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TWINS™ GUIDE to the First Year

Loved by Parents of Multiples since 1984
www.TwinsMagazine.com

Founded in 1984

PUBLISHER

Donald E.L. Johnson

EDITOR-IN-CHIEF

Susan J. Alt
(303) 967-0128

twins.editor@businessword.com

ART DIRECTOR/WEBMASTER

Karyn Sader
(303) 967-0134

ADVERTISING SALES MANAGER

Susan J. Alt
susan.alt@businessword.com

CIRCULATION MANAGER

Richard Rhinehart

CUSTOMER SERVICE

Sonya Craney
(888) 55-TWINS

EDITORIAL CONSULTANTS

Thomas Bouchard Jr., Ph.D., Herbert L. Collier, Ph.D., Jessie Reynolds Groothuis, M.D., Donald Keith, M.D., Louis Keith, M.D., Patricia Malmstrom, M.A., Barry E. McNamara, Ed.D., Francine J. McNamara, M.S.W., C.S.W., Marion Meyer, Leslie Montgomery, R.N., Eileen Pearlman, Ph.D., Roger L. Rawlings, R.Ph., Nancy L. Segal, Ph.D., Harriet Simons, Ph.D., Jerry L. Wyckoff, Ph.D.

Web site:

www.TwinsMagazine.com

Owned and published by

The Business Word Inc.,

11211 E. Arapahoe Rd., Suite 101

Centennial, Colorado 80112-3851

TEL (303) 290-8500 Fax (303) 290-9025

Centennial, Colorado

Donald E.L. Johnson, Chairman

Susan J. Alt, President



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You've entered the tightly-knit community of parents with twins or more. You can support this community—and thrive in it—by subscribing to TWINS™ Magazine, your one and only authoritative source of reliable news and current information from the real experts...those who specialize in twin-issues and families with twins, including physicians, nurses, psychiatrists, psychologists, social workers, academic researchers, marriage counselors, school teachers and, most important, parents just like you who have survived boot camp and want to share their knowledge. We invite you to jump online and make enduring friends at www.TwinsMagazine.com...click on TWINS™ Message Board and register to join. You'll love it, and find it invaluable.

Together, TWINS™ Magazine and the Message Board are the best helpers you'll find during your first 5 or 6 years as a parent of twins. These two sources of solace and information are quite different—they don't just repeat each other. Each one offers unique assistance and information. The magazine delivers in-depth information; the Message Board is much more "real-world." The two are intended to supplement

and complement each other. You need them both. We proudly bring you the largest community of TWINS™ parents around the world.

Our Message Board is free of charge! We're online 24/7. As of August 2007 we had 17,154 registered members participating in 50+ different Forums containing almost 56,000 "threads." You'll be entertained, informed and uplifted by nearly 800,000 posts by parents of multiples since the Board was launched in 2003. In the Forum called "Your Twins' 1st Year" alone, you'll find nearly 139,000 posts in 11,300 threads.

When you subscribe to TWINS™ Magazine, you help support the TWINS™ Message Board. These two venues together will be your best friends for years to come!

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Tales from the trenches...How to survive!!!

You've joined the ranks of Super-MOMs...Mothers of Multiples. And you may rejoice at first, but you'll think you're losing your mind before the worst is over! You and other Super-MOMs are the Medal of Honor heroes of parenting in our society.

You'll find this year is an endurance test beyond your wildest imagining, not too different from surviving Marine boot camp. You'll experience an emotional roller coaster, euphoric and full of unutterable joy one moment, and crying your eyes out the next, because you haven't slept in days.

But time flies by in a whirl and a blur, so quickly you'll wonder where six months disappeared. You'll move as if you're encased in a thick grey fog for weeks on end. Don't despair. It's normal. Everybody goes through it.

Take a zillion pictures—you really won't recall what it was like, later on, at those moments when your twin infants cuddled together in a single crib, when one reached out to grasp the other's hand, when they first rolled toward each other smiling and burbling, when they slept nose-to-nose in a hug. Life with twin infants is magical, and different.

Legions of your peers, Super-MOMs who've survived to tell the tale, offer some dynamite advice:

■ **Take time to laugh** and giggle with your babies. Your laughter helps them and you, trumping your exhaustion and soothing your postpartum hormones.

■ **Subscribe to TWINS™** magazine...we've been told by literally hundreds of Super-Moms it's the best thing since sliced bread" and is a sanity-saver beyond compare.

■ **Participate in the** TWINS™ Magazine Message Board at www.TwinsMagazine.com. You have a specialized Forum at your disposal entitled

"Your twins' first year." Lovingly known by thousands of Super-MOMs as the TMMB, it is the perfect complement to the magazine, and links thousands of moms just like you, providing friendship and information about your twin world.

■ **Join a twins club** in your area if there is one, and make time to attend meetings. Your peers will become your best friends, and you'll find the support and advice and friendship invaluable.

■ **Recruit friends, relatives** and neighbors to help you with household tasks during your first six months with twins.

■ **Catch some quick-winks** for 5, 10 or 20 minutes whenever your babies are quiet. Become the Queen of Cat-Naps as well as a domestic goddess. A Super-MOM knows: "You need to sleep whenever your babies sleep, for heaven's sake! The washing can wait!"

■ **A DNA test is essential** if your twins are both boys or both girls. Don't believe anybody who tries to tell you they're fraternal (dizygotic) or identical (monozygotic). So-called "experts" have been wrong many times. Knowing for sure helps you figure out many things about your kids—medical, psychological, social, etc. Zygosity matters...and only a DNA test will tell you the truth.

■ **Try swaddling** when your twinies fuss and cry. Twin infants often respond well to swaddling, because they were crunched together for 9 months.

■ **Impose a schedule** on your twin infants right away if you're able. This is one time it's best not to "go with the flow" and let confused infant body-clocks rule your life. You can help them being to know day from night, when to sleep, when to eat, when to poop, when to play, when to laugh.

■ **Breastfeed your twin infants** if you possibly can. Their immune systems are so much stronger with breastmilk. You may have to pump-and-store and feed them breastmilk from a bottle. That's okay. Don't feel guilty if it doesn't work, but do give it a try at the outset.

■ **Let them sleep together** in a single crib...twinies love to be close and this can help calm them.

■ **Keep an open mind** about child-raising issues, such as ways of getting them to sleep. As cruel as you may think it is, crying-it-out will teach your twin infants to self-soothe and put themselves to sleep. The time may come when you need to try it.

■ **Buy at least one bouncer** chair. Two, if you can! You don't have enough arms to carry-and-calm two babies at once. Bouncers are lifesavers, for calming and for feeding two little mouths.

■ **Try white-noise** for jittery babies who keep waking up—vacuum cleaner, background music, air compressor. Anything works that more or less replicates loud whooshing sounds your babies heard while in utero.

■ **Set limits** and boundaries. Take charge, even if you feel ill-equipped and overwhelmed. Playpens and play-yards work well with twins to corral the little movers, especially when visiting someone else's house.

■ **Talk to your twin infants** constantly. Each baby needs to hear you speak to him or her individually, in order to learn language. Twins often experience language delays because they aren't addressed separately as much as singletons are.

■ **Keep your cool** when out in public. Develop quick but gracious, courteous replies to the bombardment of silly,



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awkward and plain-dumb questions you trigger when out-and-about with you twinfants. You'll grow sick to death of hearing "Are they twins?" or "Are they identical?" Reacting in a bristly or snappy way doesn't get you anywhere. Lighten up. Remember people are trying to be nice to you, even if they put their feet in their mouths. Being kind will make you feel better if you're tired and cranky.

■ **View each baby** as a distinctly separate person from birth. Avoid naming your kids with cutesy, alliterative or rhyming names...that and dressing them alike seduces you—and others—into viewing your two babies as one unit. This results in them feeling as if they are virtually interchangeable. Twins are very individual, even if they're so-called identical (MZ) twins.

■ **Stimulate, teach and talk.** Newborns' little brains are hard at work despite their helpless, frail appearance. Though infants sleep a lot, their knowledge expands faster during the first two years than at any other time in their lives. They need constant stimulation, learning every second they are awake, whether you're aware of it or not. Build your babies' IQs by telling them about everything that's happening. Keep the TV off!

■ **The gift of literacy** is the greatest gift you can give your twinfants—a love of books, words, and the ability to read. Literacy stems from speaking to your babies a lot, and reading little books to them even while still infants. Make it a priority to read at least one book to your babies each afternoon, and another each evening before bed. The story can be silly, rhyming, cute, sweet or have a moral to it. The words are what count.

■ **Relax. Try not to worry.** If your babies are preemies, it's only natural to fret and engage in hand-wringing. But medical technology, health care and your babies' natural resiliency are on your side. Every baby and child has his or her own internal schedule for physical and mental

development. Motor skills, language, and learning capabilities progress differently for every twin during infancy and toddlerhood. Typically, by age 5 or 6, preemies catch up completely to their peers, even if born very early and very small. So try not to sweat it.

The world you're entering—the special world of twins—is fraught with perils and unknowns, as is parenthood in general. But right now you're the luckiest person on earth. Sure, you face double the diapers and (probably more than) double the work! But your life is also filled with double the gifts, twice the love, double the smiles, twice the hugs, and double the joy.

Sure, you confront special challenges. Raising twins *is* different from raising a single-born child. Twins' behaviors and psyches are different, their force irresistible, their mischievousness and talents for getting into trouble formidable! Their antics will have you howling with laughter one minute and pulling your hair out the next.

Your methods of dealing with "the twin-team" have to be formidable, too. That's why TWINS™ Magazine exists—we know the game and we constantly speak with other parents who are the pros at this adventure. You'll find yourself identifying with every article. Our experts talk directly to you. Our specialized Nanny-advisor, for example, who writes a parent-advice column has lived with four different families that include twins—she delivers the real deal. Everything from tips on discipline to tried-and-true ways of preserving peace at the dinner table.

Super-MOMs from coast to coast read TWINS™ cover-to-cover the minute it arrives on their mailboxes. We're proud to hear from our subscribers each day.

TWINS™ Magazine has given its official "Seal of Approval" to a few exceptional products we believe represent excellent quality and value for families with twins. These select items are available through our TWINS™ Shoppe in the magazine or online, by phone or e-order.

We think "the best of the best" products to make your life better and easier include:

Weego Twin Carrier, designed and patented by the inventor of the first front-carrier baby-pack years ago. A first of its kind, already a big hit in Europe! These literally fly off our shelves. Most families buy a twin-carrier and several singles.

Dekor-Plus Diaper Disposal System—this system is very affordable, allows one-handed disposal, and offers huge (twin-size!) capacity. The Dekor overcomes major problems cited by parents of twinfants who've used other disposal products.

KiddyGuard Gate is an ingenious disappearing gate that rolls back into itself when not in use. It can be opened and closed one-handed. And it's strong enough to keep twins safe and out of trouble!

The Mountain Buggy Urban Double Stroller is a highly-maneuverable side-by-side that fits easily through standard doorways. It offers extremely high quality at a great price. This is the stroller parents of twins really love. Excellent value, a product that will last.

■ **Carry on, Super-MOM!** You're on the ride of your life, an adventure you'll never forget.

Welcome to the TWINS™ family! Let us know how your family fares. When you have questions, thoughts, ideas, or comments, write to me at twins.editor@businessword.com.



Susan Alt

EDITOR IN CHIEF

TWINFANTS

Lots of diapers! Lots of formula!



