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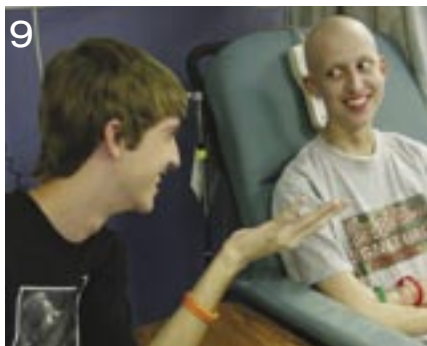
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## ON THE COVER



Haiven and Dailen, Aurora, Colo., are identical twin boys who turned 3 in March. They love playing with trucks, going to the zoo, wrestling with their daddy and playing with brother, Cameron, 8.

Cover Photography by Bernard Grant



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Join us **online** at [www.TwinsMagazine.com](http://www.TwinsMagazine.com)

One the most rewarding aspects of publishing TWINS™ Magazine is having the opportunity to put **people in touch** with each other. When parents of twins have special interests and needs, they tackle life's challenges better if they find a soulmate with whom to share the travails and victories of their twins-worlds. In the last month, I've twice had the chance to link people with other readers in similar situations. My heart sings when this happens.

Robin Worley, a dwarf mom of dwarf twin boys, wanted to find other dwarf mothers of twins. After we ran her letter in the July/August issue, I received an e-mail from another dwarf mom of identical dwarf twins. They're now in touch with each other, and can hopefully help each other as their twins mature. We hope they become fast friends.

Also in the July/August issue was a story about Tracey Sharp and her twins, one of whom has a condition called EB, which is quite rare. When my phone rang and it was a call from a mom in another part of the country whose twins both have EB, I was delighted to provide contact information to Tracey and the caller, so they can share medical info and solutions, and help each other cope with this dreadful disease.

A real hot-button subject these days is **twins in school**, and fighting the battles with education bureaucracies that insist on separating twins into different classrooms, no matter what. Our interest in the subject, and the flood of articles we've had on it, inspired A PhD candidate at the University of Denver—a mom of twins!—to call and say she is conducting her doctoral study on twins' school placement. Hooray! We may finally have some good data about school placement. Sign up to participate if your kids are enrolled in school and are the right age....see the notice on page 21.

We're officially "endorsing" a few outstanding products for parents of twins and triplets in this issue, a first for us. We've listened carefully to your comments, reviews and criticisms of various products, and we've had our eyes peeled for outstanding products that answer your needs and solve problems. We think of our newest venture to bring these to you—some on an exclusive basis—as our way of applying a "TWINS™ Seal of Approval" to products we find worthy of your attention, and your money.

On pages 7, 9, 11, and 13 you'll see promotions for

- Phil & Ted's double (side-by-side) stroller, a real winner narrow enough to go through standard doorways without using a crowbar!
- The KiddyGuard™ Gate is tough, tall and can be used one-handed in doorways or for stairways....a necessity for a parent of multiples.
- The Dekor diaper-disposal system combines one-handed operation with huge capacity, and puts its competitors to shame.
- Last but not least, the Weego Twin is a brand-new, stunningly innovative front-hanging baby carrier designed specifically for infant twins, from birth (even preemies!) up to 10 lbs. or more per child. This is designed by the creative entrepreneur—an RN and a mom—who originally designed the first soft baby-carriers back in the '70s. As a reminder, these became best-sellers nationwide, and created a whole new way to carry babies. The new Weego Twin is on its way to becoming a best-seller in Europe, and gives you a hands-free way to carry your twin infants, snuggled up close to you. Good exercise, too!



EDITOR-IN-CHIEF

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Vaccines not to blame for autism

New research from Canada may not end the debate about childhood vaccines and autism, but offers more evidence that vaccines are not to blame for the dramatic rise in reported cases of the developmental disorder. The study examined outcomes among 28,000 children in Quebec who were exposed to different dosages of the measles, mumps, rubella (MMR) vaccine and vaccines containing mercury-based preservative thimerosal. Researchers found no relationship between MMR vaccine exposure, thimerosal exposure and autism rates.

In fact, a higher incidence of autism was found in Canadian children vaccinated after thimerosal was eliminated from vaccines than among children who received thimerosal-containing immunizations.

The study is published in the July issue of the journal Pediatrics.

“We found that the prevalence of autism and other pervasive developmental disorders

Twin-ners to appear on national catalog cover

Nicholas and Elena Lompado, 6, are the twin-ners of the National Cover Contest competition held by CWDkids, Richmond, Va., a large national children’s clothing catalog company. The Lompado twins, who live in Huntsville, Ala., were selected from among 5,000 photo entries. CWDkids, which has held annual cover contests since 1992, said this is the first time twins were chosen as winners. Elena and Nicholas flew to Richmond with their mother, Rachel, in July for their photo shoot, and to claim their \$500 CWDkids gift certificate and a shopping spree at the local CWDkids store. Their airfare, hotel, and entertainment was paid by the company. Nicholas and Elena are starting



first grade, in separate classes. Nicholas began ice skating last winter, paving the way for becoming a hockey player. Elena loves to dance. Nicholas and Elena’s father has cousins who are MZ (identical) twins, and Rachel’s grandfather was a twin. www.CWDkids.com

was higher among kids who had zero exposure to mercury than among kids with ... medium and even high exposures,” said Eric Fombonne, MD, head of pediatric psychiatry at The Montreal Children’s Hospital.

Fombonne is a long-time autism researcher who documented the rise in cases in the U.K. before joining the faculty of Canada’s McGill University.



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His latest study shows autism rates increased steadily in Canada among children born between 1987 and 1998, similar to findings in the U.S. and U.K.

Fombonne and colleagues had a unique opportunity to study the impact of thimerosal dosage, because children born at different times during the study period had very different exposures.

Those born between 1987 and 1991 had what Fombonne called medium cumulative exposures to thimerosal, while those born between 1992 and 1995 had higher levels because the Hib vaccine was added to the immunization schedule. Hib vaccine protects against a type of bacteria that can cause serious infections in children (such as meningitis, pneumonia, and infections of the bones, blood, and joints). Thimerosal was removed from vaccines given to Canadian children in 1996, so children immunized after that had no exposure.

Despite the changes in exposure, the incidence of autism and autism-related disorders continued to increase in a linear fashion during the study period, leading the researchers to conclude that thimerosal exposure did not affect autism rates.

Fombonne believes the increase can be explained by three major factors: The broadening of the definition of autism and related disorders, increased awareness of the disorders, and greater emphasis on early diagnosis.

### Breaking the silence

Postpartum depression (PPD) is the leading complication of childbirth, affecting at least 10% to 20% of all new mothers, said the head of one state's Council for the Prevention of Child Abuse & Neglect. That state, Washington, launched a new "Speak up when you're down!" campaign to break society's silence about post-birth mood disorders.

PPD affects even more women who've given birth to twins and higher multiples, because the hormonal changes are even more pronounced after being pregnant with multiples. "PPD is common but largely unrecognized, making it tough for women to know they need help and how to get it,"

said a public health official. PPD is most often mild to moderate, but usually goes undiagnosed. Extreme PPD is less common, but can result in suicides and injury to children. PPD can appear days, weeks or months after childbirth, and affects women of all ages, economic status and racial/ethnic backgrounds.

### Identicals become less identical as they age

Dr. Mitchell Hecht is a Roswell, Ga., physician specializing in internal medicine. He writes the "Ask Dr. H" column for the Atlanta Journal Constitution. In a recent column, we saw this item:

**Question:** *Since identical twins come from the same egg and have identical DNA, why they don't have identical fingerprints? P. B., Jackson, Mich.*

**Answer:** Yes, identical twins do come from the same fertilized egg. That means they share the same genetic information and the same DNA at birth. Inside the womb, the embryo splits into identical twins of the same sex. While the genetic information that created their skin is identical, the physical contact that fingertips and toes have with other parts of its body, its twin's body, the walls of the uterus and other parts of its microenvironment will determine the fine detail of a unique fingerprint structure. As the fetus grows and develops more skin cells, the greater those differences in fingerprints become. Similarly, while twins have identical genetic information at birth, varied experiences in their physical environments create more and more divergence throughout life. Over time, genetic information gets miscopied by error such that twins are less identical in later life. Divergent genetic information and divergent life experiences explain why identical twins may suffer completely different health problems later in life. In old age, they may no longer look identical.

### Twin boys born nearly 2 months apart; Romanian mother has two uteruses

The Associated Press reported Feb. 8 in a story datelined Iasi, Romania, that a

Romanian woman who gave birth to a son in December delivered his twin brother two months later. Maricica Tescu delivered a 5 lbs. 11 oz. baby 59 days after his brother was born weighing 3 lbs. 8 oz. The physician who manages the maternity hospital in Iasi, in northeastern Romania, said the babies were doing well, and the firstborn twin already weighed the same as his brother. The time lag in the births was due to a rare congenital condition that gave Tescu two uteruses.

### A TTTS run

For those who have participated in Conors Run anytime during the past four years, the torch has been passed by Bernadette and Dave Archibald (Conor's mommy and daddy) to Jeffrey Willson and Lisa Cote (Ben and Josh Willson's mommy and daddy).

Join Jeffrey and Lisa and many other parents of twins for the Twin Angel Folk Fest, to benefit the Twin Angel Foundation, in memory of Ben and Josh Willson.

- When: Saturday, Sept. 16, 2006, 11am to 4pm
- Where: Camp Sloper—YMCA Outdoor Center, East St., Southington, Conn.
- Admission fee: \$10 per person before 9/16/06; \$15 per person on 9/16/06 (Children under 5, free)
- Includes: Live music (local area acoustic bands will perform, including Lisa Cote); hiking trails; large playground; giant outdoor slide, basketball courts; skateboard park and a BBQ meal.
- Meet Dr. Julian E. DeLia, medical director of the International Institute for the Treatment of Twin to Twin Transfusion Syndrome, and pioneer of placenta laser surgery now performed throughout the world.
- Visit <http://www.twinangelfoundation.org/> for downloadable Donation and Registration forms.

Hotel accommodations available for out of town visitors.

Continue to visit [www.conorsrun.org](http://www.conorsrun.org) in memory of Conor Archibald, where this event got its start.

### Is there a van big enough?

Rich and Sharon Fontana welcomed their second set of triplets into the family in late

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April, 2006, in New Brunswick, N.J. Waiting at home to hear the news were 2-year-old triplets Danielle, David and Dylan. Mom Sharon said she really just hoped for a daughter to play with Danielle, but got three instead. The babies were conceived spontaneously without fertility assistance. Sharon was told 12 years ago she'd be unable to have any children.

New Jersey has the highest triplet rate in the U.S., at 358 sets per 100,000 live births between 1998 and 2002, twice the national average.

Almost exactly a year ago, Diane and Ed Knab in New Jersey had their second set of triplets as well, on May 26, 2005, two boys and a girl. At home were 7-year-old triplets that included two girls and a boy, plus a singleton sister, 5.

**Preeclampsia research leading to early diagnosis, treatment**

Ananth Karumanchi, MD, has unlocked the eons-old secret to why some women become ill with preeclampsia during pregnancy. This is enormously important in the world of twins, because women pregnant with multiples develop preeclampsia at a rate four- to five-times higher than women pregnant with single babies—a 20% to 25% rate of preeclampsia for women expecting multiples, vs. 5% for other pregnant women. Dr. Karumanchi is currently documenting this preeclampsia incidence rate among women pregnant with multiples, and is completing a paper on the subject for publication in a medical journal within the next four months, he told TWINS™.

Preeclampsia is among the most common causes of premature births in the U.S., especially among women expecting multiples.

Working in concert with a number of other researchers and physicians at Beth Israel Deaconess Medical Center in Boston, Dr. Karumanchi discovered several synergistic proteins known as soluble FLT, and endoglin, which apparently trigger a woman's body to turn against itself while providing greater blood flow and nourishment to her fetus(es). A lengthy article about Dr. Karumanchi's work in the area

of preeclampsia, and that of other leading scientists, was published in the July 24 issue of *The New Yorker*.

The cause(s) of preeclampsia, which has been observed for over 2000 years, has remained a mystery; many causes have been hypothesized and studied, but have been eliminated. Preeclampsia is a leading cause of maternal deaths, killing over 75,000 women worldwide each year. It is incurable and can only be stopped from severely injuring or killing the mother by delivering the baby(ies), usually long before term, putting them at risk for complications of prematurity. Preeclampsia, if allowed to continue, can cause rupture of the mother's liver, severe hypertension (high blood pressure), kidney failure, hemorrhage and stroke, and can lead to lasting health problems. If preeclampsia evolves into eclampsia, it can cause severe seizures or coma.

On the far horizon is the possibility of diagnostic tests that could detect markers in the mother's blood during early pregnancy, alerting physicians to high-risk of developing preeclampsia. The mother could then be treated or monitored closely. Treatment for preeclampsia is also a possibility as a result of Dr. Karumanchi's research and findings, although the development of possible drugs containing a protein known as VEGF that might reverse preeclampsia is considered several years off, at least.

**Two different mothers deliver one set of twin boys**

Kathy and Ray Payne appeared on Good Morning America July 20 to recount the story of their twin sons born in June when Kathy gave birth to Connor Ray Payne, and 16 days later a surrogate mother, Angel Willis, gave birth to Connor's DZ (fraternal) twin brother, Cameron Clark Payne. The Paynes had chosen Willis to carry their baby, via artificial insemination, following 10 failed attempts at IVF and another seven unsuccessful IVF cycles at different fertility clinics. The North Carolina Center for Reproductive Medicine, in Cary, N.C., gave them one last chance at natural parenthood using a surrogate. On the day that Angel Willis was to have embryos implanted (the

**TTTS survivors celebrate life**

Many sets of monozygotic (ID) twins from across New England reunited in Providence, R.I., with physicians who reversed life-threatening TTTS. The Hasbro Children's Hospital Fetal Treatment Program, a joint venture between Hasbro, Women & Infants Hospital and Brown Medical School, was established June 2000, and is the only site in the Northeast that performs in utero laser surgery. More than 30 such surgeries have been performed by pediatric surgeon Francois Luks, MD; maternal-fetal specialists Stephen Carr, MD, Michael Paglia, MD, and Edward Chien, MD; and surgeons Christopher Muratore, MD, and Thomas Tracy, MD.



Sara Belisle (2nd from left) with her twins Adam and Eric, 19 mos., daughter Allison, 9, and her mother Mary Harvey.



David and Bernadette Bregoli with their twins Olivia and Lea, 3, and another daughter.



Paul Caruso and Heidi Ramsay Caruso with twins Brendan and Brody, 2.



Michael and Rosanne Stoddard with twins Colin and Kevin, 3, and Kyle, 8.

Photo credit: Robin Dunn Blossom/Lifespan



embryos were the result of using Kathy's eggs and Ray's sperm), Sameh Toma, M.D., suggested Kathy Payne try one more time to become pregnant. She decided to give it a try and had two embryos implanted, while another two were implanted in Angel. Both women learned they were pregnant the same day. This is the first instance where twin brothers were born to two different mothers, NCCRM said.

### Spiderwick Chronicles to use one actor to play twins

Earlier this year, Paramount Pictures approached TWINS™ Magazine to enlist help in finding a set of twin boys between 8 and 13 to play the twins in the upcoming movie, *The Spiderwick Chronicles*, based on the best-selling series of novels by the same name. TWINS™ posted threads on its Message Board online, and word spread very quickly.

But Paramount's casting directors chose a single actor—Freddie Highmore, most recently in the remake of *Willy Wonka and the Chocolate Factory*—to play the role of the twins, instead of choosing a set of twins!

Paramount auditioned and interviewed "hundreds of sets" of twins over the course of several months, but failed to find a set with the requisite acting skill to play the roles, said a production assistant. The roles require a lot of acting experience, she said.

Paramount will produce the movie using split screens and other special effects to create the role of the twins in *Spiderwick* using Highmore, the studio said. The movie is going into production soon and is likely to be released in late 2007.

### Groundbreaking study to examine effects of school placement on twins

A PhD candidate at the University of Denver is undertaking a groundbreaking research study that will examine the effects of school placement on twins. Jennifer Gienger, who lives in Pennsylvania but is formerly from Denver, and did her graduate studies at DU, contacted TWINS™ Magazine about her

study, the first of its kind ever conducted. She is a mother of twin boys, 3.

Gienger learned after researching the subject of twins' placement in school there is a total lack of statistics or compiled anecdotal information about how twins view their early elementary school experience: Forced separation in school, vs. voluntary separation into different classrooms, vs. being allowed to stay together in one classroom. To combat this lack of information in current research, Gienger plans to examine the twins' perceptions toward classroom placement and the effects that classroom placement has on the twins as individuals and as a unit. She will also examine parental attitudes on current classroom placement policies and practices.

Gienger's study will require as many as 500 families from across the nation with twins currently enrolled in kindergarten to 3rd grade. Participation requires one parent and both twins to complete relatively brief surveys. All children may be assisted by their parents when completing the survey forms. No travel is required. Participants can live anywhere in the U.S. Surveys will be conducted online. For more information and to sign up to participate in Gienger's study, e-mail [dutwinstudy@yahoo.com](mailto:dutwinstudy@yahoo.com).

### Logan saves his twin, Kyle, from leukemia



Kyle, left, with Logan earlier this year.

For 17 years, Vicki Bergeron, Luling, La., thought her sons were DZ (fraternal) twins, because that's what the doctor told her when they were born. But when 16-year-old Kyle

With twins, I've got half as much time!

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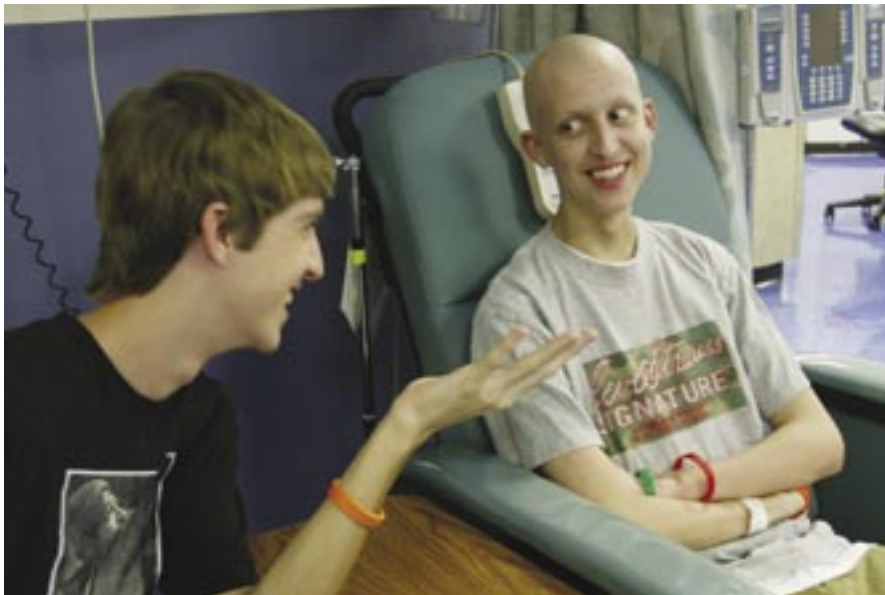
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Logan, left, entertains Kyle in the hospital in 2005 before Kyle's bone marrow transplant.

run the risk of developing serious graft vs. host disease (GVHD) following the transplant. A DNA test revealed Kyle and Logan were 99% identical, so worry about GVHD risks were cast aside and the transplant was performed.

Three days later Kyle developed a rash that turned out to be GVHD, stopping everyone in their tracks. Kyle and Logan must be DZ (fraternal) twins, after all! Kyle got antibiotics and treatment for the GVHD, and New Orleans got hit by Hurricane Katrina. Following the hurricane's devastation, Kyle was moved to another hospital in Baton Rouge, and then to St. Jude's in Memphis for more post-transplant care. Another DNA test came back showing Kyle and Logan were 100% identical. Apparently Kyle had a rare form of GVHD in which his body turned on itself. But Kyle is now doing well. After surviving almost a year of near-death events and close-calls, Kyle has fought his way back to life with the help of Logan's stem cells.

was diagnosed last year with acute myeloid leukemia (AML), he endured three grueling rounds of chemotherapy and was hospitalized for weeks at Children's Hospital, New Orleans. One treatment option was a bone

marrow transplant. Bloodwork showed Kyle's twin brother Logan was a nearly-perfect match, but that still didn't necessarily mean they were MZ (identical) twins. And only if they were MZ twins would Kyle not

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## Shame on us!

