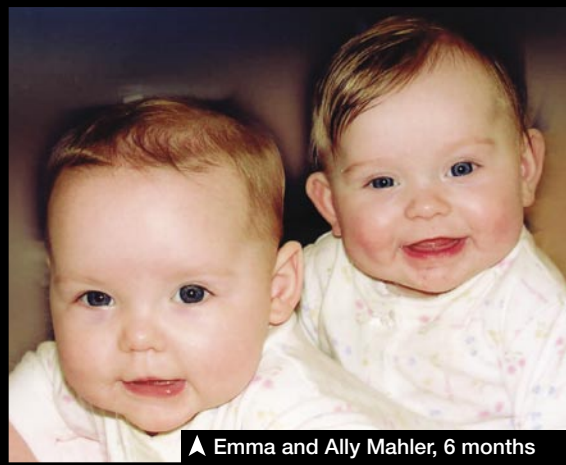


▲ Aubrey and Aaron Shanor, 9 months

▼ Sydney and Kassidy Riley, 4½ years



▲ Olivia and Alexis Jacobson, 4 years



▲ Emma and Ally Mahler, 6 months



▲ Carl and John Price, 23½ months

VENTURING OUT X 2

By Mary Brauer

Leaving the security of home and venturing out into the real world with infant twins was daunting at first. I over-prepare when faced with any new challenge, so the first time we all went to the grocery store, I packed enough diapers, clothes, bottles of formula and other necessities for a weekend trip.

This meant we only had enough room for two small bags of groceries in the trunk. (The bags, incidentally, were filled with more diapers, formula, and loads of caffeine-containing products.)

I learned to lighten up after that experience.

Each time we all headed for the store, I watched with envy as other mothers with one infant would effortlessly lift the baby out of its car seat and carry him into the supermarket.

Here's how I would undertake the same scenario:

- Get both babies dressed (don't even look in the mirror at yourself; if you don't see the spit-up on your shirt, figure no one else will, either!)
- Smell a suspicious odor, sniff both babies for the source. Change one baby while keeping the other penned in a safe area.
- Place newly-diapered and squirming baby into car seat, struggle to get him buckled. Return to house for other baby.
- Lift other baby, notice new stain on baby's shirt, put jacket over shirt and hope no one looks closely.
- Strap second squirming baby into car seat.
- Return to house for diaper bag with extra clothes, emergency food, diapers for two.
- Pack double stroller into trunk.
- Return to house and search for car keys. They're hiding under a pile of clean diapers.
- Drive to store, singing merrily at top of lungs because one baby is already fussy.
- Locate two empty parking spaces at store, side-by-side—one for the car, the other for the double stroller that you haul to the side of the car. (Pray it's not raining, because if it is you'll have to let one baby sit in the stroller in the rain while removing the other from the car. The second will sit in a pool of water that collects on his seat while waiting for lift-off.)
- Walk to store, and notice one baby has kicked off his shoe. Turn and hunt quickly for stray shoe. Also find pacifier now on ground.
- Discourage twin from tweaking brother's ear while sitting in side-by-side stroller.
- Enter store. Push double stroller with left hand while pulling grocery cart with right hand behind me.



Maximus and Nicholas Buturoaga, 9 months

People smile and approach us. Good-natured, curious, chatty folks, all. At first I am flattered by all the attention, then quickly notice a pattern to their questions, and they step in front of the stroller and won't move until I answer their questions. I seriously consider strapping a sign on the stroller that reads:

Answers:

1. Yes, they are twins.
2. Two boys.
3. Fraternal, not identical.
4. ___ Months old.
5. Yes, we have a lot on our hands.

I think I've now heard about every twin in Massachusetts and most of those in the Northeast. Nearly every stranger told me about twins they know, including cousins twice removed and neighbors when they were in grammar school.

The extra socializing made every store trip longer than planned, and at least one baby always got fussy. During those times, I typically put my head down, avoided eye contact, and inevitably backed into a display of hosiery or Tupperware, knocking it over.