Be prepared for the worst. That is, tons of dirty diapers during Year 1 with twins. And (possibly) more formula than you ever imagined needing. Some parents of multiples (POMs)

save money by using cloth diapers most of the time, turning to disposables for convenience when out-and-about or on trips.

Even if you sign up for a local diaper service, you'll save money compared to

the cost of using disposables all the time.

Breastfeeding is best. Yet many Super-MOMs are forced for various reasons to supplement with formula, or use bottles from the start. It all depends on your babies.

If you have a warehouse-type store nearby—a Sam's Club or Costco—you'll save money by shopping there for consumables for your twins.

Here's what to expect:

Diapers—approx. 5,500 to 6,000 in the first 12 months.

Formula—approx. 3,000-4,000 oz. of powder, or 850-900 cans of liquid formula, if unable to breastfeed (this amount of powdered formula equates to 20,000 fluid oz.+ when mixed).

Suggestion: Don't race to buy diapers in quantity you deliver. Buy a box or two of Newborns, then wait until after your babies are born, when you have a better idea what type(s)/size(s) will work best. Their bodies will determine fit; some diapers fit better and are more absorbent than others. Wait, then do some trial-and-error testing. ♡



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Early Arrivals



At least half of all twins and 90% of triplets are born prematurely, that is, before 37 weeks' gestation. Preterm babies, particularly those born very early and very small, often face medical and developmental issues. The good news is multiple preemies have an advantage over preemie singletons.

In the womb, twin infants typically mature faster than singletons. Also, premature delivery and low birth weights of multiples often result from crowding in the womb and not a mother's health problem. Multiple preemies, therefore, are often better prepared for breathing and developing in the outside world, and healthier.

Even twin infants born too soon because of medical reasons are likely to grow up healthy, thanks to today's medical advances—and their parents' involvement. But learning to love and care for tiny, fragile babies takes time, patience and practice.

Bonding in bulk

Bonding with preemies can take longer. Fortunately, any nurturing you do in the nursery benefits your parent-child relationship. As your babies become more stable, ask to hold them. Resting diaper-clad babies on your bare chest with a blanket

covering you both—kangaroo care—can help create a special closeness. Continue kangaroo-ing after coming home.

Another practice gaining popularity in intensive-care nurseries is co-bedding, placing twin infants close together in a single incubator (preferably in their womb position as identified by ultrasound). Babies who are agitated immediately settle down when they're placed close together. Their heart rates stabilize, body temperatures return to normal and they usually fall asleep.

It's only natural for preemies, who by all rights should still be together in the womb, to suck on each other's hands and intertwine their limbs. If co-bedding is not possible in the NICU, ask if your babies' beds can be placed near each other.

Once home, caring for preemies can be overwhelming, making it difficult to spend one-on-one time. You may bond with them as a unit first and get to know them individually later.

Growing up healthy

A healthy full-term child can overcome a cold, but in a preemie it can lead to more serious complications. To keep your babies healthy, practice preventive care by washing your hands fre-

quently, and avoiding crowds of people (and germs). Ask your doctor about preventive vaccines. Preemies need close monitoring of their growth, nutrition and development. Have regular doctor appointments.

Developmentally, experts say most preemies catch up by age 2 or 3. Until then, evaluate your babies' milestones by their adjusted age. Children with more severe delays may take longer. Each child, including twins, develops at his own rate. Look for progress over time. If concerned, ask your pediatrician for an evaluation.

Feeding the masses

Your breast milk has nutrients designed especially for preemie twin infants, particularly antibodies that help fight infection. But breastfeeding isn't easy: Your babies may have weak sucks, they may tire easily and your milk supply may be low because of the stress of caring for more than one infant. Many mothers pump and store their milk, then begin nursing when their babies are developmentally ready. ♥

Amy E. Tracy, co-author of *Your Premature Baby and Child* (Berkley, 1999), lives in Colorado Springs, Colo., with her husband and twin sons.

Adjusted Ages For Preemies

Birth weight:	Gains per week:	Usual time to gain 7 pounds:
3 pounds	4 to 7 ounces	9 to 16 weeks
4 pounds	4 to 7 ounces	6 to 12 weeks
5 pounds	4 to 7 ounces	5 to 8 weeks

Adjusted ages provide a more accurate picture of your preemie twins' probable needs, development and maturation. When preterm multiples reach the 39-week mark, start at 0 and count from that point on to determine where they would be developmentally for the first six months of life.

Or, subtract from 39 the number of weeks

your multiples were born early. If they were born before 36 weeks, use their adjusted age for the first year of life or longer.

To encourage their development in the early weeks at home, continue the warmth and security of a womb-like environment.

At the 7-pound mark, you can begin to consider feeding on cue. Feedings aren't for

nourishment of the body only. Babies need to be cuddled and loved, held and sung to, as much as they need physical sustenance. Sometimes they cry simply because they are lonely or frightened. This new world demands major adjustments and the only form of communication babies have is to cry and hope someone will help. ♥

Cindy Carter, RN, BSN, IBCLC, ICCE, is author of *Preparing for Multiples: The Family Way*. She and her husband live in Texas and have four children, including twins, and eight grandchildren.

Searching everywhere for the greatest twin stroller?

Here's one stroller you shouldn't pass by!

Weighing only 32 pounds and measuring a slim 29 inches in width, the Urban Double Mountain Buggy has two swiveling front wheels that provide excellent maneuverability. The 12-inch air-filled tires and shock absorbers provide a smooth ride and the fully padded seats can be independently set at angles from upright to nearly horizontal. The Urban Double unfolds with a single hand, and parents will appreciate the spacious storage basket, cup holder and numerous pockets.

Here's what readers are saying about the Urban Double Mountain Buggy:

"I bought mine when my boys were 6 mos. My boys will be 3 in October and we still use it. Words cannot express how much I love this stroller. Worth every cent."

"I have had mine for a year and a half and absolutely LOVE IT. It pushes so easily through anything...sand, grass."

"The MBUD is an amazing stroller and is so incredibly easy to push. It is a side by side stroller that easily fits through doors and aisles. I also have a kiddy board attached to the back for my 2 yr old. This is a dream stroller and well worth every bit I spent on it!"

"The Mountain Buggy is so easy to use and get in and out of the vehicle. It is definitely worth the purchase!!!!!!!!!"

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

Making It Meaningful

A Basic Guide to Breastfeeding Premature Twins

by Cheryle G. Levitt

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

Take the case of one mother-to-be, Donna. While Donna is pregnant, she decides she will breastfeed her newborn, just as she did her first baby. She is feel-

ing cool and confident about the plan until one day she discovers she is carrying multiples. The issues she considers become a little more involved.

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

After careful consideration, Donna sticks with her decision to breastfeed because it is the best thing nutritionally for her babies. Then, unexpectedly,

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

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

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

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

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

A different experience

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

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

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

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

Options for feeding

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

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

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

Special formulas designed specifically for preemies are available and can be used alone or mixed with human breastmilk if the mother’s own supply is inadequate. The AAP recommends that formula be

Advantages of Breastfeeding Premature Twins

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

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

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

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

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

Source: Breastfeeding Answer Book (La Leche International, Franklin Park, IL, 2003)

Storing Breastmilk

When preemies are in the neonatal intensive care unit (NICU), before they’re able to feed orally on a regular basis, a breastfeeding mother must store her expressed milk. Some nutrients (fat, and antibodies) are thought to cling to the inside surfaces of the storage containers, whether glass, hard or soft plastic.

The container chosen should be sterile or as clean as possible. To sterilize, rinse the container with boiling water before using it. Check with a lactation consultant or NICU staff member about the appropriate container to use, because the choice depends on the age and condition of the baby. The smaller the baby, the more precise the calibrations must be on their feeders. Additionally, the sucking ability of the baby must be considered.

Freezing destroys some live cells present in the milk, but still offers the next best protection to fresh milk.

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

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

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

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

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

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

mixed with breastmilk for each feeding, rather than alternating between formula and breastmilk at feedings. Mixing the two helps ensure that the babies receive some human milk enzymes at each feeding. If necessary, human breastmilk can be fortified either by adding vitamin or mineral supplements to the milk or by using specially-prepared formula designed to be an “extra boost” rather than a substitute.

Establishing and producing a healthy supply

Milk supply is based on demand; therefore, the more often the mother expresses her breastmilk during each day, the more

milk she will produce. In addition, the sooner after birth that breastfeeding (or pumping) is initiated, the easier the process will be.

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

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

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

The choice of pump should be based on the recommendation of the hospital’s lactation consultant or nursing staff. There are several full-size electric models from which to choose; regular pumping precludes the use of manual or small,

battery-operated pumps. All NICUs have pumps as part of their standard equipment, as well as private areas for moms to relax and express their milk.

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

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

A new mother’s milk supply will often fluctuate with the babies’ conditions—increased worrying might inhibit or delay letdown of milk. Here is where the NICU staff, lactation consultant, family and friends can help ease a mother’s burdens and allow her time to talk about her fears and anxieties.

Mothers Can Get Help!

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

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

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

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

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

To find a lactation consultant in your area:

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

Coping With Hospital Personnel, Relatives. . .

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

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

How do you cope?

- Ask questions and read everything available so you can be well-informed.
- Express your intention to breastfeed early and often. Specifically request

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

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

Feeding with mom

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

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

Pumping following a feeding maintains the mother’s supply until the babies take over completely. While the babies are

learning to nurse, it is advisable to provide other feedings by tube or a supplemental nursing system (SNS) to avoid nipple confusion. Rubber nipples require a different sucking action and, if used when attempting to teach a preemie to nurse, can actually delay an infant’s adaptation to the breast by confusing the baby.

Back to basics at home

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

Sometimes, for example, even after a breastfeeding routine is established, some babies will not suck vigorously enough, gain weight properly or thrive on breast-

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

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

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

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Bottle babies

Feeding is one of the first ways you interact with your newborns. It's a time for nurturing, cuddling and getting to know each other. Babies will benefit most when you are relaxed and comfortable with the feeding method you have chosen.

For a variety of reasons, many mothers elect to bottle feed. One of your first considerations is what kind of bottles and nipples will work best for your babies. Despite the inconvenience, use glass bottles. Plastic ones contain chemicals that expose your babies to harm later in life. Select a formula with the help of your pediatrician. Today's commercial products come in ready-to-feed liquid, liquid concentrate and powdered form. Most formulas are iron-fortified.

Using bottles offers the opportunity for fathers, siblings or grandparents to feed the babies. Feeding time is the perfect time for you to talk to your babies and enjoy the closeness.



HELPFUL HINT

When twins are on different formulas, wrap a rubber band around one bottle. During night feedings or times when you are particularly tired or stressed, you won't grab the wrong bottle. For safety reasons, don't do this for an older baby who could remove the rubber band.