You had most of your facts in order when you answered Kathy Schwang's question about whether or not monozygotic twins could be of differing genders (July/August, 2006). However, you were not entirely correct. While it is extremely rare, it is in fact possible for monozygotic twins to be boy/girl. Four years ago, when my twins were infants, I recall reading a letter to the editor published in TWINS™ Magazine from a mother of such twins. The female twin was affected by Turner Syndrome (<https://www.turner-syndrome-us.org/resource/faq.html>). As a result of her letter and the information she brought forth, the wording on your Double Takes page was changed to say "Boy/girl twins are (almost) always dizygotic..."

Tina Rose  
Via e-mail

*Editor's note: I am everlastingly grateful for readers/subscribers with steel-trap minds! I am also very gratified that in this busy world of parenting twins and higher multiples, all of*

*you read TWINS™ so attentively. Mea culpa for the memory lapse, and muchos gracias to all of you!*

Our "resident" genetics expert replies: *In reference to the Letter to the Editor that asked about b/g monozygotic twins, here is the primary reason it happens. They are really both XY boys. However, in one, the Y chromosome is lost, yielding a Turner's baby (XO). One twin appears externally somewhat like a girl, but grows up infertile, short, usually with a web-neck, and a wide "carrying angle" in the arms. The miscarriage rate is very high in such pregnancies, which is probably why we do not see this combination very often.*

Gary Steinman, MD, PhD

Shame on you for not being familiar with your own magazine! You need to correct your answer to Kathy Schwang. After I read your response, I was so mad I had to put down the magazine until today. Although your response was generally correct and reflects what everyone normally thinks, it made me feel so bad that she would probably read it and think she had gone crazy.

She did, in fact, read an article in your magazine about the extremely rare chance for monozygotic twins being male and female. I remember the article because I thought it was such a weird situation. I do not remember the exact article and have passed my TWINS™ Magazines on to other hands to spread your wonderful resource, so I cannot look it up. However, it was in the regular column where you had someone answer genetic issues and discuss the whole monozygotic (identical) vs. dizygotic (fraternal) subject. In the case that was being discussed, there was one egg, therefore the twins were monozygotic but there was a rare genetic deformity that the zygote ended up with XXY chromosomes instead of the normal XX or XY. When the egg split, one baby got the XX and one became XY. I seem to remember that the girl would end up with some kind of disability, not Down's syndrome but something similar. Otherwise, thanks for such a wonderful resource. I usually read TWINS™ from cover-to-cover



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when it comes. It's about the only magazine I have time to read with twin 4-year-old boys running around.

Erica Carwile  
Via e-mail

Kathy Schwang asked in the July/August issue about a reference in this magazine about monozygotic (MZ, identical) twins of different genders. You did do an article awhile back about this. In fact, in your Double Takes section, you say, "Boy/girl twins are (almost) always dizygotic (DZ, fraternal)," which implies that they can be MZ on occasion. It apparently happens when one of MZ boys loses the Y chromosome. So two babies are born, one XY (boy) and one XO (girl). Genetically, the DNA is the same. I believe the girl would be diagnosed with what is called Turner Syndrome. I do not know the specifics of this syndrome but it is very rare.

When I was looking at the Double Takes pictures this month, one of the pictures (#5) is labeled MZ although there is a boy and a girl in the picture. Is this a mistake or are these two really MZ?

Vicki King  
Via e-mail

*Editor's note: Our mistake. I want to hire all of you as my proofreaders! You are fantastic.*

I was just reading my new edition (July/August 2006) of TWINS™ Magazine. I always enjoy it; thanks for a great publication that really helps out families of multiples!

I wanted to draw your attention to something I noticed in the new issue. Someone wrote in asking if it is possible for monozygotic twins to ever be opposite gender and you responded that it is not. However, like the person who wrote in, I also remember a piece in your magazine sometime during the past year where a doctor (specialist of some sort) explained that in extremely rare instances, the egg can split so incredibly early, that there can still be changes in chromosomal material, including gender. It's very rare, but does happen. In fact, I also remember a woman writing to the magazine perhaps in the past 2 years who shared that she does indeed

have a monozygotic twin brother. Obviously, opposite-gender twins couldn't be considered "identical," but apparently it is possible for them to be monozygotic.

Also, on your Double Takes photo pages it states that "Boy/girl twins are (almost) always dizygotic."

I just thought you might want to clarify this issue further with your readers to avoid confusion.

Thanks again for a great magazine.  
Lisa Proehl  
Via e-mail

In the July/August issue, found in the Mailbox section, you commented on monozygotic twins not being different genders, it isn't possible. I remembered reading somewhere in your magazine that different gendered twins (could be) monozygotic.

I again found a reference in the issue, in Double Takes in the back of the magazine, where you guess if the twins are dizygotic or monozygotic, which states: Boy/girl twins are (almost) always dizygotic (DZ, "fraternal"). The word "almost" leads you to believe that it is not always the case. Case in point: a picture (#5) with boy/girl twins listed as monozygotic.

I have found this in past issues also. I know you take the parents' word on the DNA results of their twins, but this leads to confusion for the reader. If boy/girl twins can truly not be monozygotic, then those claiming to be so should be left off the Double Takes page.

I love your magazine, you always have the best articles! You are the one magazine I subscribe to that I read from cover to cover as soon as I receive it! Keep up the good work!

Shondra Brown  
Indiana  
Via e-mail

*Editor's note: You're right, Shondra, we should be more careful of those Double Takes identifications, though as you can see from the other Letters in Mailbox, it is indeed possible—though rare—for b/g twins to be monozygotic.*

I am writing in response to the advice you gave (July/August, 2006) about identical

twins always being the same sex. This usually is true, but in less than 1% of identical twins they can be boy/girl. Yes, strange but true. The girl will always have Turner's syndrome, though, which means she is missing the second X in her chromosomal makeup. She is considered XO. Boys are always XY and girls are usually XX. Turner's syndrome is the only exception to this rule of genetics. I was shocked when I read this too. But it is true.

Thanks for all your hard work. I have found TWINS™ to be a great resource with my 1-year-old identical twin boys.

Anne Moe  
Via e-mail

I just read your latest issue (July/August, 2006) and am thoroughly confused. In an answer to a letter in Mailbox, you state that "different-sex twins cannot be monozygotic; they are always dizygotic," yet on page 64 in Double Takes you state "boy/girl twins are (almost) always dizygotic." If they can't be monozygotic, what's with the "almost" under the Double Takes heading? As a mother of b/g twins, the notion of them being MZ (identical) seemed impossible to me, too, but your Double Takes caption throws me for a loop.

Rachel Wexler, mother of b/g twins,  
5, and a singleton, 10  
Pittsford, N.Y.

*Editor's note: My memory lapse is at fault. See prior letters for the explanations.*

## Please, do keep reminding us of SIDS risks

I am a mother of 6-year-old twins and the aunt/godmother of a baby who died of SIDS. And I was appalled by Karen Colombo's letter to the editor (July/August, 2006) entitled "Quit scaring me with constant SIDS reminders."

She obviously has had the great fortune of never having experienced such an excruciating loss. My sister lost her first child, Nicholas, when he was 4-months-old. Can you even imagine the devastation she, her husband, and our entire family endured? Do you know the pain that they had to live through, and continue to live with every day?



Imagine not having to get up in the middle of the night to check on that little darling. Or worse, having to visit the cemetery to read your child a bedtime story. To bring him flowers for his grave, when all the other moms around you are enjoying their newborn children. Forever wondering what your child would be like now.

Most of us have no clue what the SIDS death rates are in our community, our city or state. Parents still lose their children to SIDS, even though they are “bombarded” with plenty of information. Imagine the guilt that these parents will live with for the rest of their lives.

I was very disappointed that TWINS™ Magazine felt the need to apologize to her! Please!

The death rate due to SIDS, and infant mortality in general, has steadily declined in the past few years thanks to our local SIDS organizations and their partners, who provide the education parents, caregivers, hospitals, etc., need in order to keep our babies safe. TWINS™ Magazine needs

to keep reminding parents that SIDS can happen, especially when so many of our children are born prematurely!

I am forever grateful that I was blessed with the birth of healthy twins, and that I had the information to help prevent one of the most devastating events that a family can ever experience. I hope no family ever misses the chance to be educated on how to prevent infant death.

Carol Skevis  
Lockport, Ill.  
Via e-mail

*Editor's note: Thanks so much, Carol, for your letter telling us not to back off the reminders. We, too, are thankful that the SIDS death rates have continued to plummet and are now very low. But SIDS does still happen, and often not because of anyone's "fault." We'll continue to publish information about SIDS and preventive measures, especially when new studies are released or when newsworthy events come to our attention, for the very reason that many multiples are born prematurely, and are fragile infants.*

## DNA test confirms it—fraternals, after all

I am a mom to twin boys, age 2.5 years, from Vancouver, British Columbia, Canada. Other moms of same-sex twins may find this story interesting.

My twins were born seven weeks early and spent four days in the special care nursery. We were told by two doctors in the special care nursery that our twins were identical twins. Even the nurses were convinced. For almost one year from the date of their births, when asked the always-asked-question—“Are they identical or fraternal?”—I would answer, “I was told they are identical, but I think they are fraternal.” I just wasn’t convinced they were identical. Of course, they looked identical. I decided I couldn’t live the rest of our/lives answering a question with an answer that I knew in my gut was wrong. So we got DNA testing. It was determined that they were fraternal. (I knew it!)

Some people still ask how we tell the difference between them, and I respond that



Catherine and Benjamin, 8 months



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one's head is round and one's is oval. It's a nice feeling to know for sure that they are fraternal. Too many twin moms just take the doctor's word as gospel when the only definite way to determine what type of twins they are is to invest in DNA testing.

My story goes on, but I think it is important to spread the word that just because your doctor tells you that your twins are identical (or fraternal), that may not always be the case.

Heidi Ferriman  
Via e-mail

## Don't tell who was first

Can you please answer this question for me? I am ordering birth announcements for my twins and do not want to put the time of their births on the cards. I do not want my children to have to worry about who is "older" and I do not want people to label them this way. It is already happening with family members and I do not want it to continue. Is this taboo?

Christy Kruckeberg  
Via e-mail

*Editor's note: Readers, please send your advice to Christy at [twins.editor@businessword.com](mailto:twins.editor@businessword.com).*

*My answer would be this: I think you are very smart in not wanting to exaggerate this issue over "who is older" since it tends to breed the sort of one-upsmanship between twins that leads to one "lording it over" the other and somehow feeling superior. Twin birth order shouldn't be a big deal. But kids end up thinking it is, mostly because so many adults seem to make a big thing out of this. I don't think the kids ever really "worry" about who is older or younger, but they pick up quickly from adults the sense there is something important about being "the older one."*

*At some point, your kids are going to ask the question about which one arrived first, because when they're old enough they'll surely figure out that babies are born one after the other, or friends will ask them. At that point, your answer will help them understand that basically they arrived together, pretty much at the same time, consequently they are peers, without any power over each other that goes along with being "first."*

*Since you're thoughtful and have already begun to understand that there are some real negatives that go along with this type of labeling, I suspect your children are going to be pretty well conditioned as they grow up not to think of themselves or act as if one is the overlord and the other, an underling.*

*The labeling that gets done with twins—and other children as well—from the time they are infants, has long-lasting effects, as we all know. And with twins, one thing too often leads to another. Before you know it, relatives and others are asking who is the "good twin" and who is the "bad twin"? Who is the pretty twin and who is the homely one? Who is the shy twin and who is the popular twin? It goes on and on...and it is such balderdash! These questions are silly, insensitive, and thoughtless on the part of the questioners. No one seems capable, at times, of considering the consequences.*

*Good for you, Christy, in your attempt to nip this in the bud from the outset. You're dealing with this in exactly the right way. Go for it!*

## School legislation: Petitions need to be done right!

I subscribe to TWINS™ Magazine because I have 2½-year-old twin girls. I have no idea if I'd like them to be together or apart when they go to school. I know I'd like to have a voice in the decision making process.

Here's my story...

This past March, I became aware that my school district has a policy of separating twins. A friend of mine has twins who will enter kindergarten in the fall and had requested that they be together. She had meetings with the school and was well prepared with documentation to support her request. However, they still seemed to feel their policy is best.

I had also heard from other mothers who told me forced separation of twins in the classroom is the policy in other school districts in Berks County. I was quite surprised to hear that this attitude was still so prevalent in my county.

From reading your magazine, we were aware that there were several states working on legislation regarding this issue so we decided to find out if PA was one of those states. We called our senator's office to ask if there was currently any legislation in the works in PA. I also e-mailed Wendy Haavisto (in Minnesota) to see if she knew of anything regarding PA legislation. Wendy was wonderful. She sent me a packet of documents that they had used in the Minnesota committee hearings. I also got in touch with the Pennsylvania (state) Mothers of Twins Clubs

president, Rose McDonough, to ask if she had any knowledge of pending legislation here. She did not know of any such legislation, but gave the POMOTC's full support and offered their help with this endeavor.

My senator's office called back a few days later and told me that there was no legislation currently in process in PA. They suggested that I send a letter with some background to request this legislation.

On Mar. 26, 2006, I sent a letter requesting "Twins' Legislation" to state Sen. David J. Brightbill. Included in the package with my letter were copies of the documents from Wendy Haavisto, three recent magazine articles related to the issue and some quotes from TWINS™ Magazine's Special Reports related to the topic. I also sent this same package to my PA state Rep. Bob Allen.

Two weeks later I followed up with phone calls to see if the legislators had received my package. I was told that Sen. Brightbill had seen it and thought the legislation was worth introducing. At that time he wasn't sure if he would introduce the bill himself or have Sen. Rhoades introduce it. Sen. Brightbill is the majority leader and typically does not introduce legislation. Two days after that conversation, I received a call from Sen. Brightbill's office telling me he would be introducing the bill himself and the bill was in the lawyers' offices being drawn up that day. On Apr. 18, I was faxed the bill's wording so that I could take it to the PA State Mothers of Twins Clubs convention on April 27 and start generating support for it. At that convention, officers of POMOTC addressed the legislation at their meetings, and distributed form letters and petitions to each local club.

On May 1, I received word that Rep. Bob Allen had researched the Minnesota bill and would introduce the legislation in the PA House. Not much progress was made during May. State elections had most legislators out of Harrisburg campaigning.

The PA elections were not kind to incumbents. The "Clean Sweep" movement to remove incumbent from office was very successful. Both of my legislators lost their bids for re-election and I feared the fate of the twins' legislation was in jeopardy.



Due to the startling election results, the legislative session scheduled for the last week in May was canceled, meaning the legislators would not be back in Harrisburg until June 5.

Thankfully, both of my legislators were committed to proceed with this legislation despite their individual fates. Senate bill 1248 was introduced Tuesday, June 13, and the House bill is still calling for co-sponsors, which typically takes three weeks to complete. I will let you know as soon as we have that bill number.

The bill wording for the Senate and House bills here is very similar to the Minnesota bill.

I'm hoping as many PA residents as possible will come to the Reading Area Mothers of Twins Club's website ([www.ramotc.org](http://www.ramotc.org)) to get a copy of the form letter supporting this legislation—we need them to mail or e-mail the signed form to their state legislators. It's important that everyone sending in a signed form fill in their home address on the form letter. According to the legislators I've been in touch with, the online petitions are meaningless to them. Legislators will not acknowledge anything unless it contains a person's own name and home address. They will only respond via U.S. mail and therefore need the address of the person requesting legislation. Legislators also need to know that the people are in their districts.

It will be very important for Pennsylvania residents to show their support for this legislation in order to get the bill passed by the end of this session, Nov. 30. If the bill does not become law by that date it will need to be reintroduced next year. With so many new faces coming to Harrisburg, the atmosphere in the legislature is uncertain for 2007. I feel we should do our best to pass the legislation this year.

Victoria Wade Zimmerman  
(610) 926-1623  
[vawace@epix.net](mailto:vawace@epix.net)

*Editor's note: Applause, applause, Victoria! We hope with all our hearts that you succeed in your efforts. We call on any and all readers in Pennsylvania who read this to alert friends, family, neighbors...the petition letter can be signed and sent by people who aren't necessarily parents of multiples.*

### ERIC documents help in school battles

I was thrilled to see this issue (July/August 2006) of TWINS, and read it cover to cover. I am planning on contacting my school board in September to discuss the ultimate fate of my almost-2-year-old twins. I am working on the assumption that I will either be satisfied immediately, or will have three years to prepare the board for my kids.

I don't know if they belong together or should be separated, but I'd rather have the teacher(s) see them together and observe, and then meet with me to discuss their findings. I would obviously listen to their advice—I just don't believe in blind policy.

In one of the articles, the author (Rachel Franklin, MD) quotes the Educational Research and Improvement Council (ERIC) Guidelines for Placement of Multiple Birth Children. But the link you provide is an ERIC Digest, with a disclaimer that this is not the actual document. If a parent were to bring this (Digest) to the school, a principal might (discount the validity) of it. Parents should really have a copy of the ERIC guidelines themselves.

I Googled ERIC and was able to locate the document itself. Parents

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Michael Hammer-Lahav  
South Orange, NJ  
Via e-mail

*Editor's note: We've posted for free the entire article by Rachel Franklin, MD, from the J/A issue on the Home Page of our website at [www.TwinsMagazine.com](http://www.TwinsMagazine.com), because we believe it is so valuable for parents of multiples. It contains links to websites for the actual ERIC documents and for other resources as well.*

## School legislation advocate

I am writing in favor of the twins in school legislation in Pennsylvania. I am a single mother of identical twin boys, 6, and a singleton daughter 16 months old. I am from the southwestern part of the state and have already run into discrimination against my twin boys. They are getting ready to attend kindergarten this fall and there is a community service that allows the children to go to the elementary school two days a week in the summertime. This program allows them to get used to attending school.

My boys have been in preschool for about two and half years, so they are used to routines, etc. I just wanted to take them to attend the summer program so they were familiar with the new building, environment, etc.

The teacher at first insisted on separating the boys into two different groups for this summer program, which would end up in separate classrooms. The most frustrating thing was that I was told a parent or guardian was required to stay with each child, even though I am only one person and couldn't be in two places at once. What did they want me to do? Split myself in half?

Needless to say, I didn't want to let them separate my boys, and proceeded to speak with them about this. Their defense was that "they have reasons" but no one could tell me what reasons.

I found this strange because the elementary school itself called me a couple of weeks ago and asked me my "preferred placement" of the boys. I was so glad they did because I knew then that I would not have a fight on my hands. I thought I was safe.

Yet today I find myself having to defend my boys. This teacher was so totally discriminatory

towards them. I could not believe that this was happening in 2006, even before they actually move into kindergarten.

Teachers and the schools need to change their views about twins being "double trouble." I cannot imagine the frustration parents go through over this issue with an actual school year ahead of them. I want to show my support for legislation because discrimination against twins starts even before twins enter school.

Karen Shaffer  
Spraggs, Penn.  
Via e-mail

## TWINS for docs? Photo Contest?

I'm really enjoying the current issue (May/June, 2006). I have a couple of questions. Do you provide free subscriptions to doctors' offices? My girls' doctor has several sets of twins in his practice. And is there a photo contest this year? I may have missed it, but I haven't seen it mentioned anywhere.

Rebecca Angus  
Jackson, Ky.  
Via e-mail

*Editor's note: We do send "controlled free" subscriptions to some family practices, pediatricians, and OB/Gyn offices, where we hope moms of twins and triplets will see the magazine, fall in love with it, and become subscribers. There are far more doctors' offices in the U.S. than we can possibly afford to send TWINS™ to, and we handle requests on a case-by-case basis.*

*We aren't having a photo contest this year. We'll consider having one again sometime soon, but not right away. We've been inundated with wonderful photos of twins that we're able to use to illustrate our articles, and our files are currently bulging! Stay tuned.*

## We adopted Korean twins, too

I was reading the March/April, 2006, issue of TWINS™ last night and your cover story about Lily and Megan Parker really caught my attention. It was almost as though I was reading my own story.

My husband, Michael, and I decided to adopt from Korea in January, 2004, and began the home study and the mountains of paperwork by February, 2004. We asked for twins, as did the Parkers. The agency told us twins were highly uncommon in Korea and if we wanted twins we would have to wait five years or more.



Olivia and Alexander, 21 months

We decided to go ahead with our dream of twins anyway, telling ourselves it might not happen. Six weeks after we completed our paperwork, we received a referral for boy/girl twins. We were elated. Our names were added to the waiting list just two days before the twins were born—we believe it was some sort of miracle that we were given the referral, as there were plenty of other couples waiting for a referral who were ahead of us on the list.