I remember a nun spontaneously blessing the boys and another stranger taking hold of the stroller handles to push the babies closer to her pregnant daughter (a move I nixed before she even took a step.)

About the time I got comfortable with venturing forth and expanding our geographic reach, my infants morphed into toddlers and all bets were off. ♡

Mary Brauer is mom to fraternal twin boys, now 8. They live in Sudbury, Mass. The boys are now great travelers, but for long car trips, Mary still packs books, snacks, drinks, activity books and other essentials.

Hauling all the junk...

Okay, we don't do this very often, but it's time to focus on "Mom gear" for once. Yes, gear and toys for babies are important, but having the right gear when you're a new Mom of twins can save your sanity. Conversely, having the wrong "stuff" can drive you bananas. And with twins, you already have enough to worry about without being driven nuts by having equipment of your own that doesn't do the job.

Diaper bags are anything but romantic or glamorous. But they've come a long way since the days when they were both ugly and inefficient. These days there are all kinds of bags in all kinds of fabrics, bags that look fashionable and can even be used when moms head to the office, and bags that are simply practical. Some bags come with separate clutch purses and all kinds of little extras. Nearly all come equipped with a washable or wipeable changing pad that can be whipped out and used on any available surface in an emergency.

You'll find tote-type bags, sling bags, bags that hook to strollers with special clamps, and backpack-style bags. Slim straps, wide straps, padded

straps. Soft fabric or plasticized fabric or vinyl. Lots of camouflage prints in different colors. Bags for Mom. Bags for Dad. And bags for Mom or Dad—unisex styling and fabrics that don't look too "girly" for pop to haul around when he has the kids. One thing we've noticed is that nearly every kind of bag available has lots of inner and outer pockets. . . zippered, Velcro'd and snapped. Inside clips to hold your keys. Very often, special pockets for cell phone and sunglasses. A place for everything, and everything in its place! Now that's efficiency.

Prices range from the very low to the very high. Inexpensive is generally from \$25 to \$75, and expensive is over \$200. Bag makers use their bragging rights to publicize from the rooftops that this Hollywood star or that Famous Mom uses their bag, as if such a claim would convince any Mom of twins to buy that model.

We've heard some great comments about Fleurville diaper bags. Here are two models that seem quite handy. We'll revisit the subject of super-duper diaper bags for Moms of Multiples later in the year. ♡



◀ MotherShip

Fleurville added this bag to its line for fashion appeal, in addition to functionality and durability. A HUGE bag—measures 14"W x 13"H x 5"D. Sells for about \$150. Made of PVC-free polyurethane (plastic). Waterproof inside and out. Shoulder strap has non-skid rubber—won't slip off shoulder! 3 elastic-topped interior pockets. Easy-clean lining. Changing pad with its own waterproof drawstring sack. Only 1 insulated interior bottle sleeve. Clear plastic diaper-cloth holder. Carabiner clip for keys with its own holder. 2 large exterior pockets—extra deep—with Velcro closures (would hold bottles). 1 exterior pocket across back of bag. Separate leakproof diaper bag. Separate removable insulated beverage holder (for Mom's beverage). Large flap cover with a snap. Our TWIN's assessment: Clunky but big and useful.

Sling Tote by Fleurville ▼

Designed to be 3 bags in one: messenger-style bag, tote bag, stroller bag. Made of polyurethane (plastic). Tulip shape is 12"W at base and 16"W at top. It's 13.5"H x 5"D. Not nearly as huge as MotherShip. Sells for about \$130. Has O-rings with clips on the outside for mounting between single-width stroller handles. 10 interior pockets, 2 of them fleece-lined for sunglasses, iPods or cell phone. Clear plastic diaper-cloth holder. Only 1 insulated interior bottle sleeve. Carabiner key clip. Changing pad. 2 exterior pockets with snap closures. Top zipper closure. Our TWIN's assessment: Definitely a day bag; wouldn't haul a ton of stuff. Very handy for clipping to stroller.

Feedback! We want FEEDBACK!