BOTTLE FEEDING TIPS

- Use glass bottles, not plastic ones. Never store breastmilk or formula in plastic bottle. And NEVER heat breastmilk or formula in plastic bottles! Chemicals that can be dangerous leech from the plastic into the breastmilk or formula.
- Always wash your hands before preparing formula.
- Thoroughly wash all feeding equipment.
- Carefully check expiration dates of formula.
- Refrigerate prepared bottles until you use them.
- Don't use leftover formula.
- Replace nipples that become hard or stiff.
- Hold the bottle at a 45-degree angle for a steady flow of milk.
- Don't allow babies to sleep with bottles and never prop a bottle.
- Burp after 2 ounces or when your baby becomes disinterested in continuing to feed, and then offer the bottle again.
- You may need to stop feeding one baby to burp the other. Be prepared for a screaming baby, although a pacifier may work in a pinch. Some parents briefly prop one twin's bottle while burping the other.
- Use simple charts to track eating patterns for your doctor or for planning purposes, but don't worry if your babies occasionally share a bottle.
- When babies are born early, your own breastmilk is naturally formulated for the needs of preterm infants. Formula also comes especially made for these infants. Your pediatrician will recommend such a formula, if necessary, as well as advise you on how long to provide the special formula for your babies. ♡

Pumping primer

Why you pump determines what pump you need. Having a good electric pump handy is great for mothers of twins, even if they do not work outside the home. If you want to initiate or increase supply, pump exclusively for preemies, or want to maintain supply for long absences—such as full-time work—then a hospital-grade rental pump is essential. Some mothers, however, never use their pumps because it is just as time-consuming to pump and much more enjoyable to nurse their babies. Investing in at least a good-quality hand pump is great for occasional pumping so that your babies can be fed breastmilk while you take an evening

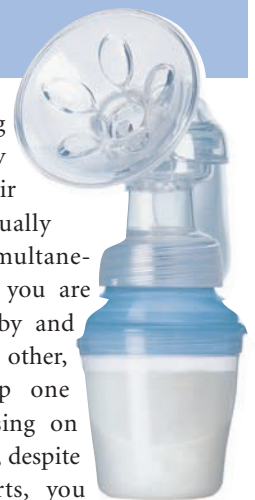
off or go run errands.

When evaluating a pump's features, look first for ease-of-use. Check out types of power sources, portability, noise level, ease of cleaning, efficiency of pump, flexibility in suction and cycling levels, and the collection system. Read reviews, ask friends and lactation consultants.

If you pump, do NOT store your breastmilk in plastic bottles. More important, never freeze breastmilk in plastic containers, or heat breastmilk in plastic containers of any kind. Dangerous chemicals can leech from the plastic into the breastmilk. Use glass containers at all times.

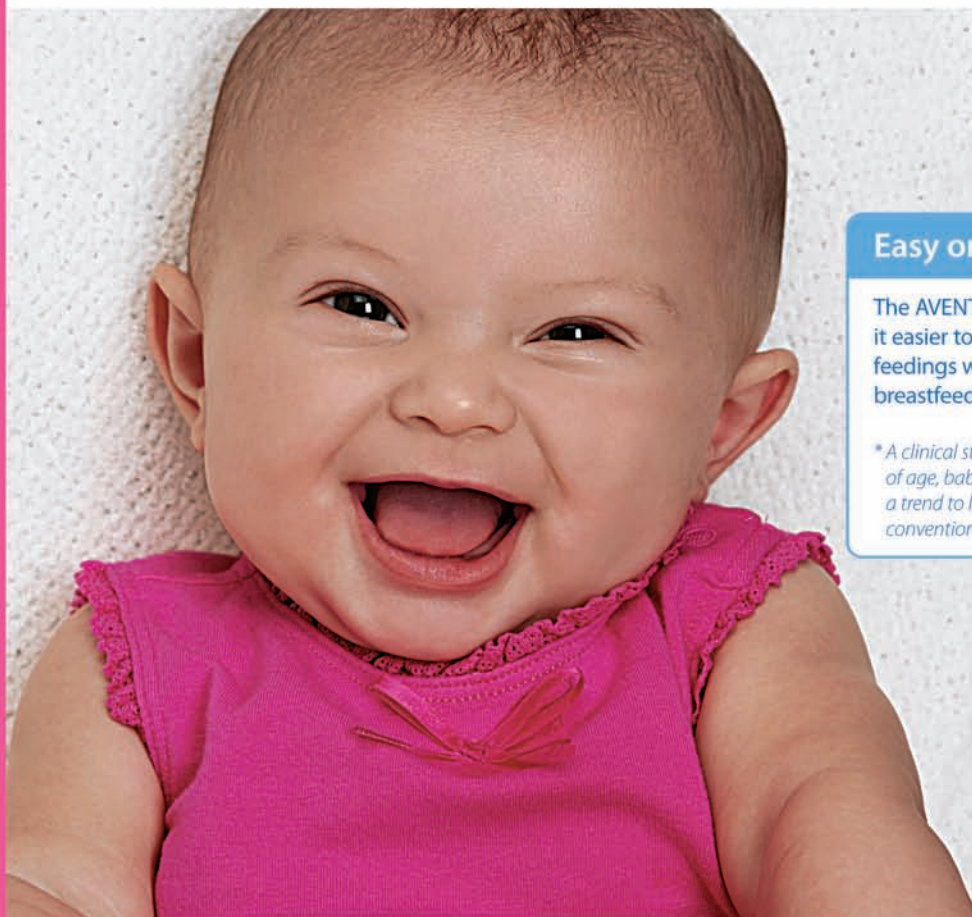
Many moms of twins prefer double-

sided pumping for efficiency and because their letdown is usually trained for simultaneous nursing. If you are nursing one baby and pumping for the other, you may pump one side while nursing on the other side. If, despite your best efforts, you have problems pumping, then it may be that all you need is a different pump. ♡



—Trina Lambert

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Getting Started: Twin Infant Layette

Do I need two of everything? The answer is no. Check out the following suggested items to get you started on building a layette for twins.



Clothing

- Diapers, cloth – 3½ dozen (+ 4 diaper covers per baby) Diapers, disposable – Newborn triplets will use about 1,000 per month; twins, 650 per month
- Baby undershirts – 6 per baby
- Onesies – 4 per baby
- Cotton one-piece outfits/sleepers – 5 per baby
- Two-piece knit outfits – 2 per baby
- Sleepers – 3 per baby
- Baby hats – 2 hospital type, 1 fancy
- Booties – 3 pairs per baby
- Sweater – as needed for climate or 2 per baby
- Washable bibs – 6 per baby

Linens

- Waterproof crib mattress cover – 1 per crib
- Quilted crib mattress pads – 2 per crib
- Rubber flannel crib pads – 2 per crib
- Crib sheets – 4 per crib
- Crib bumper pads – 1 set per crib
- Receiving blankets – 5 per baby
- Heavier blankets – 2 per baby
- Rubber flannel lap pads – 4 per baby
- Burp cloths – 12 per baby
- Baby wash cloths – 8 per baby
- Baby hooded towels – 3 per baby

Nursery Furnishings

- Bassinet (or crib)
- Crib (1 or 2; infants can co-bed until 4-6 mos.)
- Bottles, if bottlefeeding, 6–12 per baby,
- Breast pump & storage bottles, if nursing (check rentals before purchasing a pump; some pumps simply aren't strong enough, look for very strong units, also double-pumps are helpful)
- Diaper pail /disposal system
- Diaper bag(s) (backpacks?)
- Dirty clothes hamper
- Night light(s)
- Changing table – 1 will do
- Small penlights
- Baby monitor – 1 will do
- Large, upholstered rocker

Equipment

- Infant car seats – 2
- Bathtub – 1
- Bouncer seats – 1 or 2
- Head supports – 2
- Nursing pillow – 1
- Boppy pillows – 2
- Baby carriers or slings – 2
- Swings or gliders – 1 or 2
- Stroller – 1 double s-by-s
- Cordless phone
- Voicemail system or answering machine

Expressing Milk for Preemies

- Begin regular pumping within a few hours of giving birth
- Stick to a schedule of pumping every two-to-three hours (with one break at night) to build and maintain your supply (Short, frequent sessions are better than long, infrequent sessions)
- Select a quiet, private place with comfortable seating
- Take care of yourself by eating properly, drinking lots of fluids—especially water, and resting whenever you can
- Relax with deep breathing, massage, hot compresses, mental exercises and music
- Connect with your babies by keeping their pictures or objects with their scents at your side, to assist with "letdown" and milk flow
- Surround yourself with supportive family members and friends
- Ask the NICU nurses to make sure your twin infants are introduced to nursing from your breast before being given a bottle nipple
- When starting to breastfeed preemies, begin with one at a time

- Be sure to pump for a few minutes first. This not only keeps them from getting too much milk, it ensures that the milk is readily available and is the calorie-rich hind milk.

—Margann Duke, M.S., C.P.C., and Trina Lambert

Best items to buy in quantity, in advance:

- **Receiving blankets**—2 dozen should be adequate. Very versatile. You'll use them a lot, for everything. Swaddling. Covering. In car seats. In bouncers.
- **Burp cloths**—cloth diapers work fine, you'll need 3-4 dozen if not more.
- **Bibs**—several dozen should do.
- **Onesies**—better than cute outfits; have 1-2 dozen ready.
- **2-3 large fleecy blankets** for floor-time.
- **Wipes**—Lots. You can never have too many. And babies never outgrow them.
- **Bottles**—at least 12 per baby means less washing.



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THE TOP 10... Tips

for successfully breastfeeding twin infants

By Diana Tonova



1 FLOOD YOUR BRAIN with information about the benefits of breastfeeding, before your babies are born. Breastfeeding benefits your body, as well as your twin infants. Share your information, and your convictions about the value of breastfeeding, with everybody in your support network...husband, family members, friends, everyone!

2 AVOID FREE-FORMULA OFFERS. Don't put your name on any of these lists offering free formula, or sign any questionnaires about how you plan to feed your twin infants while pregnant or during your OB/Gyn visits. These are just the formula companies' way of roping you into formula-feeding.

3 DON'T HAVE FORMULA AT HOME or on-hand in the hospital. When you're tired or not able to communicate well, a thoughtful husband or mother (in-law?) might decide to spare you the effort and take it on themselves to formula-feed your twin infant(s). Don't create the temptation.

4 NURSE ON DEMAND, even in the middle of the night. Ignore people who brag about how their babies adapt to a schedule quickly. None of it matters to you. "Easy" babies are often those put on bottles of cow's milk right away, which is hard on their little digestive systems and doesn't build immunities. Breastmilk is "totally biocompatible" with babies' bodies, and is digested, assimilated and absorbed very quickly and efficiently, as opposed to anything else.

5 TRY TO STAY HOME with your twin infants as long as possible before returning to work.

6 STAND FIRM IN YOUR DECISION to breast-feed your babies, even if you return to work. Nurse immediately before leaving the house, and again immediately upon returning home. Pump during any "missed" feeding times. Have a good quality pump...I always recommend Medela's 'Pump in Style'.

7 PLAN TO BREASTFEED FOR ONE YEAR at least. This is the current recommendation of the American Academy of Pediatrics. The World Health Organization suggests two years. Ignore the pressure to quit early. Some women nurse their babies into toddlerhood, and that is fine. Do what makes you and your babies healthy and happy. Babies are just that—babies—for a long time.

8 CREATE A SUPPORT NETWORK of like-minded moms who believe in breastfeeding. For me, it was the breastfeeding support group at the hospital. You might have to scout a bit or recruit at the local park. Meet regularly.

9 TRIM YOUR TWINFANTS' FINGERNAILS good and short, and frequently. This may sound silly, but babies' nails seem to grow at lightning speed; you may sometimes feel as if you're bonding with a baby raccoon or cheetah. I learned to not be lazy with the clippers, enlisting my husband's help to clip as soon as I noticed nail growth anywhere near tips of tiny fingers. There's nothing more annoying than nursing a baby whose long nails are digging into your areola.

10 ASK FOR HELP if and when you need it. Don't be afraid or reluctant. Breastfeeding may be the best and most natural way to feed your twin infants, but it doesn't always "come naturally." Breastfeeding is a learned skill—getting a baby to latch-on properly, dealing with inverted nipples, nipple-pain, and so on. It's always something. You aren't expected to suffer in silence when it comes to nursing. Find a resource: LaLeche League, other nursing mothers, your hospital, support groups, online advisors, local lactation consultants. ♡

Diana Tonova is is mom of four, including twin daughters. She owns and operates Earthy Birthy Mama—natural products for mothers and babies (cloth diapers, slings, breastfeeding support products toys, etc.) www.EarthyBirthyMama.com

"I never could have made it without..."