We traveled to Korea four months later and arrived home on Christmas Eve, 2004, with our two bundles of joy. Today they are 21 months old and the most fabulous kids anywhere: Olivia Ka Yun, older by one minute, and Alexander Jin Ho. It is wonderful to see there are others out there with a similar story. Thanks for the article.

P.S. My cousins with twins got us this subscription when we came back from Korea. It has been a wonderful gift.

Cynthia Loizides-Weber  
New Haven, CT  
Via e-mail

## NICU nurse raves about TWINS™

I have been a Neonatal RN for 15 years in the NICU at Miami Children's Hospital. I would like to receive samples of your magazine in order to promote the magazine at work. I am also the mother of fraternal 14 y/o male twins. I often have twins and multiples I take care of and would love to be able to show the parents a copy of your wonderful magazine. I rave about your wonderful articles that are very informative.

Miriam Prado RN  
Miami, Fla.  
Via e-mail



## Swimming in twins



At a recent family birthday party in Portland, Maine, we realized we had a ton of twins among the guests—five full sets and another two half-sets. All of us are

related, mostly by blood, one set by (marriage) relationship. My husband and aunt are the two “half-sets” appearing in this picture. My twin and I are in the picture too—I’m a fraternal twin married to a fraternal twin. Also pictured are my twin sister’s identical twin sons, my cousin’s fraternal twin daughters, my twin sister’s partner and her partner’s identical twin sister.

More recently, a bunch of us attended a Portland Seadogs game (minor baseball league) and as we were seated, we realized out of 11 of us, eight are twins!

Priscilla A. Arsenault  
Sanford, Me.  
Via e-mail

## Immersed in ID twins at dinner party



On our recent trip to Cincinnati to visit family, we hosted a barbecue where there were four sets of identical twins in attendance! My husband, Michael, and I have 2-year-old boys Tyler and Ryder. They were joined by their second cousins, 5-year-old girls Erin and Rachel, and 8-year-old girls Cara and Megan. Both sets of ID twin girls belong to my husband Michael’s cousin, Shelly. My brother-in-law Sean, was on leave from Iraq, which is why we hosted this large get-together. Many of his friends were there—including another set of ID twins, 21-year-old brothers Kurt and Kent. How amazing it was to see all four sets pose together for these pictures!

I adore TWINS™ Magazine for the helpful articles and enjoyable anecdotes about life with multiples. Your magazine celebrates our families in so many different ways. Enjoy these pictures of multiple multiples.

Kimberly Sullivan  
Clearwater, Fla.  
Via e-mail

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sample of 2-page spread

by Rachel Franklin, MD



I have boy/girl twins born at 27 weeks' gestation. They were born at 2 lbs., and 2 lbs. 2 oz. We had a long road in the hospital—sleep apnea, anemia, blood transfusions, spinal taps, infections, retinopathy of prematurity, eye surgeries, level III brain hemorrhage, overdose of lipids at the hospital, and a hernia. My twins were hospitalized for 2 1/2 months. I was afraid of everything and scared to let them out of the house.

They are now 14 months old by the grace of God, and the doctor says to let them be kids. But I worry about their developmental delays. My daughter just started to crawl a month ago and wears glasses after her second eye surgery. I worry about how I can make sure they both grow up to be normal, healthy children. My son is pulling on everything (to stand up) and seems to be progressing.

How do you ensure a happy healthy life for them? I feel as if I should shelter them until they are caught up. What do you think?

What can I do to stimulate both children without being over-protective? What do you recommend to parents with premature twins? And when should I stop adjusting their age for their prematurity in terms of activities?

Anna Greer  
Lemont, Ill.  
Via e-mail



**Dr. Franklin:** Yes, babies born prematurely (before the due date) may need special care during their first 2 years, especially if they were very small at birth (less than 3 pounds).

Most premature babies will catch up in growth to full-term infants by their second year of life. This varies, however, depending on whether there were congenital abnormalities, nervous system injury, or if the babies were considered very low birth weight (3 lbs. or under), which is the case with your babies.

Most doctors use the “adjusted age” when dealing with premature infants to assess their weight and development (subtracting the number of weeks prematurity from the birth age). Most catch up intellectually and developmentally by age seven, but parents should be on the lookout for developmental difficulties when school begins.

I have to agree with your doctor that at this point you should try not to be overprotective. There will be bumps and bruises, but that is normal for any child. Offering healthy foods, having a safe

environment for play, and loving them unconditionally will go a long way toward making their lives healthy and happy.

The danger in overprotecting children is that they may grow up to be timid and not feel “normal.” Overprotection can easily lead to having them feel they are different in some way and will never measure up to their friends.

The best advice I can give you is to treat them as normally as possible. They will learn all by themselves to work around any disabilities they might have. The more you accept them as normal, the more they will accept themselves, as they are, and the more others will accept them. ♥

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



## Medical Notes from the TWINS™ Editors:

### Induced labor under attack

Physicians and their patients have increasingly scheduled “elective inductions” in recent years for convenience—of both doctors and mothers giving birth. But induced labor increases the risk of preterm births, and babies born even a few days early can experience far more medical problems than babies allowed to be carried to term within the womb. Some 44% of all U.S. births now follow induced labor, a recent study revealed. Elective inductions for non-medical reasons account for an estimated 30% of these. Preterm babies are at increased risk for problems with breathing, brain development, body temperature fluctuations, weight fluctuations, jaundice, and breastfeeding difficulties. Preterm infants “are often sleepier and have less energy,” said Janette Crenshaw, MSN, RN, IBLC, LCCE, president-elect of Lamaze International. “Preterm babies often have underdeveloped fat pads in their cheeks, which can make breastfeeding more difficult.”

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## Study reveals measles outbreak in 2005 indicates risks of not being vaccinated

A measles outbreak in Indiana last year that spread quickly to 34 people was tied to parents who didn't have their home-schooled children immunized. The outbreak was the largest in nine years in the U.S., though measles had previously been nearly eliminated. Parents concerned about vaccine safety and possible links to autism led to 10% of the members of an Indiana church group to refuse vaccinations. Measles vaccinations in the U.S. don't contain any thimerosal, a form of mercury preservative that has prompted most concerns. The study was conducted by the federal Centers for Disease Control and Prevention (CDC), and highlights the risks posed by persistent public suspicions about vaccine side effects. Nearly all scientific research has found vaccine worries to be baseless. More studies are ongoing. Measles can lead to pneumonia, encephalitis and death.

Worldwide there are 30 million cases of measles a year causing 454,000 deaths, according to the World Health Organization. The Indiana outbreak was triggered by a 17-year-old girl on a church mission who visited an orphanage in Romania, where measles is common. She returned home and attended a church gathering,

which triggered the outbreak. Kim Mulholland, professor at the London School of Hygiene and Tropical Medicine, said further outbreaks in industrialized countries will occur as long as parents "respond to spurious claims about the risks of vaccine by refusing to vaccinate their infants."

## Organic baby food: A lot more \$\$, but no better for babies

The organic baby food market has grown to gigantic proportions, says the *Wall Street Journal* in its Shopping Around column. Americans now buy an estimated \$90.5 million a year of organic baby food from supermarkets, and their purchases are increasing by 15% to 20% a year, according to ACNielsen, a market research firm. Though organics make up only a sliver of the estimated \$3.1 billion baby food market, parents concerned with twin-health may be tempted to go organic, especially since the foods now come in chilled and frozen varieties. Sara Schaefer Munoz of the WSJ, concluded that the organics taste better and have better color and texture than purees from a jar, but apparently haven't been shown to be any healthier for children, according to some nutrition and medical experts.

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**Q** I have identical twin daughters 31 months old. During the past month or so one started developing fears and these fears have been adopted by her twin sister. The worst one is bubbles....bubbles from shampoo or soap after you wash them! They become hysterical and scream. It does not matter what you tell them, nothing seems to help.

It only used to be when we actually started to wash them, so we would spend the beginning of bathtime playing instead of washing, like we usually do. But now, they start screaming as soon as they know it's bathtime. They get a bath every 2-3 days. We have tried having a bath without soap or suds, but it doesn't seem to make a difference.

We play with bubbles outside, wash their hands in the sink with soap and bubbles and they are fine. It is just in the tub! Then once they are bundled and in their room, they say to us, "Bubbles are fun".....!!!! Go figure. Any advice?

Kelly  
Via e-mail

**Q** I have 20-month-old MZ girls. Our daughters used to LOVE bathtime. We had an awesome schedule of every other night bathtime, and they would be so eager to get into the tub, and very reluctant to get out of it at the end. That all changed one day, out of the blue, when we put them in front of the tub and they began to scream as if we were about to toss them into an abyss or something. This was about three weeks ago, and the



situation has not improved. We have tried giving them showers instead (they do somewhat okay, but there is still a lot of screaming in there), as well

as bathing them every night (to keep it routine). What is so odd is that while in the tub—they will only stand, clutching onto my husband or myself—they continue to "play" like they used to in the tub. They splash, pull their favorite toys out of the basket, and dump water out of the buckets we keep there. Only they do all this while screaming like banshees. The moment they are out of the tub, it is happiness again for both of them. We are positively stumped by this. What should we do? If there is fear there, I certainly don't want to make it worse by continuing to do this to them, but on the other hand, is this just a toddler act of defiance? Bathtime just is not fun anymore.

Amanda Dickinson  
Via e-mail

**A** My daughter became afraid of elephants, just the sound they make. Whales and sharks, too. We just tried not to make a big deal about it and these fears went away pretty quickly. Saying "It's okay, they won't hurt you" was normally enough and then we put away whatever toy animal scared her if possible.

**A** I just read about this. It said that when they are in the tub they actually think the bubbles will "get them" or the drain will take them away. Apparently there's a phase in early childhood when everything comes to life. It's a phase. You can tell them to talk to the bubbles and to the things that scare them... "Here, Mr. Bubbles, would you like something to eat?" Or maybe give your kids a cookie to feed the bubbles. This is a way of encouraging them to make friends with their fears. It works with my kids—if they think there's a ghost in the kitchen, we give it PBJ sandwiches!

**A** My twins love bubbles in the tub, but they are afraid of electric appliances, the vacuum, etc. They tell me "Too loud!" when I'm using the sweeper, and they want to sit on the couch and be held. So we can only use certain appliances or the sweeper when DH is home, and one of us can sit and hold the girls and "keep them safe" while the other vacuums or uses the blender or something. We've been trying to make friends with the vacuum. When I'm done cleaning, they come up and investigate it while it's unplugged, but they still get hysterical if I try to vacuum when DH is not home.

**A** My girls are not afraid of the bubbles in the tub but lately have been scared of the tub itself. I think it might be the sound of the water running to fill the tub, or when we let the water out!

**A** My b/g twins loved their baths, until a night with grandma and grandpa, who have a spa tub! The older grandkids love the bubbles so they thought the youngest (mine are 34 months) would too. Wrong! The tub makes bubbles when the spa jets are on. There are a lot of loud noises. My twins cried and refused to go in. A week later, I was able to get my daughter to take a bath with me in her tub (I wore a bathing suit) but my son took a little longer. They both came around finally and thankfully!

**A** My 16-month-old son HATES bubbles in the tub. I put them in once a couple of months ago and haven't tried again!

E-mail your Family Coach questions to:  
[twins.editor@businessword.com](mailto:twins.editor@businessword.com). Please type "Family Coach" in the subject line.

## Twinning Probability

Mothers of twins often ask me about their chances of having another set of multiples if they become pregnant again. This has become a complicated question in recent years. Part of this dilemma relates to the introduction of artificial reproductive means in the mid-1970s. Since then, the rate of twinning has risen progressively into the new millennium.

For example, in vitro fertilization commonly leads to multiples in as many as 30% of all in vitro cases. Attempts to reduce this frequency by limiting the number of transferred embryos to two have been only partially successful. For numerous medical reasons, gestations of two or more babies are much more prone to complications, such as preterm labor, congenital anomalies, and gestational diabetes in the mother. To prevent such problems both for the mother and her babies, before and after delivery, the generally-accepted approach these days is to keep the number of resulting fetuses to a minimum.

On the other hand, spontaneously conceived (“natural”) pregnancies are prone to twinning for any number of reasons: family history, race, parity (number of previous pregnancies), and maternal age at conception. Recently, I published a research paper that reported the effect of diet on this frequency, as well. In that report I speculated that part of the rise may be due to the use of growth hormone in cattle, but this remains to be confirmed.

According to Hellin’s Rule (formulated in 1895), spontaneous twins can be expected to occur once in every 89 births. Using the average numbers for large populations in current databases, statistics for twinning can be estimated. (For more details, see [www.threebluestars.com/multiples](http://www.threebluestars.com/multiples).)

- In 2001, 3.1% of all births in the US were twins (spontaneous and induced). In Europe, the rate of was roughly half that. (Growth hormone for cattle is banned in the European Union.)
- In the US, one in 50 people is a dizygotic

(“fraternal”) twin and one in 150 is a monozygotic (“identical”) twin.

- If a woman has already delivered dizygotic twins, her chance of having another set spontaneously is 4 times higher—one in 3000 births.
- A woman who is a dizygotic twin herself has a 1-in-17 chance of giving birth to a set of twins.
- Dizygotic (“fraternal”) twinning appears to be inherited through the mother, so having a husband who is a twin seems to make no difference.
- Twinning does not skip generations.
- Certain fertility drugs increase the chance of conceiving twins (for example, clomid increases the chance of having twins to 1-in-10).
- Approximately 70% of all twins currently being born result from fertility treatments.
- African-Americans are more likely to conceive twins spontaneously than Caucasians. The rate for Asians is even lower.
- Older women have twins more often than younger women, especially if the mother is between 35 and 39. Between 1969 and 1994, the percentage of women over 30 having a first baby rose from 4% to 21%.
- The more children a woman has, the more likely she is to eventually have a set of twins.
- Taller women have twins more often than shorter women.

Although these numbers are prone to change in the future for a number of reasons, they give a rough idea that certain women are more likely to have twins. Statistics apply to populations, not to individuals. What may happen to any particular woman is difficult to predict. For example, the chance of having a boy is about the same as having a girl, but we all know of large families with exclusively one or the other. ♥

Gary Steinman, MD, PhD, is a board-certified OB/gyn on staff at Long Island Jewish Medical Center. He is a researcher specializing in genetics. Readers who have specific questions about the genetics of twinning can e-mail Dr. Steinman at [DAV4601@aol.com](mailto:DAV4601@aol.com).

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# Two Kids, Two Schools.

By Denise LaForgue

**F**irst come the sleepless nights and endless diapers, then researching and signing up two for nursery school, and finally...kindergarten! Many parents agonize over whether or not to place their multiples in the same or separate classrooms, but my family had to adjust to a different situation as our twins neared school age.

This past fall, my twins started kindergarten in separate classrooms, but also in two different schools within our district. Kelly and Christopher are both considered “Special Needs Kids,” and although twins, they have very different strengths, weaknesses and issues.

Our daughter Kelly attends the half-day afternoon “Inclusion” kindergarten, which means there are Special Ed children as well as General Ed children in the class. She has the usual kindergarten teacher and assistant, as well as a third Certified Special Ed teacher, whose main focus is the Special Ed

kids. This is known as “the least restrictive learning environment.”

Our son attends a full-day “Self Contained” kindergarten class, which started out with seven other Special Ed kids, and can go as high as 12 students. No General Ed kids are in his class; all are classified as Learning Disabled and have differing issues that affect their ability to learn. One Certified Special Ed teacher conducts the class, with a teaching assistant. A health aid is available to assist the children with basic care and toileting issues.

Christopher catches a mini-bus at 8:15 every morning and heads out to Oak Grove elementary school. The kids on his bus range from kindergarten to 5th grade. His bus, with pickups, reaches the school in about 40 minutes, though it’s only about 20 minutes away by car.

At 8:25, our older singleton, Caitlin, gets on her bus and is off to 3rd grade, where

she attends an Inclusion class as a General Ed student.

At 11:30, Kelly needs to eat lunch so she’s ready when her van arrives at noon. She rides the van with three other Special Ed children. The pm kindergarten Special Ed students arrive one-half hour ahead of classmates to receive their “Extended Day” services, which include various combinations of Speech Therapy, Occupational Therapy and Physical Therapy. They are done with their services by 1 p.m., when the rest of the children come in for kindergarten.

After school, Kelly takes the big bus home with her older sister. They come bounding off the bus with the other kids from our block around 3:50. At 4:05, Christopher arrives home on his mini-bus, exhausted and dragging his coat, his backpack half open and occasionally upside down.

Once inside the house for afternoon snacks, the competition begins. “Christopher, today we started on M. You’re still on L!”

“Well, in my school we had Art and Computer; your class doesn’t even have Art.”

Kelly’s traditional half-day kindergarten and Christopher’s full-day class each has different “Specials.” Kelly gets Gym, Computer and Library as her specials, while Christopher has these along with Music and the clear favorite of everyone, Art.

Although Kelly misses out on Music and the coveted Art class, the positive side to attending school for only half the day—which she enjoys pointing out to her brother whenever possible—is that Kelly can take her bath in the morning instead of after dinner, and can hang out in her PJ’s after breakfast. The most enviable advantage of all is that Kelly can watch “Kid’s Shows” for most of the morning. Having more time alone suits her nicely, and she relishes choosing what to watch and what to play. In addition, she enjoys morning play dates, sometimes taking the van to school from one of her friends’ houses.

As the year has progressed, unexpected differences between the schools emerged. Two different schools means two different PTA’s and their individual fundraisers. My



daughters' school is finishing revamping the outdated playground area; Christopher's school is just beginning to address this issue. They attend different assemblies and see different programs procured by their respective PTA's. Their Scholastic book sales are at different times of the year.

One school has "Reading Buddies" who visit every week to read with kindergartners; the other has "Mystery Readers" for the month of March, allowing relatives to read to their class as a surprise. Each has different lunch menus. (Christopher learned this the hard way. Thursday has been Pizza Day for Caitlin since 1st grade. The first time I sent Christopher off with money to buy lunch on a Thursday, I noticed that Thursday at his school is, in fact, meat loaf!)

It's been quite an emotional ride watching them through this separation, growth and adjustment. Christopher is excelling beyond my hopes. The class he's in is absolutely perfect for addressing his weak points and working on them. He would have melted into the background in an

Inclusion setting, as well as becoming a distraction for Kelly and her class.

Kelly's academics are right on schedule, but the social issues she needs help with so much are being addressed in her class. Being mixed with the General Ed population, coupled with constant guidance and supervision from her teacher, is what she needed to flourish.

Every afternoon when Kelly boards her van I wait while it circles the block and wave as it exits our neighborhood. There Kelly sits in her pigtails, smiling ear-to-ear, waving frantically at me. Every day I turn back toward the house choked up.

I suspect most parents of special kids feel that way; happy, but fearful at the prospects of pain, teasing or disappointments that may lie ahead, knowing they can no longer protect their children from the stuff of life.

Next year is already looming with more placement concerns. Christopher's speech and social issues continue to hinder his scholastic and social growth, so he will continue in a smaller classroom environ-

ment. Kelly will once again be placed in an Inclusion class, although we hope for mainstreaming by 2nd grade. We don't know which of our area's 10 elementary schools either will be housed in, so they may both have to ride to other locations, or might possibly ride a mini-bus together to a school where they are in different classrooms.

I have an overriding belief that there's no such thing as a cookie-cutter fit for any set of twins. Twins cannot be placed according to someone's notion of convenience or preconceived notions about multiples, or to fill in the numbers on a chart. Rather, the decisions should be made according to each child's individual needs. ♡

Denise LaFogue and husband TJ are proud parents of twingles—Caitlin, 9, and twins Kelly and Christopher, 5. They live in Dutchess County, N.Y., with Lonita the cat, and Tug, a Border collie-mix pup. Denise owns and operates Two by Two and More!, an e-business selling invitations and thank-you notes designed for families with multiples. [www.TwoByTwoAndMore.com](http://www.TwoByTwoAndMore.com)



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# Ask the Nanny!

by Michelle LaRowe

**Q** I am a mother of 4-year-old boy/girl twins. We have just survived the 3s and are looking for ways to discipline our son. We are having a hard time trying to figure out if it is a boy thing (which everybody is telling me) or a twin thing. I feel like I should know what I am doing, since I am a teacher, but I am really struggling. James has a hard time listening. It usually comes down to a battle of the wills, which ends in frustration for both of us. We use the time-outs and taking privileges away, and earning special one-on-one time with either daddy or me. He wrestles and plays rough with his sister, but doesn't know when to stop. I feel like we are constantly butting heads and need some guidance. Please offer some advice!