Write to us at twins.editor@businessword.com and tell us what style and BRAND of diaper bag you used, and why you loved it or hated it. What's the BEST bag on the market for Moms of Multiples? We need your full name, address, phone #. Every person who sends comments is eligible for a raffle: A 2-year subscription to TWINS™ Magazine (or extension of your existing sub) and a \$20 Gift Certificate to the TWINS™ Shoppe. Please put TWINS DIAPERS in subject line of e-mail. One entry per person/family. Deadline Feb. 15, 2006.

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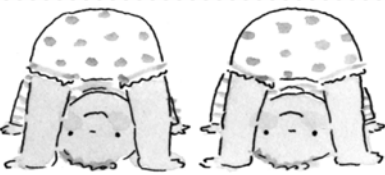


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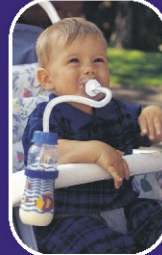
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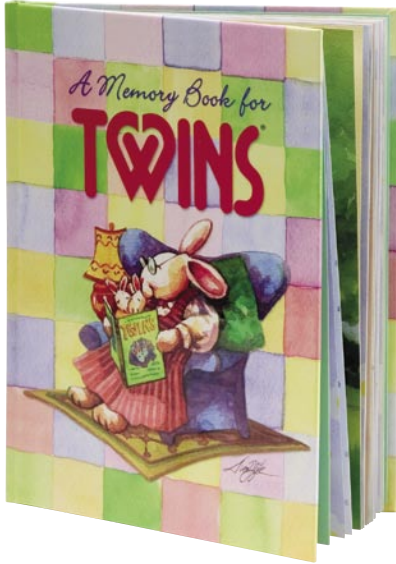
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Special Gifts for Families with Multiples

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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 watercolor 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

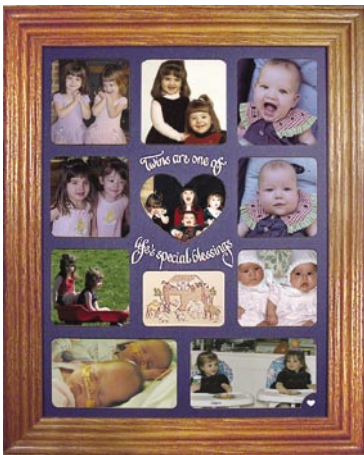
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Growing up Twins Growth Chart

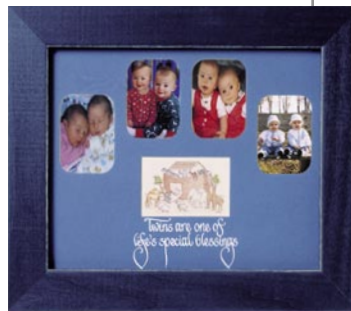
TWINS Exclusive! Created especially for families with twins. Vibrant colors and adorable critters adorn this chart designed to hang on the wall.

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" 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

"The Twins Room" Door Hanger

NEW! Everything is ducky with this cute framed print to hang on your twins' doorknob. The 3½" x 5", white, framed print comes with a green double satin ribbon to hang it from a doorknob, door or wall. Packaged in a white toile coordinated gift bag.

SS05001 \$13.95 each



Twin Hearts

NEW! Brush away your tears after reading this heartfelt poem by Teri Harrison, a mother of four.

Twin Hearts tells of the gift of twinship and the promises and encouragement a mother gives to her children in return. Available with blue, pink or yellow border, with matching ribbon. 11" x 14" matte print comes with a gift envelope to save a special letter for each twin. Also available: SS05003 5" x 7" card for \$3.25. Available in three colors: blue, pink and yellow.

SS05002 Unframed Art \$16.99 each

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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. 5 1/4"H x 7 1/4"W.

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"To a Mother of Twins"

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

SW00022 \$31.99 each

"Pardon Our Mess... Twins Live Here"

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

SW00021 \$31.99 each



B. 11"-x-14"

Twice as Nice Photo Frames

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

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 4 1/2" x 6" and holds two 1 3/4" x 2 3/4" photographs. Twice as Nice Bears and Balloons Frame is 8 3/4" x 6 3/4" and holds one 4" x 6" photograph.

