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Hug-a-bugs **Paige** and **Piper Monington**, Aurora, Colo., are identical twins who turned 3 in April. They love to play with their kitchen set, and draw with markers and crayons. They have two older siblings, Luke, 8, and Julie, 7.

Cover Photography by **Bernard Grant**
Clothing courtesy of **Unlimited Additions**,
www.TwinsClothes.com (ad on page 15)



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Oh, we have such an exciting issue for you this month! There's always so much happening in the world of multiples. The TWINS™ package is bigger than ever—68 rollicking pages for your education and enjoyment. Our biggest issue in a long, long time!

One of the best articles we've ever seen on the subject of controlling your twins' placement in the school classroom starts on page 44, by Rachel Franklin, a physician and mom of twins in Oklahoma City who frequently writes for us and contributes to our TWINS™ Message Board online. Rachel's home state is one of only two in the nation giving parents the primary say about whether their twins will be kept together or separated in school. But even if "the system" is against you, Dr. Rachel believes all is not lost—check out her tips for getting your way and overcoming bureaucratic rigidity when pleading your twins' case.

"Is it possible for twins to be 'too much alike'?" We lobbed this question parents often ask us to our regular columnist Jennifer Jordan, a 27-year-old fraternal twin who is an exceptionally thoughtful young woman about what it means to grow up as a twin. Jennifer is introspective enough—coupled with her ability to write very clearly—that she articulates well for all of us what the issues are for kids and for parents. She gives us her "take" on the subject, as she speaks "From the horse's mouth" on page 28.

Hear! Hear! We're hereby launching a brand new regular feature that gives you an excellent arrow in your parents-of-multiples quiver: Ask the Nanny! Michelle LaRowe specializes in being a nanny for families with twins—she's on her third such assignment now—and does she ever talk sense! For her inaugural article, Michelle says it's never too early to start setting parameters for kids...they'll test their limits endlessly, but they also learn quickly, from earliest infancy. Such smart little critters! And devious, too.

Michelle's a noted author (the best-selling "Nanny to the Rescue!" series) and was National Nanny of the Year in 2004. She's full of common sense and wisdom—we're so proud to have her with us.

We've been hearing from hundreds of moms lately on a range of topics—taking twin babies, toddlers and pre-schoolers on long road trips; fascinating things we all store in our kitchen junk drawers; the good, bad and ugly of certain kinds of baby equipment our readers have spent small fortunes purchasing. This gives you an idea of some stories we're writing for the September/October issue. Stay tuned!

Check in with our TWINS™ Magazine Message Board online (nicknamed the TMMB)...we've just added about a dozen new Forums for you to meet, greet and learn from each other on subjects ranging from travel to finances to strollers...from the esoteric to the nitty-gritty, the ridiculous to the sublime.

Here's wishing you all the best for a glorious summertime!



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Longtime friends and now business partners Amanda Langston (L), Melisa LaTour (center) and Amanda Jaron (R), each holds her set of twins, as they celebrate the successful launch of their jewelry design and marketing business, www.RocksToBuyBaby.com.

“T” is for Twins!

Consider the odds against this happening...three friends from very disparate walks of life meet as career women in New York City, become friends over the years, and all three end up moms of twins! And now they're business partners as well.

Amanda Jaron, Amanda Langston, and Melisa LaTour laughed together, shopped together and enjoyed their lives as business-people and newlyweds. They ultimately decided to chuck the long commutes and 9-to-5 corporate grind in the big city, and all three became parents of twins, Jaron first in 2004, followed by LaTour and Langston in march and August of 2005, respectively. They teamed up to launch the jewelry design and marketing business in autumn, 2005.

Guess what? They sell customized baby and new-mom jewelry to a lot of moms of twins!

Jaron, an artist and designer with more than 15 years of experience in jewelry design for Givenchy and Avon Products, now lives in Naples, Fla. Her two cohorts, Langston and LaTour, still live in New Jersey, and handle public relations, sales, marketing and merchandising for the business. All three are happy to have more time to be wives and moms of twins now than they had before.

“We feed babies, make phone calls at naptime, and juggle everything else our twins and our clients require—all day and in most cases all night!” laughs LaTour. “We figured if we all applied our professional expertise with as much passion for the business as we have in our personal lives, we’d build a great company!”

The three may be tired, but they're happy. “Our clients and customers have become part of a bigger family for us,” says Jaron,

the company's president. “They e-mail us ‘their stories’ after reading ‘our story.’”

One mom of 3-week-old twin girls bought a \$260 Atlantis bracelet in sterling, with mother-of-pearl, CZ stones and freshwater pearls from Jaron's other company, www.ajaron.com, to celebrate her new g/g twin infants. Another mom of g/g twins went for a “Baby Bling Bracelet” at \$99 from RocksToBuyBaby.com to commemorate the birth of her doubles. The bling-bracelet has a leather strap in blue or pink, with sterling clasp, and CZ stones.

“We've been quite surprised that about 25% of our customers have been moms of multiples since we launched,” says Jaron. RocksToBuyBaby.com has two other pieces that are quite popular with the multiples world: “Binki Charms” in either blue or pink (sterling with enamel, \$32 each; 14k gold with enamel, \$85 each), and a “Twins Forever” knot ring in sterling with enamel (\$80).

[RocksToBuyBaby](http://RocksToBuyBaby.com) sells primarily online, and through a handful of boutiques (two in New Jersey, three in Florida so far).

Could Campellone girls be next Olsen twins?

In the Spring 2006 series finale of TV's “Will and Grace,” Leo and Grace are together in the kitchen having a conversation, but a new face joins them as they move to the sofa—their daughter, Laila. Yes, Grace had a girl! As they head out the door to the zoo, the little girl says, “Bye-bye.”

In another scene, the 1½-year-old is all smiles while Grace tells Leo how much she misses Will. In pigtails and jammies, Laila is so comfortable with the actors that you might forget she is one, too.

Who are these newcomers? They are Sophia and Elana Campellone, identical twins from Orange County, Calif. In the style of the old “Full House” series, both kids play Laila—Sophia in the first scene and Elana in the second.

The girls stole a scene in rehearsal by reacting to Grace's sad tone at one point with an, “Uh, oh!” that had the crew laughing.

Harry Connick, Jr., who plays Leo and has three daughters of his own, was also impressed. “Those girls are beautiful,” said Connick.

The Campellone twins were cast from a photo sent by their agent at [JetSet Models](http://JetSetModels.com). They were chosen for their similarity to Deborah Messing, who plays Grace. For more information about the agency, e-mail paloma@jetsetmodels.com.

E-mail In the News items to:
twins.editor@businessword.com.
 Please type “In the News” in the subject line.

Kid's seat in back is safest

Young children are far less likely to be seriously or fatally injured in a car crash if they're securely fastened into a child's car seat than if they are simply buckled into the regular seat with a set belt.

The risk of serious injury or death in a crash was nearly one-third lower for kids aged 2 to 6 if they were sitting in the back, and were fastened into either a child safety seat or a booster seat, instead of secured by a seat belt, according to a study done by researchers at Children's Hospital of Philadelphia. Even if there was "gross misuse" of the child's car seat or booster seat, the risk was more than one-fifth lower than a child would be killed.

Twins-in-school bill introduced in Pennsylvania

Twins-together legislation was formally introduced in Pennsylvania's senate June 13. David Brightbill brought to the floor S-1248, giving parents of twins or higher-order multiples a primary voice in the placement decisions of their children (either separate or together) within school classrooms. Seven other state senators cosponsored the legislation, including the chairperson of the senate's education committee.

Pennsylvania's house is still collecting cosponsors for its version of the bill, which is expected soon. The bill is modeled after legislation enacted in Minnesota in late 2005. View the bill at www.legis.state.pa.us or www.ramotc.org (Reading Area Mother's of Twins Club webpage). Victoria Zimmerman, president of the ???-member twins club, has been instrumental in pushing for this legislation.

Only two states—Oklahoma and Minnesota—currently give parents of multiples the primary voice in decisions about school classroom placement for their twins. Petition drives and other efforts are underway in at least 14 other states to have similar legislation introduced, eliminating the mandatory "twin separation" rules in force in many states and local school districts around the nation for decades.

New foundation is launched

The TTTS Race for Hope, based in Denver and begun in 2004, expanded its mission by launching the Fetal Hope Foundation. The new Fetal Hope Foundation joins the long-established TTTS Foundation in furthering knowledge and treatment of twin-to-twin transfusion syndrome (TTTS).

"Our mission is to offer support, provide information, fund medical research, increase awareness and be an outlet for leading medical information pertaining to fetal distresses and syndromes," said Lonnie Somers, father of TTTS twins saved by groundbreaking TTTS fetal surgery and founder of the Race for Hope and the foundation. "Fetal Hope is all about arming families with information to save their babies' lives."

Somers, who is the foundation's executive director, has aligned the foundation with a number of the world's leading fetal medicine centers and doctors. Fetal Hope expects to help families dealing with conditions beyond just TTTS, including acardiac twinning

(trap sequence), amniotic band syndrome (ABS), and fetal lower urinary tract obstruction (FLUTO).

Fetal Hope provides support and factual medical information for families, creates awareness through events and media campaigns, funds research, training and new fetal centers through grant programs, and tracks the latest technological breakthroughs saving babies' lives. Fetal Hope's medical advisory board includes seven of the nation's leading fetal medical centers and eight of the nation's foremost fetal surgeons.

FHF's website, www.FetalHope.org, contains medical resources and information about the leading fetal diagnostic and surgery centers, contact details, a message board for families and friends, and information about supporting the Fetal Hope Foundation's TTTS Race for Hope events, national pledge drive and direct donations.

Somers's wife, Michelle, underwent in-utero surgery nine days after TTTS diagnosis to save their daughters, Ashley and Aspen, now 3. "Ashley and Aspen are poster children for what can be, and what can happen when there is hope," said Michelle Somers, FHF secretary and director.

TTTS survivors could be on 2007 calendar

The annual TTTS Race for Hope, a national charity event run by the Fetal Hope Foundation, Denver, announced it will produce and sell a 2007 TTTS "Hope for the Future" calendar to raise money for the Fetal Hope Foundation.

TWINS™ Magazine has agreed to endorse and help promote this national effort at fundraising for the cause of TTTS education, research and treatment.

Are your twins or triplets survivors of TTTS? If so, parents are invited to submit candid pictures to Lonnie@FetalHope.org no later than **August 31, 2006**. Selection of subjects will take place in September. Parents will be notified if their children are selected to appear on the calendar. No professional photos or studio-shots, please.

Photo submissions: E-mail each individual photo in a high-resolution (600 dpi or more) jpeg format. Put "Calendar 07" in the subject line. Each photo must be accompanied by names of children, ages of children, parents' names, address, city/state/zip, and phone #. A signed photo release form (Use the TWINS™ Magazine release form in the magazine or online at www-TwinsMagazine.com) must be mailed to Fetal Hope Foundation, Attn: Calendar, 9786 South Holland St., Littleton, CO 80127 and received no later than Sept. 10. Photos taken in any setting and throughout the year may be submitted, including seasonal and holiday pictures.

The calendar will include a memorial section for families that lost babies or children to TTTS or other fetal syndrome. To have your child's/children's name(s) included, e-mail the information to Lonnie@FetalHope.org.

Calendars are expected to be available in October, priced at \$20-\$30 each. For information, contact Lonnie@FetalHope.org or call 1.877.789.HOPE (4673).

Emotions run high on subject of breastfeeding

Is formula-feeding as risky for babies as having their moms ride a mechanical bull, smoke or drink during pregnancy?

That's what the U.S. Department of Health and Human Services warned in a series of public service ads that ran for the last two years, according to The New York Times in a mid-June news story on its front page.

A member of the TWINS™ Magazine Message Board (TMMB), "Nursechic," posted a copy of that story in the "Buzz, News, Stories, Vents" forum (<http://www.twinsmagazine.com/vbulletin/showthread.php?t-45697>), instantly triggering a lively discussion in recent weeks. Some 90 posts appeared on the thread within only 24 hours. Moms of multiples have some very strong feelings about being made to feel guilty if they haven't breastfed their babies.

"Countrygirls" summed up her feelings—and the feelings of many other moms—about the discussion in post #75: "Sure breast milk is the best food choice for babies. Absolutely. If the choice is between breast or formula, breast wins, hands down. And I applaud all women who choose and are able to breastfeed. I respect their right to do so in public without fear of scorn or ridicule. I don't have issues with those who breastfeed past the first or second year. It would not be my choice, but then again, it is not my choice to make. Kudos to all for doing what they believe to be the absolute best thing for their children.

"However, when the choice is between formula or starvation, formula is the best choice. And when mothers choose or are forced to formula-feed their babies, due to medical, emotional, or occupational issues, I respect that decision or need. Kudos to all for doing what they believe to be the absolute best for their children.

"I don't think...many here are saying...formula is better because their kids turned out well. I think many of us are reacting to the continued air of superiority suggested by the advertisement. It seems almost inevitable that if you mention...you formula-fed, a woman who...chose to breastfeed will state how (her) way is 'best' or 'better.' And they may not even realize how judgmental that comes across to those who didn't do exactly the same. I'm sure...they aren't considering every possible situation the formula-feeders may have been in, but are simply looking at the fact that Mother A used formula—not that Mother A is a person and may have WANTED desperately to breastfeed and could not, for whatever reason. The issue seems very black-and-white...and who cares if we hurt some feelings, just so long as more children receive breastmilk. (Which, if I remember rightly, is a synthesis of something said on this board.)

"I am not saying...every mother who supports and advances the cause of breastmilk education does this, or that every breastmilk

proponent here has incorporated every judgmental aspect of the discussion into their posts. All I am saying, as a woman who was unable to breastfeed, (is that) when the individual force of these posts is combined, the pro-breastfeeding sentiment comes across as judgmental, at the least, and downright vicious, at worst, and...puts people on the defensive.

"I'm sure someone will jump down my throat about this, but it just seems to me that on this and a few other contentious topics, perhaps we could all treat each other with a touch more sensitivity."

To join the conversation, go to www.twinsmagazine.com and click on "Message Board." You can search "breastfeeding," or go to the Breastfeeding forum. Also, see a classic article on breastfeeding premature twins on page 20 in this issue.

North Carolina mom delivers 3rd set of twins

Dorothy E. Saunders, who is only 29, delivered her 3rd set of "natural" fraternal twins Mar. 16. She and her husband will celebrate their 10th wedding anniversary in late September. They now have eight children under 8, consisting of two singletons (#1 and #4) and the rest twins. Their first twins—both girls—arrived in June, 2001. The second set—a boy and a girl—heralded the new year in January, 2005. The newest babies are two girls. Saunders asked TWINS™, laughingly, "Am I guaranteed another set of twins with any future pregnancies?"

Saunders is very good-humored about it all, and laughs a lot when talking to others. Any hints for other moms of twins? "Take it one day at a time, and one baby at a time. That's all you can do!" When Saunders gets ready to lose her patience or her mind, she piles the entire brood into the car and drives to the Blue Ridge Parkway, which is about five minutes from her house. "It's beautiful and peaceful. All the kids go to sleep in the car. And I have some peace and quiet!"

Seattle woman has quintts who survive

Courtnee Stevenson delivered quintuplets in late March at Swedish Medical Center, Seattle. All five babies, ranging from 2 lbs. 12 oz. to 3 lbs. 12 oz., survived, a rare occasion in the world of multiples. Four girls and a boy were delivered by C-section. The Seattle-area moms of twins club is helping the family out, and collecting clothes, equipment, and handling diaper-and-feeding shifts for the Stevensons. The family lives in a mobile home, but their community church had begun raising money and volunteers offered to build a new home for the suddenly-large family. Courtnee and Mike also have a 3-year-old daughter. Courtnee had undergone fertility treatments.

Affiliated Genetics defends its track record of DNA testing

In your May/June issue, a reader inquired about companies that do testing to confirm for parents whether their twins are identical or fraternal. You mentioned one company that does such testing, but we want your readers to know that we are a leading zygoty testing company also.

A parent of twins could always search the Web under “zygoty testing.” I will argue that when comparing laboratories, Affiliated Genetics has a longer track record with many more zygoty tests performed than our leading competitor in this field. We are also one of only 50 laboratories world-wide that is accredited by the American Association of Blood Banks for Relationship Testing (which our competitor is not). Results are reported by Kenneth Ward, M.D., who is board certified in four specialties (OB/Gyn, Perinatology, Clinical Genetics and Molecular Genetics) by the American Medical Association. I am not aware of any genetic laboratories which perform DNA zygoty tests that compare to the qualifications mentioned above, including Proactive Genetics.

Affiliated Genetics has been a loyal advertiser with TWINS™ Magazine since its inception. Dr. Ward has even written numerous articles for TWINS™ Magazine. Your not mentioning Affiliated Genetics was a slap in the face.

Jeff Ward
Vice President
Affiliated Genetics
Via e-mail

Editor's note: We apologize profusely to Affiliated. Chalk our oversight up to plain old faulty memory.

On a mission

My identical twins, Stephanie and Jessica, are almost 13. They were born in two sacs, with two placentas, two amnions, etc. and I was told they were fraternal. They have always looked exactly alike. When they

were babies, when one would get a tooth, the other would get the same tooth. When one sat up for the first time, the other sat up for the first time. I had them DNA-tested (through an ad from your magazine!) and found out they were identical, all 10 out of 10 DNA markers were the same!

I've met so many parents over the years who tell me that their twins are fraternal and they look identical. I say, “How do you know they are fraternal?” and they say, “Because the doctor told me they were fraternal—they were in two sacs.” I explain to them that 25% of identical twins are in two sacs. I forget if it means they split extra early or extra late. I know I read about it in your magazine!

If I had listened to that dopey doctor, I would have thought my twins were fraternal too!

I make it a point now (kind of my mission in life!) when I see a mom in the supermarket or wherever with twin babies, to go over, ask questions, answer questions and find out if they were told their babies were fraternal but look identical. If so, I explain to them about the cotton swab in the cheek DNA test that can easily give them the correct answer. I tell them that they can purchase this test through an ad in TWINS™ Magazine! I tell everyone to get your magazine.

The No. 1 question I'm asked by moms of young twins is: “Will it ever get any easier/better?” I explain to them what to expect at the different stages—it got much easier for me after my twins could walk. And I found that the period from 18-24 months was the real “terrible twos” when they were very frustrated and couldn't communicate well.

Karen Forman
Via e-mail

Editor's note: Thanks to Proactive Genetics and Affiliated Genetics for their easy swab tests, thousands of parents who have wondered about their twins' zygoty got the correct answers and eliminated their puzzlement.



Robin Worley and her husband hold their three kids.

Seeking dwarf moms of twins

I am a 35-year-old dwarf mother of identical dwarf twin boys. I've searched the Internet over to try to find another dwarf mother of identical twins. My boys were 29-week'ers and spent five weeks in the NICU. They're doing great now. I also have a 4-year-old daughter who is dwarf. My husband is average height.

I've spoken with Amy Roloff in California prior to the birth of my twin boys. She has fraternal twin boys, one of whom is a dwarf and the other average height. I was just wondering if you'd ever heard from any other dwarf mother who've given birth to twins.

Robin Worley
Chattanooga, Tenn.
Via e-mail

Editor's note: Robin would love to locate and communicate with another mom in this situation who can help her understand what to anticipate in the future for her boys. Robin has a recessive gene for hypochondroplasia dwarfism, a milder form of achondroplasia dwarfism. She has average-sized parents and has a brother who's 6'4". She is one of four children, and is the only one who is a dwarf. Her twin boys turned 2 on Mother's Day.

Bilingual twins will catch up

This is in response to the Mail Box letter (May/June, 2006) “Delayed speech for bilingual twins?” My French husband and I are raising our 3-year old DZ boy twins to be trilingual. He always speaks French to them, about 90% of the time I speak

Spanish to them, and they get English everywhere else. We are both language teachers, have researched bilingual learning in children, and have informally surveyed everyone we know who is raising children in multiple-language households. All children (learning several languages at once), regardless of whether they are singletons or multiples, will take longer to speak than those only learning one language. My kids respond fairly well (as well as any 3-year old will) to all languages and they have just started to use the words themselves. Compared to any “normal” child, they are behind for the time being, but research says that they will be completely caught up and even ahead of the game by age 5. Also know that while sorting out the languages in their heads, children will many times use vocabulary from one language, and a grammatical structure from another. With good parental modeling, this too will correct itself.

Holly Dugenet
Via e-mail

Bilingual article coming

I read with much interest the letter to the editor from Nicolette Jones in the May/June 2006 issue. It was as though I was reading about my exact situation. I also have 19-month-old twins (girls) and am trying to teach them both English and German. As Nicolette said of her twins, mine are also only saying a few words now, though they understand tons of words in each language. I speak German with them and my husband speaks English with them. We also are using cards with English or German words on them to help them learn that each item has a word that goes with it.

An article about bilingual twins would be a great thing to feature in a future issue. If it is possible for me to get in touch with Nicolette, I'm sure we could be very helpful to each other. Thank you!

Barbara Schantz
Huntsville, Ala.

Editor's note: We helped Nicolette and Barbara link up. Stay tuned...our article on bilingual

twins is scheduled for Sept./Oct.

I read an e-mail from Nicolette Jones about the delayed speech for bilingual twins. Like her, we are raising a 25-month-old boy/girl twins to be bilingual; my husband and I speak in Spanish and English to them. They say some words and make a lot of sounds for each animal, or car, train, etc., but they are not yet speaking in short sentences. We have the same question she has. We will be grateful if some of the experiences readers can respond to our concerns. Thank you and gracias

Maricruz Solis
Southampton , N.Y.

Fight the schools

I want to thank you so much for sending me the TWINS™ Special Reports and past articles from the magazine to use when I called you, frustrated and distraught. Our local school and the school system here had me at a loss for what to do when our school system here in Bellmore, N.Y., tried to force us to separate our identical twin boys, Scott and Zachary, in kindergarten next fall (September, 2006). The time you spent on the phone counseling me how to go about changing this ridiculous “policy” was invaluable. I couldn't have done it without you.

We fought the system and we won! We had to go above the school principal, because all he would say is, “We separate twins. That's what we do. Period.” So we went above him to the superintendent of the district.

The superintendent did not even care to hear our evidence about the harm done to twins when they are forcibly separated at a young age. He didn't even want to meet our children. He did not care to hear any real information. I even discovered there had been a seminar for educators in a nearby district in which numerous experts advocated eliminating policies forcibly separating twins in school.

This was definitely a control and power issue for the superintendent. He wouldn't



Multi-tasking Mom: Gail Vivaronda in Ohio sent us this picture and wants moms of twins everywhere “to know they can do it alone!” But, hey, we wondered why Gail wasn't feeding both twins, feeding herself, writing a shopping list, cooking dinner, taking a nap, AND folding laundry all at the same time in this picture. Thanks, Gail!

listen to reason at all.

We wrote letters, we talked until we were blue in the face, and we are so tired. But we feel vindicated. The superintendent, when he finally gave in, told us categorically that the boys would be separated next year in 1st grade, even before he knows anything about how they perform in kindergarten. So we'll rest until next year when the same fight will have to be fought before the boys go into 1st grade.

If there's one thing I can say to parents of twins, it's this: Keep on fighting! No matter how long and tiring and stressful these fights are, people have to keep on advocating for their multiples because only the parents know what is best for their kids.

Stacie Benes
Bellmore, MN

Quit scaring me with constant SIDS reminders!