Anne, Simi Valley, Calif.

*Via e-mail*

## **Nanny Michelle:**

**A** Welcome to the world of sibling rivalry! The upside is this: What you are experiencing is a normal part of any sibling relationship. The downside is that with twins, it's often more intense and a more frequent part of sibling interaction. So is it a boy thing, a sibling thing, or a twin thing? It's all of the above.

Sibling rivalry is rooted in the deep desire for each child to have the exclusive love of his parents—to be the only apple of mom's and dad's eyes. Sibling roughhousing is often a means of communicating that desire—a competition where the winner hopes to gain the sole attention of his parents, to be recognized as the “best.”

If you're unsure whether you're experiencing true twin roughhousing, think back to life before twins, when you had the time to channel-surf. If you ever caught a glimpse of Discovery Channel's “Survival of the Fittest—Animals at War” and if what you're seeing now looks familiar, you've lived it.

With siblings of different ages, it's usually obvious who the dominant child is, and

in the eye of a child—especially a boy—stronger equals better. But with twins, who are usually within the same physical and emotional stages of development, that competition is intensified, because sometimes strength is the only clear-cut thing that sets one apart from the other.

As you said, you've survived the treacherous 3s and have now entered what I call the fantastic 4s, a time when verbal communication skills are growing by leaps and bounds. A child is now developing the ability to clearly express himself verbally, along with the ability to comprehend what is being said to him.

As he continues to learn how to successfully process what's being communicated, it's important for you as parents to role-model good communication skills.

■ Be an active listener. When your son is talking to you, show interest in what he is saying. Use your body language to communicate your interest. Get down at his level, lean in towards him and give him your eye contact. These will all signal that you are “listening” to him and not just hearing what he says.

■ When you speak to your son, ensure you have his attention by getting down to his level, holding him gently facing you by his upper arms and look directly into his eyes as you are talking to him.

As you model these good communication skills, he will model them back and the days of not listening and using physical communication (hitting, biting, and screaming) should quickly fade into the sunset.

For you, this means that your expectations for your twins' verbal comprehension and their understanding of expected behavior can also grow.

## **Setting limits**

Feel assured that while what you are experiencing is normal, there are steps you need to take to “manage” your twins' roughhousing and foster a positive twin relationship. So although roughhousing is expected, limits do need to be set.

Each family has its own level of tolerance for roughhousing. There is a fine line between violence and roughhousing, and it will be up to you to clearly define that line for your family.

Some parents are fine with their twins wrestling; others will allow it only in the playroom where there is carpet and open space. Some allow it only with parental supervision, and others won't allow it at all. You'll need to determine your comfort level of twin-to-twin physical contact.

Once you've found that level, you'll need to communicate the line between “playing” and “hurting” to your twins. You'll also have to outline the consequences for crossing that line. To manage roughhousing effectively, the rules will have to be constantly enforced and the consequences consistently imposed.

One way to ensure that the line between roughhousing and violence is always maintained is to have a “code word” that means STOP. Having a code provides a built-in level of protection for each twin. When the code word is said, it means stop, no questions asked, end of story.

The key to making a “code word” work effectively is to impose a severe consequence the first time the code word is not respected. The loss of attending a birthday party or special event, the loss of a valued privilege or an extended period of alone time to process the importance of following this “no tolerance for breaking the rule” aspect of the code are all acceptable consequences that should communicate the importance of following this rule. When the code word is not respected, there is no second chance—the consequence must be imposed immediately, without additional warnings.

## **For siblings only**

Be prepared to deal with the confusion that may arise from having two sets of rules for the same behavior. Kids have a hard time understanding that what is okay when playing with your twin, isn't always okay with a friend or a classmate on the playground—

and rightly so. By continually reinforcing that roughhousing is something that only siblings do, you'll work towards eliminating any confusion that may arise.

As your twins are learning the rules of roughhousing, it's a good idea to remind them of the foundations of friendship.

- Friends don't hurt one another
- Friends respect each other
- Friends help each other
- Friends are honest with each other
- Friends listen to each other
- Friends support each other.

These reminders will reinforce the bond of friendship that your twins are already developing.

### Who cares who started it?

Although it's tempting to take sides during an argument between your twins, when you weren't there from the beginning to see the progression of events leading up to the blowout, taking sides puts you on shaky ground.

Once the blowout is in full swing, it's pointless to engage in the "Who started it?" argument. It's much more effective to stop the argument where it is, and to encourage your twins to work it out on their own, under your supervision.

Act as a mediator, instead of a judge, helping each twin to communicate their side of the story to each other. If they are having trouble, be there to guide the conversation and offer solutions, being careful not to take sides or make assumptions.

If a resolution can't be reached, impose an equal consequence for each twin. If the toy was causing the issue, take it away. If they were roughhousing and someone got hurt, impose a time out for both.

When you respond without emotion and encourage your twins to work it out on their own, the truth of who started it and what happened will usually come out in the end, and then if necessary, you can impose a consequence.

Most likely the lesson learned through working it out on their own was a conse-

quence in itself. Their successful efforts should be reinforced by offering positive, practical praise. A "Wow, what great teamwork you used to solve that problem!" and a reminder of the rules that were violated that led up to the blowout usually provides as much of a learning experience as any imposed consequence would have provided.

### Discipline without emotion

Showing emotions while disciplining nearly always results in a butting of heads and a never-ending power struggle between parent and child(ren). So when the time comes to discipline your twin(s) for "crossing the line" it's important to respond calmly, but firmly.

- Address the behavior—not the child.
- Get down to the twin's level, look him squarely in the eyes and firmly say, "You've crossed the line, we don't hit in the face."
- Impose the consequence. "You'll need to go sit in time-out. I will tell you when you may come out."
- Encourage him to think about his behavior. "I hope that you'll think about making better choices and apologize to your sister when you return to play."
- No arguing, no yelling, no nagging. If he refuses or throws a tantrum, pick him up and gently place him in your designated time-out area, ignoring his continued protests.

When his time is up, and his sentence served, (about one minute for each year of age) release him with a clean slate. No lectures, no warnings, no threats. Just an "Okay, time to play" and an encouraging remark to render an apology to the wounded. "I bet you would make Sarah feel really great if you said you were sorry" is usually enough of a primer to point him in the right direction.

Parenting multiples is an intensive labor of love and although it is often double (or triple!) the work, the outcome of good parenting is priceless. ♡



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Actual size: 40" x 12"



# TWIN TAKES

from the horse's mouth

■ by Jennifer Jordan



Samantha and Savannah, 19 months

## PARENTS ALWAYS ASK:

... about the “jealousy factor” that is so common between twins. I’ve read and heard that this results from children the same age competing to learn things and feeling jealous if one’s co-twin learns to do something before the other child learns it. Is this true? Of course, with twins, one child is always learning something before the other one—rolling over, walking, talking, climbing onto a chair, throwing a ball, kicking the soccer ball, and on and on. One child is always “first” at everything, so it’s impossible to keep things balanced or equal. Was this an issue for you when you were growing up?

**JENNIFER’S TAKE:** I really do believe that the “jealously factor” is beyond inevitable with twins. Yes, all brothers and sisters experience the “jealousy factor” and this causes great strife. If there was a union for parents of only-children, its motto would probably be: “Told You So.” When parents have more than one child, jealously—and the problems it brings—are just part of life.

But with twins, the jealously factor is magnified. In my experience, this was because of two factors. First, twins don’t have the “age factor” to use as a scapegoat. Because they’re the same age, they can’t account for differences in achievement or ability by saying to themselves, “He’s older, so of course he can do it better, faster, or whatever.”

Second, people expect twins to excel at the same things, at exactly the same rate. This puts pressure on the twin relationship and leads each to believe that the twin who is “first” at anything (or everything!) is actually a better person.

When my twin and I were born, I came out 20 minutes before her. My sister, being a bit of a drama queen, refused to come out punctually and, instead, had to make a grand entrance. During the delivery, I was “first,” but after the delivery, I was rarely first again.

This fact became evident for us at an early age. My twin learned to crawl, while I was still scooting. When she began walking, I was still crawling. Because I was a baby, this didn’t cause jealousy; I had not yet grasped the concept that my sister was ahead of me.

However, as we grew older, I started to notice my sister was able to do things I wasn’t. For Christmas one year, our great-grandfather sent us each a pair of roller-skates. Though we began learning to roller-skate at the same time, my sister caught on and became proficient long before me.

I have to admit, I was jealous. It seemed terribly unfair. We were the same age and so there was no reason why she should be able to roller-skate when I couldn’t. I was also jealous because roller-skating looked like fun. I did, however, take solace in know-

ing that while she was the first to learn to roller-skate, she was also first to learn that roller-skating caused scraped knees and bloody elbows.

The jealously factor became even of an issue for us once my twin realized she was advancing quicker than me. She knew she was more advanced and she began to rub it in. With this was born a competition between the two of us that existed for years.

When we grew older, our competition wasn’t really a bad thing. For instance, we both tried to outdo each other at school, which resulted in us both getting good grades. But, as young children, our competition turned into fist fights, hurt feelings and pulled hair. And, with every fistful of pulled hair, the “jealously factor” remained at the root.

There are three things I would recommend parents of twins do to deal with the jealously factor. First, don’t adopt or enforce the idea—to yourself or to your twin children—that they are going to develop the same skills at the same time; from the get-go, accept that their development will be solely individual. And reassure them of this, too—over and over and over again.

Second, if one twin is always first at things, do your best never to make the other twin feel inferior. You might even look for ways to make the “second” twin feel superior in some way along the road to achievement.

Last, don’t put pressure on your twins to attempt the same activities; if one twin is the “first” to learn to shoot a basketball, don’t pressure the other twin to also learn to do the same. If your other twin genuinely shows interest in learning the game of basketball, encourage her but also keep in mind that this twin may have absolutely no interest in learning to shoot hoops.

Ultimately, parents of twins need to remember that the jealously factor is really unavoidable. All siblings engage in sibling rivalry. Siblings who are twins stage their “Sibling Wars.”

As a parent, your role in the peace talks is often monumental. The best ways to calm the troops is by encouraging healthy competition, being patient with the twin who isn’t “first,” and reinforcing the importance of developing individual skills.

And, try to never let the “first” twin make the “second” one feel badly. Difficult, but do-able! After all, it’s your job to civilize the little creatures. ♡

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

## The Tea & Tissues Room

When it was time to send our twins to preschool, I checked out about a dozen programs and found some to be dynamic, lively places with interesting curricula.

One had a rustic playground with gorgeous landscaping, and colorful, newfangled equipment. Another had nine Gateway computers for kids to use in a charming, well-stocked library furnished with comfortable bean-bag chairs and child-size tables. A third had a rigorous application process requiring a parent interview, supervised play for the child, and two letters of recommendation.

(We were surprised they didn't ask for a portfolio of the child's completed oil paintings and charcoal sketches!)

The program we chose doesn't offer many perks—no state-of-the-art computers or Spanish-language instruction—but the teachers seemed smart, caring, and responsible. The classrooms were bright, spacious, and clean. The director has a reputation for being very organized, conscientious, and straightforward. Those attributes won us over.

Our kids would attend classes Tuesday and Thursday mornings. The plan was for me to try to work out at a gym during their class, pick them up from school and turn them over to our sitter so I could start my editorial workday when we returned home.

It took a month for their full classes to begin, because the director believed in gradual transitions. First they had individual meetings with their teachers. Then they attended class for a short session with half of their classmates. The next class included all students, but it wasn't yet a full three-hour session. When I explained this schedule to my husband, Alex, he joked that maybe we should make the transition even more gradual by simply strapping the



ILLUSTRATION BY CHUCK GALEY

kids into their car seats, but not driving anywhere. “We could just tell them that this will be the first step in going to school next week,” he said.

Fortunately, the director realized that Day 1 is as traumatic for parents as it is for students. For the first week of school, she offered parents a Tea and Tissues Room where we could converse, eat snacks, and ask seasoned parents to check on our children.

For Adrienne and Julian, Day 1 was easy—they had no idea what was happening. The classroom was so full of new toys and friendly faces they didn't notice my absence.

Day 2 wasn't as smooth. Adrienne and Julian sensed, from the other screaming children, that school had some major disadvantages and that mommy was leaving for a long time. They wanted no part of it. After offering them more hugs and kisses than some brides give in their receiving lines, I peeled myself away from their tiny, clutching hands.

In the hall, I hesitated. Tea and Tissues vs. the gym.

“Kids have been going to preschool for many decades, and most have survived the experience emotionally unscathed,” I mumbled to myself. Then again, it was only

their second day of formal education. Maybe I'd enjoy my workout more and worry less if I knew they were discovering finger paints or making play-dough pizza. Perhaps some kind, experienced mom in the Tea and Tissues Room could peek into the square window in the door of the Butterfly class to reassure me Adrienne and Julian were okay.

That's when Ruth came over. “Have your kids been at this school for a while?” I asked.

“Yep,” she said. “Would you like me to check on yours?”

“Would you mind?” I asked, embarrassed.

“Not at all. Where is he or she?”

“He and she, twins, are in the Butterfly room,” I told her. “He's wearing a blue shirt and blue pants, and has dark hair. She's wearing a purple shirt and flowered pants, and has curly, brown hair. Thanks so much.”

Ruth asked if any other mothers wanted her to check on children in the Butterfly classroom, and three responded immediately. Ruth was away for what seemed like an hour, but according to my watch, she returned six minutes later.

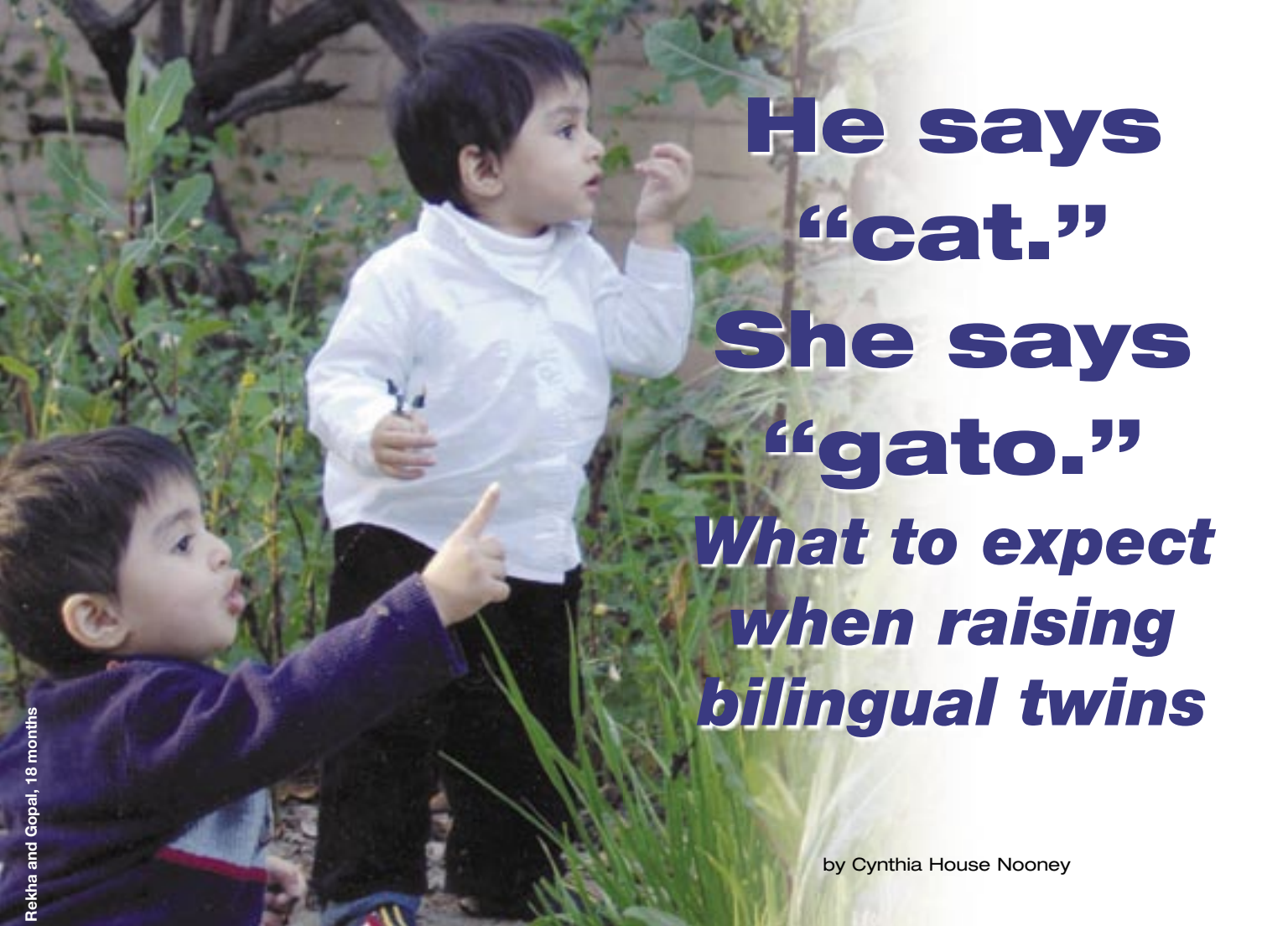
“Everyone's quiet in the Butterfly room,” she said.

“Did Adrienne and Julian look like they were having fun?” I asked.

“They looked fine,” she said confidently. “Your daughter was pushing a baby-doll stroller, and your son was playing with plastic food in the kitchen.” I thanked Ruth, finished nibbling on my high-calorie chocolate snack, and left to work on my abs—relatively guilt-free, about both the kids and the pastry. ♡

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Lauren Kafka's twins Adrienne and Julian turned 8 in June. Lauren is in the graduate education program of George Washington University becoming certified to teach English as a Second Language in the public school system.



Rekha and Gopal, 18 months

# He says “cat.” She says “gato.” What to expect when raising bilingual twins

by Cynthia House Nooney

*For nearly 18 months following the birth of my twins, I had the luxury of a part-time, Spanish-speaking nanny who quickly proved to be loving and attentive with my boys, as well as conscientious about everything else. During our initial interview she tentatively asked if she could speak Spanish on occasion.*

“Si, si,” I practically shouted, using one of the few Spanish words I remembered from high school. “I’d actually prefer if you spoke it all the time.”

The nanny wasn’t convinced. “Are you sure, senora? Many people aren’t comfortable with that.” I assured her that’s what we wanted and throughout her time with us I was pleased that a second language filled our household.

I’d find myself fantasizing about future years—how my sons and I would converse seamlessly in a language I once tutored but had long-since forgotten. I was hopeful their exposure and subsequent communication would motivate me to re-learn something I once enjoyed.

Ultimately though, our chapter with Berenice came to an end. She had her own new baby to care for and I no longer required her assistance. Her influence is dearly missed. At 18 months, my children spoke several words in English and Spanish. Si, mas, and uno (yes, more, one) were part of their daily vocabulary.

The physical therapist who worked to help improve my boys’ temporary motor delays was impressed with their speech skills and dual-language exposure. She told me to keep it up if possible.

But after Berenice’s departure, time flew by and I didn’t make learning another language a priority—for them or for me. Now 3, my boys no longer remember any Spanish words they once spoke and simply giggle in disbelief when I tell them about it.

The lasting result for me has been guilt, envy and admiration for those who assume the dual-language responsibility and make it a priority for their children. My respect only increases when I encounter parents of multiples dedicated to this effort and somehow find the energy.

But “the younger the better,” says Kimberly Perry, speech pathologist for the Child Development Center at Simi Valley Hospital in Simi Valley, Calif. “The best window of time for teaching children another language is birth to 3 years.”

Frank E.X. Dance, PhD, Professor of Human Communication



Studies at the University of Denver, goes so far as to say the ideal time to begin teaching a second language is “from the moment of conception.”

Twin mom Barbara Schantz speaks German to her daughters while her husband Hans (a German descendent) speaks English. “It was a conscious decision to speak two languages to our children and we discussed it before even becoming pregnant,” says Schantz. “The main reason for teaching our girls another language is simply the extra growth and expansion it will cause in their brains. It’s very rewarding when they understand what I’m saying in German.”

## Speaking words vs. understanding them

At 19 months, the Schantz twins, Greta and Cora, spoke only a few words but understood “tons” of words in both languages. Like many other parents of multiples who are teaching their children dual languages, Schantz has occasionally wondered whether her children’s speech skills fall within the normal development range and whether she should be (or at what point she should be) concerned about possible speech delays.