- A. SF04002 Stars and Hearts \$12.99 each
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A.

B.



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Strawberry birthmarks

Jennifer's twin son was born healthy and robust, and took his bottle with gusto. But when he was 4 weeks old, he developed a red blister on his lip. Jennifer thought it was from nursing and would go away. It didn't. It continued to grow. The pediatrician diagnosed it as a vascular non-cancerous tumor called a hemangioma, commonly known as a strawberry birthmark.

These birthmarks usually develop soon after birth, and usually stop growing between 9 and 12 months. Some actually grow to be quite large, but most disappear spontaneously without treatment of any kind. They affect about 10% of all babies, and affect five times as many girls as boys. Premature babies have strawberry marks three times more often than full-term babies. Fully 90% of these marks disappear by age 1. The remaining 10% of infants have a vascular lesion significant enough to be cared for by a dermatologist. Jennifer said her son's hemangioma is now in the "involutitageson" stage, turning from red to gray and shrinking on its own.

Via e-mail

Pick me up, please!



Samantha and Haley, 2 months

Don't listen to friends or advisers who tell you not to pick up your 3-month-old twins when they cry, because it'll spoil them! No way can you spoil a 3-month-old baby by responding to his needs. Crying is an infant's language. By not responding to your babies' cries, you're discouraging their efforts to get your attention. Over time, it'll interfere with trust-building. Babies' cries actually aid your milk flow by releasing the hormones that are activated when you breastfeed. If you continually ignore your babies' cries, you may desensitize yourself to their pleas. Sometimes they just need to be held and comforted.

Babies on their backs, continued...

The American Academy of Pediatrics issued updated SIDS guidelines in September (see Nov/Dec TWINS, page 48), and as part of those guidelines mentioned that parents shouldn't use any type of baby-propping devices to keep babies on their sides. The reason? Side-sleeping carries risks of SIDS, also...young infants should always sleep on their backs.

TWINS™ interviewed Rachel Moon, M.D., at Children's National Medical Center in Washington, D.C., for some additional input:

- There have been some problems with use of foam baby-propping devices, particularly related to suffocation, if they're not used correctly, said Dr. Moon. So the AAP encourages parents to avoid using any

propping devices at all with their infants.

- The risk of causing your baby's head to become misshapen (flattened in back) by too much time on his back isn't a real issue, providing parents are holding their babies enough each day, and babies are on their tummies quite a bit during the hours when they're awake. The problem with so-called plagiocephaly arises when babies are "parked" by parents for too many hours on their backs in car seats, bouncers, floor and bed, often to make life more convenient for the parent, says Dr. Moon. If you need to have both hands free, put your baby into a sling or carrier during the day instead of "parking" baby in a seat where the weight is always on

the back of your baby's head.

- Parents need not worry if their baby rolls over onto her tummy in the crib during the night. The AAP has said it's not really necessary to watch constantly or flip a baby back over for safety.
- The AAP isn't issuing these updated warnings to create more anxiety among parents. The guidelines are intended to alleviate anxiety, in fact. But awareness of the need to put sleeping infants on their backs has improved so much that the incidence of SIDS deaths has been cut by more than half, down to just 2,200 cases a year from over 5,000 deaths annually not long ago. That's a payoff!

CHILDHOOD ASTHMA AFFECTS MORE THAN BREATHING

Kids with asthma may also be at risk for psychological problems such as depression, anxiety, and problems in their social lives, including peer interactions. Research findings published in the *Journal of Child and Adolescent Psychiatric Nursing* reveal relationships between asthma, anxiety and depression, and several aspects of social functioning.

The study focused on urban children, but these findings may also apply to non-urban and rural kids. Children with higher levels of anxiety and/or depression were more likely to have poorer interpersonal relations with others, feeling as though other children do not like them, do not respect them, and/or do not want to play with them. And children with asthma tend to experience more depression and anxiety.

These findings indicate parents and caregivers of kids with asthma need to pay close attention to the mental health needs of these youngsters. An estimated 9 million children in the United States have been diagnosed with asthma, making it one of the most common chronic illnesses among children.