TWINS™ Magazine asked TWINS™ Message Board members to recall the first year with their twins and complete the statement, "I never could have made it without..." Of the hundreds of replies, the most frequent and most important...No. 1...was a "DH," darling—or dear—husband! No. 2 was "TWINS™ Magazine!" A sampling of quotable replies:

● Two bouncer seats, "Transitions" CD of sounds from the womb, advice from experienced mothers of twins, meals from co-workers, and the love and support of family and friends.

Alicia

● My mom, who lives 70 miles away and only went home on the weekends; couldn't have made it without her love and support.

Trish

● "Fathers Lullaby's" CD, bath seats, snap-on car seat covers so babies would not get cold and I wouldn't lose the blankets, meals cooked for us by friends even once a week, crockpot to thaw breastmilk quickly.

Carol

● A wonderful and very helpful older daughter, an encouraging grandma, infant bathtub, a double stroller, baby monitor, two floor gyms, two bouncer seats, one cradle, pacifiers, two swings.

Angie

● Two swings, my mom, disposable diapers, pacifiers, two Exersaucers, a double stroller, my mother-in-law, my rocker-recliner, those who provided huge wardrobes to my babies, and the TWINS™ Magazine Message Board.

Tiffany

● My dh, my sister's advice, this board, naps, bouncer seats, restaurants, a double stroller, friend who cleaned house for us, Tiny Love animals and the Gymini play mat.

Laurie

● My dh; two bouncer chairs; a stockpile of disposable diapers; a wipe warmer; dishwasher; swing; Exersaucers; a double stroller; take-out food; my best friend Lori who gave me love, support and lots of hand-me-downs; Baby Einstein videos.

Jennifer

● The TWINS™ Message Board, two battery-operated swings, sea waves nature sounds machine, crockpot, Hamburger Helper, hot showers at 3 a.m. to unwind, Mountain Dew, my dh, my warped sense of humor, vibrating bouncer seats.

Beth

● The TWINS™ Bookshelf, where I bought my twin parenting bibles.

Lisa

To read more replies, visit the TWINS™ Message Board at www.TwinsMagazine.com

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NICU Primer



When newborn multiples need medical intervention, they are generally transferred to the neonatal intensive care unit. A health-care team comprised of neonatologists, neonatal nurses, pediatricians, pediatric surgeons, pediatric resident physicians and neonatal respiratory therapists will be caring for your infants. Additional resources are provided by social services and pastoral counseling. Here are some issues parents encounter when infants require a stay in the NICU.

Bonding. Physical and visual contact are very important in establishing a lasting attachment to your infants. When bonding is delayed, it can be “made up” through hands-on parenting in the NICU.

Therapeutic handling. Proper handling of tiny babies can enhance and encourage relaxation, improve digestion, facilitate the development of head control and more. The staff will guide parents in proper techniques.

Kangaroo care. This places the infant skin-to-skin with the parent. The baby sees, hears, smells and touches his parent while his temperature is monitored on a regular basis. Studies indicate this technique may lower infection rates and hasten discharge times.

Nutrition. Feeding can be a complex challenge with high-risk infants. Depending on weight and condition, NICU infants may require intravenous, tube feedings (stomach or nasal) to provide sufficient caloric intake.

Weight gain. Feedings, by any method, must begin as soon as possible. Babies are weighed daily, and more often, if they have fluid imbalances.

Temperature control. A constant temperature is necessary for survival and is handled aggressively in the NICU.

Oxygen therapy. When infants are on oxygen, they are monitored very closely, administered blood tests and may require continuous readings, including transcutaneous monitoring or pulse oximetry. These methods measure babies’ levels of oxygen saturation in the blood.

Pain management. By 24 weeks’ gestation, the body processes that allow painful impulses to be transmitted are completed.

Medication and non-pharmacological measures, such as comfort measures and positioning, can help manage pain.

Monitors and machines. The electronic eyes of the NICU watch heart rate, blood pressure and breathing, as well as equipment function. Never to take the place of constant attention, monitors are necessary but should be viewed only as part of the landscape.

Ultrasound. Ultrasound is a non-invasive, fast, painless diagnostic tool used to investigate clinical problems.

Ventilators. The use of ventilators revolutionized the NICU. They provide oxygen and assistance with breathing or may actually breathe for the baby. A tube is placed in the baby’s nose or mouth, or through the trachea (windpipe). ♡

—Cheryle G. Levitt, R.N., M.S.N.

Co-bedding in the NICU

For twins, there is a natural attachment and only a sibling’s presence can provide substantial comfort and security. Co-bedding can offer incredible stress-reducing therapy in times of crisis. Some observed benefits to co-bedding include:

- Better heart rate and lower oxygen requirements
- Co-regulation of vital signs and body temperature
- Improved physical growth and motor development
- Shorter length of hospital stay
- Decreased hospital readmissions
- Enhanced parent-infant bonding
- Easier transition to home

More NICU articles

TWINS Magazine publishes many stories on life in the NICU and preemie twins. Among them are:

- “23-week twins Georgia state record,” by Clay Owens, Special Miracles, July/August 2004
- “Easing the Pain of Tiny Patients,” by Sheree Geyer, March/April 2002
- “The Emotional Toll of Premies,” by Jennifer Reising, July/August 2003

To download copies of these and other stories, visit www.TwinsMagazine.com

HELP!

I NEED SOMEBODY



Being prepared has been called the key to success. And having twins or triplets means needing to be doubly or triply prepared...for sleepless nights, for endless diaper changes and feedings, for bottomless laundry baskets.

Even if you've had other children, caring for twin infants will be more demanding and quite different than you ever dreamed. So, act now! Find some reliable helpers to take a bit of the burden off you during the first six months. After that, you'll be okay.

Estimates of the time needed to care for newborn twins have ranged from 120 to 175 hours a week. And triplets? Upwards of 180 hours a week.

But—and this is a BIG but—there are only 168 hours in a full week.

If you'll need, say, 135 or 140 hours a week to diaper, feed, bathe and rock/hold/nurture your babies, you'll be left with fewer than 30 hours or so to wash laundry, prepare bottles, shop and cook, and fold clothes—to say nothing of sleep, go to the bathroom, shower and comb your hair. Even if all that time went for sleep, you'd only be getting four measly hours a night (or day?). Experience has taught us not many of those 30 leftover-hours will be available for sleep. ♡

STEPS TO TAKE

- Investigate enlisting a nanny, postpartum doula, or volunteer every day for 2-5 hours for a minimum of two months to help out (volunteers can come from your church, your workplace, organizations you belong to, a neighborhood teen).
- Set up a schedule of times volunteers are arriving, by the hour, so you'll know who is coming and what they're being assigned to do. Post this in an obvious place.
- Become a good delegator—assign specific tasks to specific people. Your volunteers will be most effective if they are carrying out the same tasks each time they visit your house. Once you assign the task, let go—don't micromanage or try to be in control of everything.

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Welcome Home

Bringing home twins marks the start of a new lifestyle... full of questions, challenges and joy.

When you first gaze upon your newborns' faces, you see the most beautiful, wonderfully made miracles in the world. They've spent months preparing for their debut. Researchers now know that brain development begins in utero. Before birth, babies are sensitive to light, sounds and temperature changes—and they've been sucking their thumbs for weeks. Even the twin bond begins in utero. Ultrasounds have shown them with limbs entwined, hugging each other in the womb.

Caring for twins in the first days can be perplexing, exhausting and stressful. It's "twinshock."

Your postpartum plan

Develop a postpartum plan in writing. Think of contingencies and alternative solutions. In the fog of sleep-deprivation and the bliss of motherhood, an unwelcome surprise can be difficult to manage. In her book, *Mothering the New Mother* (Newmarket Press, 2000), Sally Placksin suggests having a list of phone numbers on hand postpartum: a lactation consultant, new parents' support group, housecleaner, friends and neighbors who have offered to help.

Clean and organize

Do as much as you can in advance of the births to reduce household workload. Freeze meals—casseroles are good. Other easy meals: salads, soups, sandwiches or pancakes for dinner. Have your local grocery and restaurant delivery phone numbers handy.

Along with baby gifts, ask for meals for your freezer or a gift certificate for

housecleaning, postpartum massages, or donations for a doula.

Stock up on nonperishables: paper plates, cups, plastic utensils for a break from dishwashing.

Lower your housecleaning standards postpartum. Getting rest and cuddling / nurturing twin infants are priorities.

Clean out clutter. Organize your house so items are near where you use them. Use a laundry system that allows you to sort dirty clothes when you take them off.

Wash new baby clothes in advance (they can contain chemicals that irritate baby's skin), but don't wash everything. You probably have more cute outfits than your babies will ever wear, so set some aside to exchange for bigger sizes or store credit (leave the tags on!).

Set up diaper-changing and baby-feeding areas on every floor of your house so you're not running up and down stairs all day. Each area needs burp cloths, a water bottle, breastfeeding pillow for nursing moms, books, a journal and whatever "comforts" you need while feeding babies.

Tasks volunteers can do

- Wash / sterilize bottles & feeding implements
- Feed babies—especially night / early-morning shifts
- Bathe babies
- Play with / bathe older children
- Do grocery shopping
- Prepare meals
- Wash dishes, clean kitchen
- Clean the house
- Take older children to school
- Run errands
- Wash laundry, fold clothes
- Watch babies while you rest
- Help take babies to doctor

Plan to sleep

Don't underestimate the power of sleep deprivation. Feeding and caring for twin infants is an around-the-clock job. Newborns eat every two to three hours, yet adults need a seven- to nine-hour stretch of sleep to function well.

Sleep deprivation increases your levels of cortisol, a stress hormone. This can lead to feelings of hopelessness and a shorter fuse. Sleep whenever your babies do! It's crucial. You may have a hundred things to do, but your body needs rest to make up for lack of night sleep. This is especially important for your recovery from childbirth. Ask others to come over and watch your babies while you nap.

Once breastfeeding is well established or if you are formula-feeding, consider letting someone else handle some nighttime feedings. Start looking for ways each parent can get at least five-hour chunks of sleep—the amount required to get your body into a restful state. Maybe you and your partner can split the night in half. Some couples even trade off whole nights. Sure, when it's your night it's exhausting, but at least you know that half the time you'll get a full night's sleep.

Limit Visitors

Spread out visitors as much as possible. Maybe dad is home for two weeks to help and, after that, grandma comes. It's okay to set time limits on visits or say you won't be seeing visitors at all until after a certain number of weeks. Answering the door in your bathrobe also gets the message across quickly that you're too tired for socializing. Your postpartum experience is yours—do what's best for your family so you have a wonderful 'babymoon.' ♡

Melanie Bowden lives in the Salt Lake City area where she is a lactation consultant to mothers of multiples.



CHRISTOPHER AND MARINA, AGE 12 WEEKS

Tummy Time

Placing sleeping babies on their backs is best, but leaving twin infants on their backs too much while they're awake may hinder physical development. Don't worry about tummy time for the first month or so, when babies sleep most of the time. After that, doctors recommend 2- to 6-month-olds spend at least 20 minutes, 3 times a day, on their tummies to compensate for sleeping time spent on their backs. "Tummy time strengthens a

baby's neck, trunk and limb muscles needed to lift the head and eventually crawl," says Marjory Hogan, MD, Hennepin County (MN) Medical Center. While your twin infants are on their tummies, get on yours. Crawl between them. Encourage them to turn their heads toward the sound of your voice. They'll get a great workout and you'll get quality time with two at once. ♡

Swaddle Me, Mommy!