“A ‘silent period’ that can last for a few months may occur among children who are acquiring two languages,” says Perry, who works with children to develop language comprehension skills. “This period will be followed by a ‘burst’ when a child’s expressive skills will push through. If the silent period lasts more than a few months, parents may want to be concerned.”

Olga Alvarez, who is raising her 2-year-old boy/girl twins to speak English and Spanish, said her children had just such a language burst at around 21 months. Until then, her kids spoke much less than a cousin of theirs the same age, which caused Alvarez to hope everything was okay. “And guess what? It was. It just took time. Suddenly they had a language growth spurt and were saying new words every day.”

Perry recommends parents keep their children’s pediatrician abreast of speech progression and any possible delay issues. If a child isn’t using very many words by 18 months, Perry suggests parents may want to consider consulting a speech therapist for a screening—via either pediatrician referral or by contacting the American Speech-Language-Hearing Association ([www.asha.org](http://www.asha.org)).

A general rule-of-thumb for assessing speech skills, according to Perry, is 10 words by 18 months. “Fifty words would be great. Only five should cause concern.”

Between 18 and 24 months, a huge jump in word-use usually occurs. “At the very least, a child should be speaking two-word phrases by age 2, such as: ‘Daddy bye bye!’,” says Perry. “And at least three-word phrases by age 3, such as: ‘I go bye bye. Daddy come.’ By age 4, children should be talking in sentences.”

## Bilingual speech delays: Myth or reality?

Informal surveys among parents of bilingual children reveal anecdotes that might lead parents to conclude learning more than one

*Frank E.X. Dance, PhD, Professor of Human Communication Studies at the University of Denver, goes so far as to say the ideal time to begin teaching a second language is “from the moment of conception.”*

language causes speech delays. But experts don’t agree. Perry and Dance say there shouldn’t be delays for children who have been raised since infancy in a bilingual or multilingual household.

“A typically developing child should be able to acquire two languages as easily as one,” says Perry. This is true “particularly if the child is exposed to both languages in equal amounts,” adds Dance, who once served as a Vietnamese translator for the U.S. military.

## Twins vs. singletons

Popular opinion might also suggest that there is—or could possibly be—language development differences between twins and singletons. In her 2003 article, ‘Twins and Language Development: An Overview,’ author Jennifer Ganger, PhD, discusses numerous papers written over the years (both recent and historic) concerning this subject.

“Many researchers have concluded that language delays in twins are not a biological issue, but rather, if present, are based essentially in social and environmental factors. Several studies have found that young twins receive less directed-speech from their caretaker and participate in fewer situations where their attention is specifically and mutually engaged with the caretaker. Both of these situations are thought to be necessary (to some extent) for language learning and development,” writes Ganger.

## Teach language through play

Help teach your twins language(s) while you play with them. Narrate activities and actions to assist with comprehension and development. For example: “Let’s play with your school bus. It’s yellow. Children ride in a school bus on their way to school.

A driver opens and closes the door. The school bus has round wheels and a horn that goes beep, beep!”

## When to be concerned: The red flags

- If your twins aren't each speaking 10-15 words by 18 months, or aren't speaking frequent two-word phrases by 2 years
- If your twins aren't speaking at all
- If your twins aren't speaking frequently
- If your twins don't each follow simple directions
- If your twins aren't responding to sounds, frequently-used words or names of objects

### Contact:

- Your twins' pediatrician
- A pediatric social worker at a nearby hospital
- A speech pathologist/therapist
- The American Speech-Hearing-Language Association ([www.asha.org](http://www.asha.org))

She also cites a paper by J. Steven Reznick, PhD, in which he states "Twin language is unique in several ways. One aspect of the 'twin situation' is that each twin receives relatively less individually-directed parental speech. A second aspect is that twins often participate in three-way conversations in which they may communicate with either the parent or the co-twin."

Ganger concludes that "Environmental and social variables can be influenced by parents in obvious ways. Furthermore, it is clear that it is not the mere fact of being a twin that fosters language delay, but rather a combined effect of perinatal (i.e., premature birth, low birth weight) and environmental (i.e., parent-child interaction and communication, three-way communication) factors, any of which could theoretically affect any child, twin or not."

In regard to singleton children versus twins learning multiple languages, Dance explains that there is no difference other than "in addition to the languages spoken in their environment, twins will often develop an idiolect they use with each other."

## Talk, talk, talk!

The best approach to teaching children language is by speaking to them, say experts. Many parents find that flashcards and videos

prove helpful, as well, but it's assuring to know the most effective method is always available.

"The important behavior is talking to the child, a lot," says Dance. "Expose the child to as many examples of good-quality language experience as possible, in both languages."

"Keep speech simplified and be consistent with how you speak," advises Perry. "Connect words with actions. Go beyond labelling things—narrate while doing an activity to give it meaning." For instance, rather than just describing a ball as an object, parents can help their children acquire language much more effectively by describing the experience of playing with a ball—how it feels, how it moves, the function of it. A ball rolls. A ball bounces. You can throw the ball to mommy and she'll throw the ball back to you.

"If you experience something, you can remember it better," she says. "It's important to connect the pieces."

## Do what kids love most: Play, read, sing

Research affirms that children learn through play. So go ahead—be silly, have fun and recreate your favorite childhood games with your children. Turn activities and daily routines into something more, and narrate as you go—in both languages. Mommy's putting on one shoe. Now mommy's putting on two shoes. Now mommy can march, march, march!

Read and sing to your children—frequently and regularly. Play the game of leaving out a word or two in a song or book they know well, and encourage your children to fill in the blanks.

Tell stories. Invent imaginative tales and involve your children by giving them choices: "Would you like to hear a story about a train or a doggie?" Then as you tell the story, ask simple questions: "Should the train be blue or red? Big or small?"

"But avoid asking too many questions if they don't have the words yet," says Perry. "Be mindful of that."

## What to watch for

When should parents become concerned about their twins' language development? Red flags include if one or both children aren't speaking (i.e. 10 words by 18 months), or aren't speaking frequently, or are unintelligible (hard to understand).

Concerned parents should carefully observe the receptive aspects of their child's comprehension versus expressive communication, Perry suggests. For instance, does the child respond to and seem to understand simple directions? If not, there may be cause for concern. Observe whether the child recognizes and responds to sounds, words, and names of objects, such as: "Where's your blanket?" Check to see if your child looks at or points to the blanket. Or hide an object while your child watches. Then observe how he responds when you ask him to bring it to you.

If any of these red flags are present, parents are urged to discuss them with a pediatrician.

## Long-term benefits of dual language

Teaching children to speak more than one language is one of the greatest gifts you can give, say experts in language development. Being bilingual can provide your children with a hiring edge later in life, and can also give them “more opportunities to expand their vicarious experiences and conceptual agility,” according to Dance.

The brains of people who learn more than one language early in life actually look different from those who learn two languages later in life. If learned early, both languages are shared in one part of a person’s brain. If learned later, the second language is stored in a different part of the brain.

One study documents that children who speak two languages typically understand language better as a whole. They perceive language differently from individuals who speak only one language, and recognize more subtleties.

“Bilingual and multilingual persons are open to ever-increasing expansion of their life space,” says Dance.

## It’s never too late to learn; it’s just harder

So what about those of us whose children have missed the ideal birth-to-3 language-learning window?

Children can easily learn a second language up to age 6 or 7, says Perry. “But after 7 years, it’s more challenging and another language is not as easily acquired.” Not surprisingly, the challenge increases as we age.

“The human brain, at birth, is both resilient and open to all

### Resources

- [www.multilingualchildren.org](http://www.multilingualchildren.org)—Provides expert advice, parent discussions, tips, resource directory, and more.
- [www.multilingualbooks.com](http://www.multilingualbooks.com)—Click on “bilingual baby videos” icon. These 45-minute VHS videos teach more than 60 words and phrases for children ages 0-5 years. Available in Dutch, English, French, German, Greek, Hebrew, Italian, Japanese, Portuguese, Russian, Spanish and Swedish.
- [www.internationalbabycompany.com](http://www.internationalbabycompany.com)—Offers products to help teach children English, Japanese, Korean and Spanish. For children 0-4 years.
- *Meaningful Differences in the Everyday Experience of Young American Children*, by Betty Hart, Ph.D., and Todd R. Risley, Ph.D.
- *The Social World of Children Learning To Talk*, by Betty Hart, Ph.D., and Todd R. Risley, Ph.D.

\*These titles are academic books and present research results. They can be found on [www.amazon.com](http://www.amazon.com) or [www.barnesandnoble.com](http://www.barnesandnoble.com). According to Frank E.X. Dance, Ph.D., their overall recommendations are invaluable. “They would make great resources for a reading club of interested folks.”



Carrington and Addison, 20 months

*Bilingual and multilingual persons are open to ever-increasing expansion of their life space*

— Frank E.X. Dance, PhD

kinds of learning opportunities. At puberty, and thereafter, the brain seems to lose its original plasticity. It’s not that you can’t learn as you get older, it’s that learning may take longer to become sedimented,” or fixed in the memory, says Dance. “Language learning comes most easily from conception until the end of puberty.”

Parents who don’t speak more than one language but would like their children to be bilingual have options that include foreign language classes, finding caretakers who speak other languages, or hiring tutors (once a child’s formal education has begun).

## Follow your heart (and soul)

A friend of mine who recently enrolled her nearly 3-year-old son in a weekly mommy-and-me Spanish class was promptly chastised by acquaintances who condemned it as silly or Yuppie. “I think there’s a backlash against parents these days,” my friend said sorrowfully, “who try to do ultra-enriching activities with their kids because the parents are competitive or want to create the smartest offspring. That certainly wasn’t my intention but I’m not surprised that it’s been misinterpreted that way.”

She’s soldiering on but admits that a child under 3 may have a tough time sitting still and reciting words. “However, even my super-active son is still listening and soaking it up.”

The green-eyed monster inside me has once again sprung to life. I plan to follow her example and enroll my kids in the next available class. An eloquent saying recalled by Dance reinforces my feelings—the ones I used to get when I was learning Spanish in high school, the ones I’m sure my children will experience as their horizons are broadened: “Another language is another soul.” ♥

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





Ann Lee holds her 19-day-old twins, Avery and Jacob, for the first time.

By Sarah Ludwig Rausch

**W**hen Ann Lee of Aberdeen, S.D., went for her 24-week prenatal checkup, her obstetrician described different signs of labor. The birth of her twins seemed somewhere off in the hazy future. The babies were due in February, long months away.

The following afternoon, Lee lost her cervical plug. Suddenly the twins' imminent birth was nightmarishly close.

Lee's babies were some of the smallest infants born in 2004, and while some stories are tragic at the beginning and the end, the Lee family's story is one of triumph in an age of medical miracles. Now 18 months old (the boys' corrected age is exactly 14 months), twins Avery and Jacob are thriving physically and mentally, far surpassing anyone's expectations.

Major contributors to their current life and health are their gastrostomy tubes (g-tubes) and MIC-keys, both of which enable the boys to obtain the nourishment they've needed for survival and growth.

Travel in time back to October, 2004. When Lee met her OB at the hospital, she was already 2 cm dilated. One baby's amniotic sac was emerging from her cervix. Lee was immediately put "into Trendelenburg," her pelvis above her head to relieve cervical pressure, and flown to Sioux Valley Hospital in Sioux Falls. "My cervix had turned to mush and opened," Lee says.

On magnesium sulfate to stop contractions and kept in the Trendelenburg position, Lee and her husband, Cody, held their breaths. Only eight days later, barely beyond the point of her babies' viability if born, Lee dilated throughout the day. An emergency

c-section Nov. 6, 2004, delivered Avery Justin and Jacob Alexander at 24 weeks, 6 days, weighing 1 lb. 10 oz., and 1 lb. 9 oz., respectively.

Lee first held her boys Thanksgiving Day, 2004, 19 days later. "It took four nurses just to get one of them to me since they had intubation tubes to help them breathe," Lee says. In mid-December, both parents began daily kangaroo care, holding each tiny baby clad in only a tiny slip of diaper on the parent's bare chest, making warm skin-to-skin contact.

"We would come to visit wearing button-up shirts so we could just wrap them up inside our shirts. We would lay blankets over their backs and just rock and cuddle. It was a special time," Lee says.

Kangarooing is an increasingly common practice in NICUs nationwide. Studies have shown that preemies have slower heart rates and are more stable respiration during and after kangaroo care.

"Other babies around us in similar situations were dying, and that was scary," Lee says. "Not knowing if they would make it from one day to the next was really hard." Every milestone was cause for celebration, from having intubators removed, getting through yet another surgery, to gaining each ounce.

The twins were fed intravenously but within weeks were given tiny amounts of Lee's expressed breastmilk through nasal gavages, starting with 1 cc a day (5 cc = 1 tsp). Gradually the quantity increased so the babies' digestive systems could adjust to the breastmilk, which eventually became the only component of their diets.

Lee spent an average of eight hours a day at the hospital, watching, waiting as days passed and the intensity level of their care decreased from Level 3 to Level 1.

After many weeks, only the boys' feeding issues were keeping them from going home. They had tried to breastfeed with little success and did better with bottles, but were only able to ingest half of what they needed for the day. After bouts of pneumonia, they both refused bottles.

"We could have waited to see if they took a bottle. Doctors would have kept us another month if we wanted to do that, since sometimes babies will just get the hang of it," says Lee. But physicians suspected Lee's boys might not thrive if reliant on bottles, so the Lees decided to have gastrostomy tubes, or g-tubes, inserted. A g-tube is a feeding tube surgically inserted through the abdominal wall directly into the stomach, allowing administration of food and medications.

The Lee twins had g-tubes inserted several weeks before leaving for home. Once the opening around the tubes healed, the twins had fundoplication surgery, in which part of the stomach is wrapped around the esophagus to prevent acid reflux. Each boy also had a MIC-key inserted, which is a type of skin-level g-tube held in the stomach by a water-filled balloon.

### Adequate nutrition is key

Avery and Jacob left for home exactly a month after their original due date of Feb. 21, weighing in at 10 lbs. and 9 lbs. and still using apnea monitors and oxygen. "It seemed we had tubes hooked up everywhere, and we were always dragging oxygen tanks around."

The first night was particularly frightening when a faulty monitoring patch repeatedly set off alarms. But the family rapidly settled into a routine. Both boys have contracted illnesses and been re-admitted to the hospital. Yet for the most part, colds and ear infections have been treated at home. Avery and Jacob receive daily medications for acid reflux and a steroid for their lungs. At 18 months, Jacob and Avery belie their rough starts. Except for the MIC-keys beneath their clothing, there is no indication of the hurdles they've surmounted. Even more amazing both boys are right on target developmen-

tally for their corrected age of 14 months (the age they would be, had they been born on their due date).

“Our pediatrician and our physical therapist are very impressed with their health, development and abilities,” says Lee. Thanks to weekly physical therapy, both boys walk alone, climb vigorously and happily get into everything. They also have received weekly speech therapy since shortly after coming home from the hospital. The main purpose of their speech therapy has been to help them learn how to eat using their mouths, but there are now some speech and language goals as well.

The boys eat very little orally, though they are beginning to sip from cups and they mouth soft foods. “The goal is to get the MIC-keys out by their second birthday,” Lee says. “They are over their oral aversions, which made them gag whenever anything was in their mouths. Now they are working on efficiency of tongue movement and quantity of food. They haven’t yet trained their tongues to roll back so they can swallow.”

The Lees, and their pediatrician, believe the g-tubes have been key to the twins’ success, delivering the calories and nutrition Jacob and Avery need from the special formula put into the tubes. Having the g-tubes allows their minds and bodies to focus on other areas such as gaining new skills, says Lee.

“Knowing now what I didn’t know back then, I would definitely recommend the g-tube to anyone in our situation,” she says. “It has made all the difference.” ♥

## The scoop on G-Tubes

Gastrostomy tubes, or g-tubes, can be lifesavers for kids unable to get enough nourishment orally. Surgically inserted through the abdomen directly into the stomach, the biggest benefit of a g-tube is the ability to get the right amount of nutrition needed for growth, says Ben Gold, MD, director of pediatric gastroenterology and nutrition, Emory University School of Medicine, and chief of gastroenterology, Egleston Children’s Hospital, Atlanta. The tubes can also be used for hydration and medication.

Once the gastrostomy heals, usually after about eight weeks, a skin-level apparatus can be used, such as the MIC-keys the Lee twins have. The key advantage of MIC-keys over other g-tube devices is that parents can change the tubes at home, whereas other g-tubes must be changed by a health professional. There also is generally no pain when MIC-key tubes are changed, while there can be pain with other kinds. A possible disadvantage: A MIC-key is above skin level and can be more easily pulled out than other types of tubes, so for some kids, it may not be a good choice.

The most common misconception parents have regarding use of g-tubes is that once the g-tube is in, a parent can’t feed the child anymore. “That is absolutely not the case,” says Dr. Gold. “Even in patients where there is risk of aspiration (inhaling food into the lungs), giving small, regulated feedings can still be considered.” The most important thing

is to create positive associations with eating, Dr. Gold says. For example, having a child sit with the rest of the family at the dinner table while she is being tube-fed can encourage the switch to oral eating.

Speech therapy is crucial to making the move to oral eating. “Some kids with g-tubes develop a secondary feeding aversion because they forget how to eat and they get lazy. The ones who are successful in weaning from the tube to oral feeding are the ones who have been working with speech therapy. They continue to put things, even just for pleasure, into their mouths to get used to having something there,” says Dr. Gold. The amount of time it takes to make the transition from tube to mouth varies from child to child, but largely depends on the length of time the child hasn’t eaten orally.

G-tubes have few risks, the biggest one being infection. Benefits far outweigh the possible negatives.

For parents with children who have severe neurological impairment, feeding can be one way in which they feel they are contributing to the child’s care. Giving children the ability to thrive, as in the case of the Lee twins, is crucial to development, whether feeding is done orally or through a g-tube.

For more information on g-tubes, go to [www.feeding.com](http://www.feeding.com); [www.pedsurg.ucsf.edu/conditions\\_gastrostomy\\_tube.htm](http://www.pedsurg.ucsf.edu/conditions_gastrostomy_tube.htm); and [http://pediatric.um-surgery.org/new\\_070198/new/Library/gastrostomytubeplmt.htm](http://pediatric.um-surgery.org/new_070198/new/Library/gastrostomytubeplmt.htm)



### Kangaroo Care

Newborn kangaroos stay inside mom’s pouch, snugly against their mothers’ bodies, until ready to be out on their own. Similarly, kangaroo care is when a newborn baby is placed on the parent’s bare chest, wearing only a diaper, and held for a length of time.

Some hospital NICUs allow parents of preemies to carry out kangaroo care 24/7 because of how beneficial it is to babies’ health and survival.

A blanket may be placed over the baby’s

back, or the infant may be buttoned up in the parent’s shirt. This contact enables the baby to hear the parent’s heartbeat and breathing, exactly the same as a fetus would hear inside the womb.

Initially begun by a doctor in South America in the 1970s when incubators were in short supply, kangaroo care is now used regularly in many of today’s NICUs. Studies have shown it to have very positive effects, particularly with preemies. The skin-to-skin contact provides physical and emotional benefits for both parent and child. It can

▶ help baby maintain body temperature

- ▶ regulate baby’s breathing and heart rates
- ▶ increase baby’s weight gain
- ▶ encourage baby to sleep more deeply and for longer periods
- ▶ promote breastfeeding success
- ▶ nurture the parent/child bond
- ▶ enable baby to be discharged from the hospital sooner.

For more information on kangaroo care, visit [www.marchofdimes.com](http://www.marchofdimes.com), [www.lalecheleague.org](http://www.lalecheleague.org).

Check out *Kangaroo Care: The Best Thing You Can Do to Help Your Preterm Infant* by Susan Ludington, PhD.

# MAKE THE MOST OF YOUR TWINS' PEDIATRIC APPOINTMENTS

by Judy Gyde



Addie and Greta, 13 months

**W**hen Kim brought her twin-toddlers to the pediatrician's office, one child cried the whole time and the other kept asking for cookies. By the time Dr. Carter entered the room, Kim was frazzled. Her children's distractions caused her to forget to ask a couple of important questions of the doctor.

This happens frequently. Many parents are distracted during office visits and forget to mention important details of health or behavior to their doctors. Perhaps this has happened to you. Here are some ideas to help your office visits go more smoothly:

## **Bring your twins' medical histories with you**

For your first visit, bring a copy of your children's medical records from your previous physician. Your new doctor is interested in their medical histories, previous surgeries, diagnoses, and treatments. Remember to bring immunization records. Have all your records in a file folder for safekeeping, and let the office make copies, but keep the originals for your home records.