Patrick and Ellie, 2½ years

Why the whining?

If you have a whining toddler or preschooler—or worse yet, stereo whining from both twins—you can slowly break the habit. First, listen to your own voice: Have you taught your twins the fine art of whining? Resist the temptation to whine back at your children. Second, acknowledge your child's problem and express understanding in a low-key voice. Get down on your knees and talk face-to-face. Third, don't give in. Instead of saying "No whining," say "Use your big-girl voice." Fourth, turn a deaf ear to whining. Tell your child you can't hear him. Ask where the big-boy voice is. Tell your child you can't understand what he's saying when he uses that tone of voice. Before long, the problem should resolve itself.

E-mail from Mona to friend:

They can now climb the countertops and open the refrigerator. While I was on the phone today finding flu shots, my evil twins opened the fridge and found the full bottle of chocolate syrup, which they proceeded to squirt all inside the refrigerator, on the floor, on toys, and on themselves...that was fun.

This evening while I was trying to take a bath in two minutes or less, they managed to clog the toilet. From the tub I hear and see water pouring onto the bathroom floor. After mopping the bathroom naked, I tell Lucas to pick up the diapers and take them to his room.

While in the process of doing this he slips on the newly mopped (by a large naked woman) floor and hits his head so hard it actually bounces. I am now a wet naked cold mommy soothing a screaming child while mumbling something to them about "if you would have listened to mommy and not flushed the potty this wouldn't have happened!"

I now have the evil twins in tub bathing them at which point Basil, the particularly evil twin, decides right in front of me to fill up the rinse cup and throw it onto the newly mopped (by a large naked woman) floor! I know what you're thinking...yes, he is still alive.

By this time Raymond (the sheepdog)

who usually sees it as his job to supervise baths every night, has gotten the hell out of there and is scared to come near the humans in the house because he thinks they all have gone crazy, which they have. (He also got a peek at the large naked woman mopping the floor and was traumatized.) Raymond decides it is all too much and throws up on the bedroom floor.

I have a call in to my fertility specialist to see what the return policy is.

Mona D.

via e-mail by her husband, who is still laughing

THE SIX DUMBEST THINGS MOMS DO

Don't be a suckermother, urges Maxine Schnall in her book "From Suckermother to Smart Mom." A smart mom doesn't confuse setting limits with being a mean parent, and doesn't let her kids run her ragged. A suckermother may be well-intentioned but is so insecure about not doing enough for her children that she ends up doing too much, exhausting her resources and leaving her kids unprepared for life in the real world. The top six suckermother mistakes:

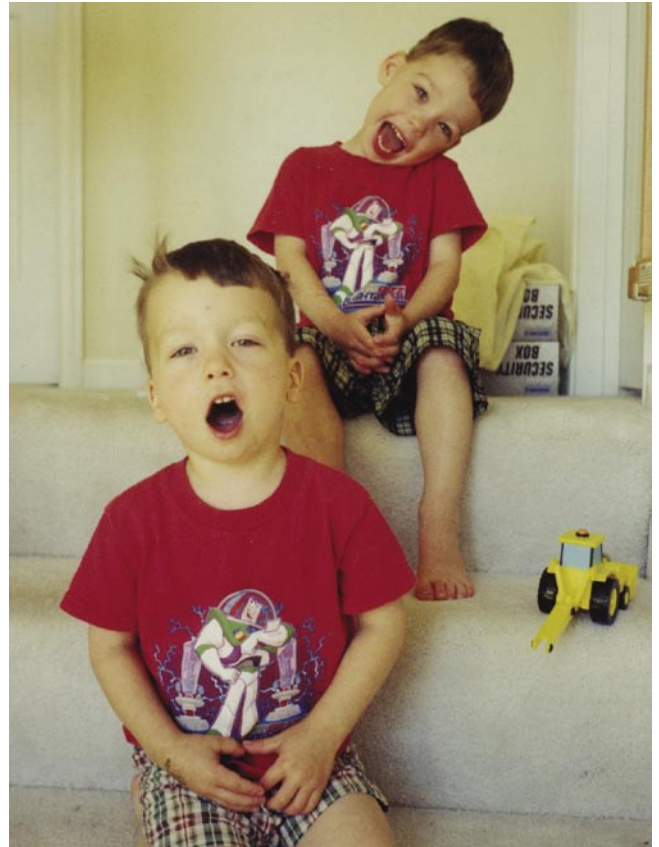
1 Mealtime. Your child does not like the dinner offered, so you prepare an array of other choices until you find one that doesn't make him turn up his nose or worse, spit it out.