Many parents swaddle their twin infants for sleeping from the time they bring their babies home, especially for about 3 to 4 months. Newborns, particularly preemies, love being swaddled and sleep better if they're wrapped fairly tightly, arms and all. Swaddling soothes colicky twin infants uncomfortable feeling air on skin, or when moving hands, legs and arms too freely. Swaddling replicates the warmth and tightness of the womb environment.

Twins are especially receptive to swaddling because they were packed together very tightly in the womb, which may explain why they might be more colicky and sleepless after delivery. Once babies start wiggling and moving around in their crib, at 4- to 6- months of age, swaddling is less successful.

Some parents recommend using stretch flannel or stretch fleece receiving blankets as swaddles. (You can find booklets and videos that instruct on how to swaddle babies.)

Blankets made especially for swaddling sometimes have Velcro fasteners to keep babies snugly wrapped. The cost of swaddling blankets ranges from very low (\$8.99 or so) to a high around \$30 for several brands with Velcro closures. Some highly recommended swaddling products include Miracle Blanket (abt. \$29.95); Swaddleeze (abt. \$24.95); Loving Baby (abt. \$24.95) and Natural Baby (abt. \$18). ♡



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monthly milestones

Month 1

Head flops back if unsupported | Strong reflex jerkiness | Roots to breast | Grasps rattle or finger briefly | Startles unexpectedly (Moro reflex) | "Molds" to person holding baby | Focuses on face within 6 inches | Makes eye contact | Sees large black & white patterns | Prefers human face to other patterns | Cries for assistance | Turns head toward familiar sounds, voices

Month 2

Lifts head at 45 degrees | Holds object for few seconds | Focuses on objects several feet away | Batshands at objects | Smiles at familiar sounds, voices, faces | Soothes self with sucking | Shows anticipation, excitement | Coos and gurgles when happy | Begins to recognize voices, faces, objects

Month 3

Raises head, chest when lying on tummy | Tracks moving objects side-to-side | Puts both hands together | Laughs, squeals at play; cries when play stops | Distinguishes parents and familiar faces | Follows moving objects with eyes | Studies own hands, feet | Sees colors

Month 4

Lifts head to 90 degrees | Supports upper body with arms briefly when on tummy | Rolls over one way | Grasps rattle or slim objects | Smiles at reflection in mirror | More able to self-soothe | Smiles and gurgles to gain attention | Makes consonant sounds | Reaches for objects | Responds to music | Begins to display memory

Month 5

Holds head steady when sitting or held | Guides dangling toys to mouth | Sucks toes | Holds bottle w/ 1 or both hands | Vocalizes more to gain attention | Responds to others' emotions | Imitates sounds: vowels and consonants | Seeks fallen objects, reaches for objects | Curious about new environments | Protests if toy is taken away

Month 6

Bears some weight on legs when held | Turns head in both directions | "Swims" & pushes when on tummy | Wants to feed self, play with food | Expresses pleasure and displeasure | Shows anxiety at separating from mom | Reacts negatively to strangers | Recognizes own name | Combines sounds | Studies, compares objects | Twists & turns in all directions



NICHOLAS AND ABBY, 2 MONTHS



BLAKE AND ANNA, 6 MONTHS

Month 7

Sits without support | Rolls over in both directions
Rocks on hands and knees | May crawl, forward or backward | Balances head well | Eats a cracker without being fed | Shows sense of humor | Demonstrates social-orientation
Says "Mama" and "Dada" | Waves bye-bye

Month 8

Sits alone and plays by self | Pursues & picks up objects | Crawls forward or backward | Pulls self up on tables, chairs | Stands while holding onto something
Demands attention | Pushes away unwanted objects such as toys and food | Smiles at own image in mirror | Claps hands, plays patty-cake
Recalls events, out-of-sight people, objects

Month 9

Pulls to sitting position from stomach | Pulls to standing from sitting | Begins to climb | Cries simply because twin is crying | Passes toy from one hand to the other | Eats finger foods | Likes to perform for an audience | Wants to play near mother/father | Uses objects (telephone, hairbrush, spoon) appropriately
Locates lost or hidden objects easily | Gets bored with repetition of same game or activity | Begins to evaluate people's moods | Performs for an audience and will repeat the act if applauded

Month 10

Walks around furniture | Sits in upright position | Carries objects in one hand | Dances to music | Plays peek-a-boo | Enjoys social interaction, attention | Becomes very self-aware | Displays moods | Babbles & chatters
Points to nose, mouth, ears on request | Likes to roll ball back to you, toss objects | Imitates gestures, face expressions, sounds | Understands meaning of "no"
Follows simple instructions, commands | Curious, wants to discover contents of drawers, cabinets, purses, boxes

Month 11

Becomes well-balanced | Squats and stoops | Stands on tiptoes | Sits intentionally without falling | Tastes, chews everything | Fits small objects inside larger ones
Expresses wants w/ gestures & sounds | Pulls off socks, unties shoes | Seeks approval, shows stubbornness
Helps dress self | Describes objects, people, places | Drinks from a cup w/o assistance | Links words with objects, places | Recognizes & learns sexual identity

Month 12

Crawls up & down stairs | Stands alone | May try to walk | May climb out of crib, highchair | Shows affection to favorite people, toys | Demonstrates needs w/o crying | Resists napping | Throws temper tantrums | May become picky eater | Imitates words | Identifies animals, objects, colors in picture books | Turns pages of books (sometimes in clumps) | Recalls objects, people for longer times



FAITH AND CHARITY, 7 MONTHS



NICHOLAS AND ABBY, 12 MONTHS

The early days



Fontanelles. All babies have two soft spots on their heads—one near the crown and a smaller one toward the back—that are covered with a tough membrane. The smaller soft spot closes by 4 months and the larger one by 18 months as the bones knit together.

Forceps marks. When forceps are used in a delivery, they leave marks that should disappear after a few days.

Umbilical cords. The stump usually falls off within 3 weeks. Sponge-bathe your babies until then. Alert a pediatrician if you see pus or redness at the base of the cord.

Thumb-sucking. Almost all newborns suck their thumbs or clenched fists, but it is simply by accident until they are about 2 months old.

Crying. Babies cry—it's the way they communicate. Babies cry for a reason, and it's not always hunger. Because they have immature temperature regulators, they may need to be swaddled in a blanket or have some clothes removed. Or the crying itself may startle your infant, causing him to step up the crying. Twins can startle each other, and the chorus escalates until you calm them. (You'll come to recognize each twin's individual style.) To break the crying cycle, firmly hold an arm or leg until your baby settles down. You cannot spoil an infant with too much holding or too much attention. Don't try to maintain a library-like hush in your home. Let your twins become accustomed to noise and each other's crying so that they will sleep more soundly later.

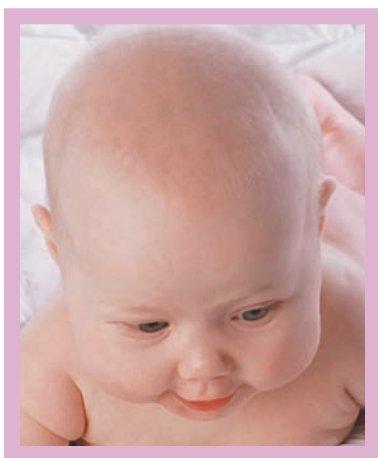
Weight loss. Your baby's birth weight includes excess body fluid that is lost during the first few days. Most babies lose about one-tenth of their birth weight in the first 5 days and regain it within the next 5. Newborns typically gain an average of about

two-thirds of an ounce a day. At about 7 to 10 days they have their first growth spurt.

Jerks and reflexes. The most obvious reflexes in infants are rooting, sucking and bringing their fists to their mouths. They also have certain reflex postures and grasps that they outgrow by the age of 1 year. Jerky movements are normal and gradually evolve over the first month or so to become swimming- or cycling-like motions.

Time for attachment. Bonding at birth is not as critical as once believed. The attachment relationship progresses along with an infant's development of the senses, emotions and intelligence. Although your twins will snuggle with just about anyone who picks them up during the first month, they can identify your voice. Twin infants often like to be together in one crib for several months. They touch, hug and snuggle together. Infant twins observed at the Louisville Twin Study program led researchers to believe that being a twin may buffer the type and degree of upset infants feel when their mother leaves. Clearly, infant twins provide support to each other. Twin infants often differ from each other in their reactions to their mother's departure and return.

Immunizations. An easy and inexpensive way to make shots less painful: Hold your babies. Infants receiving their 2-month immunizations who were given a bottle containing sugar-water 2 minutes before injections, then held by a parent and given a bottle or pacifier during the injections cried far less than infants placed on an examination table for injections. ♡



CRADLE CAP: *Mild solutions*

Two forms of the common, non-contagious skin condition eczema that affects more than 5 million children in America are Infantile Seborrheic Dermatitis (cradle cap) and Atopic Dermatitis. According to Dr. Marta

by red, flaky skin, this non-hereditary condition does not cause itching.

Atopic dermatitis, on the other hand, is believed to be hereditary and is linked with asthma and hayfever. It manifests itself over the child's entire body as small, oozing blisters and thickening or scaling of the skin with severe itching. The condition may worsen when children scratch their skin with dirty fingernails.

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

Rendon, a dermatologist with the Cleveland Clinic Florida, cradle cap primarily affects babies under 1 year of age and, although noninfectious, can spread quickly from the scalp to other parts of the body, especially the face and neck. Although characterized

To pacify... or not?

The World Health Organization discourages the use of pacifiers, based on the belief that they interfere with successful breastfeeding.

North American studies indicate pacifier use—especially with very young infants—may indirectly interfere with continued and exclusive breastfeeding. In these studies, women who introduced a pacifier to babies in their first 4 weeks of life tended to breastfeed less frequently, perhaps because babies with pacifiers demanded feeding less often. As a result, these mothers reported having more breastfeeding problems as feedings decreased. Shortened breastfeeding periods were also thought to be a consequence of less-frequent feeding.


One study also concluded a pacifier is no more effective in calming a fussy infant than rocking, holding or breastfeeding. If you're breastfeeding, you may want to hold off on offering pacifiers to your twin infants in the first month. If, after they are 4 weeks old, your babies need to suck for substantially longer than your normal nursing time, a pacifier—or their hands or thumbs—may help. But never use a pacifier to placate a hungry baby so that you can delay feeding, at any age.

If you use pacifiers, be safe. Look for a one-piece pacifier with a soft nipple and a shield at least 1¼ inches wide made of firm plastic containing air holes. (Do not use a nipple from a baby bottle as a pacifier. If the baby sucks hard, the nipple can pop out of its ring and choke an infant.)

Never tie a pacifier around a baby's neck or hand, or to a crib. This can create a serious risk of injury or death. ♥


Twin Tips—Maintaining Healthy TwinSkin:

- Use unscented, hypo-allergenic baby moisturizer, if any. Babies' skin is filled with moisture and moisturizer isn't really needed.
- Hot water dries the skin. Warm or tepid water is best.
- Avoid harsh soaps that remove oils from the skin. Opt instead for a mild soap with a moisturizer.
- Pat skin dry after washing; don't rub.
- Double rinse machine-washed clothing and bedding. Avoid fabric softeners, which may irritate skin.
- 100% cotton clothing, bedding and towels are best.
- Clip and clean your twins' fingernails frequently.