As my 10-month-old sons rest peacefully in their cribs for a nap, I would like to respond to an e-mail sent to you by Dee Dee Baker (Mailbox, Jan./Feb. 2006) regarding SIDS:

Dee Dee, you hit home for me. One line in your letter (and I quote)... “constant reminder that SIDS is lurking around the corner to take one of my children” encouraged me to respond. Thank you for your bravery in voicing your opinion and letting me know I'm not alone in my feelings about publications.

I read the article in a previous issue of TWINS™ in which a picture of 8-month-

old twin boys was surrounded by a SIDS article—under one of the photos, we were informed that this baby had died of SIDS shortly after the picture was taken. I cried for an hour and the image has haunted me ever since.

I immediately put the issue in the garbage and asked my husband to review all parenting magazines that come into the house prior to my reading them, and tear out SIDS articles. Am I hiding my head in the sand? No. I just don't need the constant reminders. I respect the recommendations set out by the Academy of Pediatrics and pray my babies are safe.

A comment by the editor of TWINS™ startled me as well. What mother who takes her baby or babies home from the hospital has not heard or read about "Back-to-Sleep?" I heard it from the nursery nurse, the discharge nurse, my pediatrician at the interview I had with him at 20 weeks during my pregnancy, in his office. It's written on the newborn Pampers diapers. I've thrown out numerous doorknob hangers. It's on TV; it was on cute posters in the hospital nursery and hospital hallways. How can that be missed? I understand TWINS™ Magazine's concern about catching these Moms who, somehow, fall through the cracks and didn't get this message, and need to be informed, but gee, how did anybody miss that message?

I guess I'm writing to say "Thank you, Dee Dee. I did not need to see that photo of those sweet boys, but did need to read that I'm not obsessing when I peek in on my precious ones in the night and they're on their tummies with their bottoms in the air...asleep."

Until my boys are two, I'll probably worry about SIDS or until I have something else to worry about, like child abduction.

Karen Colombo
Columbia, S.C.

Editor's note: This is a great letter, Karen. I certainly didn't realize for a moment that you were being "hammered" with this information to the extent you were. We'll try to stop being one of the hammers, and a scary, sad one at

that. Our fear is that new moms would become blasé and somehow "forget" that back-sleeping is important enough to pay attention to in those first critical months. In our last issue (May/June, 2006) we had two letters in Mailbox and a Family Coach item about the fact that once your babies are strong enough to flip themselves over onto their tummies during the night, it's safe to leave them that way and not always flip them onto their backs again, especially if they refuse to go back to sleep on their backs. Age and strength and development are everything, and tummies are okay for older, stronger babies.

Monozygotics are one gender

OK. Intuitively, I know this is a strange question. I vaguely remember reading a reference in your magazine about monozygotic twins of different genders. At the time I didn't think anything of this; however, I am now curious about the possibility of this occurring. I can't find the reference I believe I saw. Is this genetically possible, and if so, how does it happen and how frequently?

Thank you.

Kathy Schwang
Via e-mail

Editor's note: Nope, it isn't possible for monozygotic (or "identical") twins to be different genders. Monozygotic twins are literally "from a single egg" that splits at a certain point following fertilization. "Mono" means one in Latin, and "zygote" is egg. I think you might be recalling a discussion in TWINS™ in which we referred to twins that were dichorionic, and we therefore thought to be "fraternal" twins. We noted there are very rare instances when the single fertilized egg splits and the two embryos are encapsulated in two different sacs, or chorions; usually monozygotic twins are also mono-chorionic. But different-sex twins cannot be monozygotic; they are always dizygotic—di meaning two, so they are from separate eggs. Good question...thanks for your interest.

Mirror-image learning disabilities

Hi, I found a posting about mirror-image twins and am wondering if you have any information about learning disabilities in mirror-image twins. I have one twin who is having problems and one who is not. My

theory is that one is possibly stronger with the right side of the brain and the other stronger on the left side. Does this make any sense to you or sound at all possible? Thanks in advance for any input you may have.

Tina Brown
Via e-mail

Editor's note: Sounds entirely plausible, but we have no documentation of this phenomenon, nor hve we had discussions of it. Let's toss it out there for parents of twins and see if anyone else has had the same experience.

School separation depends on the twins

On May 2, I was driving to work where I teach reading to dyslexic children. I heard a lady on a Dallas radio station talking about how important it was for twins to be separated in school from the very first day of kindergarten. This was so that their "personalities would develop," and they would not come to "rely on each other." Of course, she was not a parent of twins herself.

I am both a parent of twins and a teacher. My fraternal boys are 4. We plan to keep them together unless a problem arises. At the present time, they complement each other quite well, and our district allows us to choose. I have taught twins who have been separated and twins who were in my class together all day. Both situations worked! No surprise to all you moms of twins out there! It should be up to the families—not the policies.

Some twins will flourish with their life buddy beside them, and some need room to branch out alone. Why do the administrators think they know what's best for thousands of twins who have thousands of various experiences and various needs? Leave it up to the parents, the children, and their teachers.

I called the radio station and gave my opinions—along with some quotes from articles I had read in (recent issues of) TWINS™ Magazine! I want to applaud KVIL Radio in Dallas, Tex., for bringing this very hot issue to the table. With the number of twin births on the rise, this is

an issue that is not going away. And it is an issue that will affect many children, parents, and teachers.

Thank you!

Patti Jo Raunam
 mom to Russell & Stone 9-07-01
 (fraternal boys) and Sawyer 4-02-04
 (singleton girl)
 Flower Mound, Tex.
 Via e-mail

'Wealth of knowledge'



Gracie and Jacob Sanchez at 5 months.

I have been subscribing to TWINS™ Magazine for less than six months and I have already found a wealth of knowledge in your articles.

My fraternal twins Jacob and Gracie were born at 31 weeks in September 2006. Two days after they were born, I was given a copy of TWINS™ by a family friend. One article was about co-bedding twins in the

NICU. My husband asked the nursing staff if our twins would be co-bedded. We were told that it was not the hospital's policy to do so. Later that evening, however, I received a call that our babies had been co-bedded! We were so excited!! They were the first twins EVER in the 50-year history of Antelope Valley Hospital (in Lancaster, CA) to be put into the same incubator.

It was such a big deal that the local newspaper even did an article on our twins. Our twins shared their incubator the entire month they were in the NICU with Dr. Thangavel (the neonatologist) and his wonderful staff of nurses. And now the hospital is regularly co-bedding other preemie multiples in our area.

You recently had another article regarding plagiocephaly. My husband and I had noticed that Jacob's head was fairly flat on the left side in the back. We had, in fact, already scheduled an appointment at Children's Hospital of Los Angeles when I read this story. At the time, we were kind of

"iffy" as to whether we wanted to fit him for a DOC band, but after reading what could happen if this condition went untreated, we had no doubt in our minds.

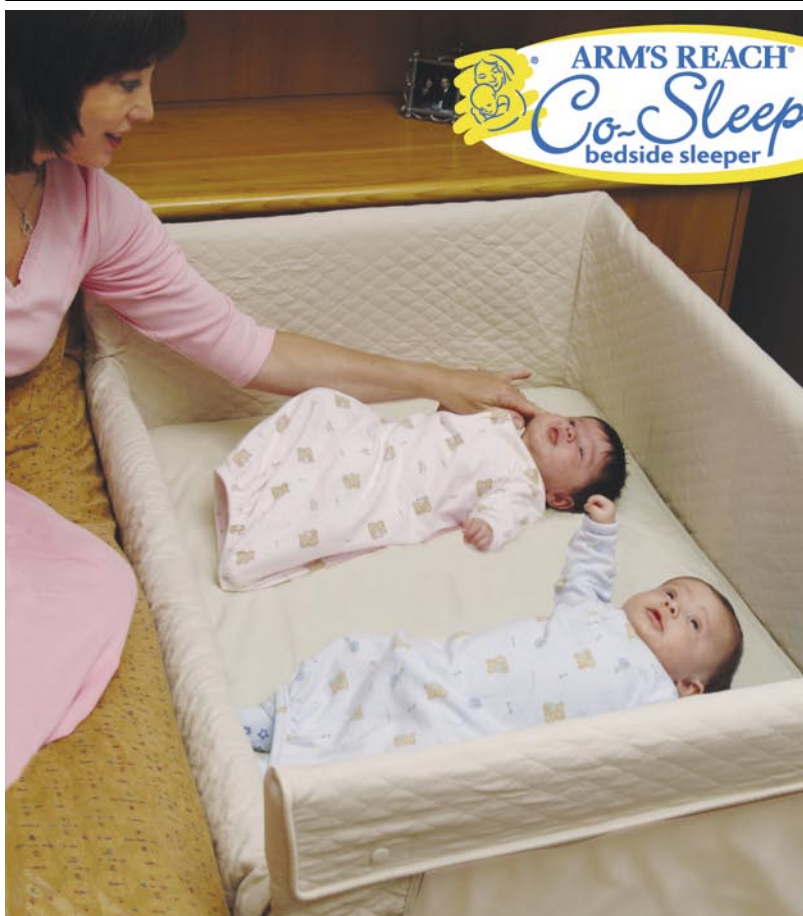
So, thank you TWINS™ Magazine for all that you share with the parents and families of multiples. We will be subscribing to your magazine for a long, long time!

Jennifer Slater-Sanchez
 Palmdale, Calif.
 Via e-mail

Editor's note: Our hearts are warmed by your praise, Jennifer. And most of all, we are so pleased that we can help bring about happy outcomes for families, one at a time. Keep us posted how Jacob progresses with his DOC band.

Know your airline's rules

This is just a warning note to other parents of young twins when they're about to take an airplane trip somewhere. When we were traveling for the first time via airplane (flying out of Minneapolis-St. Paul) with our 12-year-old and 20-month-old twins,



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Dr. William Sears
 Author and child care specialist



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everything was going well. We had decided to save some money and have both babies sit on our laps. We boarded the plane, took off and both babies had fallen asleep (thank god!).

It was, of course, at that time we were approached by a stewardess. She informed us one of us would have to move. My husband and I looked at her like she was crazy; the babies were sleeping, didn't she know NOT to wake them up for any reason? We were informed that in case of an emergency where oxygen would be needed, there would not be enough masks for all 5 people sitting in the three seats in our section.

Our 12-year-old managed to shimmy out from the window seat without waking anybody up and finished the flight sitting between strangers a few rows behind us. Does anyone know if this is typical of all airlines or just possibly the type of aircraft we were on?

Kari Schutte
Belgrade, Minn.
Via e-mail

Separate twins gradually

My boy-girl twins, now 5 years old, started daycare at 9 months. They were constantly together until they were 3, and the daycare center didn't handle it well when they did have to be apart. My children were put in separate rooms and only saw each other on the playground a few times a day. This was hard on my son, who regressed in his potty training and caused some behavioral issues. When they were 4, they started in an open-concept Montessori school, in the same "homeroom" the first year. They were allowed to choose other areas to play in—this allowed them to select different activities but still be within sight of each other. My daughter gained a lot of independence from this, and my son gradually became less dependent on his sister. This year, they're repeating that same pre-K year, but in different areas. Since they're both now familiar with the school, the teachers and the system in general, things have

gone very smoothly. They still occasionally play together on the playground and in the after-school program.

My advice: If your twins have never been separated, do it gradually, as we were able to do with the Montessori program. Try to keep them within sight of each other, for the reassurance. If the stress of separation is too much, end it. Three years old is pretty young to take away a major source of stability and security.

Lisa DelCol
Via e-mail

Have twins will travel



The Halloran family in the Cherry Blossom State Park, Osaka.

My husband and I just returned from a two-week trip with our 1-year-old twins. Not exactly your typical road trip, we were in Okinawa, Japan, to visit my twin sister. It was an incredible time, one we could never have imagined. We had more than 17 hours of flight time each way, and not one meltdown! We were very organized and it really paid off.

My twins were able to celebrate their first birthday in Japan with my twin sister and her family. It was very special. Our family photo was taken during our planned layover in Osaka, Japan, at Osaka's Cherry Blossom State Park.

Keep up the good work and encourage parents to get their kids "out there."

Danette Halloran
Via e-mail

Jake's out of helmet

Thanks again for publishing my article about Jake and his helmet (TWINS, May/June 2006, p. 33). I was happy to see from the letters to the editor in the last issue that at least one parent was motivated to advocate for helmet therapy for her son because of this piece. Just to update you, Jake has "graduated" from his helmet and we are extremely pleased with the results.

Susan Carney
Gilbertsville, Penn.

Editor's note: Susan's twins, Megan and Jacob, turned 1 the end of March after being born at 28 weeks' gestation.

Outdated twin site

In the March/April 2006 issue, Twinny tidbit #2 discusses twin modeling. The first site discussed in the article run by twins Debbie and Lisa Ganz (www.TwinsWorld.com). I was on this site for nearly an hour and did not find any current information. The last piece of information with a date was from 2004. This website has not been updated in a number of years. Just thought you might like to know. I enjoy your magazine and appreciate the recent article on toilet training infants.

Marna Schacknies
Via e-mail

Boston rendezvous

Just wanted to tell you how much I enjoyed the last issue of your magazine (March/April 2006). I especially enjoyed the piece on the TMMB Message Board. Several of your old-timers on the TMMB will be getting together in Boston in three weeks. Without you and this board, I wouldn't be able to count myself among them. Thanks.

Renee/doxiedoodle on TMMB
Via e-mail

Editor's note: We've had many, many moms write to tell us they've made wonderful friends on the TWINS™ Message Board (www.TwinsMagazine.com), and have met their friends in person.

Jacoby is a tap dancer!



Journey and Jacoby Dent.

I wanted to share this picture of our son, Jacoby, with his twin sister Journey in their dance costumes. Jacoby will be performing in his very first dance recital (tap/ballet) May 26th. He loves to dance and it has really helped him in areas of gross motor skills and social contact. We feel so very

blessed—I cannot thank God enough for bringing him out of the world of autism. (TWINS Jan./Feb. 2006) He's just such a great kid!

Lisa Dent
Greenwood, Del.

Changed my mind: Twins better when separated

I am a mother of 3-year-old twin boys, Jance and Jance Miller. They are in preschool and I was very against them being separated, but I have changed my mind within the last few months. One twin is very articulate and he talks and tells me more about school than his brother does. I also notice they take over each other's sentences when the other is talking or showing something. When I ask who they played with at school or, "What is your friend's name?" Jance says that he plays with Jace and Jace says he plays with



Jace and Jance Miller, 3 years.

Jance. I asked their teacher if they interact with other kids, and she told me they don't do this much—they love playing with each other. For these reasons I would love to separate them so they can start to somewhat find their own friends and their own directions without a brother pulling them his way.

Veronica Miller
Via e-mail

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the doctor coach

by Rachel Franklin, M.D.



Strange question, and I know it's virtually impossible to diagnose without actually seeing the patient, but...I suspect, in my limited knowledge, that my kids both are infected with giardia. They both had sudden onset

of very loose bowel movements, about 3-4 days ago. The caregiver at the daycare center noted that four of her kids also had loose stools. I thought nothing of it until I noticed that the output in their stools had orange, transparent, tubule shaped specimens. For both children. They resembled a parasite to me, so I did some digging and now as a result suspect giardia.

My question is, apart from a culture of the stool, does the parasite produce a characteristic like this in the stool that is evident?

Nursechic, on the Twins™ Magazine Message Board
(Editor's note: This mom is a nurse. Her babies were born Apr. 26, 2005. How can babies this young contract giardia? Is it ever life-threatening when such little ones have giardia?)



Dr. Franklin: Giardiasis is an intestinal infection caused by a parasite. It is very common throughout the world, and is present in soil, water, or other areas contaminated by the infected waste of people and animals. It forms microscopic cysts to survive outside of the body, and can live for a long time in this form. The symptoms of giardiasis are diarrhea, abdominal pain, nausea and gas or flatulence, lasting from 2-6 weeks. Because the cysts are microscopic, it would not be possible to see the cysts themselves as they came out; however, the stools are often greasy and float in the toilet (and are sometimes orange), so that could have been what you saw.

Other highly contagious diarrheal infections include rotavirus (most common in infants during the winter months—diarrhea is yellowish, explosive and has a particular aroma you'll never forget once you've smelled it); salmonella and shigella (both bacteria easily spread in daycare centers). However, only giardia has the symptoms you've described.

A doctor can diagnose the cause of diarrhea in several ways. The first is by looking at the stool under a microscope. If giardia cysts are seen, the cause is obvious. The second is by stool culture. For giardia, the cysts are difficult to find, so several stool cultures may be necessary. In a few cases, blood tests may be needed to look for complications (see below).

The biggest danger to infants and children from diarrheal illness is dehydration or hypokalemia (a low potassium level). If your baby or child has diarrhea, make certain to offer plenty of

fluid to drink to keep the child hydrated. The old advice to limit babies' and children's food intake while they have diarrhea has been proven false—continue to let them eat what they will and the illness will get better more quickly.



I have 12-month-old twin girls and they are doing great! Right now, though, I'm having difficulty with their eating. They eat a lot (sometimes can be picky) but generally eat well. I feel like they eat a lot. However, sometimes, they will suck their thumbs instead of eating what's on their tray or even after they eat, they are sucking their thumbs (and this is after they eat quite a bit). The way I've always known if they were hungry or wanted a bottle is when they suck their thumbs. My question is, should I be giving them more to drink with their meals? I generally give them a sippy cup towards the end of their meal and sometimes they take it. Also, breakfast is especially hard in trying to find what they like...I've tried so many different cereals and they usually turn their noses up at it after four or five spoonfuls (I mix it with fruit, too). I've tried waffles, pancakes, cereal bars, and mainly what they'll eat for breakfast is Cheerios (about 1/2 cup each), fruit (cut up peaches, pineapple, etc., about 1/2 cup each), split one piece of toast, waffle or pancake between them (which they usually don't eat all of) and if they're still hungry I'll split a yogurt between them. Is this enough? Also, do you have any tips on other breakfast foods I might try?

Holly, on the TMMB



Dr. Franklin: Babies develop taste preferences at about 12 months of age—your girls' behavior is normal. They will also eat more at one meal and seemingly nothing at another, frustrating their already sleep-deprived parents; however, this too is normal. Your twins' appetites revolve around a 72-hour schedule: their bodies will determine how much food and drink is enough for them every three days. Watch this and you will see that they will eat almost nothing for one or two days, then will inhale everything on their plates and ask for more for a day.

You are feeding them exactly the right things. Continue to offer a balanced diet at every meal, and offer them water, milk or juice during their meals as they seem to indicate a desire for it. They will neither overeat nor allow themselves to starve, and if you will offer a new item every one or two days they may find a new flavor they like.

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I promise I'm not trying to be insensitive to other moms whose kids aren't sleeping. That being said, I wonder if I'm letting my boys sleep too much. If they were perfect angels all day long, I wouldn't question this, but they sleep 12-13 hours per night and usually take a four-hour nap each day. (Some days just three, but today, five hours!) There are still many upsets throughout the day, a few tantrums here and there, and other things which appear to be customary at 18 1/2 months. I'm wondering if the boys' behavior could be affected by too much sleep.

I also wonder about blood sugar levels because we don't provide snacks between meals, just water. Inevitably, if I give a snack—healthy or not—they will hardly eat at their next meal. It really interferes. So, our daily schedule goes a lot like this:

8am- Breakfast, includes milk

10am-Or when they signal signs of sleepiness, go down for nap

2pm (more or less)- Lunch, also with milk

5pm-6pm dinner, with milk

7:00pm-7:30 Bedtime

Six hours seems like an awfully long time to go without food! That is my main concern. I'm really looking forward to your suggestions. On one hand, it's wonderful that they're great sleepers but on the other, the drama while they're awake is exhausting. Thanks very much!

Trailblazer (Jackie) on the TMMB



Dr. Franklin: At 18 months it is normal for children to sleep about 8-12 hours at night, with a nap in the daytime lasting 2-4 hours. Unfortunately, it is also common to have lots and lots of tantrums and other upsets while they're awake (I thought the so-called "terrible twos" were a lot calmer than the 16-18 month stage for my two!). Children at this age have not yet developed the ability to decide what they want well enough to refuse to go to sleep, and their internal clocks regulate the amount of time they sleep, so it is difficult to know completely whether they are getting "too much" sleep.

Two questions: First, is their behavior better or worse when they sleep less? Second, are they otherwise growing and developing normally? If the answer to the first question is yes, perhaps you should shorten their sleep times. If the answer to the second question is no, please be sure you have discussed your concerns with their doctor—some disorders of the metabolism or hormones (like the thyroid) can cause oversleeping and behavior problems.

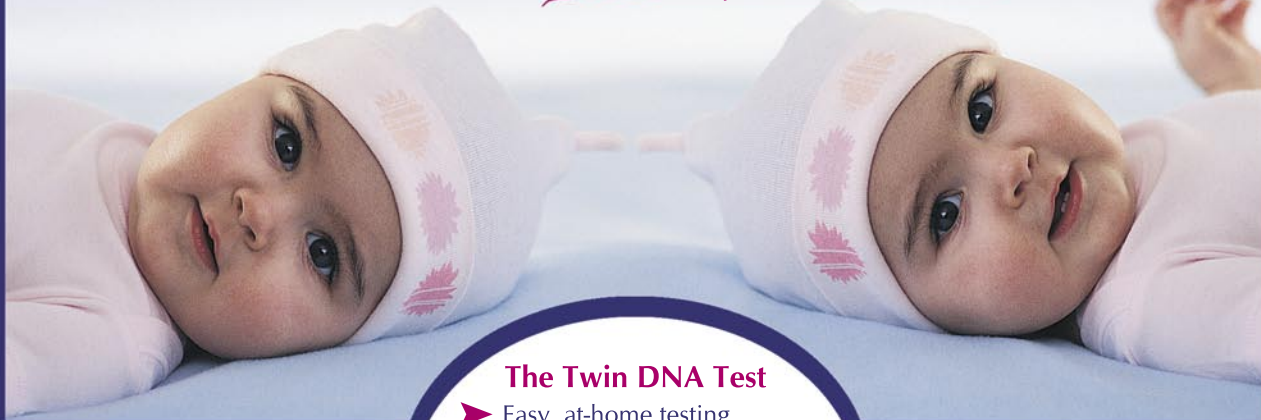
The diet schedule looks excellent. As long as the twins are not acting hungry between meals, six hours is not too long to wait between an evening meal and breakfast. ♥

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.

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Mythbusting: Twins, Sugar and Hyperactivity



By Steven Sainsbury, M.D.

As you pick up your 6-year-old twins, Christine and Morgan, from kindergarten, you notice they are unusually excited. They run far ahead of you down the sidewalk to your car, and can barely stay still long enough for you to buckle them into their car seats.

Chattering with you the entire way home, they rarely stop to take a breath. As you pull into the driveway, you remember that today was a special holiday party in their classroom.

“What did you two eat at the party?” you ask suspiciously.

“Chocolate cupcakes and fruit punch!” they gleefully exclaim.

No wonder they are so hyper, you mutter under your breath, resigning yourself to an afternoon of chasing twins around the house and maybe around the block.

Familiar story? Perhaps. But not for the reasons you may think.

Despite the commonly-held belief, sugar doesn't make children hyperactive. There is no established scientific link between diet and hyperactivity. Sugar does not cause hyperactivity nor does it cause hyperactivity to be expressed.

I know. I know. You're probably thinking, “How can he say this? Everyone *knows* our kids will bounce off the walls during a sugar high. Everyone.”

This myth probably started back in the 1970s when Dr. Feingold suggested that the degree of a child's hyperactive behavior was linked to sugar and food additives, particularly synthetic colors. He proposed the Feingold Diet, which prohibited the use of sugar, artificial sweeteners, additives, dyes or preservatives (along with many fruits and other “salicylate”-laden foods.)