## **Bring your list of symptoms**

Before the appointment, make a written list of each child's symptoms and any questions you have for the doctor. This helps you remember important information you may otherwise forget. Symptoms are like pieces of a puzzle. When you tell your doctor all of the details—even seemingly unimportant ones—it gives your physician a clearer picture of your situation. It helps make an accurate diagnosis and treatment plan.

## **Talk to your doctor about medications**

If your twins take any medications, vitamins, or herbs, bring the bottles with you in separate, zip-top plastic bags, labeled with each child's name. Your doctor will easily see what they take, dosage, and frequency. By looking at your bags of medications,

your doctor can prevent misunderstandings and mistakes. It's an important safeguard.

Your doctor may want to change a medication. If the physician doesn't explain why, ask about the reason(s). Sometimes doctors are busy thinking and forget to clarify why they are making changes. Ask about side effects or anything you should be watchful of with new medications. Usually children won't experience side effects, but if they do, you'll know how to respond.

Everyone's body responds a little differently to each medication. If one of your twins is taking a new prescription and having a problem with it, call your doctor if you are concerned. Some meds need close monitoring to make sure they are working properly. If a med isn't working well, your doctor may want to switch to another one, which your child may tolerate better.

## **Schedule appointments based on priority items**

If your child has several medical problems, select the most important one or two that need addressing. As mothers, we tend to try to solve everything in one visit. But this can result in inadequate time for the most important health issues. If there isn't enough time to address your child's problems thoroughly, a follow-up visit can be a good solution. Your doctor can make sure your child is progressing well with the new treatment and you can talk about your other concerns.

Most pediatricians and family doctors schedule or allot 10 minutes per appointment, per child. It's important to respect their time constraints. Doctors appreciate patients who focus on health issues and don't draw them into conversations about unrelated topics. Most pediatric offices will allow you to schedule your twins' appointments together.

Out of respect for your doctor, don't ask for a medical opinion



related to another child's health if you don't have an appointment for that child. If your other child also is sick, it's best to schedule a separate appointment. This enables the staff to prepare each child's medical chart for the office visit and avoids confusion for the doctor.

Appointments are easy to forget, especially well-child check-ups. The children are feeling fine and moms forget the visit because doctor appointments aren't part of the normal routine. If you think you may forget, post a reminder note on the refrigerator the day before the appointment.

Doctors not only appreciate when parents remember appointments, but also when they arrive a few minutes early. Latecomers set the doctor's schedule back, sometimes for the entire day. If every person arrives early and uses the proper time allotment, everyone's waiting-room time is relatively short.

### Develop a treatment plan with your doctor

Your doctor wants you to understand the treatment plan set up for your child(ren). If you don't understand something, ask your physician to go over it again and explain in detail what each step is for and how to carry it out. No question should be overlooked if it is important to you. During your visit, if possible, write down important details that could easily be confused or forgotten.

### Share your concerns

Don't be afraid to talk to your doctor about personal issues or uncomfortable topics pertaining to your twins. Your doctor treats all types of problems regularly and can help you. But your physician is not a mind-reader and can visually recognize only some aspects of your children's health, so you have to introduce the topics your physician needs to know about.

### Tests, procedures, and specialists

Your doctor may want to order medical tests or send your child to a specialist for problems that need greater attention. Certain screenings and lab work help your doctor thoroughly understand the roots or manifestations of certain conditions. Provide the nurse with the dates you are available for appointments or tests. This saves time and enables your nurse to schedule things more quickly for you.

A quality physician only orders tests when they are necessary. Years ago, we all heard of doctors who ordered too many unnecessary tests. Today things are different. Insurance companies oversee testing payments and won't allow unnecessary tests to be done. You can rest assured that your doctor will only order tests that are important.

### Payment plans

Bring your co-pay, insurance cards, credit card, or cash. Your driver's license or identification is required for the first appointment, in order for your children to be seen. If you are having financial problems, many offices will allow you to use a payment plan. Like any other service providers, doctors expect and appreciate timely payment.

## 6 Going to the doctor: Key Tips

- ▶ Shorten your waiting time by scheduling the first appointment of the day or immediately after the doctor's lunch break.
- ▶ If possible, plan your appointment around your twins' nap schedules so they will feel their best.
- ▶ Never promise your children they won't get a shot. Sometimes the unexpected happens. If they need one, tell them it will go very fast and try to distract them during the process.
- ▶ If your office visit has been traumatic for your children, reward them with stickers or a treat.
- ▶ After a doctor's appointment, wash your children's hands with soap and water to minimize exposure to office germs.
- ▶ If possible, bring a dependable older child or adult to help you during the appointment.

### Know your doctor and the staff

Even as your doctor finds it important to know certain things about your family, there are things you may want to know about your doctor. It's fine to ask how long your pediatrician or family practice doctor been in practice and where he or she attended medical school. The physician and the office staff should be friendly and polite. They should return your phone calls in a timely fashion. It's important that their office be clean and well-organized.

### Work together for good health

It takes extra preparation to make smooth office visits. Be especially alert when procedures or immunizations are being given to your twins—you're an important element of safeguarding them from medical mistakes. If the room is noisy or chaotic, it's possible the nurse could become distracted and administer a shot to the wrong child. With your watchful eye, mistakes can be prevented.

Your doctor and the office staff care about your family's health and will give you wise counsel, to the very best of their ability. Have reasonable expectations for relief of symptoms and cures. Not everything can be "fixed" instantly and medicine is as much art as science. ❤

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Judy Gyde, Toledo, Ohio, is a former pediatric nurse who has twin nieces, 17, and a son-in-law with a twin sister. The pediatrician she worked for had about five sets of twins a month who visited for routine checkups. Judy's son-in-law Nathan and his twin sister Jennifer, 32, are great friends and tell stories of all the people who stopped their mother to ask if they were identical twins.



by Susan J. Alt

# Masters of the SUPER-Sale!

**T**his group thinks BIG. Not only is the Littleton, Colo., Mothers of Multiples Society (MOMS) chapter the largest twins club in the nation, at 631 members, but it stages the largest “used merchandise” sales events of any club.

You’d think these busy moms of twins and triplets were in training to run Wal-Mart, the way they organize and orchestrate these twice-a-year events. This is no church bazaar—these gals have gone totally high-tech. Every single piece of merchandise—roughly 18,000 items—is tagged, bar-coded and scanned. “The sale,” as it’s known, is run the way drill sergeants would manage their field troops.

A team of about 30 of these go-getters manages all the planning and organization details, assisted by close to 200 more who assist with setup, traffic management, sales, checkout and cleanup the day of the event.

By last month’s event, in fact, the quantity of merchandise and number of attendees had become so large a manager was assigned to direct the flow of customers into the building, and to each of the 20 checkout lanes. The event was moved two years ago to the 29,000 square foot Douglas County Events Center, a venue used for county fairs, rodeos and horse shows. The club uses all of the center’s meeting rooms as well.

Merchandise is now sold by more than 200 members of Littleton MOMS, attracting more than 2,000 eager shoppers. MOMS club officers and members won’t talk about the revenues generated by the semi-annual sales. But by my own rough calculations, the spring 2006 event probably brought in gross sales revenues of \$120,000 to \$130,000. I estimated about 20% of the gross stayed with the club—an estimated \$24,000 to \$26,000—as its commission for staging the event. After subtracting sales taxes that have to be paid to the county, and various expenses for rentals, services, supplies and equipment, I suspect Littleton MOMS nets roughly half that

amount. This club deserves enormous praise for what it has accomplished. And it deserves to be emulated by other twins clubs.

Barb Haerbig, chair of the spring and fall sales for 2006, describes these as “consignment events.” The club sets up a split of revenues that gives 85% of the gross sales price of merchandise to sellers/members who invest “full sweat equity” in the sale by completing at least one outside task and working the day of the sale. So there’s a huge incentive for members to devote plenty of time and energy to making this event a success. If a member participates in the sale by selling merchandise but doesn’t do any additional work, the member keeps 60% of the gross sales price of her items sold, and 40% goes to the club.



The club collects 7.5% sales taxes on all merchandise sold during the event, and remits those to Douglas County. The club also pays rental fees for the Events Center and fees for other services.

Hundreds of interested buyers line up outside the Events Center hours before the sale opens, armed to the hilt with large laundry baskets, tall plastic hampers and wastebuckets to use in hauling away their bargains. Anybody and everybody is welcome to come buy what’s on sale, but only MOMS members can sell at the event.

Members who serve on the Sale Committee and help with outside tasks as well receive the “perk” of having a chance to do early shopping the night before the event when all the merchandise is being set up.



## Merchandise runs the gamut, but must be high quality

The March and August sales events staged by Littleton MOMS are roughly comparable in size and revenues generated, though the fall event includes more seasonal clothing, such as Halloween costumes and coats.

The club insists that everything be very high quality and doesn't hesitate to pull any merchandise that doesn't pass muster. Each seller/member is responsible for cleaning, tagging, pricing, organizing and transporting her items to the Events Center. During the "early shopping" period on Friday night before the big event, organizers keep a close watch on merchandise for anything that's not up to snuff. Goods judged to be in non-salable condition are set aside, tagged, and taken out of inventory. If a member tries to sell poor quality items several times in a row, the member may be asked not to participate in the future.

The array of merchandise for babies, children and pregnant moms is so vast it's no wonder why people clamor to be first in line for entry when the doors open. They'll have a shot at 100 or more strollers, dozens of high-end jogging strollers, a couple dozen bassinets and dressers, 80 or more car seats, dozens of high chairs, three dozen play pens, five dozen bouncy seats, 100 or more backpacks and carriers, 100 or more ride-ons and bikes and trikes. A hundred exersaucers. Dozens of rockers and gliders. Dozens of cribs and toddler beds.

And—get this—80 racks of clothing, and 80-plus laundry baskets of children's shoes. All at terrific prices.

You want stuffed animals? You'll find four tables piled high with hundreds of them. Cheap. And several dozen tables piled high with toys, games and puzzles. Two-dozen tables piled high with books and videos. Potty chairs, boppy pillows, diaper pails, diaper bags, and safety gates.

For the bargain-minded, this is nirvana. And it's easy to understand why the attendance is growing every six months, and why the club's membership is keeping pace.

Word-of-mouth advertising and lots of aggressive promotion by the club are a wonderful thing.



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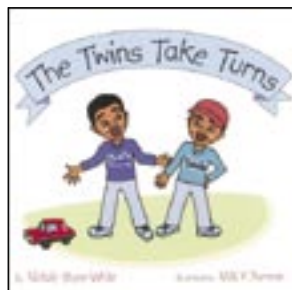


### Hello Twins

by Charlotte Voake

\$15.99

Twins Simon and Charlotte don't look much alike nor do they like doing the same activities. Charlotte likes to build things, while Simon likes to make things fall down. Both love books, but while Simon looks at the pictures, Charlotte likes to put her own pictures in the books. They're two of a kind. Hello, Charlotte! Hello, Simon! For ages 2 to 5, this is a book that celebrates individuality and bonds between brothers and sisters. *Hardbound, 32 pages.*



### The Twins Take Turns

by Nickole Shyne-White

\$16.00

Dennis and Derek are twin brothers. Though they look alike, they have different interests. Dennis likes to draw, while Derek likes to talk. Sometimes, these interests can lead to conflict over who gets to spend more time with their mother. Mommy has a solution to their problem, however—they should take turns as she has plenty of time and love for each. For ages 2 to 4. *Paperback, 32 pages.*

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Members who sell merchandise but don't serve on the club's Sale Committee are offered the opportunity to be in the first group to shop Saturday morning. Members who don't sell any merchandise at the event shop in the second group on Saturday morning, followed at 10:30 a.m. by the general public.

Littleton MOMS held its 25th semi-annual sale Aug. 26, attracting an estimated 2,300 people between 10:30 a.m. and 2:30 p.m. The club charges \$1 admission per person to help cover costs, since it rents the facility, hires security guards, has wheelchairs available for attendees, rents tables and some other equipment. The club has purchased apparel display racks for its events, along with some other supplies needed for selling.

When the sales began in 1994, facilities at Arapahoe Community College were used, followed by several moves to different local churches as larger facilities were needed. The club donated a percentage of sales to those institutions. But the size of the events grew larger, and required more space, so the Events Center became the venue in 2004.

The semi-annual sales are a huge drawing card for club membership, since only club members can sell their used clothing and baby equipment in the sale. The club accepts donated merchandise for sale, to benefit its Community Outreach programs that assist families with multiples who are in need, throughout the Denver area.

Club membership consisted of five members in 1993, when



Barb Haerbig, left, and Sara O'Neil are the MOMS chairs of the 2006 sale events.

## Denver is loaded with multiples

Naperville, Ill., may be the Twins Capital of the U.S., but it has nothing over on Colorado, especially in the Denver metropolitan area. Seven relatively large twins and triplets clubs are located in Colorado, four of them in and around Denver. With the Littleton Mothers of Multiples Society (MOMS) taking the lead as the nation's largest twins club, at 631 members (at latest count it might even have gone up), participation in Denver's clubs is at nearly 1,000 members. Colorado has more than 1,450 mothers of twins and triplets (and one set of quads) in its clubs.

Colorado, in fact, has an outsize portion of triplets: 131 sets of "trips," 9% of all multiples sets with parents in Colorado's clubs, a much larger proportion than occurs in the population as a whole. Colorado may be mostly desert, but it's highly fertile out there in the Rockies.

MOMS formed, and quickly grew to 75 within a year. By 1998, MOMS had 300 members, and nearly doubled to 500-plus by 2002. Membership hit 631 in 2005 and is still growing—627 at the latest count, and climbing.

Attendance at the MOMS sales has paralleled the club's growth—78 shoppers at the first sale in 1994, ballooning to 844 in March 2000, 959 a year later, another jump to 1,683 by March 2005, and nearly 1,900 in March 2006. Shoppers come from as far away as Pueblo, Colo., three hours by car south of Denver, and Cheyenne, Wyo., three hours' drive north.

Littleton MOMS upgraded its technology in recent years to cope with longer waits by customers in checkout lines. Its use of adding machines and manually-written price tags gave way in 2005 to club-owned laptop computers loaded with proprietary inventory-tracking and retail sales management software written by a dad of twins, the husband of a MOMS member. The club purchased hand-held

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## 6 secrets to success: Staging a MOMS sale event

Practice makes perfect, says Barb Haerbig, a mom of twins who is this year's Sale Chair for the Littleton MOMS club. She and past managers of the huge events the club stages twice a year came up with these six keys to success.

- **Plan ahead.** Encourage club members to store their items for the sale up to a year in advance.
- **Go for quality over quantity.** Accept only in-season items and equipment in great shape. Low quality, no matter what the price, can ruin a shopper's experience.
- **Require sweat equity.** All members/sellers must attend an organizing meeting and be available to work the sale.

- **Get the word out.** Be aggressive with your network. Don't skimp on your "flyer" budget. Set up a mailing list.
- **Invest.** Don't get greedy about your success. Proceeds of the first few sales need to go toward investing in display racks, adding machines (or computers!).
- **Get everyone involved.** This is a club-wide event. Especially get all of your younger families involved—baby equipment is the biggest draw for new and expectant parents, and once they're hooked, they become loyal shoppers and your best advertising.



scanners to facilitate customer checkouts.

Where once the club accepted only checks or cash from customers, it began accepting Visa/MC cards. Credit card swipe-machines were installed at each of its 20 checkout stations at the most recent sale, an improvement from having only a few swipe-machines shared by several checkouts last year. Accepting credit cards has helped the club reduce its losses from customers' bad checks.



Members set their own prices for the goods they're selling, and this year for the first time were able to print out their own bar-coded price tags on the club's computers. The club purchased tagging guns and tagging supplies in bulk, and charged members for tags and pins to cover its purchase costs.



When MOMS took the giant leap in 2005 to automation of its sales operations, it began bar-coding products sold at the events. Each item contains a price tag that includes a bar code. Each bar code contains the ID of the seller/member, the price of the item, and the percentage of the price the seller/member receives. Every item sold is scanned at the point of sale, which speeds checkout.



Unsold merchandise can be picked up and taken home by sellers after the event ends, or can be donated to MOMS' community outreach efforts. Many truckloads of donated merchandise are given to outreach families and local charities following the sales, said Haerbig. ♡



## TWIN STORYBOOKS

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## Flying without fear

Flying with twins who are infants up to age 5 can be quite stressful—for you, for them and for people around you. There are simple ways to make each flying experience with your twins a bit easier.

- Before taking off or when getting ready to land provide something for each child to suck on—bottle, pacifier or sippy cup. Swallowing frequently helps equalize pressure in the ears and can help prevent severe pain that triggers baby-screaming and kid-howling.
- Fly during naptime or bedtime.
- Avoid layovers if at all possible.
- Dress in layers and bring spare onesies for the babies and spare clothes for older kids.
- If your twins seem overstimulated, hold each one in your arms and face away from the aisle. Quiet singing to babies helps calm them and mask scary noise.
- Pack new, different and exciting snacks and drinks to keep toddlers and older twins entertained.
- Pack brand-new toys and books to capture and hold your twins' attention for somewhat longer periods of time.
- If you can afford it, purchase at least one additional seat and use a carseat to hold one twin at a time.
- You are allowed only one lap-child per section of seats, because only one extra oxygen mask drops from overhead. Save yourself a hassle at the gate and book seats in adjoining rows or across the aisle from each other.

—Kelly woods, CPNP

## Celebrate differences

### ...A TWIN'S PERSPECTIVE

**N**o two children are alike. Would you try to raise each singleton child exactly the same way? So why would you try to parent two twins the same way?

Many parents say, "I raised all my children in exactly the same way, but they turned out to be so different." Well, guess what? They are each very different people. And each twin is a very different person than his or her co-twin, even if they're so-called "identical" twins.

Listen to this: "I come to you with my own set of needs and gifts. I want you to nurture me and help me discover my talents and my purpose in life.

"Remember to delight in my uniqueness. Be flexible in your parenting to reflect my needs.

"I will thrive when you help me discover my strengths and adjust your parenting to fit me.

"My rules may need to be slightly modified from (those of) my siblings. I will show you by my actions and words what I need.

"I hope you are paying attention. You have to see me based on my abilities, not on what you expect or know someone else might be capable of."

From "Just Me: What Your Child Wants YOU To Know About Parenting" by JustJackie, in paperback or CD. Parenting advice from a child's perspective, by a wife, mother, entrepreneur. [www.justjackie.com](http://www.justjackie.com)

## Sweet dreams

With infants in the house, you're exhausted and need sleep. And so do they. Babies can sleep through anything. Get them used to everyday noises in your home from day one. No tiptoeing or whispering. Turn that music on and dance to your heart's content.

Make a recording of you and/or daddy singing lullabies and play them over and over for your twins from the time they're born.

Put a (loud) ticking clock near the crib. The monotonous tick-tock may soothe twins and help put them (back) to sleep.

Pick special music—lullabies, classical, whatever you like. Play the same music each time you put your twins into their crib to sleep. Be consistent—this teaches twins that when they hear this music, it's time to go to sleep.



Cameron and Bennett, 2 months

Buy a package of glow-in-the-dark binkys and scatter them in the crib within each baby's reach.