2 Homework. You spend hours doing your child's homework with or for her, leaving no time to get your own work done. Hint: Provide a clean, quiet spot to do homework, let your kid get his own pencil and whatever else he needs, then walk out of the room.

3 Buying toys. Your house has become Toys-R-Us because you think every pricey toy will make your kid happier or smarter, or just so you can avoid your kid's nagging. Hint: Train your kids from the beginning to attach meaning to worthwhile goals and to their relationships with other people rather than their toys.

4 Bedtime. Your children insist you stay with them until they fall asleep, leaving you sleep-deprived yourself. This "mominsomnia" is harmful to health. Hint: Spend no more than a half-hour putting your children to bed and train them to fall asleep without you. Follow a routine: tooth brushing, shower or bath, read one small book, tuck children in (kisses a must), then leave the room immediately. Don't respond to crying by picking children up, cuddling, rocking, or doing anything to make your kids think their attention-getting tactics are working. If they continue crying, wait 10 minutes to check, and check again every five minutes until they fall asleep. If one or both come into your room and try to get into bed with you, march them right back to their own beds. No compromises! They'll soon be sleeping through the night...and so will you.

5 Activities. You think you can't keep your children up-to-speed and out of trouble unless you fill every moment of their lives with activities—lessons, sports and



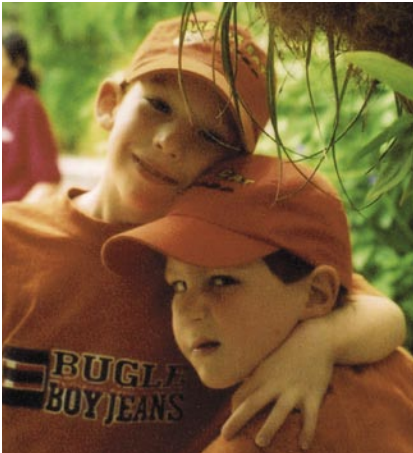
Nicholas and Jacob, 3 years

organized activities. You are chauffeur three to four hours daily. Overscheduling damages children—too much structured activity and focus on achievement at an early age can breed anxiety and depression, inhibit creativity, and limit the time children are able to spend with their parents. Most children need no more than two activities a week outside of school. Encourage old-fashioned games and engage in spontaneous activities: reading, watching a movie together, going on a walk or an outing, bike-riding, and just talking.

6 Discipline. Be the parent—the authority figure—and don't let children take the driver's seat even in the face of whining, tantrums, or stubborn defiance. Develop "mommy mojo"—the power to make rules of acceptable behavior and enforce them. Say no to unreasonable requests and don't back down. Withholding privileges is the most effective of the three main ways of enforcing behavior. When your kid becomes awesomely aggravating, respond calmly and firmly. Let your child know what the consequences of not listening to you will be, and enforce those consequences immediately.

For more information, visit www.LessStressforMoms.com.

Canden and Landen, 5 years



TV WATCHING AND SEIZURES

The Epilepsy Foundation issued recommendations for families on how to limit the risk of seizures triggered by flashing images and certain patterns on TV, videogames, computers and other video screens. Children are especially susceptible to visually-induced seizures. Doctors who treat seizures (epileptologists) have noticed in recent years an alarming increase in the number of young people coming to them following seizures that occurred while watching TV, surfing the Internet or playing videogames. A televised Pokemon episode caused seizures in more than 700 children in Japan in late 1997. Exposure to flashing light and repetitive patterns does not cause epilepsy, but can trigger events in susceptible children. Many individuals have a photosensitive trait and when exposed to visual stimuli can be physically affected. For more information, go to www.epilepsyfoundation.org.