Dozens of scientists put the Feingold Diet to the test, but conclusive support was never found linking these substances with hyperactivity.

In addition, sugar alone has been isolated and studied with regards to hyperactivity. Dozens of carefully controlled studies confirm that there is no link—hear this: NO link!—between sugar intake and Attention Deficit Disorder (ADD), Attention Deficit and Hyperactivity Disorder (ADHD), or just plain being “overly stimulated”.

So, then, why does the myth persist?

One reason might be parents' expectations and perceptions about diet and their children's behavior. Consider one study that looked at a select group of children who were all given a sugar-free drink. Half of the study-group's parents were told their children were given a sugar-laden beverage. Every parent—get this: EVERY

parent!—who thought their child was being given sugar rated the child as being more hyperactive! These parents also tended to be more critical of their children during this period, hovering over them much more than the non-sugar group.

We parents may at times create a self-fulfilling prophecy. Most of us try to limit the sugar and candy intake of our young ones, but relent during special times like birthday parties or celebrations. Of course, these are occasions when children tend to be more excitable and active anyway, so we may falsely attribute their behavior to their sugar load.

Critics of sugar in foods and junk food intake may point out the rise in the number of children diagnosed with ADD/ADHD over the past 20 years, and correlate it to the increase of sugar in our diets over the same period. But the link doesn't hold up. The simple fact is that educators, parents, and health professionals have become more aware of hyperactivity-related disorders, and consequently many more children have been screened and subsequently diagnosed with ADD and ADHD. Hence, the increase in ADD/ADHD diagnoses.

Currently, ADD affects between 3% and 15% of the population, depending on the criteria used and the population studied. The fact remains: Carefully controlled studies do not show *any* link between sugar intake and hyperactivity.

Am I advocating the use of sugar in our children's diet? Of course not.

High sugar use is clearly linked with obesity, a growing problem among our younger generations. What's more, foods high in sugar tend to be poor nutritionally, lacking in vitamins, minerals and other essential nutrients. They are often high in fat and are definitely responsible for increased tooth decay.

So do not misunderstand me—I am not a sugar advocate. I just don't think we have to chain our twins to their bedposts during the next cupcake-filled birthday party, or boycott Halloween trick-or-treating and the bags filled with goodies by carrying “STOP ADD” placards.

Besides, can any human being (child or adult) be expected to survive without chocolate forever? Unthinkable! ♡

Steve Sainsbury, a full-time ER physician since 1985, lives in a chaos-filled world as the father of eight in a blended family that includes three surviving quads, now 21. He's been finding time to send medical messages to TWINS™ since 1986. He lives in San Luis Obispo, Calif.

the family coach

parent-to-parent

Q My twin sons, Waylon and Benjamin, were born prematurely (26 weeks, 4 days) and I am constantly searching for ideas and helpful tips. The oxygen monitors, heart monitors and oxygen tanks are overwhelming, and I would love any thoughts as to how to make things easier. I need to know how to make this work, living with two, without any help from family or friends, and dealing with two premature fussy infants.

Stephanie

A Our twins were born at 30 weeks, 4 days. We had the heart/apnea monitors, but not oxygen. I put the monitors in small diaper bags and tied a blue ribbon on my son's bag, and a pink ribbon on my daughter's, so I could tell which one was which right off the bat. Let Stephanie know it will get easier, I promise!

Punkin8_97, on the TMMB
North Carolina

A My girls were born at 30 weeks and only one came home with equipment. She had an apnea monitor and an oxygen tank. She later got an oxygen monitor when I began weaning her off oxygen. Things get better over time. Stephanie needs to get in touch with someone she can talk to frequently, who has been through this before. The March of Dimes family support coordinator at my NICU put me in touch with another mother of preemie twins. Hers are about a year older than mine. She has been an invaluable resource. We usually talk at least once a week. I also became friends with another mother of a premature baby born at 26 weeks. We talk pretty often. That's good because we're going through it together.

Monica, on the TMMB
South Carolina

A I, too, am a mom of preemie twins. Jalen and Justin. Although they are identical twins they were born 10 days apart, at 22 weeks 5 days and 24 weeks and 2 days. I can assure you that things will become much easier. The oxygen tanks will go away, as well as the monitors. The most important thing is to try to keep them healthy. Any cold will land them in the hospital, and not always at the same time. At the first sign of a snuffle, grab that nebulizer and begin treatments right away. It can mean the difference between a cold or pneumonia. Just keep up the good work and it will pay off. My boys are in good health and now weigh in at 16 and 18 lbs.

(name withheld)
via e-mail

Family Coach question for September/October 2006

I have 3½-year-old twin boys and a 6-year-old son. My oldest twin is always bullying my other two sons. Is this normal? How do I discourage him from being so bossy?

Markisha Bunn
Philadelphia, Pa

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This article originally ran in TWINS™ Magazine in May/June 1994. NICU nurses and neonatal specialists have told us it's the "best thing you've ever had" about preparing yourself to breastfeed your preemies. So we think it bears repeating.

The Editor

Making it meaningful

A Basic Guide to Breastfeeding Premature Twins

by Cheryle G. Levitt

Premature births are usually unexpected, fraught with anxiety and worry over the condition of the babies. This is a very stressful time to be making decisions. But when newborn babies are in a neonatal intensive care nursery, parents are suddenly faced with many decisions that may have never crossed their minds.

Take the case of one mother-to-be, Donna. While Donna is pregnant, she

decides she will breastfeed her newborn, just as she did her first baby. She is feeling cool and confident about the plan until one day she discovers she is carrying multiples. The issues she considers become a little more involved.

Will I have enough milk? Should I supplement with a bottle? Do I have the proper support system in place to help with the other responsibilities in my life?

After careful consideration, Donna

sticks with her decision to breastfeed because it is the best thing nutritionally for her babies. Then, unexpectedly, her babies are born 13 weeks early. The issues really get complicated now—the medical personnel in the neonatal intensive care unit tell Donna it will be at least four to six weeks before her babies will be able to breastfeed. And their medical condition is much too unstable presently for them to even be tube-fed.

Help! Suddenly, Donna is discussing expressing her breastmilk, storage and transportation, instead of the "meaningful experience" she was looking forward to.

"Is it really possible to breastfeed premature multiples even if they may not be eating by mouth for several months?" Donna asks. Yes!

"Is mother's milk still the best food, even for tiny premature babies?" Once they can tolerate food in their stomachs, yes!

"Is it worth the pumping, storing and delayed gratification?" Obviously this is an individual response, but most mothers who persevere are rewarded soundly for their efforts.

A different experience

Separation of a mother and her newborn babies makes it more difficult for mom to get to know her babies. The bonding process naturally is prolonged, and there are many valid fears about the babies' survival that take precedence over establishing a relationship usually enhanced by successful breastfeeding.

The babies' appearance may be unsettling, very unlike the "perfect baby" parents anticipate. Tubes and wires in the NICU add to the confusion and despair. Often parents are unable to touch or hold their babies in the early days after birth, and certainly are excluded from providing any extended infant care.

Breastfeeding can become a lifeline between mother and babies as a way for the mother to do something concrete to help in their care. The milk, although not used initially, is stored until the babies are old enough to tolerate it, and then babies can derive great benefit from it. Eventually, the babies can learn to breastfeed directly

from the mother. The breastfeeding experience then becomes a relaxing, private way for mother and babies to make up for lost time.

The best way for delayed breastfeeding to be successful is for the mother to begin expressing her milk as soon as possible after their births, and to receive ongoing guidance from the hospital staff while the babies are in the NICU. After that, she should be counseled by a lactation consultant or similarly knowledgeable professional and other mothers when the babies come home. (See “Mothers Can Get Help!” on page 22)

Options for feeding

The American Academy of Pediatrics’ Committee on Nutrition recommends as first choice the mother’s own fresh unprocessed milk for a premature baby. The milk of a mother who has delivered prematurely is different from the milk of a mother who carries her babies to full-term. So-called “preterm milk” is actually higher in certain nutrients such as protein, sodium, calcium, iron and chloride, and therefore more suited to the needs of premature babies.

Infection-fighting antibodies are also higher in preterm milk, which is important since premature infants are more susceptible to infection. Donor milk, during pasteurization, loses some of the live cells that fight infection. Extremely early, small babies who are born prematurely can receive breast milk. Even the colostrums—a mother’s clear, yellow-colored early breastmilk available immediately after birth—is high in protein and certain immunologic factors and should be expressed to save for when the babies are ready.

Considered next best is frozen breastmilk, expressed by the mother and stored under proper conditions (see “Storing Breastmilk” on this page), followed by donor human milk. Donor milk is mature breastmilk that has been donated by other breastfeeding mothers. It is usually pasteurized, so it lacks some of the advantages of fresh preterm milk. Even so, it is still considered superior to formula because it is easier to digest, helping babies avoid

Advantages of Breastfeeding Premature Twins

1 Human breastmilk is easier to digest and better tolerated by most premature infants than formula. Proteins in human milk—unlike proteins in formulas—are completely broken down and absorbed by the human digestive system.

2 An enzyme, lipase, helps babies digest milkfat more efficiently and is contained in human breastmilk. Fat is an important source of energy for premature babies’ growth.

3 Human milk contains extra defenses against infection. Antibodies give a premature baby’s immature immune system protection from potentially serious bacterial and viral infections.

4 Research suggests that human milk contains hormones and enzymes, including certain growth factors important to your twins’ maturity, digestive and nervous systems.

5 Breastfeeding helps bring moms and their babies closer. Even before actually breastfeeding, twins can be fed their mother’s milk by tube. This can help mom feel “connected” to her infants even before she can care directly for her children.

Source: The Breastfeeding Answer Book (La Leche International, Franklin Park, IL, 1991)

Storing Breastmilk

When preemies are in the neonatal intensive care unit (NICU), before they’re able to feed orally on a regular basis, a breastfeeding mother must store her expressed milk. Some nutrients (fat, and antibodies) are thought to cling to the inside surfaces of the storage containers, whether glass, hard or soft plastic. The container chosen should be sterile or as clean as possible. To sterilize, rinse the container with boiling water before using it. Check with a lactation consultant or NICU staff member about the appropriate container to use, because the choice depends on the age and condition of the baby. The smaller the baby, the more precise the calibrations must be on their feeders. Additionally, the sucking ability of the baby must be considered. Freezing destroys some live cells present in the milk, but still offers the next best protection to fresh milk.

Many moms use 4-oz. sterile water bottles or hard plastic 2-oz. volufeeders (tiny, calibrated bottles that make precise feeding amounts easier to measure) available in the NICU nursery. Or you can use soft plastic bottle liners available in most drug/discount stores. The bottle liners are clearly the cheapest, most convenient to obtain and most popular. However, they have the following disadvantages: Removing air prior to freezing may cause contents to spill; seams may burst during freezing (double-bagging helps avoid this); bags may leak during thawing;

and it may be difficult to transfer breastmilk to another container after defrosting without actually touching and possibly contaminating the milk.

Bags absolutely must be labeled with the date and time of the expression, because frozen milk should be given to the babies in the sequence in which it was expressed and frozen. If fresh breastmilk is available, it can be alternated or mixed with frozen milk, so the baby receives the greatest benefit at regular intervals.

Transporting breastmilk from one location to another should take place in coolers or insulated bags packed with ice, preventing defrosting. Once defrosted, fresh breastmilk should be used within 30 minutes if left unrefrigerated. It can be kept in a refrigerator for up to five days if it is kept at a constant temperature of 40 degrees.

Breastmilk can remain frozen for differing amounts of time, depending on whether the freezer is inside the refrigerator, attached or free-standing. Maximum storage time also depends on the babies’ ages and condition. Check with the NICU staff and a lactation consultant for the guidelines pertinent to your babies.

Defrosting should be done in the refrigerator or under warm water, never in a microwave oven. Microwaves cause an uneven heating process that can cause the milk to become hotter than it seems, possibly causing scalding when fed to a baby.

bowel problems, to which premature infants are prone.

Special formulas designed specifically for preemies are available and can be used alone or mixed with human breastmilk if the mother's own supply is inadequate. The AAP recommends that formula be mixed with breastmilk for each feeding, rather than alternating between formula and breastmilk at feedings. Mixing the two helps ensure that the babies receive some human milk enzymes at each feeding. If necessary, human breastmilk can be fortified either by adding vitamin or mineral

Mothers Can Get Help!

A new mother of premature multiples has many resources for help in adjusting to breastfeeding: her local pediatrician; the hospital staff; LaLeche League; or a local breastfeeding support group. Check the breastfeeding and first year forums on the Message Board at www.TwinsMagazine.com.

The best option is to have guidance from a Certified Lactation Consultant (CLC). This health care professional is specifically trained and certified to meet women's needs related to breastfeeding, including how to handle multiples, premature infants, sucking difficulties, separation issues, and so on.

The LC works to prevent and solve breastfeeding problems and encourage a social environment that effectively supports breastfeeding families. The LC provides preventive prenatal and postpartum instruction.

In the hospital nursery, an LC identifies early breastfeeding difficulties and suggests appropriate options to a new mother and medical staff, including baby positioning, supplemental devices, and medications, if necessary.

Early hospital discharge of new mothers requires even more cooperation among health workers and a breastfeeding mother.

To find a lactation consultant in your area:

- Ask your OB/Gyn or pediatrician for a referral.
- Call maternity units at area hospitals for referrals.

supplements to the milk or by using specially-prepared formula designed to be an "extra boost" rather than a substitute.

Establishing and producing a healthy supply

Milk supply is based on demand; therefore, the more often the mother expresses her breastmilk during each day, the more milk she will produce. In addition, the sooner after birth that breastfeeding (or pumping) is initiated, the easier the process will be.

Within hours after giving birth to her twins, a mother should begin pumping her breasts simultaneously every two to three hours, working up gradually to 10 to 15 minutes per pumping session, says Margot Mann, a certified lactation consultant in private practice in Pittsburgh, Pa.

Short, frequent expressions will stimulate the body's production of more breastmilk than if mom has longer sessions at more widely-spaced intervals.

The average newborn needs to be breastfed eight to 12 times within each 24-hour period. Mann recommends that mothers begin pumping early in the morning (between 6 and 9 a.m.) and continue every two hours, sleeping through the night to build up strength and recover from the births.

Coping With Hospital Personnel, Relatives. . .

...and anyone else who tries to discourage you from breastfeeding your premature twins!

The decision to pump your breasts, store the milk, and eventually breastfeed your preemies is yours, and yours alone! It requires commitment, patience and perseverance. And sometimes the fortitude to stand up to others whose "expert" advice is to not bother.

How do you cope?

- Ask questions and read everything available so you can be well-informed.
- Express your intention to breastfeed early and often. Specifically request of all hospital personnel—before you give

The choice of pump should be based on the recommendation of the hospital's lactation consultant or nursing staff. There are several full-size electric models from which to choose; regular pumping precludes the use of manual or small, battery-operated pumps. All NICUs have pumps as part of their standard equipment, as well as private areas for moms to relax and express their milk.

Double-pumping"—pumping both breasts at the same time—cuts expression time in half and is almost a necessity for multiples. Some lactation experts believe double-pumping increases the release of prolactin, a hormone from the brain which, when combined with estrogen, progesterone and oxytocin, initiates and sustains lactation.

In order to maintain an adequate breastmilk supply, new mothers need to eat a well-balanced diet and drink copious amounts of fluids, not necessarily milk. The mother should remain on prenatal vitamins and check with her physician and lactation consultant about the advisability of supplemental calcium if she is not consuming milk.

A new mother's milk supply will often fluctuate with the babies' conditions—increased worrying might inhibit or delay

birth and immediately afterwards—that your babies never be given bottles with rubber nipples. These create nipple confusion and make the transition to breastfeeding much more difficult.

- Request support from all neonatal intensive care unit (NICU) personnel early and often. in the following areas: learning how, pumping, storing, learning cues from babies.
- Seek out personnel who seem most supportive and patient when explaining things. Develop relationships with them and use them as your advocates when necessary!
- If you encounter resistance, gently but firmly explain that this is your decision. Then call a lactation consultant, support group or other parents to help you persevere!

letdown of milk. Here is where the NICU staff, lactation consultant, family and friends can help ease a mother's burdens and allow her time to talk about her fears and anxieties.

Feeding with mom

When her babies are ready to feed directly from her breast, their mother needs proper education and support. The babies need to time to adjust, as well. The first few times at the breast are "get-acquainted" sessions, when babies simply become accustomed to the feeding position, to oral stimulation and maybe to the taste of the milk as well. The mother needs privacy, pillows for support and, initially, someone present to help her hold the babies.

Until nursing is a comfortable skill, only one baby should be fed at a time. Most small preemies need a hand held behind their head for support and are more comfortable in the "football hold" rather than the traditional "cradle hold", says Mann. Initial feedings are short, and usually on one breast only, to avoid tiring

and stressing the baby.

Pumping following a feeding maintains the mother's supply until the babies take over completely. While the babies are learning to nurse, it is advisable to provide other feedings by tube or a supplemental nursing system (SNS) to avoid nipple confusion. Rubber nipples require a different sucking action and, if used when attempting to teach a preemie to nurse, can actually delay an infant's adaptation to the breast by confusing the baby.

Back to basics at home


The priority for a breastfeeding mother with premature twins at home is to concentrate on the basics: the babies' needs and her own requirements for rest, a healthy diet, and support for her life beyond the babies. Guidance from a lactation consultant, La Leche or other breastfeeding group, and contact with a premature baby support group or other knowledgeable source are essential when problems occur.

Sometimes, for example, even after a breastfeeding routine is established, some

babies will not suck vigorously enough, gain weight properly or thrive on breast-milk alone. If supplements are necessary, a mom of twins need not turn to the bottle as her first choice. Alternatives for feeding her babies include using an eyedropper, a feeding syringe, cup, a spoon or a nursing supplementer. The mother must be comfortable with whatever method is chosen. As babies are adjusting to mom's breasts, these alternatives provide extra calories without introducing nipple confusion.

Breastfeeding my twins (who were full-term) for a year was a commitment, but I believe it was worth the extra effort for many reasons. The pumping, storing and delayed direct-feeding are part of the commitment a mother must make when delivering multiples early. But in return she gains an opportunity to derive immeasurable satisfaction from nurturing her special-care children in a very special way. ♡

Cheryle G. Levitt, RN, MSN, of Pittsburgh, is a neonatal nurse. She is the mother of four, including fraternal twins.



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Identity Theft

By Andra Barker

An editor asked me what life was like as the mother of twins. I instantly replied, "It's like living in a washing machine on spin cycle, and you never get out!"

There are days I still feel like a failure. I realize the laundry mound has crept to its highest measure yet and the dishes are turning green. Then one of my kids thanks me for playing ball with her, and I realize that I am not a failure after all. I am simply putting off the housework until the kids go to bed. I am spending valuable time with my kids.

When they are grown and gone, I don't want any regrets. So for now, I will sit in the spin cycle. Some days go by so fast that I can't even spell my name. Most days are like that.

One day in particular was total chaos. The twins were 3 years old and into everything. I would leave a room for two minutes and come back to a mess. They teamed up on me and ripped apart the entire living room in five seconds flat. They worked hard to set that record; I think it took them maybe a hundred attempts to achieve it.

I was never sure if I should be proud they had learned to work together or angry my house looked like a pigsty. I spent most of that hot summer day picking up books that had been thrown from the bookcase to the floor. It wasn't long before I moved the bookcase!

Around 9 p.m. or so that evening I finally got the twins to sleep. Our twins were born 10 weeks prematurely and our daughter had a rough few years as a result of her early birth. She had a feeding tube at the time, so I hooked her up to her feeding pump, covered her with a sheet, and went to do the dishes.

Like most moms, I retire about two hours after the house falls silent each night. For those few hours, I do the dishes, fold the laundry, and take my shower. Sometime around midnight, I slid between the sheets and fell fast asleep.

The alarm on Kelly's pump woke me. She must have tangled herself in the tube again, I presumed. Crunching my toes into my bunny slippers, I waltzed to the twins' bedroom.

The pump alarm was so loud it threatened to wake the entire household. Trying to quickly fix the situation, I threw back her covers and tried to unkink the tubing. I pushed on Kelly's stomach, felt around for the tube, but it was gone. I panicked and yelled for my husband. She must have pulled it out. I started really panicking. If she pulled it out, that meant we would have to throw on some clothes, hop in the car and drive three hours to the children's hospital to get it fixed. No easy task!

My husband came running into the room to find me in tears. I explained the situation. The kids for some odd reason were still snoring away! Must have worn themselves out destroying the house. My husband broke out in rolling-on-the-floor laughter. Just great! Here I am in a pickle, and he is suffering from nighttime giggles. A lot of help he's going to be, I fretted.

Just then my daughter woke up and sat up in her bed. That is—in her bed across the room. That whole time I had been searching my son's stomach for the tubing. He didn't even have a feeding tube!

I firmly believe this is the sole reason God chose to give me fraternal twins. Had they been identical, who knows the messes I would have caused! ♡

Andra M Barker is the busy homeschooling mother of 8-year-old boy/girl twins and a new baby boy. Her articles on parenting have received numerous awards. She is the author of "Life in the Washing Machine: Will it Ever Stop Spinning?" published last year by Wine Press Publishing. She and her husband Josh raise their family in Indiana. Visit her online at www.andrabarker.com.



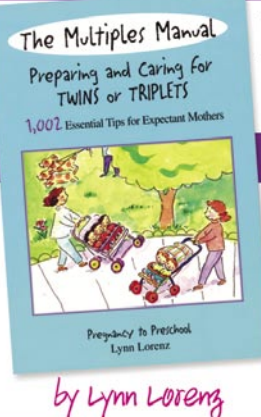
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Twins with a Twist

By Tracey Sharp

I really thought having twins would be easy. A lot of work, yes, but I was used to juggling—we already had seven children. How hard could it be to add two more at the same time?

I was so totally wrong. We ended up getting twins with a twist.

Our babies were born at 36 weeks. My son, Menzo, weighed 6lb. 5oz., and our daughter, Mavis, 6lb. 3oz. They were big for 36 weeks and were beautiful, perfect little babies.

Or so we thought at first.

Mavis had a small bit of skin missing between her index finger and thumb, which

doctors thought was a sucking blister, common in newborns. Things seemed fine the first two days. Then I noticed a few blisters in Mavis' diaper area. The doctor checked and found more on her hands and feet. So began our nightmare.

Doctors had no idea what was happening to Mavis and inserted an IV to deliver medicine and fluids, a terrible mistake, we learned later. Tests followed; Mavis was thought to have an infection of some sort. She continued to blister, causing tremendous pain. We could do nothing to alleviate it. We felt so helpless.

I begged the doctors to let me take

Menzo home—the other kids needed me and I missed them. But doctors hesitated, fearing Menzo would come down with the same thing. We promised to return with him at the first sign of blistering.

Mavis's daddy stayed with her the first night after I returned home with Menzo. It was long and rough. Mavis worsened and her pain increased.

Tests ruled out infection. Mavis was transferred to a larger hospital's NICU where she immediately underwent a skin biopsy. When we arrived there with Menzo in tow we were handed large packets of information about a condition called epidermolysis bullosa—EB, for short.

EB is a rare skin condition that causes painful blistering when there is even the slightest friction or rubbing. In simple terms, a person with EB has skin that lacks the glue to stay on. EB has no cure.

We had never heard of such a thing. We thought, "How bad can this be? We will just have to be very careful with her."

So much for positive thinking. Taking care of Mavis with her EB is much harder than we could ever have imagined!

Mavis worsened steadily while hospitalized...the blisters covered her feet and hands, stretching her skin so taut we thought it would burst. Her blisters were full of fluid.