—Blythe Lipman, in "Help! My Baby Came Without Instructions!". Paperback. [www.babyinstructions.com](http://www.babyinstructions.com)



## GENERAL PARENTING

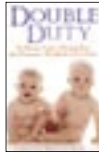
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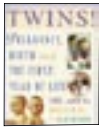
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**\$14.00**  
Five moms of twins offer many worked-for-me solutions to myriad situations unique to caring for twins. Insightful moms speak from the heart in terms you'll understand. *Paperback, 414 pages.*



### Ever Since I Had My Baby

**Roger Goldberg, M.D. \$16.00**  
Pregnancy and childbirth have lasting effects on a mother's body, particularly after the birth of multiples. A practicing surgeon, Dr. Goldberg provides candid, knowledgeable advice for mothers of newborns. Using an easy-to-read style, Dr. Goldberg reassures mothers who are feeling helpless and alone. There are solutions and treatment for many common postpartum conditions. *Paperback, 378 pages.*



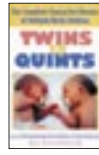
### Raising Twins: What parents want to know (and what twins want to tell them)

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



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

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



### Raising Multiple Birth Children: A parents' survival guide

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



### The Parents' Guide to Raising Twins:

### From pre-birth to first school days — the essential book for those expecting two or more

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



### Keys to Parenting a Child with Attention Deficit Disorders

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



### Your Baby's First Year

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



### I Sleep at Red Lights

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



### Two at a Time

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



### The Art of Parenting Twins

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



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

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



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

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



### Keys to Parenting Multiples

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



### Heart Two Heart: Words of Wisdom from the Real Experts: Seven Mothers of Twins on Raising Twins the First Year

**Lisa Blau, Julie Diamond Bobbitt, Shelley deMontesquiou, Nicole Davis, Stacy R. Carter, Heidi Mark, Lisa Rojany Buccieri, Connie A. Gilbert \$21.95**



Written by seven experienced mothers of Twins, *Heart Two Heart* gives new mothers of multiples the straight talk about day-to-day life with their twins. How do you feed two infants? Where do you buy gear for twins? What changes might happen to a mother during her pregnancy and beyond? How can a family manage? These and other questions for which new moms want simple answers. *Paperback, 308 pages.*

### Twinspiration: Real life advice from Pregnancy Through the First Year

**Cheryl Lage \$16.95**  
Mother of twins Darren and Sarah, Cheryl Lage uses humor, personal anecdotes and a friendly, conversational tone in her helpful book, *Twinspiration*. The host of the popular online twins website [twinsights.com](http://twinsights.com), and a contributor to TWINS™ Magazine, Lage provides insightful, honest advice and practical information for new and expecting parents of multiples. Part guidebook and personal diary, *Twinspiration* offers parents valuable insight into a pregnancy with twins and their first year of life. Includes a "Frequently Asked Questions" section for mothers. *Paperback, 320 pages.*



### The Multiples Manual: Preparing and Caring for Twins or Triplets

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



### Discipline Without Shouting or Spanking

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



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

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



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

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



### The Twinship Sourcebook 2: Toddler Twins

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



### Raising Twins After the First Year: Everything You Need to Know About Bringing Up Twins — From Toddlers to Preteens

**Karen Gottesman \$15.95**  
From managing potty training to understanding sibling rivalry and mood swings, Gottesman provides useful and comforting information, often from her own experience as a mother. *Paperback, 288 pages.*



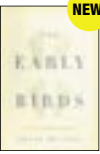
### Nanny to the Rescue! Straight Talk and Super Tips for Parenting in the Early Years

**Michelle LaRowe \$15.99**  
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. *Paperback, 288 pages.*



### The Early Birds: A Mother's Story for Our Times

**Jennifer Minton \$23.00**  
At 31 weeks into her pregnancy, Jenny Minton delivered her twin boys San and Gus. The premature boys were immediately placed on life support in the neonatal intensive care unit. A moving and powerful narrative about the triumph of life that all parents will appreciate and understand. *Hardcover, 272 pages.*



### The Father's Survival Guide to Raising Twins

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



## PREGNANCY/EXPECTING

### Pregnancy Week-by-Week

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



### The Multiple Pregnancy Sourcebook

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



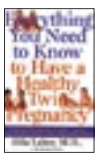
### When You're Expecting Twins, Triplets, or Quads Revised Ed.

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



### Everything You Need to Know to Have a Healthy Twin Pregnancy

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



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

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





## PREGNANCY/EXPECTING

### Having Twins And More:

**A parent's guide to multiple pregnancy, birth, and early childhood**  
Elizabeth Noble **\$18.95**

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



### Expecting Twins, Triplets And More:

Rachel McClintock Franklin, MD **14.95**  
Oklahoma family physician Rachel McClintock Franklin is the mother of twins born in 2001. A frequent media contributor, Dr. Franklin provides the "girlfriend's guide to twin pregnancies" in this informative and often humorous book. Includes information on nutrition and exercise and helpful reference guides. A reassuring book about twin pregnancies from someone who has been through the experience. *Paperback, 208 pages.*



### Your Pregnancy Packet

*Twins Magazine*  
**\$15.00**

Two new practical pocket guides by Dr. Glade B. Curtis and Judith Schuler provide new mothers of multiples detailed information on specific pregnancy and postpartum concerns. First-time mothers will find these quick guides particularly interesting. *Paperbacks, 442 pages.*



## PREMATURITY

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

Frank P. Manginello, M.D.,  
Theresa Foy DiGerónimo, M.Ed.

**\$17.95**

Guide to facing the challenging and often costly ordeal of giving birth to and caring for premature babies. Revised edition. *Paperback, 336 pages.*



### Your Premature Baby & Child

Amy E. Tracy;  
Diane I. Maroney, R.N.

**\$17.95**

Written by experienced premie parents and medical professionals, this book answers your questions about the NICU, homecoming, bonding, medical, developmental, school years and more. *Paperback, 327 pages.*



### Breastfeeding Your Premature Baby

Gwen Gotsch

**\$5.95**

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



## SLEEP

### The No-Cry Sleep Solution:

**Gentle Ways to Help Your Baby Sleep Through the Night**

Elizabeth Pantley

**\$14.95**

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



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

William Sears, M.D.

**\$9.95**

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



### Solve Your Child's Sleep Problems

Richard Ferber, M.D.

**\$14.00**

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



### Good Night, Sleep Tight

Kim West and Joanne Kenen **\$13.95**

Maryland social worker Kim West is affectionately known as The Sleep Lady® to her satisfied clients. With co-author Joanne Kenen, a journalist and social worker herself, West offers easy to learn skills and techniques to help children sleep and stay asleep for longer periods. Sleepless parents of twins will find this book indispensable. *Paperback, 356 pages.*



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

Elizabeth Pantley **\$15.95**

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



## TWIN PSYCHOLOGY

### Indivisible by Two

Nancy L. Segal, PhD

**\$24.95**

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



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

Herbert L. Collier, Ph.D. **\$13.95**

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



### Twin Stories: Their Mysterious and Unique Bond

Susan Kohl

**\$13.95**

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



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

Nancy L. Segal, Ph.D. **\$18.50**

Leading twin researcher and fraternal twin, Segal sheds light on nature vs. nurture debate, shows how twins hold the keys to understanding physical and intellectual capabilities. Excellent resource for parents of twins. *Paperback, 396 pages.*



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

Nancy J. Sipes, Ph.D.  
and Janna S. Sipes, J.D.

**\$16.95**

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



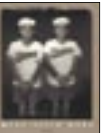
## TWIN PHOTO COLLECTIONS

### Twins

Mary Ellen Mark

**\$35.00**

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



### Little Thoughts of Love

by Anne Geddes **\$19.95**

Anne Geddes captures the magic of twins, triplets and singleton babies sleeping in the petals of roses, popping out of tuliped, nestled among feathers and cradled in a father's hands. Beautiful photography and inspiring quotes fill this gorgeous keepsake. *Hardcover, 110 pages.*



# TWINS Children's Bookshelf

### The Bobbsey Twins: Freddie and Flossie

by Laura Lee Hope

**\$3.99**

The Bobbsey Twins have long entertained children with their wide-ranging adventures. There's now a new line of early reader books for young children featuring twins Freddie and Flossie. Though they look alike, Freddie and Flossie are similar, but are also different; one is loud, one is not. Freddie likes to play fireman, Flossie likes to play store. *Paperback, 32 pages.*



### The Bobbsey Twins: Freddie and Flossie and Snap

by Laura Lee Hope

**\$3.99**

The Bobbsey Twins have long entertained children with their wide-ranging adventures. There's now a new line of early reader books for young children featuring twins Freddie and Flossie, who have a dog named Snap. The three like to play catch, until Snap decides to play chase. *Paperback, 32 pages.*



### The Bobbsey Twins: Freddie and Flossie and the Leaf Monster

by Laura Lee Hope

**\$3.99**

The Bobbsey Twins have long entertained children with their wide-ranging adventures. There's now a new line of early reader books for young children featuring twins Freddie and Flossie. While raking leaves one fine autumn day, Freddie and Flossie notice that their huge pile of leaves is shaking! Looking closely, they see eyes and a tail. Is it a monster? *Paperback, 32 pages.*



### The Bobbsey Twins: Freddie and Flossie and the Train Ride

by Laura Lee Hope

**\$3.99**

The Bobbsey Twins have long entertained children with their wide-ranging adventures. There's now a new line of early reader books for young children featuring twins Freddie and Flossie. While taking the train to Grandma's house, Freddie lets their kitten Snoop out of his box. Where's Snoop? Let the fun begin! *Paperback, 32 pages.*



### My Personal Story in ABCs

**\$11.95**

Your child will learn the letters A to Z with pictures and words. There are more than 20 places for you to write in personalized information about your child. Illustrated by Jerianne Van Dijk, the same artist for our popular *TWINS Lifetime Memory Book*. *Paperback, 32 pages.*



### A Very Special Twin Story

**\$11.95**

Your child will be delighted with the chance to play the major role in telling his or her own personal story. Illustrated by artist Jenny Campbell, this book allows your child to include important information about their lives. *Paperback, 32 pages.*



**Two for \$23.90**

### The Bobbsey Twins: Freddie and Flossie at the Beach

by Laura Lee Hope

**\$3.99**

The Bobbsey Twins have long entertained children with their wide-ranging adventures. There's now a new line of early reader books for young children featuring twins Freddie and Flossie. One day, they have fun at the beach with their dog Snap, splashing in the water, building sandcastles and playing tag. *Paperback, 32 pages.*



### Sketches From a Spy Tree

by Tracie Vaughn Zimmer,  
illustrated by Andrew Glass

**\$16.00**

Anne Marie is an artist. Hiding in the branches of Jamie Hamlin's maple tree, she draws pictures of people, places and things on her street and in her neighborhood. She also writes her story as a series of linked poems providing details about herself and her family, including twin sister Mary Anne. Author Tracie Vaughn Zimmer is a twin, as is illustrator Andrew Glass. Together, they provide a vivid portrait of a year in the life of a twin. Ages 8-12. *Hardcover, 64 pages.*



### The Twins Take Turns

by Nickole Styne-White **\$16.00**

Dennis and Derek are twin brothers. Though they look alike, they have different interests. Dennis likes to draw, while Derek likes to talk. Sometimes, these interests can lead to conflict over who gets to spend more time with their mother. Mommy has a solution to their problem, however—they should take turns as she has plenty of time and love for each. For ages 2 to 4. *Paperback, 32 pages.*



### Hello Twins

Charlotte Voake

**\$15.99**

Twins Simon and Charlotte don't look much alike nor do they like doing the same activities. Charlotte likes to build things, while Simon likes to make things fall down. Both love books, but while Simon looks at the pictures, Charlotte likes to put her own pictures in the books. They're two of a kind. *Hardcover, 32 pages.*



To place your order, call (888) 55-TWINS,  
go to [www.TwinsMagazine.com](http://www.TwinsMagazine.com) or use the order form in this issue.



## Two Times the Fun

by Beverly Cleary, illustrations by Carol Thompson

**\$11.99**



Award-winning author and mother of twins Beverly Cleary, and her delightfully entertaining stories featuring four-year-old twins Janet and Jimmy. Janet and Jimmy don't always act alike or even like the same things. Janet likes to use her imagination in playing, while Jimmy is more practical and enjoys digging holes. Janet has a collection of "thingamajigs" but they each have a dog biscuit to give to neighborhood dogs. For ages 4 to 8 or for reading to younger children. Hardcover, 96 pages.

## Sweet Jasmine, Nice Jackson

Robie H. Harris

**\$16.95**



Jasmine and Jackson are two-year-old twins and are out to explore the world. A delightful and entertaining story for young toddler-aged twins that also includes informative short sidebars with information for parents about twins. Hardcover, 40 pages.

## My Best Friend

Margie Fincher

**\$5.95**



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

## Simon Says

Diana Hamilton Geller

**\$5.95**



Firstborn Simon flaunts his seniority over, Max, who finds a new way to handle the issue. Paperback, 16 pages.

## One Was Not Enough

Lori Menning

**\$5.95**



Mama tells her 5-year-old twins she had two babies because "one was not enough." Paperback, 16 pages.

## You Can't Trick Me

Yvonne Field-Bagwell

**\$5.95**



Identical twins playfully trick friends, teachers, and even Grammy about who's who—but can never trick Mom. Paperback, 16 pages.

## Wishing on a Star

Don J. DeGennaro

**\$5.95**



As 5-year-old dizygotic twins gaze at the stars, Mom tells them of her wish every night when she saw the first bright star. Paperback, 16 pages.

## Michael's Brothers

Crystal Forsberg

**\$5.95**



Older sibling is jealous of the constant attention the twins receive, but learns to get over it. Paperback, 16 pages.

## Twenty Wiggly Toes

Cynthia Johnson

**\$5.95**



Twins wiggle 20 toes, race with four feet, clap their four hands, use 20 busy fingers and two big bedtime yawns. Paperback, 16 pages.

## One to Three

Nancy Griffin

**\$5.95**



Older sibling learns to accept twin babies. It's confusing and hard, but with time, love grows. Paperback, 16 pages.

## The Chairs Where Pam & Sam Sit

Cynthia Grannell

**\$5.95**



In the style of "This is the house that Jack built," the milk lands on the floor, the cat licks the milk, the cookie falls on the cat and so on. Paperback, 16 pages.

## Tiny Tired Twins

Elizabeth DeAmmond

**\$5.95**



Bedtime story filled with illustrations of twin animal babies, book delivers a peaceful sleepy message. Paperback, 16 pages.

## Twin Babies, Twin Babies

Joan MacNeil, Robin MacNeil

**\$5.95**



In musical rhythms of a poem, twin babies create many delights. Paperback, 16 pages.

## The Twins & the Birthday Party

Marcia Murphy

**\$5.95**

Lucy is invited to a party, but her twin isn't. Boo hoo. Then he has a special day alone with Mom. Paperback, 16 pages.

## Three is the Perfect Number

Kimberly Carey

**\$5.95**

Triplets jump rope, play restaurant, sneak cookies and give parents a big bear hug. Stimulates imagination, self-directed play. Paperback, 16 pages.

## One Baby, Two Baby, Three Baby, Four

Christi Rober

**\$5.95**

All multiples will giggle when they see quads crawling, visiting a zoo, crying, taking a bath and, finally, falling asleep. Paperback, 16 pages.

## Always Zany ABCs for Twins

Dawn Mitchell

**\$5.95**

Romp through the alphabet with playful rhymes. Great for teaching twins the ABCs. Paperback, 16 pages.

## Twinsip is in Your Heart

Stacy Dye

**\$5.95**

On a day at the park, mom poses a riddle: Can twins find other twins? Dispels twin stereotypes and teaches individuality. Paperback, 16 pages.

## Kevin and Ben

Gail S. Coleman

**\$5.95**

Identical twins see differences emerge as they get older... yet feel so lucky to have a twin. Paperback, 16 pages.

## Family Reunion

Lynn Burgess

**\$5.95**

Twins dislike having their heads patted by relatives who can't tell them apart and who always ask who is older, who is smarter. Story helps twins learn to handle adult silliness. Paperback, 16 pages.

## My, You Have Your Hands Full!

Amber Lappin

**\$5.95**

Simple rhymes tell how full life is with multiples, and what is most full is Mommy's heart. Paperback, 16 pages.

## It Takes Two

Tammie Blackburn

**\$5.95**

Twins complement each other: One draws pictures, the other writes words, but to get the whole job done, it takes two. Paperback, 16 pages.

## The Little Green House

Beth Covino

**\$5.95**

Twins introduce "our two beds, two blankets, two pillows for resting our heads." But some things differ... one likes to read, the other loves music. Paperback, 16 pages.

## Where Are the Twins?

Maegann M. Struble

**\$5.95**

The twins are playing hide-and-seek. Daddy and Mommy find their older sister, the dog, the bird and the cat, but where are the twins? Paperback, 16 pages.

## His Sister, Her Brother

Wendy Black Mancarella

**\$5.95**

Boy/girl twins have dissimilar personalities, like different foods and activities, but figure out how much they love each other. Paperback, 16 pages.

## Imagination Collaboration

Doris Goldstein

**\$5.95**

Twins turn the couch into an airplane and imagine forks and spoons having a party. Paperback, 16 pages.

## Twins Go to Bed

Ellen Weiss

**\$3.99**

Twins get ready for bedtime by brushing their teeth, getting into their pajamas and settling down for the evening. Illustrated by Sam Williams. Paperback, 24 pages.

## Twins Have a Fight

Ellen Weiss

**\$3.99**

There are new toys for the twins, but both want to play with the same one! British illustrator Sam Williams helps bring this story to life. Paperback, 24 pages.

## Twins in the Park

Ellen Weiss

**\$3.99**

Story of twins on an afternoon trip to the city park. Charming images by British illustrator Sam Williams, story tells of fun, games and discoveries. Paperback, 24 pages.

## Twins Take a Bath

Ellen Weiss

**\$3.99**

Kids splash and splash, get clean and ready for bed. Features images by British illustrator Sam Williams. Paperback, 24 pages.

## T is for Twins: An ABC Book

Mary Bond

**\$15.95**

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

## Twin to Twin

Margaret O'Hair

**\$15.95**

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## Girl Wonder and the Terrific Twins

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## My rich rewards for hanging-in-there

**M**y twins, Samantha and Marc, are now 10 months old, and it's hard to remember life before their arrival. Okay, so I do remember sleeping late on Sundays, traveling to exotic places and having late-night expensive dinners with my husband and other DINKS (double-income couples).

But now what I really enjoy is staying in on Saturday nights in my stained sweatpants, reading 'Goodnight Moon' after feeding and bathing my two little miracles.

Like many of you, I conceived my twins with the help of infertility treatments. I remember the constant feeling of sadness, that dull ache where my children ought to be. At 30, I was diagnosed with high FSH (follicle stimulating hormone, for those of you lucky enough to not be familiar with infertility jargon), which meant that the quality and quantity of my eggs were extremely poor. Even the infertility doctors were shocked. After a cancelled cycle due to my "poor response," I was encouraged to research egg donation. (Cancelled cycles occur when an infertility center sets a minimum requirement for the number of follicles that must be generated by a woman's ovaries for removal and fertilization but that minimum isn't met.)

How could this be happening to me? I was attractive, a good person, successful in my demanding career. All my life I'd been an overachiever—National Honor Society, president of clubs, a cheerleader, Phi Beta Kappa, an active member of my sorority. I even studied abroad a semester while mastering a foreign language. I landed the man of my dreams and was promoted to Vice President after only two years with a top financial services company.

Yet I felt like SUCH a failure. The one thing I wanted more than life itself—motherhood—seemed beyond my grasp. Unable to accomplish the most basic of human functions—procreation—I felt

inadequate as a woman, less than whole. I had everyone fooled, acting the part of pursuing the career fast-track, while what I longed for most was the smell of baby lotion on my hands at night, and a rocking chair in the nursery. Just watching TV commercials for diapers or baby products reduced me to uncontrollable tears. What had I done to make God mad at me? I wore guilt and shame like Hester Prynne wore the scarlet A.

As time passed, I got fed up with my own self-pity and decided to act. Perhaps being a type-A personality was actually

I wouldn't wish infertility on my worst enemy, but the experience taught me invaluable life lessons. First, don't lose hope. When you think you can't go any farther, push yourself a little more.

impeding my ability to conceive, I thought, after reading a wonderful book called "Inconceivable" by an author diagnosed with my condition.

Why not let this work for me instead? I started eating organically, took herbs, relinquished caffeine, did yoga regularly, received weekly acupuncture treatments and monthly massages, and, most importantly, sought support. A wonderful therapist specializing in infertility helped me realize my infertility was a medical condition I did not cause.

I joined an infertility support group and an online community. Talking to others who understood made a world of difference. One woman in my support group with whom I

have remained friends (now also a mom of twins) introduced me to another woman whose circumstances were extremely similar to mine—she was in her early 30s and also had mild endometriosis, small fibroids and very high FSH levels. The difference was she was pregnant! She told me about another infertility center known for taking "last resort cases" like ours.

This new center was quite a distance from my home, but I would have driven to Mars if I thought it would improve my chances of conceiving. After another failed "natural cycle," I was about to give up, but something deep inside told me to keep going. The next month, my Day-3 FSH level was the lowest it had ever been, which I took as a sign not to quit.

After a down-to-the-wire-we-were-the-last-embryo-transfer-before-the-center-closed-for-the-holidays, the blessed news we were pregnant came on New Year's Eve 2002, an absolutely wonderful ending to an absolutely horrible year. In my heart, I believe not losing faith and continuing to pray made the difference. My beloved grandfather had passed away three days before Thanksgiving, and I like to think it was he who convinced God to send me not one, but two, little angels.