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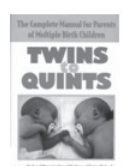
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Sleeping through the night

Sleeping through the night is believed to be closely related to biological maturation of a baby's central nervous system. The body's hypothalamus acts as control center, regulating a number of biological processes including cycles of sleep and wakefulness. Infants who have endured problems during pregnancy or delivery—or who are born prematurely—may be delayed in this maturing process.

A study of infant twins indicated that sizeable birth weight differences (more than 1 pound) between twin pairs would mean the smaller twin at birth would have more sleeping problems, including repeatedly waking up at night. When twins are premature, parents might expect night awakenings of one or both twin infants to occur into late infancy.

Individual babies seem to develop their own pattern of sleep, both frequency and duration. Evidence suggests these individual patterns are influenced by genes because patterns for identical twin pairs are more similar than those for fraternal twin pairs.

Nonetheless, some identical twin pairs differ significantly in their nightly sleep patterns. Hence, factors other than genetics clearly contribute to the development of sleeping through the night. Recent



MIA AND AVA, 2 MONTHS

information suggests sleeping habits in the first 6 months of life are inherent in each infant's individual style of behavior. Studies have actually ruled out age, being bottle- or breastfed, feeding schedules, introduction of solid foods, teething, length of naps or sleeping positions as factors accounting for infant sleep styles.

During the first few months of life, an infant sleeps about 16 out of every 24 hours, but the stages of sleep—deep (rapid eye movement—REM) sleep versus quiet (non-REM) sleep—can be blurred. The shift from non-REM to REM sleep is not seamless and involves a period of arousal at the point of transition. Just after birth and for the first weeks, babies don't know day from night. By about 3 months for full-term infants, or about 6 months for premature infants,

the stages become more clearly delineated and synchronized with night as their nervous systems mature. At this point, babies begin to sleep through the night.

A sleep-inducing environment

Research has shown positive effects for newborn twins placed in the same incubator or crib (co-bedding). During their first weeks of life, your twin infants may be comforted by sleeping together. As they get bigger and more active, you will have to decide if they may sleep better in their own cribs. ♡

Contributors include Richard Leonard, MD, FAAP, of Phoenix, AZ, pediatrician and father of twin girls, and Adam P. Matheny Jr., PhD, professor of pediatrics, University of Louisville School of Medicine, Louisville, KY. He is retired director of the famous Louisville Twin Study.

Sleep guide

During your first year with twins, you may find yourself exclaiming that your neighbor's baby takes two long naps during the day and sleeps through the entire night. Before you become too envious, remind yourself—all babies are different. Avoid the trap of comparing your twin infants to singletons. Remember, your twins might be getting more sleep than you think, just not at the same times as each other.

Here's a chart providing an overview of sleeping patterns and hours of sleep per day for babies. ♡

	Total Hours Spent Napping	Number of Naps	Nighttime Hours	Total Hours Sleeping per Day
Newborn	Sleeps in 2-3 hour increments for a total of 16-18 hours per day			
1 month	6-7	3	8-10	15-16
3 month	6	3	9	15
6 months	4	2	10-11	14-15
9 months	2-3	2	11-12	14
12 months	2-3	1-2	11-12	13-14

—Kelly Woods, LPN

Colic is probably caused by an immature digestive and/or central nervous system. As many as 1 in 4 twin infants younger than 3 months develop colic at some point in their first 6 months. Crying jags may continue for three hours or more, and may occur three or four times a week. Don't lose hope. Colic is a passing phase. It won't affect your babies' long-term health, either.

Babies who cry because of colic don't experience any more pain than those without colic, so don't worry your babies are suffering if colicky. Colicky crying is fairly normal. Babies are hardwired to cry, and some babies are hardwired to do colicky crying. Colicky crying usually tapers off after 8 weeks, disappearing by about 6 months. In the meantime, try these steps:

Change your diet. If breastfeeding, avoid foods that can create gassiness (dairy, beans, onion, caffeine, cabbage, chocolate) or switch to hypoallergenic formula if twin infants are bottle-fed.

Waiting periods. Try waiting at least 2½ hours between feedings, and limit each feeding to 30 minutes. This might help calm the system. Feed your babies in a calm, quiet spot. This often helps your twins sleep longer and cry less.

Swaddle. Flailing arms and legs can start a crying jag. Swaddling



MICHAEL AND MATTHEW, AGE 3 MONTHS

Coping With Colic

works. Wrap a fussy twin infant in a swaddling blanket to replicate the sensation of being in the womb—prevents a “startle response” that triggers more crying.

The “colic hold.”

Hold your baby face down, supporting him with your forearm between his legs.

Clasp your hands under his tummy. The pressure of the babies' own weight puts gentle pressure on the abdominal area.

Back rubs. Lie on your back with your twin infant on your chest (known as kangaroo-ing); rub your baby's back.

Pacing. Try the old standard: Hold your baby, and pace the floor, bouncing.

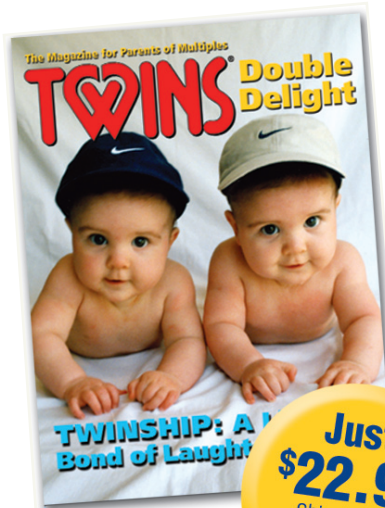
Music / noise. Play music or sing. Create “white noise” using a background noise machine, vacuum cleaner, radio static (this simulates the sound your babies heard while in the uterus).

Change of scene. Go to another part of the house or outdoors to break the cycle of crying.

Driving. The car's motion and hum of the engine soothe some babies.

Swing. Battery-operated swings (and/or vibrating bouncers) are great for unhappy babies. ♡

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CONNOR AND COLIN, 1½ WEEKS



Protecting Twininfants from RSV

Respiratory Syncytial Virus (RSV) is one of the most troublesome viruses in the pediatric infectious disease world and especially dangerous for children under age 2. Highly contagious, RSV poses a serious threat to twininfants, especially those born prematurely. They are at special risk for a more virulent course of the infection.

RSV attacks a twininfant's respiratory system. It is easily transmitted on the hands of parents or caregivers who have touched anything containing the secretions of an infected person. It poses a serious problem for babies who go to daycare centers or are cared for at in-home facilities.

RSV is called a hit-and-hide virus because it can survive for many months or even years in a person's body. It may cause long-term complications, such as lung damage. Long after symptoms have disappeared the virus can hide, waiting for an opportunity to re-emerge. The dormant nature of RSV could explain prolonged wheezing in children who have long-since "recovered" from RSV. This may explain fall/winter reappearance of outbreaks, too.

RSV symptoms are generally mild—cough, clear runny nose, low grade fever, irritability, decreased appetite and head/chest congestion. In twininfants under 1, however, the virus can include high fevers, lethargy, significant wheezing, respiratory distress and a complete loss of appetite. In severe cases, twininfants may experience extreme lethargy, very rapid and heaving respiration, audible wheezing, and serious dehydration. Premies who become very ill with RSV are often hospitalized, placed on oxygen, and given IV antibiotics and hydration for several days.

Parents of twininfants have a new tool in the arsenal to deal with serious RSV,

and that is a preventive drug called palivizumab, marketed as Synagis, which has helped reduce hospitalizations for serious RSV. Typically reserved for at-risk infants, the drug is administered ahead of time as a series of injections (usually five) throughout the fall and winter when RSV peaks. (Insurance usually pays for these shots, which can cost \$1,000 each. The cost of one hospitalization can reach \$70,000.)

What do you do if you suspect your twininfant may have RSV? Trust your instincts. **Look for these red flags:** Baby refuses to eat/drink, looks pale, clearly struggles to breathe, breathes rapidly, wheezes, has high temperature difficult to control, shows signs of dehydration, is so lethargic you have trouble arousing him for feedings. Call your pediatrician immediately. Even gray-zone symptoms you are not sure about should be checked out with your doctor, especially if your child was born prematurely and is under 1.

Most important message about RSV: Wash your hands...and make sure everyone who touches your babies washes their hands first. 🤍

Protecting Multiples

- During fall/winter, avoid exposing fragile twininfants & toddlers to anyone with a cold. Avoiding public places may be wise.
- Wash your hands frequently, and insist that anyone who comes into your home do so. (Use regular—not antibacterial—soaps.)
- Scrupulously clean surfaces at home.
- Call physician if twininfant(s) has a cold that seems "out of the ordinary."
- Watch for wheezing, facial/lip/fingernail blueness, uncontrollable coughing, extreme lethargy.
- Avoid taking fragile twininfants to stores/malls during their first RSV season.

Teething Times Two

Identical multiples typically teethe around the same time. Mirror-image identicals probably will get their first teeth on opposite sides of their mouths. Fraternal twins' first teeth may come in months apart.

Most babies' initial teeth arrive anytime between 3 (very rare) and 18 months, usually around 12-14 months. Teething begins with the two center bottom teeth, followed a month or two later by the four upper teeth. Then in about four weeks, you'll find the two lower incisors followed by first molars and eye teeth.

Rub sore gums gently with your finger and give babies a teething ring. A mild pain reliever such as Infant's Tylenol drops will help reduce any mild fever that results from teething.

Establish good dental habits early—start during infancy. Breastmilk and formula both contain high amounts of sugar that coats the gums and sets the stage for dental "caries" (baby cavities) to develop. Help prevent future dental problems for



twin infants by simply wiping off their gums with a soft-bristled tooth brush or clean cloth a couple times each day. Make this a habit after completing morning and nighttime feedings. As baby teeth begin to emerge, use a soft-bristled brush with only a tiny amount of kid-toothpaste or water. Avoid adult toothpaste until your twins understand how to spit. Too much fluoride can cause permanent tooth stains.

By the age of 2, your twins should have their teeth brushed one to two times daily with your help. You can prevent baby

cavities by giving your twin infants bottles only during mealtime. Teach your twins to drink from a cup by their first birthday, clean their gums and teeth daily, and never, ever put your twin infants to bed with a bottle! A lot of sugary fruit juice is also bad. Plain water to drink for thirst is much better. ♡

Catherine and Benjamin, 8 months



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Does zygosity matter?

By Geoffrey Machin, MD, PhD

ZYGOSITY PRIMER

Zygote—a single cell formed by joining of a sperm and egg

Monozygotic twins (MZ)—formed by split of one (mono-) zygote; “identical” twins. About 28% of all twin pregnancies in U.S.

Dizygotic twins (DZ)—formed by the fertilization of two (di-) zygotes; two eggs fertilized by two sperm; “fraternal” twins. About 72% of all twin pregnancies in U.S. are DZ. About 30% of all DZ fraternal are boy/girl; 70% are same-sex.

Chorion—placenta & membrane

Monochorionic—one (mono-) placenta w/ one membrane

Dichorionic—two (di-) placentas. All DZ pairs are dichorionic. Ironically, MZ pairs can and often do have separate (two, di-) placentas or chorions as well; about 33% of MZ pairs are dichorionic.

Amnion—sac in which fetus develops

Monoamniotic—one (mono-) amniotic sac. Only about 2% of twins who are monochorionic (MC) are also monoamniotic (MA). These fetuses run the risk of developing TTTS.