It was awful to look at, not to mention

Epidermolysis bullosa (EB) is a group of inherited blistering disorders. They are usually quite rare and are passed on in an autosomal dominant fashion. There is a defect in the adhesion between skin layers (the dermis and the epidermis).

EB is divided into three major types: simplex, junctional and dystrophic. They are divided based on the level of skin separation and internal organ involvement. The most severe forms may be life-threatening.

Inflammation is not associated with EB. It is chronic and not curable. I would assume that the Sharps' child has the Simplex variant, which is the less severe form. The blisters often heal without scarring. Generally in the younger baby, the blistering affects areas of pressure on the feet, hands, neck, scalp, and lower legs.

As Mavis begins to crawl and walk, blister formation can be seen more on the knees, feet, buttocks, elbows and hands. In the milder form, secondary infection is the most common complication.

The propensity to blister decreases with age, and the long-term prognosis is good. Treatment usually consists of

topical treatment of the blisters and is supportive. There is no cure, although it does improve with time.

Blisters can be drained by puncturing, but the blister top should be left intact to protect the underlying skin. Infected areas should be treated with topical prescription antibiotic and dressings.

Families should receive genetic counseling due to the dominant nature of the gene that passes this condition along. Parents should also have a child with EB seen by a pediatric dermatologist for management of the skin lesions. As with any chronic debilitating disease, support for the family and counseling are an option that might be pursued.

Treating the child as normally as possible within the confines of the disease is also helpful. As Tracy noted in her original e-mail to us, the child does learn to "live with" the condition (she hasn't known it any other way!) and often can teach us all about tolerance and strength of character.

—Rebecca Moskwinski, M.D.
Natl. President, NOMOTC

how much pain little Mavis was in. Her feet and hands were bandaged up to the joints; the next day, blisters had covered her skin to the joint, seemingly spreading. So Mavis's legs and arms were bandaged to their tops. Once again, Mavis's skin blistered to the tops of the bandages. Bandaging just made things worse. Mavis's blisters were huge.

We dove eagerly into the information packets we were given about EB. We read that the blisters needed to be pierced to release fluid and prevent them from growing larger. But this hadn't been done. Medical personnel did this only after we confronted them with the information they had given us. Mavis's healing began after that.

While we were at the hospital with Mavis—Menzo with us—our seven other kids bounced back and forth between friends, who generously helped when we needed it most. Our oldest daughter handled a flood of calls from friends and

family wanting an update on Mavis's condition; she made us so proud.

Hospital personnel taught us to bandage Mavis so we could take her home. No matter how difficult this would be, we wanted our baby home. The hospital asked another mom whose child has EB to help teach us. She taught us a lot—her practical experience made her a real expert on this condition.

Mavis had trouble eating, which caused blisters in and around her mouth. Using a bottle or nursing caused tremendous pain. We thought all the white in her mouth was thrush, but it was actually blistering sores.

While Mavis's IV was not used, it still posed a big problem. It had been taped to the full length of her arm, causing a big problem—EB patients can never have anything taped to their skin. (Mavis can never use Band-Aids™ or have any tape on her fragile skin.) The IV tape actually took more than three weeks to come off on its

own, by keeping it moist and cutting away all loose pieces.

After almost a week in the NICU, Mavis was discharged. We were so excited to have her home, but were unaware how our lives would change and how this would affect every aspect of our lives, as well as hers.

We had to be very careful about everything that touched Mavis's skin. All her baby things—bouncer seat, playpen, swing, car seat, stroller, crib—had to be padded with very soft blankets.

We carried her around like a little princess on piles of soft blankets; we were frightened we'd cause more sores from merely holding her. We learned to be careful what we wear, because any time she rubs against our clothing when we hold her she can be injured.

Each night we removed every bandage, cleaned Mavis's sores, checked for blisters, and re-banded. Mavis screamed in pain for the entire hour this took. When we finished, I, too, bawled—from helplessness and my own emotional pain.

This daily duty was heartbreaking; we felt as if we were torturing Mavis. Doing what was best for her didn't feel like it, to her or to us. Mavis lost every fingernail and toenail from blistering beneath them. Her fingernails grew back, but her toenails will never be the same.

Each day we endured, and she endured. But her sores seemed worse with bandages on, so we decided to try letting her body heal when exposed to air. This helped. Gauze bandages actually caused more sores to form. Gradually we weaned Mavis from bandages and she improved. She still had a lot of sores but they were minor compared to what she'd had.

Mavis grew very slowly—all calories from food went to healing and not growing. We supplemented her feedings, but I was breastfeeding her so it made things harder—she refused to take a bottle.

Her lack of growth was a big issue. Many people with EB eventually require a G-tube to add calories to their diets. We wanted to avoid this, so we pushed Mavis to eat higher-calorie supplements. She went to the doctor each week to be weighed. Mavis slowly but steadily added pounds and never



Mavis (left) and Menzo are bouncing 9-month-olds.

had to have a G-tube inserted.

Mavis's EB is definitely the hardest thing we have ever faced as parents. Mavis's condition leaves us helpless to prevent her sores or alleviate her suffering. The simplest things cause her pain—seams in clothing, her fingers rubbing together, eating, diapers and even being held and comforted.

Our hearts break to think Mavis will live with pain daily and be expected to get used to it. How do parents sit back and watch their child endure pain every day?

Obtaining supplies we need is often quite difficult because insurance doesn't pay for special bandages Mavis requires. These are very expensive and hard to find.

EB supposedly is a genetic condition, but neither her dad nor I have anything like this in our family history. Doctors figure it was just a genetic fluke. We are investigating genetic testing to find out for sure.

Mavis is thought to have a 50% chance of passing EB on to her children since she carries the gene for this condition.

I waited anxiously and with bated breath for the day Mavis would smile for us! I worried that she never would. Everything we did for her each day seemed to cause her such pain, why would she ever smile for us? I wondered. But smile she did. Mavis has the biggest, brightest smile and lights up the room with her smile! She's truly a blessing!

We still bandage certain areas of little Mavis's body because they don't heal easily. She is gradually becoming more mobile, which causes more problems because of the added friction against her body. Mavis is a bit delayed physically (but if we had the

sores she has, I suspect we wouldn't move around much either.)

Mavis has a hard time sitting still during her daily boo-boo check, as we now call it. She knows what we are doing and she's learned the ins and outs of all the tricks we've used to distract her.

Having twins has been a such a blessing. We get two-times the smiles and two-times the joy (but definitely more than two-times the work.) Mavis and Menzo are beautiful babies with very different personalities. The enjoyment they bring every day is more than anyone can imagine.

Mavis's future is uncertain; EB is very unpredictable. We hope to learn more about EB and how to take better care of her. We want to raise awareness of EB because so little is known about it. Mavis will have a hard time explaining her condition to people as she grows older since so few people know of EB. We can only hope a cure is found.

Mavis is often our teacher. She is the toughest, sweetest little girl. She has endured more pain in her short lifetime than my husband or I have experienced in our entire lives. Mavis has taught our entire family to view life differently, especially our perceptions of people with disabilities.

We knew we were blessed with our big family, and more blessed to have twins—even if they are twins with a twist! ♥

Tracey, mom of seven kids between 15 years and 10 months, lives in the small town of Canisteo, N.Y. She and George have been happily married 16 years.

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A PARENT ASKED: Do identical and/or same-sex fraternal twins ever feel “too much alike”? If so, when does this happen in their lives, and how does it happen? What do twins do about it? Do they ever adopt bad behaviors designed to force people to view them as separate, and different, individuals? Is there anything that parents should watch for that might be an indication their kids are feeling claustrophobic about being viewed as totally alike—i.e., the same person? What is your suggestion for parents who sense their kids are being treated as too much alike, rather than acknowledged and identified for their differences, as well?

JENNIFER'S TAKE: If someone had asked me as a child if I felt too much like my sister, I'm sure I would have said, “No, we aren't too alike; I'm the smart twin.” If someone had asked my sister the same question, she would have produced the same answer. We were both the “smart twin,” the “cute twin,” and the “talented twin.”

Despite our insistence that we weren't too alike, there were times we were definitely made to feel that way. This “feeling alike” wasn't something we generated on our own. Instead, it was caused by people's assumptions that twins—especially identical twins—have to possess extreme similarities.

For us, being treated alike began in elementary school. This was the first time in our lives when we were around lots of people who weren't used to twins. When they found out we were twins, the first question out of their mouths was always the same, “Are you guys alike?” This question, over time, became rhetorical: even though we would say, “No, we aren't alike,” our answer was ignored and people simply assumed that, by being twins, we were identical in every way.

It was also during elementary school that our individual names were thrown out the window and we became simply known as “The Twins.” Friends would ask their parents, “Can the twins come over and play?” “The twins are in my Girl Scout troop,” is what our peers would tell each other.

“Yes, the twins are the two smartest kids in the entire school district, and maybe the state,” is what our teachers didn't say, but I'm sure was what they were thinking.

Being called “The Twins” and always being assumed to be alike drove my sister and me to become pointedly different. I became very much a tomboy while she became the prissiest of girls. We

rarely participated in the same activities and never wore the same outfits. We were, in truth, as different as two siblings could be.

Growing up, I thought this was simply because we were two separate people, with two different minds. Yet, in hindsight, I think that becoming polar opposites of each other was only partially the result of having innate differences. I realize now that we purposely made ourselves different. Because everyone assumed we were alike, we reacted to the projection.

I have read studies about twins separated at birth. Upon being reunited as adults, they come to find that they are extremely alike. In some cases they have the same jobs, married similar people, and even named their children the same names. As alike as they are, I believe much of their similar behavior results from their not growing up together. Twins not separated at birth and who grow up together make a point of becoming different.

If anyone ever wrote a book entitled, “The Twins Survival Guide,” purposely becoming different would probably be listed as the No. 1 defense mechanism.

Having said all this, the best thing you as a parent can do for your twins is make sure you don't treat your twins too much alike. Treating twins absolutely alike is something that's very easy to do. It almost seems like human nature. Because it's so easy to do, you have to make a point not to do it.

Here's my suggestion: Take time periodically to reflect on how you are treating your twins. If you are treating your twins as if they are the same person, amend the situation so that your twins are treated as 100% individuals. Don't refer to your twins as “The Twins” too often. Every once in a while is fine, but when it is all the time, “The Twins” starts to feel much like it would be referred to as “The Brats.”

If you find other people—teachers, coaches, neighbors—are treating your twins as if they were the same person, intervene and point out the differences your twins possess; make an effort to relay each twin's strengths and weaknesses to whomever assumes they are alike. Point out their differences the same way you would point out the differences among children who aren't twins.

I assume this is what my parents ended up doing. I can just imagine that my parents, when speaking to people who thought my sister and I were exactly the same, were forced to point out our differences by saying, “Oh, our twins aren't that alike at all. Jennifer is superior in every way.” ♡

Jennifer, a fraternal twin, is 27 and lives in Aurora, Colo.



What's mine is mine!

Surviving the present trap

by Lisa Tiffin

A few years ago in a scene right out of the cartoons, I looked on in horror during an extended family Christmas party as my twin 3-year-old boys shouted, “Mine!” “No, Mine!” while each grasped the edge of what was intended to be a shared gift to them.

As they engaged in a classic tug-of-war, I inwardly cringed as the gift-giver apologized for not buying two sets of blocks for the kids. As I sheepishly thanked him and tried to reassure him that it was okay, I silently searched for something to crawl under.

Every parent wants her child to be a gracious recipient, but for the parent of multiples teaching children about possessions is inevitably linked to the larger issues of individuality and ownership. Every special day—Christmas, Hanukkah, birthday—is shared with another person, an equally deserving individual, but a competitor, too.

According to Bonnie Cairns-Descoteaux, Ph.D., professor of developmental psychology at Roberts Wesleyan College in Rochester, N.Y., the development of identity has its roots in a child’s ability to distinguish him- or herself from others in the family. “The key developmental focus in 3- to 4-year-old children is physical autonomy from the parent(s).”

This important stage of drawing boundaries between oneself and others is important because it forms the basis for future ability to understand concepts such as ownership, sharing and empathy. In fact, affirms Eileen Pearlman, Ph.D., a twin herself and director of TwInSight in Santa Monica, Calif., “Without having a sense of self, a child does not see himself or others as separate and can’t understand why others (mother or twin sibling) won’t do what he wants or give him what he desires.”

Individualism and identity

Studies of twins have revealed that mothers of multiples face the dual task of helping their children differentiate between both the mother and the twin or triplet siblings. Because of this, Dr. Cairns-Descoteaux concludes that parents of multiples must be “more intentional in assisting twins to develop individual identities.”

In gift situations, this may mean that parents of multiples must look for ways of encouraging individualism in their children starting at a very young age. Barb Tonkovich of Las Vegas, Nev., who has twin 2-year-olds, John John and Peter, in addition to five other children, says, “I think buying exact gifts is okay once in a while; however, I think each twin needs their own individual-styled gifts. For instance, John John loves to play basketball in the yard, where Peter loves to throw the football and hit a baseball.”

The good news is that when a child does develop her own identity, then she can begin to understand concepts such as mine verses yours. “Eventually,” Dr. Pearlman notes, “the child can understand sharing or taking turns.” Essentially, the move to an individual identity enables the child to understand the broader concepts of ownership and sharing of possessions. For twins, this means being intentional in encouraging their independence from you and from one another—from giving different toys at an early age to spending individual time with each twin—in order to help them develop a sense of self.

Just knowing this, though, places an extra burden on parents of multiples. Kathy Shannon of Huntington Beach, Calif., whose twins, Bradley and Miranda, turned 3 last year states, “I was so much more stressed last year because they were asking for different

6 top tips for twin gift-time:

- Talk to each child before parties or holidays; explain the types of gifts each might receive.
- Teach your twins how to share, either by simple play or with role-playing.
- Discuss the importance of empathy and graciousness when receiving a gift.
- At parties, place wrapped gifts in separate areas for each child; remember to include a third area for shared gifts.
- Have multiples give separate gifts to friends and family, establishing their separate identities.
- Encourage opportunities where multiples must buy or choose presents for different people.

things.” The year before, when the twins were 2, Kathy could simply buy what she wanted the children to have or thought they’d like. Recognizing that they were expressing their individual identities meant that this past birthday she had to “spend much more time thinking about what each of them wanted.”

Sharing and empathy

The effort is well worth it. According to Dr. Pearlman, by establishing this sense of self, the twin child learns to feel secure and grounded enough that he or she will be able to finally share without jealousy of his or her sibling. Gina Orosco of Pomona, Calif., can attest to this fact. She has always treated her 11-year-old twins Lauren and Natalie and son Jordan as individuals. “In my mind I have three kids; I don’t see the girls as twins.”

Gina doesn’t remember ever having difficulty with the girls in terms of sharing or competition. Last year they each were able to participate in the family’s gift draw at Christmas. “They were really excited,” Gina explains, “because they each got to shop for a different individual,” and adds that without any competition or comparison, the experience worked out really well.

Once twins understand the concept of the “other,” parents can move on to broader issues such as empathy. No matter what presents you give multiples, one key ingredient in raising gracious gift-receivers is being intentional in teaching them about others’ feelings. Heidi Irish of Richmond, Me., mother of 4-year-old twins Lindsie and Rylie and two singletons, says she has taught all of her children to be gracious, especially in gift situations. “I try to teach my children to be polite since we can always exchange a gift later,” Heidi says, adding, “We are very fortunate that our children have been sensitive to others’ feelings, even from a young age.”

Communication and modeling

Teaching children to be gracious is key. Dr. Pearlman notes, “Talking to your children about possible gifts to be received is a good way of preparing them for ways they can handle the acknowledgement of gifts.” She further states it is okay to explain to children that some people might give them each a separate gift while some might give them one gift to share with each other.

This advance prep prevents twins from being surprised, as mine were that fateful Christmas, and gives them a way to understand the categories and types of gifts they might receive. It can also help to mitigate power struggles over gifts, since the twins will already know they might receive presents they will have to share.

Jennifer Nelson of Camp Hill, Penn., says communication has come in very handy with her 6-year-old twins, Cameron and Hunter, especially when the boys have been given one gift or gift

It’s all relative— 3 tips for peace and happiness

Party time just around the corner? 3 tips for dealing with friends and relatives:

- Have a list ready for each child’s wants or needs, so you are able to answer inquiries with specifics: “Well, Susie would like art supplies, and Jill would like snowboarding equipment.”
- Communicate to family members and friends throughout the year your twins’ individual reactions to gifts, e.g., “Robbie was so happy to get a different style sweater than Jack this year. Last year was upsetting because most of the presents were exactly the same as his brother’s.”
- Be honest and direct when asked about your twins’ preferences. If Aunt Candy wants to know how they liked the one shopping cart she bought for them to share, tell her, “They loved it. In fact, they argued over it so much we had to buy a second one.” Or, “Well, Marissa liked it, but Joey is much more interested in dinosaurs right now.”

Go with the flow

Parents ask: "How do we encourage individualism in twins who are competitive?" or "How do we give different gifts if our twins really do have all the same interests?"

Answer: Take your cues from the children themselves, says Eileen Pearlman, PhD, a twin herself and a leading psychologist who frequently counsels families with twins. "If one twin really does want the same toy as their twin sibling, don't force separate toys. Little by little, children will begin to express their own interests."

bag to share. Jennifer has had several occasions where the boys were given one unspecific gift, leading to arguing. When this happens, she says, "I normally tell them to wait until after the party is over, and then I explain to them that some people view twins as the same person and have given them a gift that must be shared."

While most of Nelson's friends and relatives know by now how to buy for the boys, it can be frustrating to deal with those who do not think out their gift choices. Jennifer says, "I think a lot of parents of singletons don't understand that they really are two different children and are just as different as their child would be from their neighbor's child."

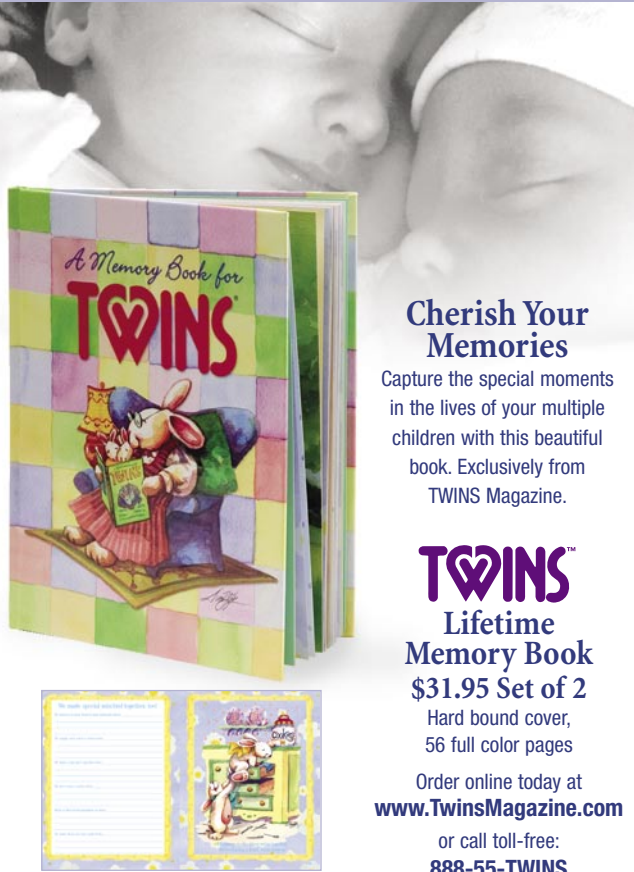
One important way to establish separateness in the case of friends' birthday parties is to make sure your twins each pick out and give a separate gift to the birthday child, suggests Dr. Pearlman. "This gives each twin the experience of selecting a gift of their choosing and noticing that it is not the same and that it may or may not be equal." She adds, "It also provides a model for the single child; separate presents for separate individuals."

Our new model

So how did we handle our fiasco over the blocks? We put the blocks away for a week or two until we could explain to our 3-year-old sons about "sharing a gift." Then we sat down and modeled sharing, all of us building together.

We always talk with our now-7-year-olds before a party about what types of gifts they might receive, noting they might get one gift for the two of them, two identical gifts or even two completely unique gifts. And we often talk about being gracious and how others might feel if the boys were to pout or complain about a gift they receive. We haven't worked out all the bugs yet, but we have come a long way from the farm block tug-of-war that inspired this article! ♥

Lisa Tiffin is a freelance writer from upstate New York. Her work has appeared previously in TWINS™ as well as *Homeschooling Today*, *Grit Magazine* and others. She and her husband are parents of identical twins, Andy and Matt, born May, 1999.



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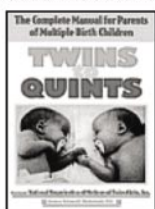
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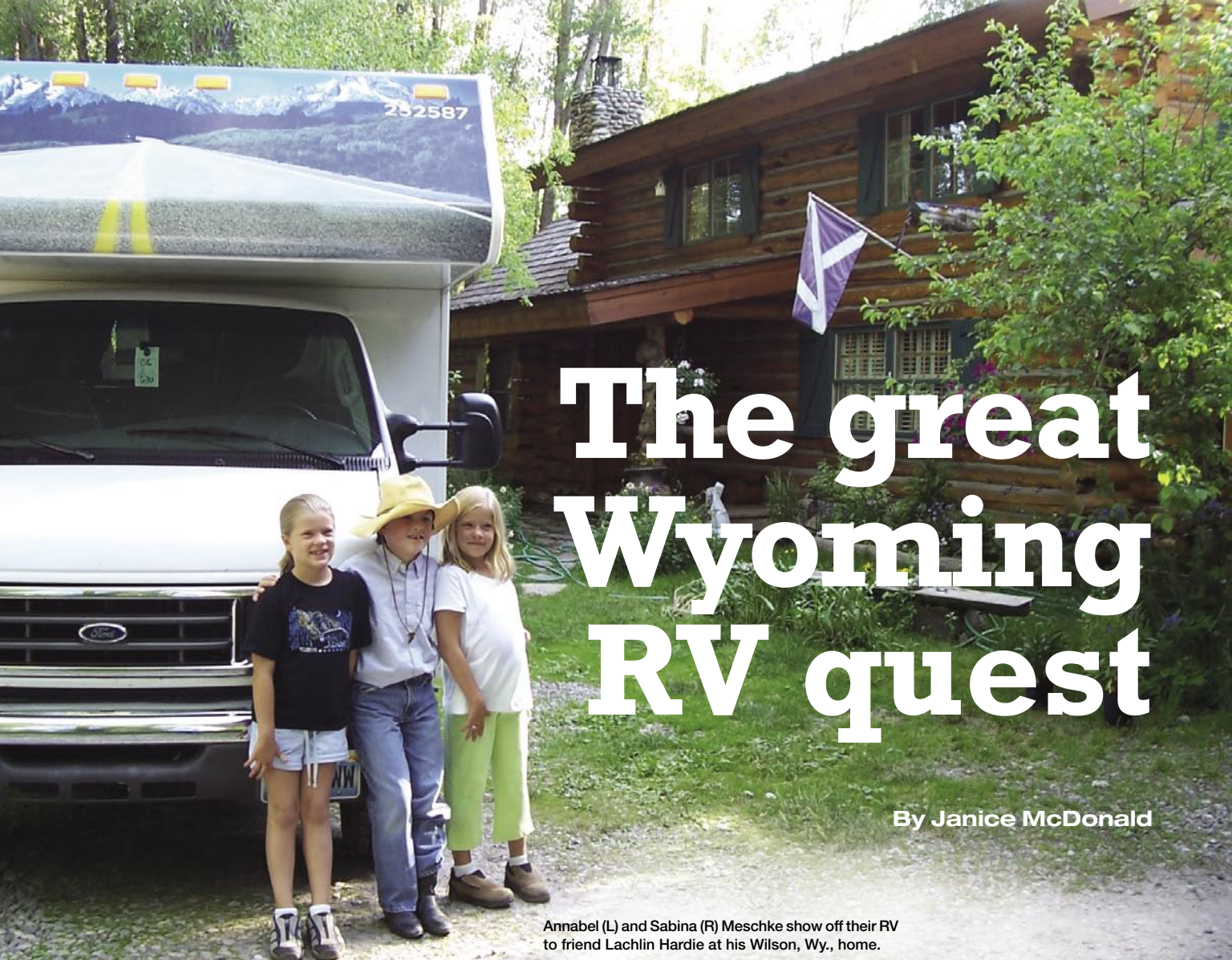
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The great Wyoming RV quest

By Janice McDonald

Annabel (L) and Sabina (R) Meschke show off their RV to friend Lachlin Hardie at his Wilson, Wy., home.