Stressed-out kids

Children have to be taught and shown how to recognize and talk about what's going on inside them when times are stressful. A recent KidsHealth™ Kids-Poll finds that children feel stressed and anxious because of friends or peers (21%), family environment (32%), and the pressures of school (36%). Help your twins learn from a very early age how to talk about their feelings when they're nervous, anxious or feeling under pressure. Children can learn from you how to think problems through and talk them out, especially with adults, when under stress. This poll revealed an alarming 28% of kids said they never talked to their parents about their problems when they were under stress; only 22% of these 875 kids surveyed said they talked to a parent a lot when feeling stressed. On the flipside, 44% of kids said they listen to music a lot, and 42% said they watch tv or play a videogame a lot, for relief when under stress. One hopeful finding: 52% of kids said they play or do something active "a lot" when under stress. That's good, but it needs to be coupled with the conversational skills and comfort level that make it feel okay to talk to parents.

Eating Right Pyramid FOR KIDS



- Make half your grains whole—choose whole-wheat bread, whole-grain granola, oatmeal, brown rice and low-fat popcorn.
- Vary your veggies—go dark green and orange with spinach, broccoli, carrots, sweet peppers and sweet potatoes.
- Focus on fruits—eat 'em for meals and snacks, fresh, frozen, canned or dried. Skip the juice.
- Get calcium-rich—build bones with

low-fat and fat-free milk and dairy products several times a day.

- Go lean with protein—eat lean meat, chicken, turkey and fish. Change your tune with more dried beans and peas. Add chickpeas, nuts or seeds to your salads, pinto beans to your burrito, and kidney beans to your soup.
- Change your oil—we need our oil, so get yours from fish, nuts and liquid oils including corn, soybean, canola and olive oil.
- Don't sugarcoat it—Avoid anything that lists sugar or sweeteners as a main ingredient.



∴ **Always use a tissue for that big sneeze!** >>>



Double Takes

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

1:: Rachel and Annie
17 months
Valley Village, California



2:: Colin and Conner
5½ months
Plantation, Florida



3:: Maggie and Sam
17 months
Waterton, Wisconsin



4:: Kalyani and Hari
3 years
Coppell, Texas



5:: Ahlea and Elija
8 months
Minneapolis, Minnesota



6:: Matthew and Katelyn
17 months
Antioch, Illinois



7:: Sarah and Sandra
6 months
Pasadena, Texas



8:: Aria and Anique
3½ years
Longwood, Florida



9:: Earl and Elijah
4 months
Madera, California



10:: Hayden and Landon
11 months
Manchester, Pennsylvania



11:: Rajanal and Raijanel
5 months
Dallas, Texas



12:: Anthony and Nicholas
7 months
North Bellmore, New York



13:: Sydney and Leah
12 months
Follansbee, West Virginia



14:: Michael and Matthew
2 weeks
Diamond Bar, California



15:: Eliana and Matthew
9 months
Irvine, California



16:: Charlotte and Alexandra
8 months
West Windsor, New Jersey



17:: Logan and Morgan
17 months
Aurora, Colorado



18:: Marcus and Caroline
10 months
Metuchen, New Jersey



19:: Kyle and Colin
9 Months
Hamilton, Ohio



20:: Noah and Lila
16½ months
Denver, Colorado

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:

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Attn. Art Director
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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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Based on parental reports

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HAPPY endings

Yes, we have no bananas!

“Mom, come quick! You won’t believe what the twins just did!” my 8-year-old daughter, Ashley, shrieks.

Although my 3-year-olds have fled, it doesn’t take a rocket scientist to follow the trail of empty banana peels through the den and up the stairs to their room. The bedroom door is closed but I can hear them scurrying about and conversing in hushed tones.

“Quick, she’s coming! Hide them!”

I turn the knob and peer inside. Allison and Alisha are sitting on their beds. Alisha’s cheeks are bulging as she tries to destroy the evidence.

“We don’t have no bananas, Mom. See?” Alison chirps, holding up her hands. She turns them one way, then the other.