I wouldn't wish infertility on my worst enemy, but the experience taught me invaluable life lessons. First, don't lose hope. When you think you can't go any farther, push yourself a little more. Second, from heartache can come intimacy. The stress of infertility can place unbelievable strain on a marriage. Fortunately, the crisis brought us closer. A terrible dancer, my husband asked me to teach him to do the salsa every night after he gave me injections. I don't think I was ever more in love with him than when he was stepping on my feet and telling me everything would be okay.

Last, I learned to unhesitatingly seek

# special reports

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support from family, friends and professionals. I did myself and my marriage a great disservice by isolating myself in my greatest time of need. Once I finally opened up to them, my “fertile myrtle” friends were incredibly compassionate and sensitive. After that first cancelled cycle at the fertility clinic, I remember my dad remaining silent but giving me the perfect hug, and getting a beautiful red rose from my younger brother who stopped by “just to see if you were okay.”

After 37 weeks of pregnancy that included gestational diabetes, severe edema, costochondritis and modified bedrest from week 20 for fear of preterm labor, my beautiful, healthy twins were born in August, 2003.

I am absolutely in love with my children, their unique personalities and their special bond. This first year has been physically exhausting and much harder than I could have ever expected, but even more rewarding too. My children have taught me to be less selfish and structured, and that what’s really important is to laugh out loud and sing silly songs for no reason at all. I’ve learned to look at everyday things with the wonder of childlike innocence.

I never, ever thought of myself as a patient person, but to my great surprise, I now am. I willingly gave up a lucrative career to stay home with my twins. I don’t want to miss a thing—not one little smile, one little step or one little story. While we certainly miss my salary, I am far richer now in ways I never could have imagined. ♡

Kim Spinelli and her husband, Rob, live in Kendall Park, N.J. Kim still loves being a SAHM with Marc and Samantha, now 3. She’s very active in her local MOMS club. She won \$1,000 from Ferring Pharmaceuticals earlier this year when she entered this essay in the company’s competition for parents who’d had fertility treatments.

## 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.*

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

**Tips and Tools for New Parents of Twins and Triplets** — When “twinshock” hits new parents, it hits hard. This report is a blessing for new parents of twins. It provides practical, encouraging advice about coping with day-to-day challenges in the midst of chaos and sleeplessness. *52 pages.*

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

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

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

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

**Multiples 7 to 12: The Middle Years** — Twins really grow up quickly. Report sheds light on parenting challenges during the twins’ elementary school years—competition, discipline, sexuality, safety, self-confidence, identity and more. *85 pages.*

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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.*

### **Multiples During the Adolescent Years**

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

### **Discipline Without Raising Your Voice**

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

# Immunization Myths

by Steven Sainsbury, M.D.

**T**he millions of lives saved since the advent of worldwide immunizations is miraculous. Whether administered to a child roaming the Serengeti Plain or the golden streets of Beverly Hills, vaccines protect all children from an expanding list of life-threatening and disabling illnesses.

Yet, amazingly, many people refuse vaccinations, putting themselves and those around them at greater risk. A growing number of presumably well-educated people in the U.S. are choosing not to have their baby twins immunized, for fear of having the immunizations themselves create terrible side-effects.

Let us debunk some immunization myths, and bare our arms for the miraculous protection offered by vaccines.

## **MYTH #1:** The immunization will give my child the disease it is designed to prevent.

It is impossible to get a disease from any vaccine made from killed bacteria or viruses, or from any vaccine made from benign "pieces" of these germs. For those few vaccines made from weakened live organisms, the risk is extremely low of developing a mild form of the disease.

This myth may have stemmed from the older polio vaccine, in which a few unvaccinated parents, or children with weakened immune systems (a miniscule 1 in over 2 million vaccinations) developed polio. A newer poliomyelitis vaccine has eliminated this risk.

Bottom line: Vaccines do NOT cause the disease they protect against.

## **MYTH #2:** Immunizations are no longer necessary because most childhood diseases have been eradicated.

Smallpox is the only disease truly eliminated from the world. No cases have been reported for many years. But all other communicable diseases covered by vaccines—measles, polio, diphtheria—are still present and active. True, for many, outbreaks are rare and occur chiefly outside the developed world.

"Why should I worry about my children if polio only occurs in Somalia and Yemen?" you may ask. Because we live in a huge melting pot of cultures and nationalities. With global travel being as easy and frequent as it is, you and your children will inevitably rub shoulders with all sorts of people, including those with communicable diseases.

## **MYTH #3:** Immunizations have dangerous side effects.

Do vaccines have side effects? Yes. Dangerous ones? Only very, very rarely. A small percentage of children may develop a temporary soreness at the site of the injection. Even fewer may come down with a fever in the first 24 hours, which resolves quickly. More serious side effects are so rare that scientists have not been able to determine the exact risk for any individual child.

The overriding fact to remember is that the risk of serious side effects from vaccines is dramatically less than the risk of the disease itself.

## **MYTH #4:** Immunizations do not always work.

What does? Nothing in medicine is a sure thing—there are too many variables to contend with. Let me ask you: Did your watch ever stop or malfunction? As a result, did you forever give up wearing a watch? I doubt it. Vaccines have been documented statistically to be 85% to 99% effective, considerably better odds than that lottery ticket you bought yesterday.

Consider the Hib (Haemophilus influenza, type b) vaccine, introduced in 1985 to combat the 20,000 infections (and 400 deaths) caused annually by these deadly bacteria. Thanks to the vaccine, Hib cases today are a rarity.

Or look at Great Britain, which cut back on use of the whooping cough vaccine in 1974. By 1978, an epidemic of over 100,000 cases resulted in 36 deaths. Other countries had similar experiences.

Immunizations do work and they save lives.

## **MYTH #5:** Immunizations cause SIDS and autism.

Detailed studies have shown that unimmunized babies are just as likely to die from SIDS (Sudden Infant Death Syndrome) as immunized kids. This myth developed because SIDS and the first set of immunizations occur in the same age group. But no cause-and-effect linkage has ever been found.

On the contrary, despite the fact that the number of recommended immunizations for children is rising, the SIDS rate is dramatically decreasing.

A 1998 report in the British medical journal *Lancet* raised the possibility that the MMR (measles, mumps, rubella) vaccine was linked to autism. This was thoroughly reviewed, and no cause and effect could be found. No one is sure what causes autism, but it seems to be a condition that begins developing before birth, not after.

## **MYTH #6:** Getting the flu is safer than receiving the flu vaccine.

Have you ever had the flu? I mean the true flu—not a cold, or bronchitis, or the slight fever-illness that so many people call the "flu". True influenza is a serious, five- to 10-day illness characterized by a high fever, dry cough, headache, and severe body aches. In the elderly, the infirm, and the very young—yes, this could mean your precious twins!—influenza can kill. Thousands succumb every year. Contracting the flu is serious business.

I practice what I preach. When it is time for immunizations, I line up to get them, and have my children line up behind me. I do not fear vaccines. On the contrary, I admire and praise them for their ability to keep my family and me safe from diseases. Now, if only someone would develop a vaccine for diaper rash. ♡

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



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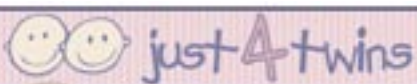


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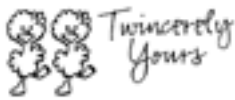
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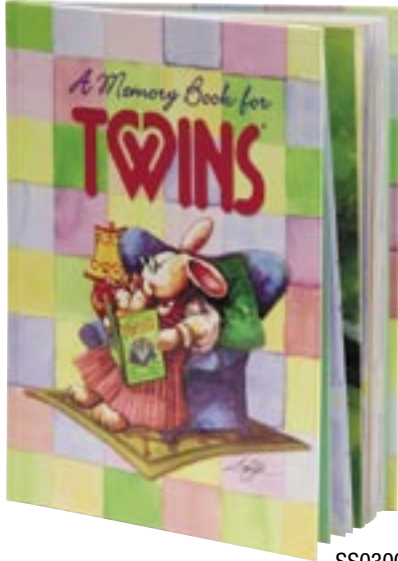
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## TWINS™ Lifetime Memory Book



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

**SS03003 \$31.95 for a set of 2 books**

Dozens more products available at [www.TwinsMagazine.com](http://www.TwinsMagazine.com)

## Growing up Twins Growth Chart

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

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Store keepsakes—artwork, cards, photos. The ultimate organizer! Decorative, roomy, accessible. Prevents clutter, mess, lost memories.

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- Personalize using fabric marker
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- When full, fold & fasten with Velcro tab

**Set of 2 \$35.00 a set**

## Twin Hearts

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



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**

**SS05003 Cards \$ 3.25 each**

## "The Twins Room" Door Hanger

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

**SS05001 \$13.95 each**



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

# Tiny Fingers and Tiny Toes

**Celebrate twins and create a lasting keepsake!**

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

**A. Fingers - SF90035 \$39.99 each**

**B. Toes - SF90036 \$39.99 each**



A. 12"-x-15"



B. 12"-x-15"



## "Discover Wildlife, Raise Twins" Ceramic Plaque

A sentiment every parent of twins can relate to! This handcrafted ceramic plaque will tickle your funny bone and keep your sense of humor charged when you most need it. Leather hanger. 5¾"H x 7¼"W.

**SF90092 \$17.99 each**

# Twice as Nice Photo Frames

These two ceramic frames from Russ Baby will look fabulous on your dresser, bookcase, shelf or fireplace mantle. The frames have glass inserts and flocked backing, each frame provides a unique opportunity to show off your twins. The Stars and Hearts frame includes spaces for two photographs to show your twins separately. The Bears and Balloons frame has room for one big photograph to show your twins together. These are beautiful, wonderful gifts to celebrate the birth of your twins for a close family member or even for yourself. Frames are individually boxed. Twice as Nice Stars and Hearts Frame is 4½" x 6" and holds two 1¾" x 2¾" photographs. Twice as Nice Bears and Balloons Frame is 8¾" x 6¾" and holds one 4" x 6" photograph.

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

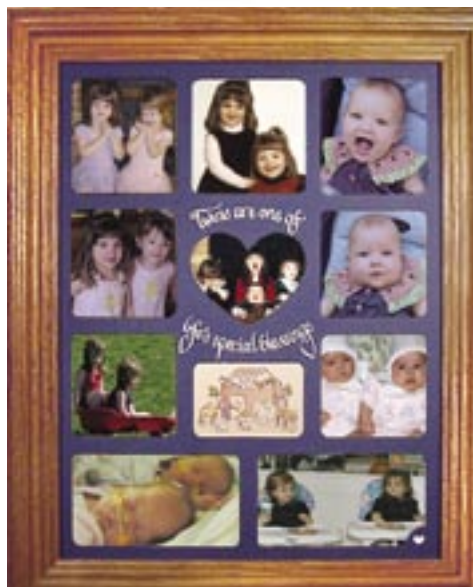
**B. SF04003 Bears and Balloons \$14.99 each**



A.



B.



10"-x-12"

## Photo Frames

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

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

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



## Personalized Twin Afghan

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

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**SF90112 \$49.99 each**

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



# 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?



« *Let me get this straight, you're a ladybug, and I'm a bee?*

**1::** Colin and Cassandra  
6½ months  
Royal Oak, Michigan



**2::** Stephen and Rosemary  
3 years  
West Des Moines, Iowa



**3::** Evan and Braden  
14 months  
Sparks, Maryland



**4::** Mackenzie and Cecelia  
2 years  
Rochester, New York



**5::** Robert and Cole  
10 months  
Orangevale, California



**6::** Luke and Rocco  
5 months  
Mastic, New York



**7::** Katelyn and Matthew  
7 months  
Antioch, Illinois



**8::** Max and Jack  
2 months  
Huntington Beach, California



**9::** Dylan and Colin  
8 months  
Princeton, Kentucky



**10::** Amelia and Rosalind  
9½ months  
Chicago, Illinois





**11::** Chloe and Sydney  
2 years  
Hamilton, New Jersey



**12::** Leeah and Aliyah  
4 years  
Montebello, California



**13::** Aaron and JohnJoseph  
20 months  
Medway, Massachusetts



**14::** Taylor and Morgan  
4 years  
Fullerton, California



**15::** Trevor and Tyler  
3½ months  
Bozeman, Montana



**16::** Elizabeth and Katherine  
6 months  
Mt. Pleasant, South Carolina



**17::** Sierra and Shayla  
8 years  
Waikoloa, Hawaii



**18::** Colton and Dana  
3 years  
Tulsa, Oklahoma



**19::** Lucia and Ian  
2½ years  
Sunland, California



**20::** Ethan and Cole  
4 years  
Jackson, Wyoming

## 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    ZD - 18    ZW - 17  
ZW - 16    ZD - 15    ZD - 14    ZD - 13  
12 - UNK    ZW - 11    ZD - 10    9 - UNK  
8 - MZ    ZD - 7    ZD - 6    5 - UNK  
4 - MZ    ZD - 3    ZD - 2    1 - MZ

*Based on parental reports*

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## Pray to play

I am the mother of 3½-year-old twins, Johnny and Courtney. Every night, before bed, we say bedtime prayers. We always end our prayers by saying, “In God’s name we pray, Amen”. One night, Courtney requested to say the prayer all by herself. When she had finished, she closed the prayer by saying, “Now, God may we play, Amen!”

Tiffany Werner  
Via e-mail

## Balloons from heaven

My father Peter was a dedicated and adoring grandfather to his twin grandsons, Ryan and Nicholas. Shortly after they turned 2, he became terminally ill. As a Registered Nurse and my father’s only daughter, I cared for my dad until he passed. Ryan and Nicholas were there beside me every day during the course of my father’s illness.

Since the day he died, every time the children acquire a helium-filled balloon, whether it’s at a birthday party or from Applebee’s, as soon as they are outside they look up to heaven and say, “Grandpa, I’m sending you another one” as they let go of the string and watch the balloon disappear into the sky.

After two years of sending balloons, one day as we left Applebee’s with balloons in hand, Ryan as usual sent his balloon up to Grandpa in heaven, but Nicholas suddenly grabbed his balloon’s string even tighter, hesitating.

He proceeded to give heaven the following lecture: “Listen, Grandpa, I’ve sent you like a hundred balloons and you have never even sent me one back. Now I’m going to send you this one, but I expect you’ll send one down, back to me.”

With that, Nicholas sent his balloon to heaven. I tried to explain it wouldn’t be possible for Grandpa to send balloons from heaven, so Nicholas wouldn’t be disappointed when he failed to receive one in return. He responded, “Yes, he will, Mommy.” That was the last I thought of it until a week later.

My brother had just bought a new car and came by the house to show it to me. As I walked out to meet him, a display of 11 balloons tied together landed at my feet on my front lawn. I knew who they were from. In disbelief, I ran into the house to give them to Nicholas!

“I told you, Mommy! I told you he would send them!” he declared triumphantly.

Ryan was crestfallen. He asked, “Mommy, why didn’t he send me any? I asked him for some in my mind.” I told Ryan the balloons were to share, and with that, left to go back outside to my brother.

A second set of balloons fell from the sky and landed at my feet as I reached my brother’s new car. You guessed it... 11 colored balloons identical to the first string.

True story.  
Kathy Dolan  
Via e-mail

## Big stinky or little stinky?

My husband and I have always used the term “stinky” when our twin daughters have a bowel movement and need a diaper change. This past July 4th weekend, our whole family, including relatives, were in Pensacola for the holiday.

My husband had gone fishing with the guys all day. When he returned, our girls went running to their Daddy with their arms spread wide, screaming “DADDY” He stopped them in their tracks by telling them, “Daddy is stinking. Don’t touch Daddy!”

Two-year-old Avery looked up at him and asked, “Daddy, you stinky?” and he replied, “Yes, Avery, Daddy is stinky.” Avery’s twin sister Morgan—not wanting to be left out—marched up to him, eyed him very seriously, and asked in her loudest voice, “Daddy, you poopy?”

Everyone present was rolling on the ground laughing as Daddy tried to explain that he was “stinky” because he smelled like fish, not “poopy.”

Angela Culbertson, mom of  
Morgan and Avery  
Biloxi, Miss.  
Via e-mail

## Crossing symbols

My 2½-year-old twins, Mary and Christopher, learned at a very young age to recognize a picture of Jesus and His crucifix. On their second birthday, I bought them a big set of blocks containing letters, numbers and mathematical symbols. When my son, Christopher, saw the plus sign, he pointed and exclaimed, “Jesus!”

Kim Schinzel, mom to two sets:  
Mary and Christopher (28 mos.);  
and Matthew and Clare (6½ mos.)  
Omaha, Neb.  
Via e-mail

## Wave bye-bye!

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

Megan, mom to Ian and Jeremy  
Via e-mail

## Chanteuse-in-training

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

2blessed  
On the TWINS™ Message Board



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Emily and Madison, 10 months

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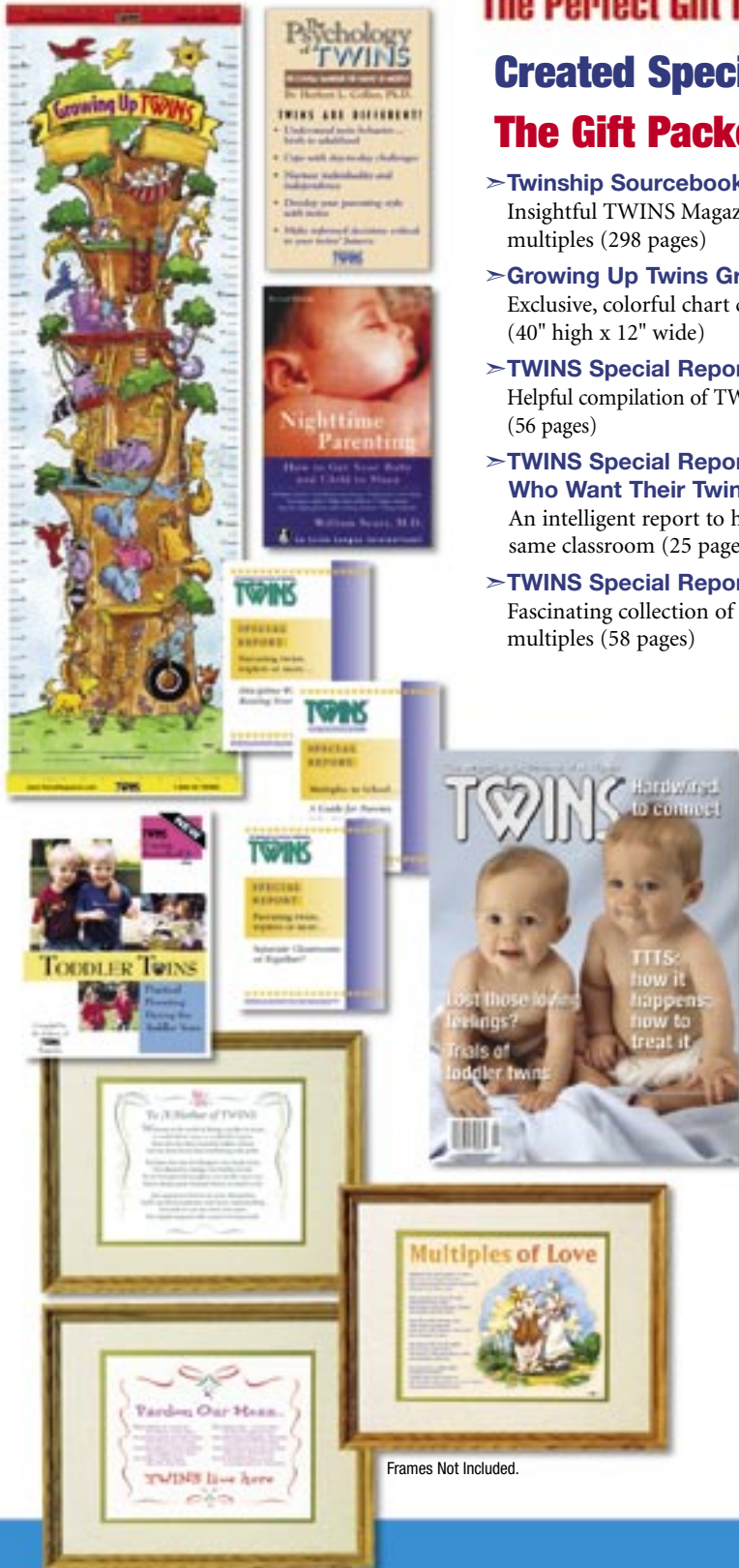
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