“Both sets of twins crawled all over their RV chariots and picked their chosen seats to ride in...”

It was my moment of weakness. Perhaps the holiday spirit made me light-headed. My best friend, Stacy, called me shortly after Christmas and asked if I'd join her and her 8-year-old twins on an RV adventure the following summer. Without hesitating, I said, “Yes.”

Stacy is a girly-girl, so this sort of idea wouldn't have occurred to her on her own. Chalk it up to a couple in her twins club in Jupiter, Florida, whose twins, as luck would have it, were born the exact same day as Stacy's girls.

Stacy's Annabel and Sabina had grown close to their birth-date-buddies, Michael and Rachel, and the kids wanted to vacation together. Exploring Yellowstone National Park as group seemed the right answer.

I'm not quite sure who to blame...er... credit with the idea of the RVs. But once

the words were uttered, there was no turning back.

Kevin and Meryl, parents of Michael and Rachel, had the distinct advantage of being veteran RVers. Stacy had perhaps actually stepped inside an RV once before, while my expertise would be, well, zero.

I'm pretty sure the reason I was tapped to be a part of it was because Stacy knows I love to drive, and once upon a time I rented a U-Haul truck to go antique shopping—but that's another story.

Stacy felt certain that if I could handle a U-Haul in the crowded streets of Atlanta, I could surely handle an 18-foot RV dodging buffalo around mountain curves.

In early June, eight of us flew into Jackson Hole, Wyoming, spent a night in a carefully chosen hotel, and trooped in line the next morning to claim our rented RVs.

We watched a video explaining the intricacies of operating an RV. The kids could have cared less. The adults were wide-eyed as we listened to the 20-minute tape covering everything from how to fill the gas tank to how to empty the septic tank.

Every two seconds, it seemed, there came a warning: "If you do this, then this will happen." Midway through the long list of cautionary instructions, Stacy and I began interpreting them as, "Blah, blah, blah... and you could die."

Neither of us could recall ever having heard a news report about exploding RVs or campers being found dead from not having leveled the RV for the night, but the sheer scope of all we had to remember was overwhelming.

"Were you taking notes?"

"No, that was your job!"

"No, my job is to drive. YOU were supposed to take notes."

We figured the best thing to do was to feign confidence and let Kevin lead the way.

As the double-doubles debated which twins would take custody of which RV, our bemused instructor took us on a tour around the vehicles, parroting everything from the instructional video, then ceremoniously handed our keys to Stacy, who quickly passed them to me as if they were radioactive. By then, both sets of twins had crawled all over their new chariots and picked their chosen seats to ride in.

Opting to delay the inevitable a bit longer, we all walked back to the hotel, checked out and dragged our luggage over rather than driving around the corner. Since Kevin and Meryl were the veterans, we let them lead and lead they did, right over to the grocery store parking lot, where we stocked up on provisions. A few hours later, we were wheeling our way through Jackson Hole and headed north on our Yellowstone adventure.

The scenery was breathtaking. In anticipation of their quest for the badge, Annabel and Sabina put aside their normal habit of burying faces in books while driving.

As we began to climb, almost immediately we spotted bison on the road and the hunt was on—what other wildlife could we

6 survival tips with twins— *Lessons we learned!*

- Bring two sets of binoculars for wildlife viewing
- Have two disposable cameras at all times to allow individual picture-taking
- Print song lyrics for "Camper Karaoke"
- Pack playing cards and board games
- Have rubber gloves for septic dumping duty
- Stock the kind of groceries you'd use in a tiny apartment

spot along the way?

We stopped at Yellowstone's entrance for passes and information on Junior Ranger Badges, for which studying began instantly. The kids had a laundry list of things to accomplish, including sitting in on a ranger lecture and completing interpretive walks.

Our plan was to camp the first few nights at the RV park at Fish Creek in southeastern Yellowstone. We confidently parked on our assigned lot and watched carefully as Kevin hooked his RV up to power and water. Simple enough.

Stacy and I even flipped on the hot water heater for showers in the matchbook-sized compartment that doubled as toilet room and shower.

June weather had been cold for several weeks, with a threat of snow. Stacy and I decided for warmth we'd each sleep with a twin, to avoid having to turn on the heat in the RV. We were afraid we'd die if we used the gas heater and it malfunctioned.

Sabina and I zipped our sleeping bags together and hunkered down. As the temperature dropped outside, inside became a refrigerator. I could see my breath in the glow of the night light. I finally just reached up and flipped on the heat. Better to succumb to a gas leak than to freeze to death.

Once warmed, I turn it off. And then on. And off. And so it went until past dawn. The girls, curled in their sleeping bags, slept through it all. When I arose to switch on a blast of heat around dawn, Stacy ordered



Double-twins Annabel (L), and Sabina (R) and Rachel and Michael McCabe (center) prepare for their chuck wagon dinner tour in northern Yellowstone.



Annabel and Sabina are fearless as they head out for a hike in Yellowstone National Park.

me to just leave it on so we would die happy and warm.

After touring Yellowstone's "Ring of Fire" on a bus, visiting boiling springs and geysers, we watched Old Faithful erupt. That night, we attended a ranger lecture about various animals in the park, their habits and how to treat them with a healthy dose of respect. The four twins paid rapt attention; their badges and lives depended on it.

We settled quickly into the camping community, meeting neighbors, hearing tales of RV adventures, and hooking/unhooking water and power for our daily tours of the park and a day trip to Cody, Wyoming.

Annabel and Sabina watched wide-eyed from a distance when we tackled the RV's septic flush-out system, which is no mean feat to master. Twins Michael and Rachel took their folks for a walk, and we decided the coast was clear—no one to see us make fools of ourselves. Annabel and Sabina called words of encouragement amid giggles as Stacy and I, clad in our rubber gloves, figured out how the darn thing worked. They gleefully hopped about in anticipation of the flush. When it proved successful, there was much cheering and high-fiving of rubber gloves. If nothing else, Annabel and Sabina learned how two women can be self-reliant and figure things out.

We signed up for a chuck wagon cowboy



Twin moms Merrill McCabe (standing) and Stacy Meschke join Annabel and Sabina at their RVing neighbor's camp stove in Yellowstone.

dinner, riding a couple of miles in covered wagons to the prairie where cowboys set up camp and cooked steaks, chicken, beans and corn. This adventure was great fun—not only could we eat and sing around the campfire, but the four kids ran off a lot of energy chasing marmots around the field (and marmots were part of the Junior Ranger program).

We took walks and outings to test the kids' growing knowledge of flora and fauna, and carried out daily quizzes about the history of the park. Our home on wheels became a schoolhouse on wheels. Michael and Rachel visited our RV to study, or vice versa, and the whole outdoors became their classroom.

Recesses included views of water-

falls, geysers and animals. During storms, we played a game Stacy invented called "camper karaoke." She'd put lyrics to some songs on the girls' iPods; two people would share a set of earphones and sing, while the ones who couldn't hear the actual music howled with laughter at the antics of the singers. The object was to guess the name of the song being "sung." Fat chance.

Our last day in the park, Michael and Rachel went to Old Faithful Lodge for their badges, while Annabel and Sabina went to Mammoth for theirs. The girls waited patiently to march up with their completed papers and hand them over. The ranger was serious as he graded their work, pronouncing their efforts "good." Suddenly he leaned over the desk and began quizzing Annabel and Sabina, asking each questions in turn that had us holding our breaths.

The girls spouted answers confidently and correctly. The ranger congratulated them on a job well done and used the microphone to announce to the entire Visitor's Center that an important ceremony was about to take place. Sabina and Annabel blushed and fidgeted as the ranger swore them in as stewards of the environment and Yellowstone National Park, shaking their hands and presenting their Junior Ranger badges as everyone clapped and we took pictures.

Not long after, we met up with RV#1—Michael and Rachel also had been sworn in.

We felt victorious. The four kids, for acquiring their impressive new badges and titles of Junior Rangers. The adults, for having survived our trip into the wilderness and acquiring new skills—which neither Stacy nor I are planning to use any time in the near future.

Should any of our friends suddenly have a desire to launch into unknown territory and live in an RV for a while with two sets of twins, we will be equipped to guide them through the process and assure them they will live to tell the tale. ♡

Janice McDonald is an Atlanta-based freelancer and TV producer who has traveled all seven continents. Her favorite place is Wyoming. Single, Janice sometimes "borrows" her friend Stacy's twins for vacations.

The stars of the sitcom

When my wife Stella was pregnant with our third child, our twin 3-year-old boys often talked about the baby that was on the way. They would rub my wife's belly. They'd ask her when the baby is going to "hatch." Often, they'd say they love the new baby.

Sometimes I worried they had no idea how their soon-to-debut sister, Muriel, was going to change their lives. I mean, rock their world.

It's only natural. Twins are often the center of attention. "They're so cute." "They look so alike!" "How do you tell them apart?" "Which one are you?" is what they constantly hear. And my boys' "two-ness" (and the fact that they are very active) necessitates they always have at least one set of eyes trained on them.

But upon Muriel's arrival, William and Charlie would have to learn to share the spotlight.

In the weeks leading up to Muriel's birth, it seemed to me that William and Charlie were like two veteran actors who had been starring in a long-running situation comedy. You've seen the kind—performers who have gotten very comfortable with their cushy jobs and all accompanying adulation. I could almost hear the conversation that William and Charlie would have with the show's producer, discussing the changes in store for the upcoming season:

Producer: Ah, William, Charlie. Please come in. Sit down.
William: Great to see you. We just want to tell you that we love what we're hearing about the new season. A new baby!
Charlie: It's genius. A new supporting character is just the thing to shake things up. We'll do some storylines on how the boys are dealing with the new addition, maybe an episode about our potty training getting sidetracked.
William: I can see the TV Guide synopsis already: "The boys regress when the new baby disrupts their routine."
Charlie: Here's another one: "The boys adjust to big-boy beds when the baby takes the crib."
Producer: Boys, boys. The baby isn't going to be a supporting character...
William: Of course not. She'll be a "special guest star." It's like when Bruce Willis dated Rachel on "Friends."
Charlie: Or when Alan Alda got Alzheimer's on "ER."
William: What do they call it...?
Charlie: A "story arc."
William: That's it—a story arc. It's a plotline that covers three, four, maybe five episodes. A new character or two can push the regulars out of their comfort zone. It keeps things fresh. The show can't all be about us. Our fans need to see how we react to new challenges.
Producer: You boys need to realize that Muriel is joining the cast permanently.

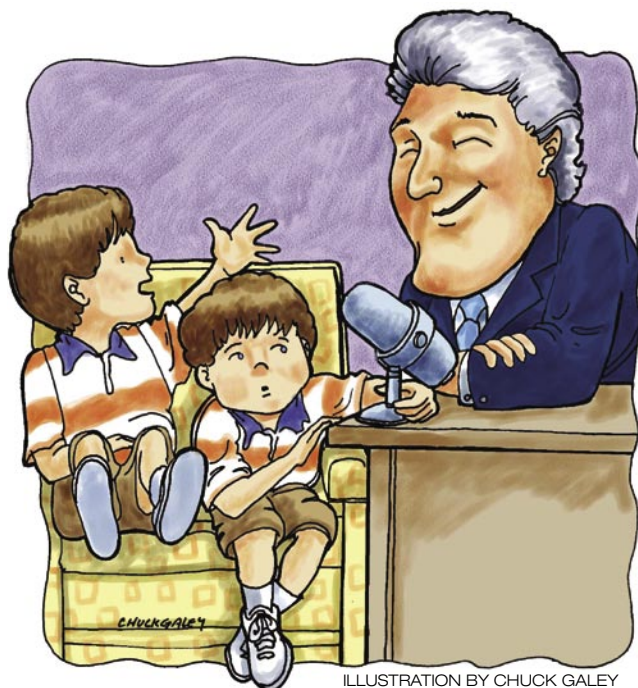


ILLUSTRATION BY CHUCK GALEY

Charlie: Oh, so it'll be more like when Murphy Brown had her baby. They did a bunch of episodes about how she adjusted...

William: ...and then it was "the baby is with the nanny" or "the baby just went down for his nap" so they could settle back into the tried-and-true storylines.

Charlie: Let's face it. The plot device is the drama of having the baby. After that, you've got to stick with the characters that the fans love.

Producer: Charlie, William, you need to listen to me. The baby will be another star of the show. She's getting equal billing and she's not going away with the nanny or for a convenient 23-minute nap.

William: Have you spoken to our agent about this?

Luckily, their reaction was nothing like I feared. Muriel was born and the boys adjusted almost overnight. A little clumsy affection—the occasional hug that knocks Muriel over—is the only thing that interrupts the three of them really getting along. And now the boys have a new No. 1 fan in 1-year-old Muriel, who loves watching them talk, eat and play.

Funny thing, though. Last night, I didn't know how to react when William asked me when Muriel was going to get her own spin-off. ♡

Peter LaMassa and his wife Stella live on Long Island with their three children, William, Charlie and Muriel, and their dog, Satchmo.

Ask the Nanny!

by Michelle LaRowe

What can a nanny with no children of her own possibly tell you about raising your multiples?

My objective eye, unclouded by sleepless nights and umbilical cord emotions, offers a real advantage. I also come with over a decade of experience in working with twins. As we say in the nanny world, I am a twin specialist. Over the last 12 years, I've helped three families raise their sets of twins—and I've just begun living (and loving life) with my fourth.

That said, there's not much I haven't seen, and not many challenges with twins I haven't faced. So, I come with a carpetbag of practical, tried-and-true tips to help guide you through your maze of parenting dilemmas.

I fell in love with my last set of twins when they were just 10 precious days old and in April, I traveled cross country to celebrate their 7th birthdays with them. (If you are a long time TWINS™ Magazine fan, you may recall reading our story in the September/October, 2004, issue.)

In January, 2006, as they moved to their new home, I was welcomed into the home of a new family here in Boston, where I'm now caring for four children: a set of 9-month-old fraternal twins and their school-aged singleton siblings.

I'm excited about this new column and am looking forward to helping solve your parenting dilemmas. Send your questions to twins.editor@businessword.com and let's see what answers I can pull out of my carpetbag. Here's one of the first that has come my way:

Q My husband and I started teaching our boy/girl twins the word "No" when they began crawling and touching objects, at around 9 months old. Several people have told me this was too early to begin the concept of NO. However, to date, we've had great success. (They are now 11 months old.) Is this a fluke or can teaching begin that early?

Susan Kanack, BSN, RN
Patient Education Specialist
ProHealth Care Center for Learning & Innovation
Via e-mail

A It is certainly no fluke, although you're not alone in hearing that a baby can't understand simple directions at that early an age. I am a firm believer that discipline begins at birth. Here's why:

There's a major distinction between discipline and punishment, and your twins can start learning the difference very early. Discipline is an act of love. I often tell parents, "My job would be much easier if I let your child use inappropriate language, but because I love them and want what's best for them, they need to understand the differ-

ence between acceptable and unacceptable behaviors."

Discipline literally means "to teach and to raise up." It involves training a child's mind and character as you instill morals, values and self-worth. It's ongoing and prepares a child to be driven by knowing what's right and wrong—defined by the standards that you've instilled. This process is a huge task that takes a lot of time and energy but it's one that is certainly worth the time invested.

Punishment, on the other hand, is a pain-inflicting style of correction that results in fear-based obedience. Children don't want the sting of the stick, so they do whatever is needed to avoid it. No deeper lesson learned. No internal training accomplished. No understanding of why something is or is not acceptable, just a fear of being hurt.

I believe if you truly understand the difference between discipline and punishment, you'll agree that it's never too early to start saying "NO."

We often underestimate the mind of a child. What the child psychology and IQ experts say is true: Children are born like dry sponges and before we know it, they are filling up, up, up with information about the world around them. Much of it comes from mom and dad. When you start disciplining (or training) your twins early, they will absorb a stable, clear idea of right and wrong, yes and no, acceptable and unacceptable. At this very young age, children need clear direction unclouded by inconsistencies.

A 9-month-old baby doesn't understand everything you say but he will definitely pick up your general drift: He will know whether mommy or daddy is happy or unhappy.

How does he know?

Easy. When you say "No!" in a calm but firm voice, looking directly into the eyes of a young child, shaking your head "no" or motioning "no" with your finger, your child picks up on the all-important nonverbal cues as well as hearing the words you are saying.

Every infant is fluent in "nonverbal-ese" so to speak. Your twin daughter recognizes the difference in your tone of voice, and instantly thinks, "This isn't the 'Mommy who is so happy to see me' voice; it's the 'I'd better stop what I'm doing' voice."

She recognizes the difference in your body language, and thinks "This isn't the 'Daddy has his arms lovingly outstretched to embrace me' stance; it's the 'I'm showing you what you're doing is not okay and you need to stop now' stance."

Your body language and your tone have to match up to deliver a two-layered, consistent message. Don't confuse her by coddling your child as you talk firmly to her; And don't speak overly sweetly as you say, "No." Your serious tone and posture, and the firm words you are speaking are all lining up to give your child one message: "Don't do that or mommy will be very unhappy."

How can discipline possibly work when your twins are so young?

Think back to when your twins were tiny infants—barely home from the hospital, when you went through the agonizing period of sleep training. After your babies were fed, changed, worn-out and ready for bed, you may have tried the ‘Let ‘em cry it out’ method. You know the deal: They eventually fell asleep. It was hard and painful at first—for you and for them, but you knew the end result would be worth the temporary angst. The next time they wouldn’t cry as long, and soon after that they wouldn’t cry at all (unless you fell asleep and ended up dreaming that one twin was crying even when he wasn’t. Yes, I’ve done my share of overnights too!).

When you are clear in your expectations and consistent in enforcing them, you get results regardless of age. If you refuse to go in and pick a baby up when she cries, she learns to self-soothe and fall asleep.

The same consistency you used in helping your children sleep through the night will pay off as you train your children to be safe in their environment. Believe me, I know it is no fun telling a crawling child (or two or three), “No, we don’t pull plugs”—for what seems like the 200th time. However, if you miss saying it just once, your curious kiddos begin to think, “Hmmm... maybe the rules have changed on Pulling Plugs. I didn’t hear a stern voice and she isn’t moving toward me with that upset look on her face. Let’s see what happens after I have the plug out of the wall, and put my little finger in the.... Zap!”

The short-lived pain of being told “No” prevents a child from much worse pain in the long run.

Does your approach have to change once your twins begin to understand language? Boundaries that are clearly set from the get-go, and consequences that are consistently enforced leave no room for confusion, misinterpretation or negotiation. Parents and caregivers should always build up, and never tear down—that’s why it is always important to address the behavior and not the child. Say, “Plugs aren’t for pulling” instead of, “Bad boy! Don’t do that.”

Be clear about what you are critiquing. “Hands aren’t for hitting” is much more effective than “Don’t do that!”

Be clear about why you are critiquing. “Danger! Stoves aren’t for touching. They are hot.”

Offer an alternative. “Couches are for sitting on, the grass outside is for jumping on.”

Keep your communication short and sweet. No lengthy explanations. “No, teeth aren’t for biting people, they are for biting food.” Kids under 6 don’t think rationally and don’t understand logic. You’ll simply exhaust yourself if you try to argue with them.

8 Tips to Tighten Your Family Fence

To set effective boundaries:

- Express your behavioral expectations clearly
- Have concrete consequences when expectations aren’t met
- Enforce the prescribed consequences consistently
- Address the behavior, not the child
- Speak in a calm but firm tone—avoid emotional responses
- Don’t negotiate, don’t elaborate, don’t rationalize
- Save “NO” for safety issues
- As an alternative to no, give ‘em two choices that YOU can live with

However, because they are at the age of asking questions, you may assume they really want to understand your reasoning. Wrong! They just want their way. Short, simple, sweet is best until after they turn 6, when you can expect them to become more logical.

Try to save your firmest “No’s” for safety issues. When your child wants a cookie and you don’t want him to have one, for example, instead of saying “No” give him a couple of choices: “Oops, cookies are all gone. But would you like some milk or cheese?”

If your child throws his truck, try saying, “You may throw balls or bean bags, but trucks aren’t for throwing.” By letting him choose between one or two acceptable items to throw, you’ll empower your child. The fewer “No’s” you use, the more effective “No” is when you need it.

Set up an environment for safe exploration. Have an area designated as the “Multiples Madhouse”—a child-proofed area of your home that is guaranteed to contain no little toys belonging to older siblings that could be choking hazards, no dangling cords, no sharp edges or any other potential danger within arm’s reach. ♥

Michelle LaRowe, winner of the National Nanny of the Year Award in 2004, is the author of the best-selling “Nanny to the Rescue! Straight Talk and Super Tips for Parenting in the Early years” available at the TWINS™ Bookshelf, www.TwinsMagazine.com.

AN EVIL MISUNDERSTANDING

by Cynthia House Nooney



During my pregnancy I was often approached by strangers eager to share a story or personal experience about “evil” twins. Heads would knowingly nod, unsolicited. “Yep, better prepare yourself for it now,” they’d chuckle. “One twin will be evil. And if you’re lucky, the other will be good.”

Pleased with themselves for dispensing such valuable advice, the doomsayers would walk away while I remained tongue-tied. No one, I recall, predicted a completely “positive” outcome. But that was okay, I told myself. What mattered most was what I believed.

Although I cheerfully attempted to dismiss these foregone conclusions as nonsense, involuntary “What if...?” thoughts occasionally took root in my mind. I didn’t know anything about parenting; my introduction into motherhood was just beginning. And while I firmly believe that parents are the greatest influences on a child’s life, I’m also aware that children who grow up in the same environment can turn out very differently. My siblings and I (all singletons) are certainly proof of that.

Perhaps the people claiming bizarre twin “insight” knew something I didn’t, but deep down I refused to concur. Initially the declarations seemed like nothing more than silly and harmless old wives’ tales. But as their frequency increased, the “evil” perceptions became disturbing. Although many tales were recounted as “funny” antics, for a child who is a twin to be called evil didn’t strike me as a laughing matter.

Fast forward three years; now, when I’m out with my toddlers, pointed questions are often directed at me about which of my boys is the “good” one. I’m still tongue-tied—for fear of being overly sensitive about these projections and because I’m unsure of an appropriate response.

“Anytime we label a child, it will impact his development

because a child will ‘live up’ to the label—whether it’s positive or negative. It becomes a self-fulfilling prophecy,” says New York-based psychologist, Karen Sherman, Ph.D. “Though negative labels are more devastating, positive ones also carry great pressure.”

Sandy Spurgeon McDaniel, author, columnist and parent coach says, “I believe every child is made of clay. Everything we do and say makes an impression in that clay.”