Diamniotic—two (di-) amniotic sacs, one for each fetus

Q: *Why does zygosity matter? Isn't it enough to know that my children are twins?*

A: Parents of twins have polar-opposite attitudes about knowing the zygosity of their children. Some do not think zygosity matters at all; they really are interested in getting on with their lives and enjoying seeing their twins grow up and have fun. Another group, whom I often meet at parents of twins meetings, want to learn more about zygosity and what it may have meant for their twins before birth and how it may impact the rest of their lives. I expect many parents hold views somewhere between those extremes. Judging by the response I get at twins club meetings and in e-mail from my TWINS™ Magazine articles, many parents want to know more and find it difficult to sift through the information available in books and journals. Also, much inaccurate information is given to parents, particularly on the basis of ultrasound exams during twin pregnancy.

So, does zygosity matter? Here is a quick summary of why I think it does matter:

Many parents feel foolish when the first question they are asked about their twins is whether they are identical or fraternal (the I- and F-words), and the parents do not know. I can't think of anything worse. It is like not knowing whether your child is a boy or a girl.

Many parents have been given incorrect information during the pregnancy. All two-egg (dizygotic, DZ) twins have one placenta each, so they are dichorionic (DC). The majority of one-egg (monozygotic, MZ) twins have to share a single placenta, and they can develop severe complications such as Twin-to-Twin-Transfusion Syndrome (TTTS), which causes one twin to stop growing, or to die. It may seem

counterintuitive, but fully one-third of all MZ twins are DC, just like all DZ twins are. It is very common for parents to be told by a nurse or physician when the babies are born that their same-sex DC twins are DZ (fraternal), although this is inaccurate. Most are indeed DZ, but some of them are actually MZ (identical). This is one of the most common reasons why parents request my help with zygosity testing; they are puzzled because their “fraternal” DC twins look so alike. If newborn twins have significant medical problems, such as cerebral palsy, the causes are different in MC (monochorionic) and DC twins. Parents have to know this before discussing any possible litigation with lawyers in the hope of obtaining financial support for disabled twin children.

MZ twins, despite being called “identical,” can look very different. They are never “identical” and they are sometimes very unlike, especially if they were DC, or even if they were MC but had very different experiences in the womb during pregnancy.

There is some evidence that MZ twins do not become independent as easily as DZ twins. They may need more help with this during development.

Because MZ twins are very similar from a genetic point of view, it is more likely that both MZ twins will get the same minor ailments and major medical problems at some stage in their lives, but not always at the same time. These disorders are wide-ranging and include allergies, mental disorders, diabetes and cancers. For instance, there is a significant possibility that, when one female MZ twin develops breast cancer, her co-twin will also develop the disease at during the next few years. The same applies to testicular cancer in male MZ twins. If it is true that all diseases respond best if we

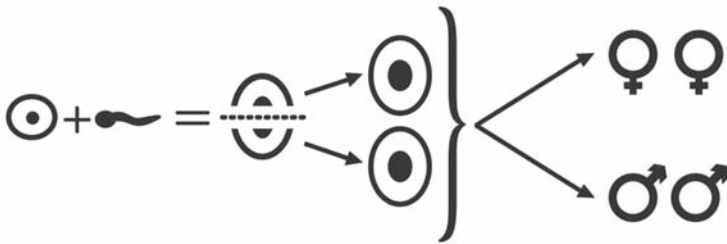
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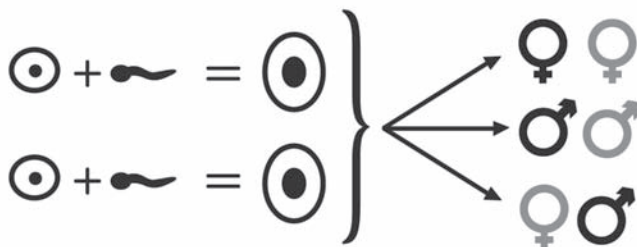
Monozygotic (MZ) "Identical" Twins

result from the union of one (mono) egg and one sperm



Dizygotic (DZ) "Fraternal" Twins

result from the fertilization of two (di) eggs by two sperm



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catch them early, it seems clear that we should monitor co-MZ twins when one twin has a significant medical problem. The chances that this will happen in DZ twins is much less, because these twins only share about half of their genes in common.

There are dramatic examples where MZ twins have been excellent transplant donors and recipients, with no possibility that the transplanted organ will be rejected. There is no need to use anti-rejection chemotherapy when organs are donated between MZ twins. DZ twins might make quite good matches, but anti-rejection therapy will always be required.

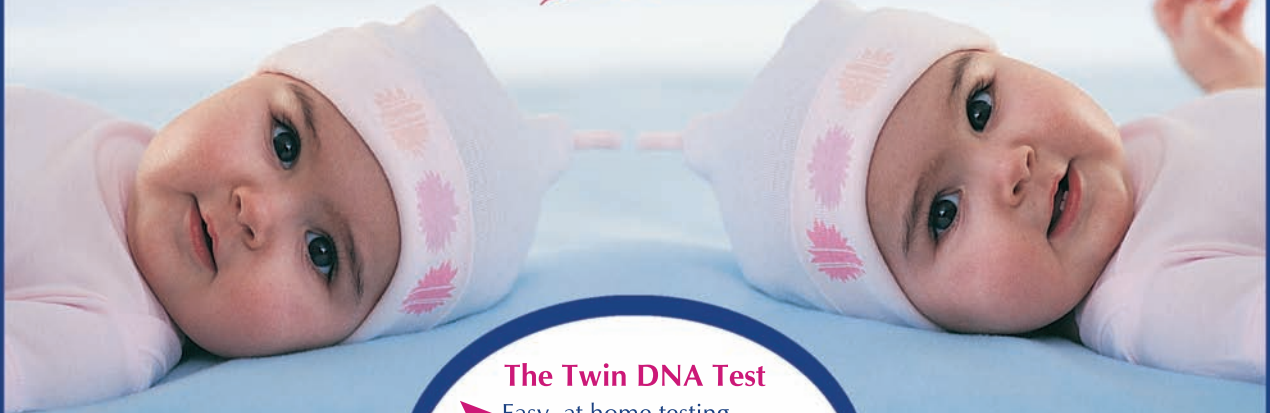
Some of these points may seem a bit grim and serious, but they are within the experience of every professional who helps twins deal with their lives and their biology. Fortunately, most twins never encounter these problems. But if I were a parent of twins, I would definitely want to know my children's zygosity. ♡

Geoffrey Machin, M.D., Ph.D., internationally recognized fetal pathologist, has helped twins and their parents with questions of zygosity for more than 10 years. He has known more than 300 twin pairs who thought they were DZ learn they were MZ after a DNA test.

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When your twin infants begin pulling themselves up and contemplate walking, they are taking one of their biggest steps toward independence. A child makes a conscious decision to pull up, hold on, or let go and walk away.

Even taking just one or two steps is a big deal. Babies wonder, “Should I wait, or is it time to take a risk?” Some will fall and revert to crawling or scooting. Others will stand upright, step out and be on their way almost immediately. Each child is different and sets a different pace. This is important to remember when you are rearing multiples.

Early childhood expert T. Berry Brazelton, MD, refers to this milestone as “the calm before the storm.” Babies may exhibit new and different behavior when entering their next, more independent stage, he says. Pre-toddlers may start waking up at night, or experience frustration when a parent walks away from them. They begin to realize they want to be the ones to walk away.

As soon as they start walking, children are ready for their first shoes—soft-soled and flexible. Indoors they should be barefoot as much as possible, to strengthen their feet and leg muscles.

Twins may climb out of their cribs or play-yards. Carefully babyproof their room and anchor dressers and shelf-units securely to the wall using L-brackets and bolts.

Babies assert independence in other ways as well, demonstrating distinct likes and dislikes. They may love bananas one

The Road to TWindependence

day but spit them out the next. First tantrums can be highly emotional. Exploring and testing is a crucial part of learning. Babies can climb up stairs but not down. Twins help each other—twinergy!—climb into and out of cribs and other enclosures. Twins together can climb

higher than any singleton would ever try.

Twins may become so stimulated by the thrills of discovery and learning in their expanding world that they sleep less. Some 1-year-olds take only one nap a day, but generally that’s not enough sleep. When babies cut back on napping time, they are usually cranky by dinner and it’s hard to get them to eat. Consider making lunch the biggest meal. Bathing kids every night when they’re about a year old helps relax them—and they need more frequent baths once they begin crawling and toddling.

Favorite toys may be the toilet (latch the lid down, hide the toilet paper!), an empty box or a kitchen cupboard filled with plastic container, wooden spoons, pans and lids. Babies learn to classify objects by playing with these things, studying shapes and sizes. They learn smaller objects fit inside larger ones, but not the other way around. Every object has to be tasted, shaken, thrown, banged and flushed. Stuffed animals appeal to a 1-year-old.

The road to independence can be bumpy, but it’s exciting. Be enthusiastic and try not to worry much about the falls. Your multiples will survive and adopt your enthusiasm and positive outlook. They’ll also survive physically, socially and emotionally if you set reasonable limits. ♡



When your doubles start crawling, their horizons expand tremendously and your life becomes vastly more complicated. It’s critical for you to stay one step ahead as twin infants begin to explore and examine their wider world. Childproofing for maximum safety in the home is a must.

TWINPROOFING

- Use safety gates at all doors and stairs.
- Install locks on toilet seats. Hide the toilet paper.
- Relocate pet food and water dishes.
- Remove heavy or breakable objects from tables. Pad sharp corners.
- Place medicines, cosmetics, sharp objects on high shelves.
- Cover all electrical outlets with baby safety plugs.
- Put locks on kitchen and bathroom drawers and cabinets. Leave only 1 lower kitchen cabinet unlocked for baby-access.
- Remove house plants. Some are toxic. All will be eaten.
- Tie/tape cords of window blinds so they’re inaccessible.
- Crawl around each room on your hands and knees—baby perspective!—and remove, lock, cover, relocate, eliminate potential dangers.

Best sources of safety items:

- TWINS™ Shoppe, www.TwinsMagazine.com
- One Step Ahead, www.onestepahead.com, (800) 274-8440
- Perfectly Safe, www.perfectlysafe.com, (800) 898-3696
- Safe Beginnings, www.safebeginnings.com, (800) 598-8911



Introducing Solid Foods

Most physicians recommend introducing solid foods at about 6 months (be sure to age-adjust for prematurity!). “Infants are geared to suck and swallow. At about 6 months, the configuration of the face evolves to allow efficient eating and chewing. There is no nutritional advantage to giving solids early. Breastmilk provides 100% of the essential nutrients a baby needs, including iron in a particularly digestible form. The same can be said for fortified formulas,” says

Steven J. Sainsbury, MD, columnist for TWINS™ Magazine and dad of twins.

In addition, certain skills are essential for eating solids: Your twin infants must be able to sit upright when supported, have good head control and be able to take food into the backs of their mouths and swallow. Rice cereal is a good first solid. After a regular feeding of breastmilk or formula, place your babies in sitting positions and offer them cereal with a spoon. The texture will seem strange to them at first. After they master a few tablespoons once a day, add a second cereal feeding. When you're feeding about 1/2-cup of cereal daily, begin to add other solid foods.

Introduce strained (pureed) solids one at a time. This allows you to judge allergic and emotional reactions to a specific food. Pureed fruits and vegetables are easiest to digest. When your twin infants become more proficient at chewing, add foods with more texture. Offer a variety. After a less-than-enthusiastic reaction to a food, offer it again later. Heat foods carefully and only slightly in glass or plastic dishes. ♡



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Mikayla and Madeline, 16 months

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The TWINBOND



JILL AND VICTORIA, AGE 1 MONTH

What are fraternal (dizygotic) and identical (monozygotic) twins?