Alisha, meanwhile, is patting a big lump under her covers. “Me, either, Mom. I don’t have no bananas!”

I suppress a grin as I pull back Alisha’s blankets, revealing two whole and four half-eaten bananas. I try to look stern as I chide them and explain for the umpteenth time that they shouldn’t take things without asking, because it’s like stealing.

Wasn’t it just yesterday that I found the two of them with the container of frozen strawberries? A few days earlier, they had snatched the bowl of refried beans from under my nose while I was cooking dinner. These incidents had come on the heels of the thieves nabbing the sugar bowl, a bag of apples, a colander full of fresh mushrooms, and a loaf of bread! Were they planning a smorgasbord or what?

Am I raising true partners in crime who will grow up to lift many packets of ketchup from Burger King, or worse yet, knock off quick-mart stores at midnight?

“We’re sorry, Mommy,” Alisha’s voice pulls me back to the present.

“Yeah, Mom, we won’t do it again,” Allison echoes.

Their woeful expressions convince me they are truly repentant, at least for the moment.

I grant them pardon, and they smile angelically. As I turn to leave, I have the sneaking suspicion they might already be planning their next heist!

Rebecca Evans
Kernersville, N.C.

Wave bye-bye!

Our boys are just beginning to wave bye-bye on cuem but are only about 70% accurate. Yesterday, I was frustrated with Ian because he was messing around during our post-nap nursing session, so I said to him, “Okay, you’re done. Say bye-bye to the nice breast.” Not knowing I was being a bit sarcastic, he dutifully waved bye-bye!

Megan, mom to Ian and Jeremy
Via e-mail

Nighttime performer

My girls, Kiara and Kalyna, have a musical toy on their cribs that we use to play music at naptime and when they go to bed at night. They are both crazy about ‘Twinkle, twinkle little star!’, one of the songs on the music box. Now they take much longer to fall asleep because they keep playing it and singing to it. This morning at 4 a.m., I awoke to hear a little voice singing to the music box, “Twinkle, twinkle little star...” Kiara didn’t want me to turn it off, but I explained it was really still nighttime and we should all be asleep. She complained a bit, then said, “Twinkle star broken. Twinkle ALL done!”

2blessed
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Twin Vision

By Brian and Brad Jones



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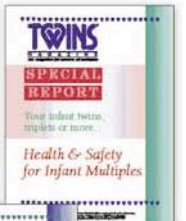
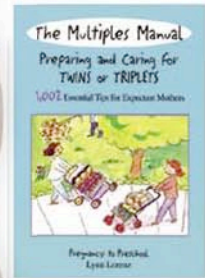
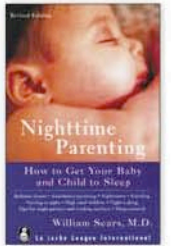
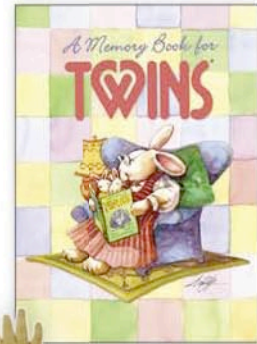
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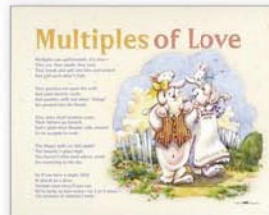
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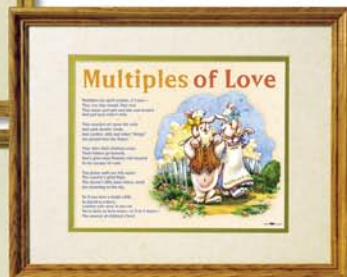
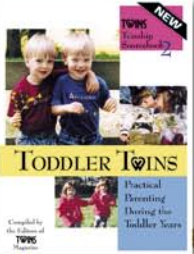
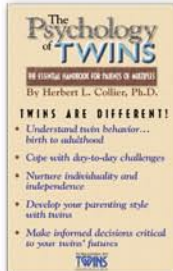
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