‘See no evil’

During a recent zoo visit with my niece and two sons, I overheard a father’s conversation with his 5-year-old daughter while they observed the zebras.

“Can I climb on the rocks to see them better?” the girl asked.

“Absolutely not, Amanda. You’re a klutz,” her father replied as he hastily pulled her away from the exhibit.

For several minutes I fumed, feeling his daughter’s pain. I was one of those kids always picked last for a team during gym class, the one who never developed a strong sense of hand/eye coordination, the one who couldn’t walk across a flat surface without tripping.

“We didn’t name you Grace for a reason,” my father used to say. And although he meant no harm, it had a profound impact on how I viewed myself. Even now, I get stomach knots when I imagine my sons’ eventual disappointment at discovering their mom won’t be useful in any type of kicking, catching, or throwing scenario. Their hoots of laughter and embarrassment on my behalf are not far off, and I’m trying to prepare myself for this. I don’t hold a grudge against my dad; I suspect the comment wasn’t too different from what he heard from his parents. He did the best he could—with the knowledge he had.

However, at the zoo it was all I could do to keep from chasing

the father and offering an alternative response to his daughter's request—one that wouldn't negatively affect her self-image. I would have said to her, "The rocks might be slippery. Why don't I hold you up to help you see?"

'Hear no evil'

Don't get me wrong. I am certainly not above reproach—nor pretend to be. After a recent telephone conversation with my mother, during which I described my sons' distinct personalities, I cringed at my remarks. Even though I would never call my children evil, I'm still learning the best ways to parent.

Most of us would probably list self-esteem as one of the top qualities we hope to instill in our offspring, yet we aren't necessarily sure how to accomplish this. Not only does it require a lot of thought, effort and practice, but parents of multiples have an even greater challenge. Our children are compared regularly and frequently by relatives, friends, teachers and strangers. They're also compared by each other—and by us—if we're not careful.

The observations I shared with my mom may seem innocent enough: Jack is more independent and Sam is more of a ham. But to a child, they're quite the opposite.

"Only discuss these things out of earshot," advises McDaniel. "If a child hears that he is 'less...' anything—or that his sibling is 'more...' or better (i.e., creative, athletic, adaptable, etc.), he may give up completely in that category—or he may become antagonistic in that area. And his takeaway can be that he's less lovable than the other child."

Identical twin Moon Kim, 23, says she and her sister Rae were compared throughout their lives, which made them "more competitive with each other most of the time and jealous and frustrated some of the time."

"Twins are different people and should be treated as such," Kim says. "Otherwise, there will be a rebellious period where one twin does something really drastic to stand out from the other. The consequence of always being compared leads to a lack of identity for both twins," she believes.

Respond the right way

"Children tend to live up to the labels placed on them," warns Sandy Spurgeon McDaniel, creator of www.parentingsos.com. "So it's important that parents protect their children."

Try using these responses when inappropriate stories or questions arise:

- 'You don't really believe that silly old wives' tale, do you?'
- 'I don't think of my children in those terms (good or bad).'
- 'Please don't describe my children that way. They are both special and unique.'
- 'I'd appreciate it if you wouldn't tell that story around my children.'

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by Karen Gottesman

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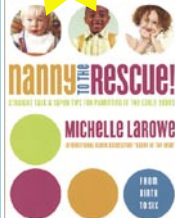


Nanny to the Rescue! Straight Talk and Super Tips for Parenting in the Early Years

by Michelle LaRowe

\$15.99

Michelle LaRowe is a career nanny who specializes in caring for twin children. Named as the 2004 International Nanny Association Nanny of the Year, LaRowe's book "Nanny to the Rescue!" provides parents with proven solutions to common childcare situations. A TWINS™ Magazine contributor, LaRowe has a no-nonsense approach for parents who want to raise happy, healthy children. With parents today busy with work and with other demands, an experienced nanny can provide insightful solutions and smart practices in childcare. Through caring for twins for 12 years, LaRowe offers calm, effective solutions to daily challenges. User friendly and often humorous, "Nanny to the Rescue!" brings parenting back to basics. *Paperback, 272 pages.*



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'Speak no evil'

According to LynAnn King, 51, she and her twin sister Diane, were "compared almost every minute, every day, and in every relationship."

"The list was endless," says King, "including which of us was prettier, older, smarter, thinner, and so on." She says she was often called the "bad" twin, which became so ingrained in her until she recognized it as an adult and put a stop to it.

"Labeling twins is even more destructive when they are given opposing roles," says Sherman. "Virtually, they are being pitted against one another and these roles will not only shape the way they see themselves as children but will be carried into their adult lives."

King says comparisons and the "bad twin" label definitely affected her self-esteem. "It became a way of life, a constant, the expected. But I think the judgment I had about myself was worse than anyone else's label of me."

Kim, who says she's been called both the good and bad twin depending on the topic ("bad" for arguing for what she wants, "good" for easily adjusting to change), eventually requested that her parents discontinue comparisons with her sister. "Now it is very taboo to compare us in our household, although it does slip sometimes."

The lowdown on good vs. bad

As a former schoolteacher, McDaniel noticed that most children were brought up to value everything they did in terms of good and bad. "What surprised me was that these good and bad messages were recorded in the child's own valuing system as messages about their being."

"So I caution parents to remember that every 'good' and 'bad' message given to a child is translated into 'good person' or 'bad person.'"

When complimenting (or disciplining) a child, be specific about his action, instructs McDaniel. For example: "Thank you for helping your sister pick up her toys." Or: "Picking up your toys was a very kind thing to do." Avoid phrases such as: "You made Mommy happy by cleaning up." Or: "You disappointed Mommy."

Value your children—not their behavior

"To raise a child's self-esteem and sense of self-worth, it is best to value the child for whom they are rather than focus on their behavior," advises Dr. Karen Sherman (www.drkaresherman.com).

"For example: say, 'I love you because you are my child' rather than 'I love you because you are a good student.' When a child has done something well, praise her and put it in terms of her own sense of accomplishment, such as: 'You must be very proud of yourself.'"

Break the cycle

According to New York-based psychologist, Karen Sherman, PhD, pregnant women who hear evil/good twin stories can become disheartened about their babies' future.

"Mothers can be sensitized to these misconceptions and perpetuate what to expect." They may begin subconsciously looking for the "good" and "bad" twin and apply these labels to their children (perhaps even silently).

Know someone who fits that bill? "A caring friend would be wise to help give the mother a clearer sense of reality if she sees that her friend is viewing her twins with these misconceptions," says Sherman.

"Don't make the behavior be about you and about pleasing you," says McDaniel.

Put an end to evil comments

During her recent speech to a gathering of parents of multiples in Southern California, McDaniel asked the audience, "Can you imagine how different our world would be if everyone treated their children with kindness? How different things would be if our children felt loved, protected and safe?"

She advised: "When unacceptable comments are made, protect your child with your response: I would appreciate it if you wouldn't call my child good or bad."

Dr. Sherman offers another way to stop those heading down the wrong path. She believes a response like this is appropriate: "You may think I'm sensitive, but even though this is an old wives' tale, young children can't tell the difference. I'd really appreciate it if you wouldn't tell that story around them."

Evil isn't cute. It isn't funny. McDaniel says the word makes her think of Hitler.

Are children evil? No. Mischievous? Possibly. Adventurous? Certainly. As they should be.

Firsthand advice

My children are the first set of twins born on either side of our families. When we learned I was carrying two babies, my husband and I received the biggest shock of our lives. Since then, our fascination with twins has been endless. Our education is ongoing. We've already witnessed our sons' incredibly tight bond that we hope will always continue, and we strive to guide and encourage them to be all that they can be—individually. But we're still fumbling around and are always interested in advice from those who have lived it: Adult twins.

King advises parents to spend time with each twin separately. "Each twin is very unique. Learn the fine differences of interest and aptitude. Don't let one overshadow the other. Strive for them to have a really strong friendship and be supportive of each other."

"Being a twin, people assume certain details about you that may or may not be true," says Hanif Sumner, 24, who lives with



his twin brother, Khalid. “Twins are two individual people who should be viewed differently.”

His advice to parents? “Don’t dress your kids alike or make them do the exact same activities, and don’t create a barrier between them and their other siblings. Twins should be given the opportunity to do and try different things separately.”

Kim also discourages parents from dressing multiples in matching outfits. “It’s fine when they’re babies, but parents need to allow their children to explore their own identities—starting first with fashion and appearances.”

A lifetime of support

As a mother of multiples, I occasionally wish I were a twin, too. The thought of having an unfailing friend for life is very appealing.

“Although lack of identity can be an issue, my favorite part about being a twin is having a best friend whom you trust and love forever—someone who shares and understands your experiences,” says Kim. “We both get hurt when negative things are said about each other. We try to be the other’s biggest cheerleader.”

“The bond runs deep and it’s great to have such a dear friend to go through life with,” says King.

“I think being a twin is something only a chosen few get a chance to experience. It has its pluses and minuses and helps me to stand out from everyone else,” says Sumner, who adds that one of the best aspects “is a built-in roommate who wears my size.”

No more evil

While I’m sure that my boys and I will continue to hear less-than-acceptable comments and questions when we’re out and about, I’ll no longer be shocked, offended or speechless. I’ll simply smile and reply that they are unique in their own special way. And that I’m lucky to be their mom. ♡

Cynthia House Nooney is a freelance writer based in Southern California. She is the mother of 3-year-old twin boys.



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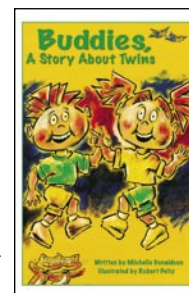
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Milk consumption linked to twin pregnancies in US

American women who drink a lot of milk and consume high levels of dairy products are five times more likely to become pregnant with twins as women who are vegans and consume no animal products, according to a new study.

This is the first time the twinning rate has been conclusively shown to be affected by the food women eat.

Gary Steinman, MD, PhD, an obstetrician with Long Island Jewish Medical Center and assistant clinical professor of obstetrics at Albert Einstein College of Medicine, Bronx, N.Y.—also a regular columnist for TWINS™ Magazine—had his latest findings published in *The Journal of Reproductive Medicine* (May 2006).

“We know for the first time that the chance of having twins is affected by both heredity and environment. In other words, twinning is determined by both nature and nurture,” Steinman told TWINS™. It has long been known that something in the diets of people around the world affected twinning rates, he said, “but what is new is figuring out exactly what in the diet has this effect, and how.”

Steinman believes the major factor linking milk and the conception of twins is a protein called insulin-like growth factor, or IGF, which is released from the livers of cows and makes its way into cows’ milk, where it is consumed by humans. IGF increases the sensitivity of a woman’s ovaries to follicle-stimulating hormones, thereby encouraging the release of more eggs for fertilization and the conception of more fraternal twins.

And this effect is magnified by the widespread use of synthetic growth hormones in cows across the U.S. in the last 12 years.

Other studies have also suggested that IGF may help newly-fertilized embryos survive during early development, result-

ing in fewer miscarriages and more live twin births.

Concentration of IGF in the blood of vegan women was found to be about 13% lower than in women who consumed dairy products, Steinman found. “A woman’s chance of having twins appears to correlate directly with her blood level of IGF,” he said.

Steinman has long been interested in determining the reasons for the continued increase in the number of twins and higher multiples being born in the U.S. since the 1970s. The increase can be attributed in part to use of assisted reproductive technologies (ART) since 1975, and also the intentional delay of childbearing by career women in the 1980s and 1990s. Even without any ART, older women are more likely to conceive and give birth to twins.

Another factor in the 1990s may well have contributed to more twin pregnancies as well: Women were encouraged to consume more folic acid before and during pregnancy, in the form of food and through supplements, in order to reduce congenital neural tube defects. Supplementation with folic acid (B vitamins) has clearly been found to increase the rate of twinning in woman who undergo in vitro fertilization, according to another recent study, but not necessarily in those who become pregnant without IVF. As many as 33% of all women who have IVF become pregnant with multiples.

But it was the introduction in the mid-1990s, especially in the U.S. of recombinant growth hormone—also known as bovine somatotropin (bST)—to treat cows and increase their size and milk production, that seems now to correspond most closely to a big boost not only in the birth rate of twin calves but in the birth rate of human twins, Steinman found. The growth hor-

mone now injected in many cows to make them larger and more productive is a synthetic version of the naturally-occurring growth hormone found in all cows. About one-third of all American dairy cows are estimated to be in herds where the synthetic bST is used.

All cows’ milk contains some bovine growth hormone, naturally produced by a cow’s pituitary gland. Consumption of dairy products increases blood levels of IGF in humans, and consuming milk from cows that have been injected with synthetic bST can have an even greater effect.

During the 1990s, the human twin birth rate in the U.K., where bST is banned, rose by 16% from 1992-2001, whereas in the U.S. during that same period, when synthetic bST use became quite common in the dairy industry, the human twin birth rate increased 32%, Steinman revealed. Synthetic recombinant bST was approved for use in U.S. dairy cattle in 1994.

The current study compared the twinning rates of women who ate a regular diet, a vegetarian diet with dairy, and a vegan diet that included no animal products. The 1,042 mothers who were vegans consuming no dairy or animal products had twins at only 20% of the rate of women who consumed dairy products and eat beef.

Other researchers had observed that cows with higher levels of IGF in their blood were more likely to give birth to twin calves, and cows have been selectively cross-bred for this tendency. The location of the genetic code in cows that determines cows’ twinning tendency is very close in proximity to the IGF gene. These are thought to be quite close together in humans as well.

“Evidence that eating dairy products increases the chances of having twins is suggestive, but not conclusive,” says Steinman. ♥

Twin births continue to rise

The twin birth rate in the U.S. rose to three babies born in sets for every 100 live births in 2003, more than twice the twinning rate in Great Britain. Triplets and higher-order multiples raised the figure to 3.18 per 100 live births.

This is up 72% from 1.85 per 100 births in 1975, and appears to still be increasing, although the rate of increase has slowed somewhat in the last few years. The increase in the rate of higher-order multiple births (triplets and above) has continued to grow exponentially, largely due to the use of in vitro fertilization by more couples, and the implantation of multiple fertilized embryos to ensure high pregnancy rates.

Yams, milk, beef and supply of food = twins

The study of populations around the world long ago revealed correlations between food and twinning rates, though little has been known what the exact effects of certain food chemicals were on women's bodies.

"Large population studies of African-American women, Caucasian and Asian women showed that blood IGF levels are greatest among African-Americans and lowest in Asians," which corresponds to the twinning rates in those demographic groups, said Gary Steinman. "Some women are just genetically programmed to make more IGF than others."

Consumption of yams by members of the Yoruba tribe in Nigeria is believed to result in their unusually high twinning rate of 49 per 1000 births, according to a 1969 study. But when these people move from the countryside into the city, with a corresponding change in diet, their twinning rate drops significantly, Steinman added. Yorubas eating European diets have a twinning rate approaching that of Caucasians. Overall, Africans eating a native diet have a twinning rate four times higher than Africans eating a Western diet.

Similarly, Japanese who relocate to

California have double the twinning rate (9.4 per 1000 births in the mid-1980s) of their counterparts in Asia, where the twinning rate is the lowest in the world (4.3 per 1000 births).

Malnutrition drives down twinning rates, such as during World War II. Holland, which is rich in dairy products, had a dizygotic/fraternal twinning rate that dropped to 6 per 1000 births in 1944, a time of extreme deprivation, from 8 per 100 in 1936. By 1960 it had returned to the 1936 level. Comparable declines were seen in Italy and Japan during the war. Nutritionally-deficient African women had a twinning rate only 75% that of well-nourished females.

A study of 15 European countries showed a direct correlation between average milk consumption and dizygotic/fraternal twinning rates.

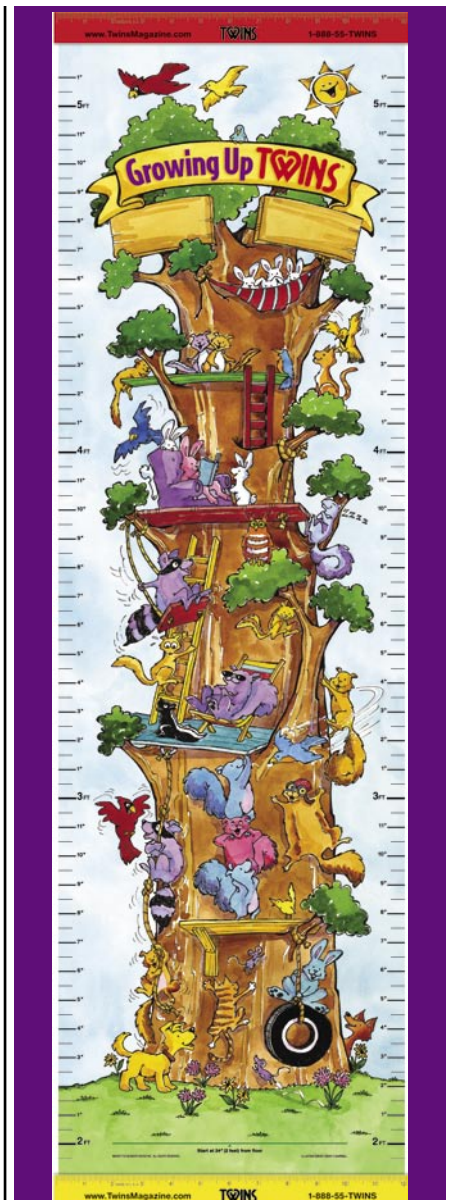
Women who might want to avoid having multiples could consider drinking soy milk and substituting other sources of protein for beef and dairy products when they are contemplating pregnancy, Steinman suggested. But it is too early to recommend any solid dietary guidelines based on current findings, he added.

Study participants needed!

Gary Steinman, MD, PhD, researcher and columnist for TWINS™, is seeking participants for a new study in which he will examine why it is that spontaneous twinning rates increase as women become pregnant for the 2nd, 3rd, or subsequent times.

Send your e-mail responses to the following questions to Dr. Steinman at DAV4601@aol.com (subject line: STUDY)

1. What was your age at conception of your twins/triplets?
2. How many children had you delivered before the twins/triplets?
3. Were the twins/triplets monozygotic (identical) or dizygotic (fraternal)?
4. In total (all prior pregnancies combined), how many months had you breastfed before conceiving your twins/triplets? (Estimates are OK)
5. If you did breastfeed, was it complete or combined with bottle-feeding?



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Breaking the Barriers: The Secret to Controlling Your Twins' School Placement

By Rachel Franklin, MD

My twins Jack and Emma start kindergarten this fall. Like every other parent of a new student, I recently stood anxiously in line for three hours in the chalk-filled hallways of our local public school in an effort to get them on the waiting list for the all-day kindergarten class. (If you ever wondered what doctors do when they're not available in their offices, here's the answer! And you were probably thinking we skip out to play golf.)

Like every parent of multiples, I wondered how difficult would be for me to persuade the powers-that-be that my children would be best served if they were together in the same classroom. I felt more confident knowing I had a secret weapon in my portfolio to strengthen my hand for negotiations that day—just in case. I want to share my secret with you.

First, some background: My twins have been at a Montessori school for the last three years—the first two-and-a-half together, and this past six months apart (a trial period we agreed to after two years of arguing with their teachers). Although they have flourished in both environments, they

have repeatedly mentioned how much they miss each other when they're separated.

In a new school, with new friends to make and a new environment to which they must acclimate, my husband and I believe a particular blessing of twinship is for them to have each other—being physically close together—until we parents agree they can be apart for their own reasons.

In writing this, I wish to argue not that all twins should be together all the time, but that parents who disagree with the decisions of a school system regarding their children need only know the path to take with the school to get what they want.

I feel fortunate to live in Oklahoma—one of only two states having legal standards for schools that require deference to parental choice in the placement of multiple-birth children.

Jack and Emma will be in the same class next year, and no fight erupted in the effort to place them there. For those of you who live elsewhere, your experience can be discouragingly different—you may be told that your multiples will be separated because it is supposedly “in the twins' best interest.” And you may feel there is little you

can do to change the minds of the teachers and administrators—indeed, some parents of multiples have been told to consider home schooling if they wish to try to control their children's education!

Many of us agree legislation would be helpful, and I have personally endorsed Kathy Dolan's efforts in this regard (to see a copy of the letter I wrote Kathy, visit her website at www.twinslegislation.com).

However, in the absence of legislative help, all is not lost. While you may not have control, there is always room for negotiation. And if you level the playing field by knowing what the educators know, you may well succeed.

Educators, like doctors, are expected to follow certain guidelines when taking care of your loved ones. These standards or guidelines are not intended to be applied blindly if there is evidence that following them would be harmful to a specific person in a specific situation. Guidelines exist in an effort to unify the ways in which we do our jobs. Guidelines for educators are created by a federal government task force (the Educational Research and Improvement Council—ERIC) and funded by the Office of Educational Research and Improvement of the U.S. Department of Education, covering topics ranging from how to create fair tests to how to acclimate home-schooled children into higher education.

These guidelines are published on the Internet (at www.ericdigests.org) and are available to educators across the country.

Just as all doctors are expected to know what the Journal of the American Medical Association is, all teachers and administrators should be familiar with the ERIC Digest and know that it exists and contains guidelines for assisting them in providing an appropriate educational environment for all of our children.

And what do you know? ERIC even has a guideline for placement of multiple birth children (find it at <http://www.ericdigests.org/1999-2/twins.htm>). Many educators seem to have forgotten the ERIC Digests—or never knew they existed—because these men and women are often arguing a position to you that is in direct opposition to their own guidelines, which say—wait

for the shocker here—that parents often know what is best for their children, and that placement of twins together should be allowed unless certain circumstances exist!

If you have children nearing school age, you would benefit by going to the site above and printing out these guidelines for yourself, putting them in your “Important Information” folder along with your twins’ immunization records. Be prepared to “share” them with your local school principal when enrolling your children in school.

This is especially important if you believe your district will be less than eager to adopt your assertions about your children’s needs to be in the same classroom. You will then be prepared to argue from a position of increased strength by asking the educators to agree to follow their own guidelines when teaching your children.

In brief, the guideline says that parents and teachers should ask themselves a few questions when considering the appropriate placement of multiples, namely:

- Are the twins, by the age of five, able to make and sustain friendships independently of one another? If so, they can be placed together if the parents wish. If not, separation should be considered on an “experimental” basis to allow this to begin.
- Do classmates or teachers constantly compare the twins, leaving one to feel negatively toward school? If so, separation could be considered.
(In my opinion, a frank discussion with a teacher who is making comparisons is warranted to eliminate his or her unhelpful behavior).
- Are the twins consistently disruptive when they are together (and have attempts to change their behavior failed?) If so, separation may be important to preserve the rights of other children to learn successfully.
- Does a female twin “over-mother” her male sibling? If so, separation may help the boy develop independent behaviors and improve his learning.
- How will separation affect twins who are used to leaning on each other for

In my opinion, a frank discussion with a teacher who is making comparisons is warranted to eliminate his or her unhelpful behavior.

academic and social support, especially in preschool and early elementary education? A balance must be found between twins being overly dependent upon each other and twins being separated before they are able to cope adequately.

- Is there a social or health concern that would compound the stress of separation on the twins? For instance, if one twin has disabilities and leans on the other one, or if the parents are separating or divorcing, placement together may be in the best interests of the children.
- Finally, if the twins are school-aged, what do they want? The guidelines recognize that children have a right to their opinions and that those should be taken into account along with all other available information when the decision is made.
- And most interestingly, ERIC recognizes the importance of gaining the agreement of the parents:
“Placement decisions should also take into account the views of the parents...If parents disagree on the best course of action, teachers may want to listen carefully to each, make suggestions for them to consider, invite them to observe their children in the classroom, and suggest a short-term experiment of separating or keeping the twins together. During that time, the twins can be closely observed and evaluated by teachers and parents. In this way, the school personnel and the parents can address the issue as a team focused on the long-term best interests of the children.”

So don’t sell yourself short when it comes to directing the education of your children—your opinion matters most, and you have always known it. Remember that if your children turn out poorly, nothing

else you have ever done matters.

The people who have the greatest interest in your children’s final outcome are you and your children, not the people who went to school to learn to teach them. They may love children and be dedicated professionals when it comes to educating children, but ultimately, those who teach will only be with your children for about nine months or less, after which they move on to another group of kids.

Advocate for your twins just as you did while you were pregnant with them—ask the tough questions, demand answers from the professionals, and be willing to participate with them to improve your children’s educational experience. Ask to be part of a team with your kids’ educators, neither insisting that they be “the boss” of the educational process nor agreeing to be relegated to the sidelines.

And keep the ERIC guidelines in mind—you never know when you might need them again to help you find answers when talking to the other members of the team.

Best wishes for a successful school year – see you on the playground! ♥

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.



School success: Getting your multiples ready for kindergarten

by Christina Baglivi Tinglof

When Brenda Grinnell's fraternal twin boys, Jeremy and Shawn, were 18 months old, she taped colorful letters to a sliding glass door in the family's home. Every day as her sons ran from living room to backyard, they'd pass the alphabet.

"I'd point to the letters and say, 'This is an A, this is a B,'" the La Crescenta, Calif., mom said. She surrounded her sons with everything that involved learning, ranging from a library of preschool books to wipe-off white boards where the boys practiced writing their names. When they were 4 years old and showed an interest in learning to read, Grinnell happily complied. "I exposed them to many different things. It was a matter of constant availability," she added.

Her dedicated support paid off—both boys were reading by the time they reached kindergarten. To top it off, by the end of the school year Shawn had scored the most points out of a class of 60 children in the school's independent-reading program. (Brother Jeremy was a very close second.) "I just wanted to make school fun for them," Grinnell said of her efforts. "And it is."

Do multiples differ academically from singletons?

These days, kindergarten is more demanding than ever. No longer a place where young students learn to socialize with their peers, today's kindergarten focuses more on academics and cognitive learning than it did 20 or more years ago.

Making sure your children are ready for kindergarten is especially important for parents of multiples. Research shows that on average, twins experience more learning disabilities than single-born children of the same age. Boys are especially vulnerable.

Reading difficulties top the list. And since reading is tied to nearly every other school subject, trouble in this area can be far-reaching for a multiple who is struggling. It's important to note that twins aren't any less intelligent than singletons; they just struggle with more learning problems. Remember, too, that most twins do very well once they hit school. (Just look at the Grinnell boys!)

The point merely emphasizes the importance of kindergarten readiness. And since parents are their children's first teachers, they can make the difference between school success or stress.

Concentrate on language

So why do multiples have more learning disabilities than single-born children? Although this is a complex question affected by a variety of factors, researchers say that it's strongly tied with early delays in language. "Multiples may be behind singletons in their articulation and in their ability to express themselves. Their sentences may be shorter and baby talk may persist longer," said David Hay, Ph.D., professor of psychology in the field of education at Curtin University in Western Australia. Hay is a highly respected twin researcher whose La Trobe Twin Study documented 30-month-old twin boys who were eight months behind same-age singletons as well as twin girls in expressive language. (There is no research on higher-order multiples.)

Although multiples may lag behind singletons in expressive language, they are usually much less delayed in their so-called receptive skills—in other words, they have quite a good understanding of vocabulary and what's being said to them. "Therefore, if multiples have very poor speech, don't dismiss this potential problem (even if) their vocabulary is good and they understand what you are saying," Dr. Hay cautioned.

Parents of multiples can try a variety of techniques to improve their children's ability to articulate their thoughts in understandable words and complex sentences. Angie Broccardo of Livonia, Mich., for instance, found that teaching her children American Sign Language (ASL) has helped her two-year-old fraternal twin girls, Gina and Bailey, express themselves. "We have a DVD series called 'Signing Times' and the girls say the word along with the sign they are learning," she explained.

Research has shown that young children who sign begin speaking earlier and have a larger vocabulary than children who were never taught to sign. "I think it gives them more confidence in their ability to communicate. Plus, having a word and a sign just seems

to reinforce each other. They both now say hundreds of words and they're speaking in full sentences," Broccardo added.

The power of preschool

Enrolling your multiples in preschool is a great way to encourage them to use their developing language skills. In fact, studies have shown that twins use more words when playing with other children or in speaking to adults than if they are left to play alone with each other. Yet, even twins who aren't delayed in their speech can benefit from attending.

"Preschool helps children with their socialization skills in a group atmosphere, and the classroom experience helps them transition to the more formal environment of kindergarten," explained Melissa Mullin, Ph.D., educational psychologist and director of the K & M Center in Santa Monica, Calif., an institute that diagnoses and remediates learning disabilities. According to Mullin, activities such as drawing and cutting develop fine motor skills while circle time builds the ability to sit still and listen to directions—all of which are critical to kindergarten success.

"My two just started preschool," said Kim Clayton of her opposite-sex twins, Max and Emily, now 3 1/2 years old. "It's mostly play-oriented. But I have learned even that is a huge learning experience." Clayton, a Monroe, N.J. mom, knew her pair were advanced academically but she quickly realized they still had plenty to learn! "They still have a lot of growing up to do physically and mentally. They need to learn to play with others, listen to directions, learn how to transition, and focus on tasks given. And I was worried they'd be bored!" she laughed.

Although Stephanie Corby's 2-year-old fraternal boys, Alex and Max, also attend preschool, she thinks it's more important to instill a love of learning and discovery. "I know all the core skills and concepts will be taught at school and supported at home, but what can't be taught is how to learn or a desire to want to learn," she noted. To help her children gain an adventurous spirit, the Indianapolis, Ind., mom is constantly asking her twins questions like, "What is that?" or "How do you use that?" inspiring her children to think for themselves. "My hope is that we can encourage them to view the world around them with a desire to know more. That we can encourage them to approach new experiences with curiosity and thoughtfulness," she said.

Are they ready?

Many factors determine whether a child is ready to attend kindergarten, such as adequate motor skills (Can he throw a ball? Can she use scissors?), academic ability (Can he describe something in complete sentences? Does she know basic shapes, the alphabet, her numbers to 10?), and social skills (Can she follow directions? Does he play well with others?).

Yet Dr. Mullin encourages parents to also consider their child's maturity level before enrolling their son or daughter in kindergarten. Some children who enter kindergarten hastily and are less mature than their classmates, may struggle and suffer for years. "I

Talk it up: Help your multiples with the gift of gab

Since delayed speech in early childhood is associated with later learning disabilities, it's important for parents of multiples to be aware of their children's language skills. Here are a few tips to help your twins "talk it up."

- Speak to each child individually rather than as a "pair." Give each "speaker" your full attention and eye contact. Speak slowly, clearly, and in full sentences. Never allow one twin to interrupt or answer for the other. If one child asks for a cookie, don't give cookies to both—encourage the other to ask, too. Be patient in waiting for a response.
- If your child makes a mistake in pronunciation, repeat the word correctly back to him but don't make him say it again.
- Enroll your twins in preschool, playgroups, or mommy-and-me classes where they have an opportunity to interact with a variety of different people. Consider having your multiples attend on alternate days.
- Teach rhyming skills—play games to see who can rhyme the most words in a minute. Teach word-segmenting skills—have your children clap their hands to the correct number of syllables in a word.
- Develop listening and speaking skills by reading aloud to your twins daily.

see so many children with fall birthdays who are now repeating the 5th grade rather than advancing on to middle school where they'd be socially, mentally, and sometimes physically behind," she said.

Parents whose multiples were born prematurely or who have fall birthdays may want to consider delaying kindergarten for a year, to give their children ample time to catch up to their peers.

Learning begins at home

Kids attend preschool and even kindergarten for such a short period of time each day that most of their development continues to occur at home. And that's where parents come in. By creating a fun, educational atmosphere at home (think lots of age-appropriate books, maps, puzzles, art supplies, and most importantly, your attention), you'll be giving your twins the best gift of all. Make learning a family affair! ♥

Christina Tinglof is the author of "Double Duty: The Parent's Guide to Raising Twins" (McGraw-Hill) and the forthcoming "Parenting School-Age Twins" (McGraw-Hill). She lives in the Los Angeles area with her husband and three sons, including fraternal twin boys. Her website is www.talk-about-twins.com.

Genetics and Twinning

Humans have their hereditary information stored in their genes, which are contained within 23 pairs of chromosomes in the cell nucleus. (The only normally-occurring exceptions to this are eggs and sperm, which have only one member of each of the 23 chromosomal pairs.)

One pair out of the 23 pairs determines the person's sex and certain other characteristics, and the other 22 pairs of chromosomes are referred to as autosomal. Most commonly, traits are independent of one another, so that a wide variety of combinations is possible for any given person.

In addition, the degree to which a particular trait is expressed is often variable, even with monozygotic ("identical" twin) pairs. Hence, such twins may appear physically quite similar but not absolutely identical. Although they may look exactly alike to the casual observer, the parents of monozygotic twins in particular are typically able to identify small but definite dissimilarities in their children that result from unique differences in their growth experiences.

According to classical genetic principles, first discovered by Gregor Mendel in 1857, physical traits are inherited from a baby's mother and father. If the genes controlling a particular trait are dominant ones, the trait can come from either parent and appear in the baby's makeup. If a trait is recessive, both parents must have contributed the gene for it to be expressed in the child.

For example, eye color is determined by three genes. Brown eye color is a dominant trait—if either parent contributes a "brown" gene, the child will have brown eyes. On the other hand, the "blue" gene is recessive. For a child to have blue eyes, both parents must contribute a blue-eye gene.

In the case of monozygotic twins, the gene composition is the same in both chil-

The gene favoring twinning appears to exert its effect only in women.

dren, since both originated from a single egg fertilized by a single sperm. With dizygotic ("fraternal" twins) separate eggs and sperm cells produced each child and thus, the two commonly appear distinguishably different in most physical characteristics.

If a gene for a particular recessive trait is found on the sex chromosome, it may appear in girls but not boys, or vice versa.

Inheritance also plays a role in determining the probability of the twinning process taking place, especially with dizygotic twins. This twinning tendency has been studied by examining the bovine population. Twinning is uncommon among cows. When cows are isolated and inbred for their increased twinning capacity, a special gene functioning on chromosome #5 can be identified in such animals.

It is well known that the human tendency to produce twins is greater in certain families. One research group found that a dominant gene favoring twinning is carried by approximately 15% of the general population. This gene appears to exert its effect only in women, which might explain why the tendency to have twins is passed along only on the mother's side of the family. (The common belief that twinning skips generations is unfounded.)

For many years, twinning was believed to be inherited only in cases of dizygotic ("fraternal") pairs. However, a recent study identified several families containing as many as five spontaneous monozygotic

("identical") sets of twins. On the basis of actual "random" occurrence, one would expect it to take some 268 separate gestations to produce just two sets of monozygotic twins within a single extended family. This recent finding suggests that the tendency to produce monozygotic twins also has a genetic component.

Remember, in monozygotic sets, the initial gene composition is the same in both babies. Yet, the final appearance of the babies may be somewhat different in some respects. For example, fingerprints are genetically determined. However, the volar pads appear on the tips of the fingers at about 4 months of fetal life and are sensitive to applied pressure, even for twins in utero. The belief that no two people have exactly the same fingerprints in all respects is probably true.

Even in monozygotic twins, the concordance of their fingerprints is typically about 88%—not 100%. This is most likely due to the physical interaction of the two babies with each other during gestation and with the intrauterine environment. The greater the number of babies in a set, the greater will be the differences from one area to another within the intrauterine environment. The fingerprint concordance in (rare) monozygotic quadruplets was found to be only 71%, in contrast to the 88% fingerprint similarity noted above for monozygotic twins.

Hence, we have learned and can demonstrate that the final expression of physical traits in humans is the result of nature (heredity, as determined by genes) in combination with nurture (environment). ♡

Dr. Steinman is an OB/gyn in Astoria, NY. If you have specific questions for him about zygosity, e-mail him at DAV4601@aol.com. He may be able to provide answers and discussion in upcoming issues of TWINS™. See page 43 for a study of Dr. Steinman's in which you can participate.

Twins Should Be Together!

Kathy Dolan, a mom of twins in New York City, is working tirelessly to have legislation introduced in New York and federally giving parents the right to determine if their twins (multiples) will share a classroom in school.

Dolan recently called for parents of twins to send stories of how forced separation of twins in school adversely affected their children. In her federal efforts, Dolan needs documentation of what parents are up against in the battle with school officials to keep twins together in school. Here are some case studies received by TWINS™ Magazine that make the arguments effectively.

Send your story, if you were unsuccessful in your encounter with the local school authorities, to us at twins.editor@businessword.com, and to Dolan for her dossier at kathydolan@nycc.rr.com.

Sign Kathy Dolan's legislative petition supporting twins together in the classroom at <http://www.petitiononline.com/ryannick/petition.html>

I had significant problems trying to keep my 5½-year-old b/g twins together in school and it took letters from our pediatrician and psychologists to have my twins (Ari and Peri Ayzidor) in the same classroom this year. School district rules mandate separation of twins from kindergarten onward (and are not grounded in any clinical or medical evidence at all).

I had a huge fight with everyone about it. In the end I succeeded, but I am worried about future years. I am an attorney practicing corporate and trust and estate law here in Brooklyn, NY. I stay busy running a full time law office and I have been pregnant with a baby girl.

For my children, being apart was not an option. They needed each other for support because they were separated from their parents for the first time. Moreover, they were just learning to speak English—they are bilingual in Russian/English. In Russia, separating twins was unheard of. If one

twin was not able to serve in the army, the other one was automatically excluded. And that's RUSSIA where everyone is drafted into the army!

Unfortunately, no one other than parents of twins seems to have recognized how harmful separating twins is. I was outraged when I first found out that it's not up to me for my kids to be together and that total strangers who don't even know my kids are making a decision because of stupid rules.

I basically put together a 7-page letter with different studies and had it signed by our pediatrician. It took a lot of pushing to get our twins into the same classroom. I don't want to go through this again next year.

I will fight for my twins' bond and for their freedom to stay twins. I will do everything in my power not to let others destroy their twinship.

I have always thought that "twinship is a miracle." No one else knows you as well or has been around you for so long as your twin, your soul mate, your other half. My kids, even though boy/girl, do everything together—they insist on going to sleep at the same time, going swimming, eating, playing, doing homework and going outside together. This is their special bond—a miracle given to them from above. And I don't want to let anyone take that away from them.

My husband and I came to this country from Russia hoping that our children will not face persecution for their religious beliefs (we are Jewish)—only to have them being persecuted for being TWINS!

I thought about having a bill passed in the state of NY but was too busy giving birth to Gabriella. One smart mother in Queens actually took charge. I am offering my legal services to her now.

I would like to help this effort in any way I can. So far, I forwarded the bill to all my friends and relatives and most of them

already signed it. I would like to see what else I can do to help.

Thank you very much for your incredibly informative magazine! If not for you, I would not have known about Kathy (Dolan) and her efforts. I noticed that your magazine has recently become much more informative and interesting to read. I stopped subscribing to it for a while, but now signed back. Each issue has so much useful info. I read your magazine cover to cover and always find information useful.

Inna Fershteyn
The Law Offices of Inna Fershteyn
& Associates P.C.
Brooklyn, NY

Editor's note: We received this via e-mail on Mar. 21, unsolicited. Ms. Fershteyn had sent it to us as well as to a long list of her contacts and friends. She's been in touch with Kathy Dolan, who is spearheading a legislative push in NY state, modeled after the successful push in Minnesota for a law in 2005.

Twinship is like a marriage

My twins' school gives the parents the option to separate or not. This was a non-negotiable point for me in choosing where they would attend school. All the parents in this school have chosen to keep their multiples together, save one family. My twins have thrived in this environment. They have helped each other with separation anxiety from me, and helped each other transition out of the home. Because they were kept together, they were not required to do something NO other child was required to do i.e., separate from the parent AND separate from their twin simultaneously. Kept together, they were on the same footing as all of the other children, they were only required to separate from their parents.

Individuals that have not been blessed with multiples in their family truly do not have an understanding for the depth and nature of the relationship. They don't know that it is not like a sibling relation-

ship at all but more akin to a marriage relationship.

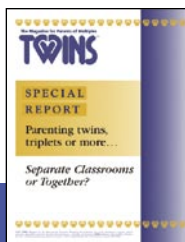
Kim, mom to Michael and Kyle,
ID twins

Twins are apart together

One of my daughters is gifted and, in the Montessori setting, she has been able to do her own work and help her sister advance at a much quicker pace. Having her twin in the classroom has encouraged her to work harder in certain areas of the curriculum and, in other areas, it has had no effect. When they have been separated, they have grown extremely anxious about the well-being of the other and been unable to focus on their work. However, unlike what people would expect, when they are sitting in the same classroom they do not sit together. They have their own friends and due to their inherent strengths and abilities, do their own work. They are relaxed and comforted by knowing that their twin is in sight, even if she is on the other side of the classroom, interacting with other children or doing other work. They also play with their own friends in the playground so, being together has not prevented them from the individuation process.

At the ripe old age of 4½, they were asking me last night about the one set of twins in their school that have been separated. They asked me why and I told them that some people think that they would compete with each other, be jealous, not make their own friends, not do their own work and things like that. They looked at me like I was from another planet. One twin said, "That is silly. I can do multiplication tables and Sophia is on addition. Sophia doesn't want to do multiplication or the "e" word box. She wants to play with bugs and plants and music. I have my own friends and I like to dance. Sophia has lots of friends."

Sophia then interjected, "I can play basketball with the boys and Isabella loves ballet. Paulina and Bianca are my friends and Sophia and Natalie are Isabella's friends. I want to be an astronaut and I love bugs. Isabella wants to be a doctor and cure sick people. Isabella wants to be a mommy and I want to go into space."



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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 —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 preemie babies to the stress a family may experience when twins arrive. *72 pages.*

The issue really is not “if” twins should be separated but “when” and “how.”

After two years in school, (my daughters’ teacher) told me Sophia and Isabella only sit together at lunch time. They spend the rest of the day doing their own work and they are on different levels. She tells me that the brighter twin will sometimes come help her sister move to the next level, that is, if the other twin is open to her help. Other than lunch, they only kick into high gear for each other if one gets hurt.

Karen

Would change schools

I have 6-year-old identical twin boys as well as two older children all in primary grades. I have requested that my twins be placed together in first grade because so much of the newer research shows that twins, especially identical twins, have much of their self-esteem and identity within each other as well as on their own. Obviously they have been together every day since well before they were born. They were co-bedded, and even shared an isolette in the NICU. I would never consider separating them unless their were huge variances in academics, competition problems, or disciplinary problems. I feel so strongly about this issue that I would change schools rather than separate them. They are so much more than best friends, with a bond no one else could understand. They complement each other and would be devastated if (they were separated).

Lisa

Arrogant school administrators

I requested my twins be (placed) in the same class for first grade, and (school officials) said no. Then I requested they be placed together for second grade; again they said no. For third grade I made it a point that it was really important for (my twins) to be in the same class; this time (school officials) didn’t tell me no to my face, but just put them in separate classes. We have five kids and you would think that we should be able to have a say in our childrens’ education.

Regina

Twins count as one

I agreed to separate my b/g twins from K

on (they’re now in high school—grade 10) based on the opinion of the kindergarten teacher who interviewed my children for entrance into school. I valued her opinion because she herself was an identical twin. I figured she has had first-hand experience. Prior to talking with her, I got the story from the administration..... “Twins/multiples get separated, life’s not fair, everything is not always equal.” My biggest peeve was when my children graduated from junior high school: Distribution of tickets—four per family. I have two children, they should each get four tickets. “If we have enough tickets, we can (give you eight).” What is this? When you take head counts for tests, you count two; when you put grades/percentages in for state/federal funding, you count two; when they go to the cafeteria for lunch, they each have to pay separately; when (the school has) fundraisers, they are each supposed to contribute as they each get a booklet; and so on and so on. But now, something as important as this and they’re counted as one. I say back to them, “Where is that fair?”

Pat

The effect of separation

I am 41 years old and live in Lakewood, California. I am a twin, I have a brother Paul. Paul and I started kindergarten in the fall of 1970. We grew up in Utah and the school we went to with the a.m. group of kids—we were together—was really great. Then first grade came and we were split up—not by choice, by the school. This was the most devastating thing that could ever happen to us!

My parents weren’t very forceful in discussing with the school what our needs were at the time, but I don’t think there was much they could do about it anyway at that time. All I know is this: In our union as twins, Paul was always known as being a little “slower” than I in school and I was always the one who looked out for him when he was teased. I really feel in our situation we shouldn’t have been separated until it was time for him to grow and go on his own. He needed me so much back then and we really struggled being apart. I feel that he wouldn’t have dropped out of school in the 10th grade if he had the sup-

port early on from me in the classroom.

I know every story is different but now here it is 2006 and I have 10-year-old twin girls of my own and I see the pattern. They are currently in private school so it’s one class per grade, which was really great (in the beginning). Now that they are in 5th grade I think they could use a little separation, and I know they would tell me the same thing. Private school was a choice my husband and I made as parents. If they were in public school and were at this stage in their lives, I would like the freedom to ask them if they are ready to separate and they would tell me yes. Then, I as their parent could make that decision and it would be nice not to have to worry about dealing with the school board regarding the matter.

Kathy

Go to the media

We are parents of two sets of twins. Our oldest set (boy/girl) are currently together in kindergarten (full day). We have had a great year. They have done very well. We want them together for first grade, because we don’t feel they are emotionally ready to be separated yet. They are still 5 and won’t turn 6 until May. They have thrived academically and there have been no behavioral issues. So, we set up a meeting with the principal and teacher to get their opinions. We were totally blindsided at the meeting. We were told that it didn’t matter what we wanted. It was their decision. While my husband and I tried to articulate our reasons, discussing different research, we were told they don’t care what the research says. So, the fight began. They could never give us any reasons for their decision. They couldn’t point to any research for their decision. They just said that they didn’t want to set the precedent that parents get a voice in child placement. Fortunately, once they had reporters calling and we were threatening to go to the school board, the superintendent reversed the decision. We would like to think that we changed their view on twin placement, but I just think they didn’t like the negative publicity.

Kellie

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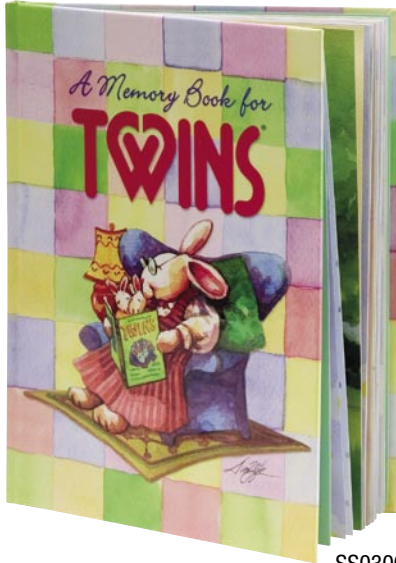
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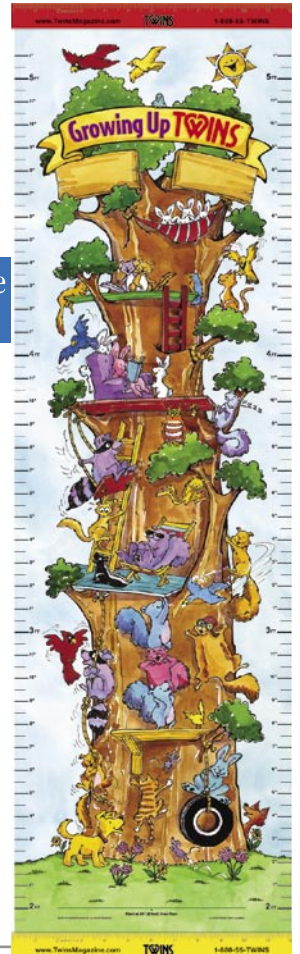
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Unframed Art



Gift Cards

TWIN HEARTS

Awed to be expecting twins,
A mother's journey now begins
Blessed with heaven's gift of two,
I fell in love with both of you.

As days passed and months moved on,
I prayed for two, born safe and strong.
Thrilled by the promise of the joys to-be,
Like two voices joined in ABC's.
Shared sweet kisses on cheeks and lips,
Two toddlers riding atop two hips.
I promise to see you each as one,
Two connected, yet free lives begun.
Both loved completely, for all they are,
Following their own bright star.

I promise to encourage your treasured bond,
from babies to children and beyond.
Partners, soul mates and best friends,
The love of each of you will depend.

At last I stroke each newborn face,
I knew my heart was touched by grace.
My hands now full—as most will say,
Yet my life never richer than today.

Awed to hold my little ones,
Our lives together have begun.
Blessed with heaven's gift of two,
I forever love the both of you.

Be sure to include your color choice on the order form or when you order by phone.

SS05002 Unframed Art \$16.99 each

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A. 12"-x-15"



B. 12"-x-15"

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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 4½" x 6" and holds two 1¾" x 2¾" photographs. Twice as Nice Bears and Balloons Frame is 8¾" x 6¾" and holds one 4" x 6" photograph.



A.



B.

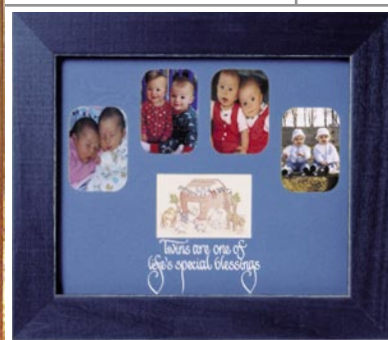
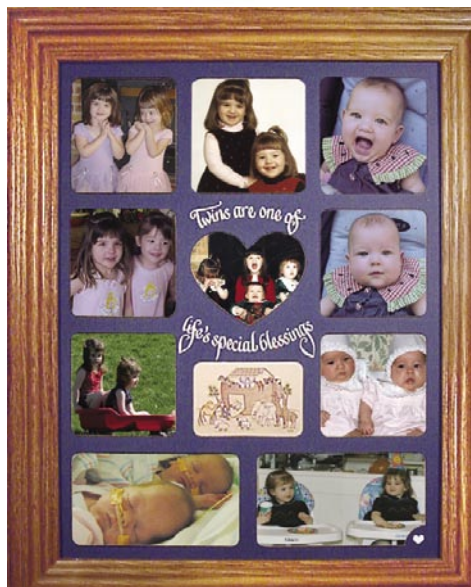
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Shared care



Jonathan, and Daniel, 2¾ years
with Grandma Besta,

Taking care of twins is a full-time job requiring organization, multi-tasking and lots of energy. It is nice to have a break, but the thought of asking Grandma to babysit might conjure images of chaos and confusion. You appreciate your mom's offers, but you want to prevent her being overwhelmed if you take her up on

her willingness to serve. A seasoned Grandma of twins has these suggestions to make things easier for someone else to watch your twins:

- Write down the twins' schedule, include naptimes, meal-times, playtimes
- Leave medications in a handy, visible spot, with the correct dosing listed
- On the counter leave a pile of bibs, washcloths, sippy cups, snacks, ingredients for prepared meals and extra binkies
- Make a basket that contains diapers, wipes and diaper cream
- Lay out pajamas and play clothes

VIDEO GAMES: GOOD, BAD OR INDIFFERENT?

and will "become" playing video games. Game makers sneer at recent reports of increased violence and drug use due to video game use, but numerous studies support these reports. Here's the dope (pardon the pun!):

- Video games are addictive.
- Video games encourage repeated use for perfection, mesmerizing children.
- Many games teach irresponsibility and reckless behaviors, and desensitize children to violence.
- Children who frequently play violent video games have more aggressive thoughts, feelings and behaviors, and their school performance declines.

The popularity of video games has grown exponentially in the past decade. Games are available for children of all ages, but are they really good for little kids? Producers of videos would have us believe that even infants can

smarter" by watching videos and

- Provide an extra house key
- Have a diaper bag ready for small outings—a walk, trip to the store
- Leave a list of phone numbers, including needed contacts as well as pizza delivery places.

Common newborn rashes

Neonatal Acne: Those small red bumps that appear around 3 weeks of age. Caused by circulating maternal hormones, they affect 30% of newborns. There is no treatment and parents should not pick or scratch the bumps. Simply keep the skin clean with plain warm water and the blemishes will disappear by 6 months of age.

Erythema Toxicum: Appears on the second or third day after babies are born and described as small patches of redness that have small raised bumps in the centers. Parents commonly equate it to flea bites. These red areas occur anywhere on the body but are usually found on a baby's trunk and around the diaper area. Almost 50% of newborns get this rash, which lasts up to 10 days. Cause is unknown and treatment is rarely necessary.

Milia: Tiny white bumps that occur on the nose, chin, forehead and cheeks. About 40% of newborns get this rough-textured, pimple-appearing rash. Milia requires no treatment and resolves by 2 months of age.

(The key question is: What is "violent"? Even some "cartoon" video games have characters eating each other, beating each other, fighting/shooting and conquering each other, and engaging in "reality"-style reckless behaviors. Speed is nearly always part of the video game equation. Is this a good thing?)

- Frequent video game play elevates a child's blood pressure, increases sleep deprivation, is closely correlated with obesity, is considered a proximate cause of tendonitis and carpal tunnel syndrome, and has been tied to reflex seizures in children.
- Game "mastery" is considered appropriate if designed specifically to teach basic skills (reading/spelling/arithmetic, etc.), or values (caring for others, responsibility, etc.). (The key question here is: Should parents trust any video to teach skills and/or values? More importantly, perhaps, are videos successful at teaching values to children?)

GUIDELINE: The American Academy of Pediatrics says to limit to LESS than 2 hours a day the time your twins spend in front of ALL electronic screens.

STAYING ONE STEP AHEAD

Are your twins developmentally on track? Do they meet their milestones? The Denver II is a developmental screening tool used by pediatricians to evaluate how a child, birth through 6, is developing. Prematurity or certain health conditions might require additional time for your child to reach established goals or norms. Your pediatrician can help you evaluate each of your twins appropriately. Here's what to watch for:

6 months—rolls over, turns toward rattling sound, works to get a toy

9 months—sits without support, stands while holding on, feeds self with hands

12 months—bangs two cubes together, waves bye-bye, uses finger-thumb grasp

15 months—walks well, bends to pick up toy without falling, says 2 words, scribbles, drinks from cup, imitates activities, says mama/dada to correct person

18 months—walks backward, runs, says 3-6 words, uses spoon/fork

24 months—kicks ball forward, walks up steps, combines words, points to at least 2 pictures in a book, removes at least one garment, feeds a doll

3 years—throws ball overhead, jumps up, knows 6 body parts, speech is half understandable, builds tower of 6 cubes, can wash and dry hands

4 years—can balance on each foot for 2 seconds, speech is all understandable, can copy a circle, can name a friend, can put on T-shirt

5 years—can balance on each foot for 4 seconds, knows 3 adjectives, knows 4 colors, can copy a +, dresses without help, brushes teeth without help, plays board games

6 years—can copy a square, draws a stick person, gives the definition of 7 words, can balance on each foot for 6 seconds

SOLE-FULL ADVICE FOR TODDLER TWINS

With your twins close to walking you are probably wondering what to put on their feet. Shoe manufacturers believe there is a correct shoe for every stage of toddlerhood; however, there are no scientific studies to prove this. In the opinion of orthopedic surgeon John Geiser, toddlers just learning to walk will become much more proficient if allowed to learn without rubber-soled shoes, which are bulky for a new walker. The soles tend to catch and cause tripping. Allow your twins to walk barefoot and become proficient walkers

before putting them in rubber-soled shoes. Soft leather shoes are just fine for beginners. "These shoes basically act as a foot cover, protecting the feet while allowing a child to feel things with

the soles of the feet as he learns to walk without tripping." Children with specific foot deformities may need special shoes.



Steven and Drew, 9½ months

Teaching twins to talk

Dorothy P. Dougherty, MA, CCC-SLP, is a speech and language pathologist who has worked with children in schools, clinical and private settings. She is the author of "Teach Me How to Say It Right" (157 pgs., New Harbinger Publications, \$13.95.) She is also the author of "How to Talk to Your Baby." Dougherty believes strongly that the way parents talk to—and especially read to—their babies lays the groundwork for proper speech development, and for the development of good reading skills. She writes:

"Reading aloud is a great way to spend quality time with your child and develop an important foundation for the development of his speech and language skills. Story time provides many opportunities for emphasizing sounds, intonation patterns, and word meanings. When you read a book or recite a rhyme to a young child at any age, you enhance his visual and listening abilities and increase his vocabulary. Children learn how sounds are sequenced together to represent word meanings and how to say sounds by listening to them repeated many, many times. When you are reading aloud, your child is listening to you model how to produce sounds in words, phrases and sentences.

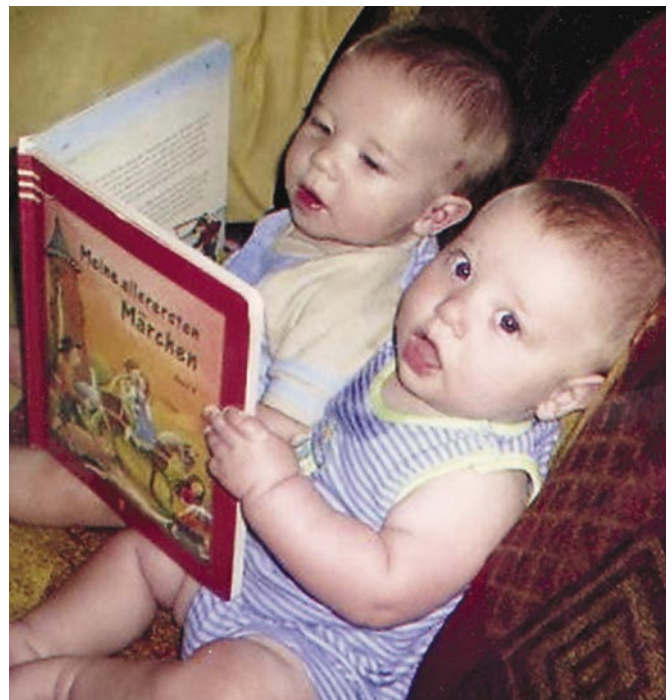
Infancy is the perfect time to begin to read aloud to your child. Infants map the sound structure of their native language. By 6 months, babies recognize individual vowels and consonants, and by 9 months, they recognize the pattern of words.

Newborns: Even though your newborn can't understand what actual words mean yet, he listens to you read and learns to hear the differences between sounds in words, recognize where words begin and end, and understand the rhythm and inflections of the language spoken around him. Hold your infant in your arms and read to him. It doesn't matter what you read—your favorite novel, your shopping list, or the daily newspaper.

2 to 5 months: Kids this age love rhyme, repetition, and reading games. . .Take advantage of your child's growing curiosity by playing games while you read aloud. Run two fingers up your child's arms as you recite, "Hickory, dickory, dock, the mouse ran up the clock."

7 to 12 months: Kids this age love holding and touching books with lots of shapes and textures. Encourage him to imitate the way you handle and touch the books. Around 12 months, encourage him to imitate the words while you are reading. Ask him to show you an object or action on the page. After he points to the picture, slowly repeat the word several times and encourage him to say it.

Toddlers: Kids this age love concept books, nursery rhymes, and books with hidden objects. But sitting may not be first on their list of things to do. Make reading a more pleasurable experience. Choose the time carefully before naps or bedtime. When your child's energy level is slightly lower. Let your child pick the book and choose the place where he wants to read it. At this stage, experts



Brody and Quayden, 5 months

recommend ABC and counting books, or books where your child can anticipate what will happen next. Practice talking about the pictures, rather than actually reading the words on the page.

Preschoolers: Kids this age are learning to choose their own books, and they enjoy books that mirror their own experiences. By the age of 3, most children can follow a simple story line and will understand and remember many ideas presented in simple storybooks. Establish a special time to read as well as special places to store children's books in your home. Try to read when he asks for a story. That reinforces the idea that reading is important. As a special treat, fill a bag with books for a favorite author (Dr. Seuss), on a theme (animals), or that emphasize particular sounds. For easy access, place the bag near a rocking chair or favorite reading area. Bring the bag along when you leave home so you can read together (whenever there is a chance).

Don't stop reading aloud. You should continue to read socially appropriate books aloud to your child long after he can read. Children listen at much higher comprehension levels than (those at which) they read until around the 8th grade. Therefore, 1st graders can enjoy books written for the 4th grade level, and 5th graders can enjoy books written for 7th grade readers, when the subject is appropriate and these books are read aloud to them. Reading stories to your child at his interest level, but beyond his reading level, not only may develop your child's vocabulary and pronunciation of more complex words and phrases, it also may instill a love of stories that will motivate him to become a lifelong reader.

A child's second summer may be the most dangerous, the Skin Cancer Foundation revealed. Sun protection methods for babies, such as dressing them in hats and sunglasses and keeping them in the shade, are used significantly less often during a child's second summer than during the first year, a new study showed. Research at Boston University indicated 54% of children became sunburned or tanned in their second summer, versus 22% in their first. Sun protection behaviors decline when babies become toddlers, and skin damage begins at a much earlier age

than previously reported. Pediatric melanoma cases have increased nearly 100% in the past 20 years, with mounting evidence suggesting a link between sun exposure and melanoma. One blistering sunburn in childhood more than doubles a person's chances of developing melanoma later in life. Although keeping babies out of the sun may be relatively easy, consistent and effective sun protection of toddlers is much harder to achieve. Parents need to act as role models for their children and teach sun protection habits early on. Make sun protection part of a child's daily routine, applying

sunscreen before getting dressed and always wearing a hat and sunglasses when going outside. Your children will form healthy habits they carry throughout their lives.

- Keep babies under 6 months old out of the sun.
- Seek the shade between 10:00 AM and 4:00 PM.
- Coat each child's skin liberally and evenly with a broad-spectrum SPF 15+ sunscreen, 30 minutes before going outside.
- Reapply sunscreen every 2 hours, more often if swimming or sweating.

**12 to 24
Months—
Super-
screen!**



Cara Bella and Carrissa, 2 years

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?



« **Friends come in all shapes and sizes**

1:: Cami and Clara
10 months with Copper
Higginville, Missouri



2:: Hailey and Hannah
8 months
Grayson, Georgia



3:: Maren and Dylan
7 months
Noblesville, Indiana



4:: Madelyn and Lindsey
4 years
Silver Creek, Georgia



5:: Greyson and Caroline
3½ years
Kennesaw, Georgia



6:: Briana and Megan
25 months
Miami Lakes, Florida



7:: Camryn and Corey
4 years
Perkasie, Pennsylvania



8:: Gracie and Sierra
4 months
Drayton, Ontario



9:: Benjamin and Savannah
8 months
Birmingham, Michigan



10:: Molly and Hanna
4 months
Medina, Ohio



11:: Earl and Elijah
1 year
Madera, California



12:: Sam and Ben
3 months
Valencia, California



13:: Ashley and Amber
6 weeks
Murphy, Texas



14:: Matthew and Natalie
10 months
Marshall, Virginia



15:: Millie and Macy
4 weeks
Savannah, Tennessee



16:: Sharlet and Shanell
2 years
Las Vegas, Nevada



17:: Sammy and Theo
3½ years
Honolulu, Hawaii



18:: Max and Jack
3 years
Pinckney, Michigan



19:: Emily and Arden
8 months
Apex, North Carolina



20:: Chelsea and Cailee
20 months
Folsom, California

- Photo Tips**
What we are looking for:
- Sharp focus
 - Crisp, clean, vivid color (no blue or yellow cast)
 - Good, attractive lighting (no high shadow contrasts, no "red eye")
 - Uncluttered backgrounds
 - Happy children interacting with each other

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

Please be sure to:

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

Send your twins' photograph to:

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

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

ZD - 20 ZD - 19 XNN - 18 ZL - 17
ZD - 16 ZM - 15 ZD - 14 ZD - 13
ZD - 12 11 - XNN ZD - 10 ZD - 9
ZD - 8 ZD - 7 ZD - 6 ZD - 5
ZD - 4 ZD - 3 ZD - 2 1 - XNN

Based on parental reports

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Laugh at the memory

A mom of newborn triplets noticed the nurses at the hospital had given one of her babies the nickname "Splash" when he was born. She inquired why the nurse kept calling her son by that name. "Well," the R.N. explained, "while you were waiting to fully dilate, you were left alone in your room with your nervous husband. You needed to relieve yourself, and he brought you the commode... you can guess the rest." This expectant mom didn't know the sensation she was feeling was not to urinate, but rather to push Baby #1 out...right into said commode!

Denise LaForgue
Via e-mail

Stuck up

My daughter Lauren asked me what a wedgie is. I told her it's when her undies are stuck in her butt cheeks! She then proceeded to say "Then I have one!"

Theresa Anne Patrick
Paw Paw, WV
Mom of Timothy Jr., 14, Shawn, 8,
Ryan and Lauren (b/g twins), 4½
On the TMMB

Cartoon influences

Our family was eating dinner. I gave a blessing and said, "Amen." Amanda, my twin daughter, looked at me, folded her hands over the tops of one another and said "Elmo." Plain as day. I guess to a 20-month-old Elmo is God.

Leanne Thomas
Laurel, Del.
Mom to Amanda and Ashley 6/7/0
On the TMMB

Tub talk

I have 2½-year-old twin girls who are language-delayed. They receive therapy each week to help increase their vocabulary. Among the many things I work on to help their speech is adding the phrase "I love you!" to whatever we are doing. Every

mother wants to her her child say this, but my girls never said it.

One day, my mother-in-law was visiting and I was giving the girls a bath. Abigail got out of the tub, looked at me, and said, "I love mommy." I smiled so proudly, and tears came to my eyes. I felt so special. Abigail then said, "I love Heather" (her twin), and "I love Tyler" (her 6-month-old brother), and "I love Grammie." Such a great moment. Abigail ended with, "I love tub!" We all had a good laugh.

Julie Reissner
Montvale, N.J.

Charades

I was washing dishes and Lucas said, "I can turn into animals."

I said, "Oh, really?"

He said, "Meow, meow. What am I?"

I said, "You're a kitty."

He said, "Good."

He then said, "Ribbit, ribbit (hopping).

What am I?"

I said, "You're a froggy."

He said, "Right answer."

Then, he crossed his legs and was standing mostly on one foot. He asked again, "What am I?"

I said, "Do you have to go pee-pee, honey?"

He said, "Wrong answer.... I'm a flamingo."

Kendra
Mommy of Matthew and Lucas
On the TMMB

It's large and gray!

We were at my mom's this weekend, and Kailey, who loves elephants, was looking through some of her old children's books. She picked up "The Great Big Elephant and The Very Small Elephant."

Every page has an elephant on it. She opened a page and said, "It a elephant!" in a really excited voice. Then she turned the page and said "It a elephant!" again.

She kept turning the pages, exclaiming "It a elephant!" over and over again until she was so excited all she could say was: "It a... It a...It a...It a...It a...It a...!" in her very high pitched excited voice.

Diane
Mom to Rachel and Kailey 7/1/04

Tit for tat

My 27-month-old darling daughter has been tormenting her brother lately in the bath by pouring water over his head when he's not looking. He was getting ready to do the same thing to her; I told her she was going to get a taste of her own medicine. So she looked at him and yelled "No taste! No taste!"

Ajay Mom
On the TMMB

"E-lemon" going on 20

Anthony likes to count. He's doing it more times a day than I can count now. But he speaks more clearly every day, and soon I'll forget that he counted like this:

"One, two, three, four, five, six, seven, eight, nine, ten, e-lemon, twelve, thirteen, teen, teen, teen, teen, teen, TWUNNY!"

Beth
Mom to Freddie, 19; Janelle 18;
Gregory 15; and twins 3/26/04
Molly and Anthony
On the TMMB

Mouthing off

My twin daughter, Ciara, 5, was playing in her room with her sisters and came running out, screaming. "What's wrong?" I asked, alarmed. Ciara replied, "Mom, I had an explosion in my mouth!" Very dramatic! It took a while, but we finally figured it out she had burped and had a little throw-up come up into her mouth. Kids are so funny in how they translate things!

Ashley Simmons
On the TMMB

For your little readers

Start when your twins are babies. Help them develop their own personal identities. Many of the 32 pages in each colorful book have fill-in-the-blank spaces for a child's personal preferences and individual information. From the time your twins are infants, they will love having their personal stories read to them. Before long, they'll be reading the stories back to you, and each other!

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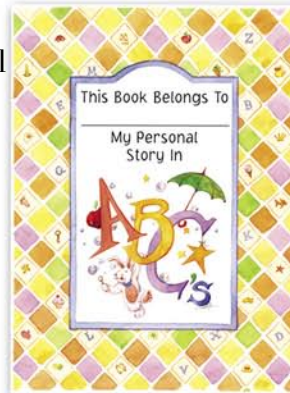
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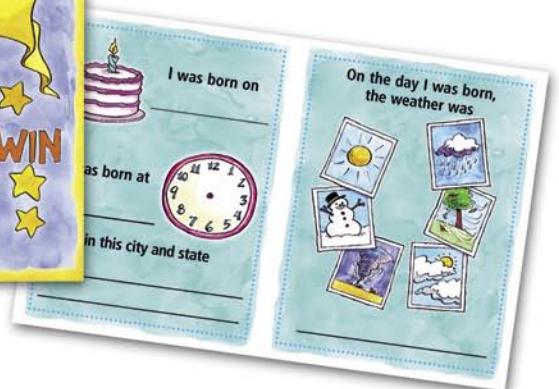
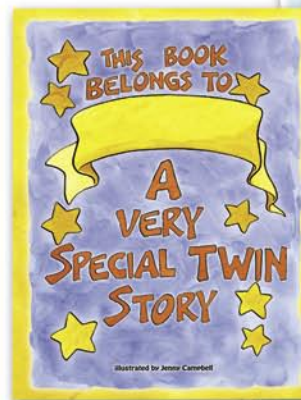
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Emily and Madison, 10 months



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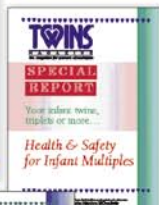
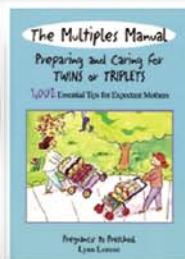
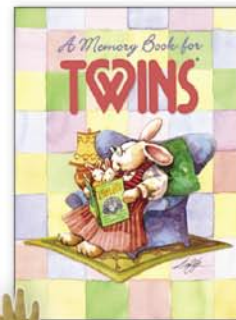
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Elise and Sophie, 16 months

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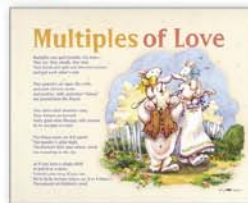
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