There are two types of multiples—fraternal and identical. Similarity in looks does NOT determine whether twins are identical versus fraternal. Only a DNA test will confirm their twintype.

Fraternal twins result from the fertilization of two separate eggs that become two completely distinct pregnancies in the womb at the same time. They are known as non-identical or dizygotic twins.

Identical, or monozygotic, twins occur when a single fertilized egg splits into two around the time the fertilized egg is becoming implanted in the womb (usually between the 4th and 12th day after conception).

How do you tell look-alike fraternal from identical twins?

A DNA test is required to determine with a high degree of certainty whether twins are identical or not. Blood-typing is much less reliable. Physicians will sometimes say if twins are identical based on examination of placenta(s), but this can be quite inaccurate.

What are mirror-image twins?

Identical (monozygotic) twins sometimes differ in their looks or behavior by exhibiting mirror-image features or characteristics—opposite hair whorls, opposite

dominant hands, facial moles on opposite sides of their faces, or mirror-image fingerprints. Researchers believe this is related to when the fertilized egg splits and how it splits—mirror-imaging occurs when the fertilized egg (zygote) splits crosswise instead of lengthwise. About one-fourth of identical twins exhibit some mirror-imaging.

Prenatal characteristics

Multiples usually arrive early, between 28 and 35 weeks of gestation. (The average singleton is born at 37 weeks.) Nutrition has a lot to do with a mom's ability to carry her twins to term or near term. Twins who make it to 34 weeks in the womb are considered term. Average weight at term for twins is lower than the normal weight of singletons.

Labor and delivery

In most twin pregnancies, labor begins before 37 weeks. State-of-the-art treatments, and drugs, have reduced many risks associated with multiple deliveries. The interim between delivery of Baby #1 and Baby #2 averages 17 minutes, but can be shorter or as long as several hours. Two babies in the womb increases the chances one or both are in a transverse or breech position. Deliveries by cesarean section (c-section) are more common with multiple pregnancies. Sometimes Baby #1 is delivered vaginally and Baby #2 by c-section.

Twinship, the TwinBond

As any parent of twin infants will tell you—and researchers have documented—twins bond in extraordinarily special ways, starting while they are womb-mates. This is especially true of identical twins who, after all, share the same genes, and of fraternal twins who are same-sex.

The twinbond becomes apparent during infancy. Twin infants may exhibit similar eating, sleeping, and behavior habits, sleeping at the same time and, unfortunately, awakening and crying at the same times, too. Twin infants entertain each other from their earliest days while in their cribs. Conversely, when separated, twins often become easily upset.

As twins grow older, the twinbond usually remains strong even as personality differences emerge. Playing together is a key part of this bonding. Sometimes, twins develop a unique language with words and phrases understandable only to them—known as cryptophasia.

Because of twins' special relationship, parents struggle with whether to separate twins into different classrooms when they start school. Some schools and districts continue to mandate separation of twins, but there is a growing movement by parents across the nation to keep twins together in school, at least for the first year or two, before separating them. Parents and experts believe each situation must be decided individually, with the family having the primary say.

As twins mature and develop independent lives, their twinship often remains very strong. Adult twins often maintain regular—even daily—contact. Twins separated at birth or in infancy and reared apart—especially identical twins—have been found to exhibit very similar personalities and behavioral characteristics even as adults. ♡

Did You Know...?

- 18% to 22% of twins are left-handed (vs. < 10% for non-twins)
- Incidence of twinning varies by race:
 - of African descent: 1 birth per 70
 - of Caucasian descent: 1 birth per 88
 - of Japanese descent: 1 birth per 150
 - of Chinese descent: 1 birth per 300
- Identical twins exhibit nearly identical brainwave patterns. A woman who is a fraternal twin has a 5-fold greater chance of having twins.
- Leontina Albina from Chile holds the modern world record for giving birth to multiples—she had 55 children including 3 sets of triplets.
- A 19th century Russian woman holds the all-time historical record for giving birth to the most multiples—she reportedly had 6 pairs of twins, 6 sets of triplets, and 4 sets of quads—a total of 46 children (no singletons).

Weaning babies from the breast or bottle requires planning and patience. It has to be gradual. Once you determine when to start weaning, think about how to do it. Your babies can go straight from the breast to a bottle, then move on to a cup. Or they might move right from the breast to a cup with ease. Bottle-fed babies, of course, go straight to a cup.

When weaning babies from the breast, twin infants may wean individually or at the same time. “There is no natural rule specifying that complete weaning must occur by a designated age,” explains Karen Kerkhoff Gromada, author of *Mothering Multiples* (La Leche League International). The American Academy of Pediatrics recommends “that breastfeeding continue for at least 12 months and thereafter for as long as mutually desired.”

You can approach weaning your breastfed twin infants in several ways. “Baby-led weaning” occurs when you’re breastfeeding based on your babies’ individual cues. This works best with twin infants with



different temperaments and needs. “The mother doesn’t offer breastfeeding as a distraction or a way to quiet the baby or toddler, but she doesn’t refuse the child when he indicates the need to breastfeed,” Gromada emphasizes.

Weaning Awareness

“Mother-guided babies-led weaning” takes place when you “begin to set flexible

limits on certain aspects of breastfeeding,” Gromada continues. This can include breastfeeding one at a time, or only at home, or only in a quiet room or feeding only in a certain position, such as lying down.

“Partial weaning” may be initiated by a mother who wants “to decrease the number of feedings while meeting the needs of her babies or toddlers to some extent,” Gromada says. Some approaches that are part of “mother-guided, babies-led weaning” can be used in tandem with limiting the duration of feedings by slowly counting to 20. You can limit the number of feedings to the 1-2 per day that appear to be most important to your children.

Weaning breastfed or bottle-fed multiples is different from weaning singletons. It often requires much more reassurance and support from mom to each infant. ♡

Freeze the season

Blend or process fresh-cooked veggies. Never add salt or sugar. Freeze the leftovers in ice cube trays or small muffin tins. When frozen, remove the individual portions and store in small glass dishes, covered.

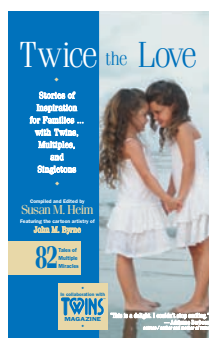
Twins? No Way!

“If anyone had ever asked me if I thought I would have twins, I would have replied, ‘No way!’ ...The day before my ultrasound, my mother-in-law...said, ‘I really think you need to have four children because we love the other ones so much, and you two make great parents. I don’t think you should stop at three, so I’m going to put a hex on you so you have twins.’ ...The thought of twins never even crossed my mind. ... My twin boys are beautiful, wonderful children. I can’t imagine my life without them. My sister has the most adorable identical twin girls. How wonderful it was to share our twin pregnancies!”

—Excerpt from Barbara Mettler’s story in “Family Ties” chapter

How Lucky I Am...

“When my twin boys were born, I was amazed at how much easier it was to care for two newborns than I had expected. They were five weeks premature, and so they slept a lot. ...Fast forward four months. ... My sons started to cut teeth, and suddenly I was holding two screaming babies all day and waking up seven times a night to put someone else



and sobbed. Suddenly I remember the last time I had sobbed through the night ... I had been trying to have another baby for the better part of a year. ... I felt like the only woman in the world whose body had betrayed her. ... Finally when we got pregnant, it was a blessing...when we discovered we were having twins. ... I vowed I’d never forget how lucky I am to be the mother of twins.”

—Excerpt from Katie Tatton’s story in “Treasured Moments” chapter

The Long Road Home

“Parents of twins know it’s often a long road we travel until our babies come home. Preg-

nancy complications, premature birth and other difficulties are common. ...When we heard the words ‘Baby A is exhibiting severe growth retardation’ the walls of the room began swallowing me up. ...Maybe they’d survive, but there were risks of cerebral palsy, mental retardation, a lengthy laundry list of undesirable conditions. ...Our two newborn children lived in the hospital for twenty-eight days. ...I don’t remember much of that first year. Between pumping and feeding through the night, sleep deprivation turned my mind into a prism. ...My confidence increased as it became more obvious the boys were developing normally. Now that they are almost 2, we have entered a more joyfully exhausting, albeit challenging season of wonder.”

—Excerpt from Jennifer Lambie’s story in the “Trials and Triumphs” chapter

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back to sleep. I started to lose my sanity... at some point in the middle of a particularly stressful night, I realized that all this must be easier than when the twins start walking and can run away from me in opposite directions. I sobbed and sobbed.

It's TwinPlay!

Early perceptual and motor skills that shape infant intelligence are practices in twinfant play. Child's play consists of stages that are more or less typical in all infants.

Many people think babies only eat and sleep. Actually, they are far from passive. Infants spend a great deal of time looking and listening. By 3 months, they study their hands and fingers, fixate on one object and then another, watch and follow faces within close range and search their surroundings. Hearing a sound, they turn their heads to find the source. They learn to respond to a song with a smile.

Infants imitate gestures, such as sticking out their tongues. They love noisemakers, mobiles, brightly colored objects and mirrors. They like textured objects, such as baby quilts and soft balls that are easily held and squeezed. The advent of smiling during these stages helps parents confirm their twinfants' enjoyment and pleasure.

By 4 to 6 months, most infants can sit independently, giving them a new perspective. In this position, they are able to play with toys that provide a wider range of action. They reach for objects of fun. They enjoy bathtub toys and love splashing, filling cups and pouring water.

Most babies readily grasp the connection between their actions and the actions of toys. Infants shake new toys to see if they produce sounds like the old toys. They bounce or kick to make mobiles over their cribs move. At first, these actions seem like idle repetitions, but repeating the same play, along with smiling, intense interest and excitement show that the game is fun.

Some of twingames exasperate parents. When multiples play at mealtime—spraying food from their mouths or dropping gobs and pieces on the floor—feeding time is doubled or tripled, and also makes a huge mess. Messy play is one way infants learn cause-and-effect.

Parents also may notice infants playing with their own voices. Crooning, repetitive babbling and imitating sounds anticipate the onset of language. Vocal-play often results from imitating aspects of others' language, games, sounds. But after imitation, your twins will make vocal-play part of their larger play routines.

Young infants learn to hide their faces, playing peek-a-boo. Vocalizing peek-a-boo teaches your twinfants to initiate peek-a-boo when someone merely says the word, then they'll initiate peek-a-boo to have someone say the word. In this sense, play connects language and actions. Play teaches a baby the relationship between a symbol and a concrete actions or object.

Between 7 and 9 months, play routines become part of ritual



BENJAMIN AND SANJEEV, 5 MONTHS

activities—feeding, bathing, bedtime. Children become dependent upon following predictable patterns that are familiar and help a child feel secure.

Play is serious business for twinfants. Play is an activity engaged in for its own sake. Twinfant play is linked with IQ and brain growth throughout childhood and adolescence. ♡

The 4 Ss of Stress

Try this easy-to-remember four-step stressbuster for Super-MOMs

Smile.
Smile ear-to-ear. Make your eyes sparkle.

Slack.
Take a deep breath. As you let it out, allow your jaw to hang completely slack.

Sag.
Let your shoulders sag. Count to 10.

Smooth.
Relax your forehead and smooth it out.

Repeat.

Juggling Act ... One Mom's Story

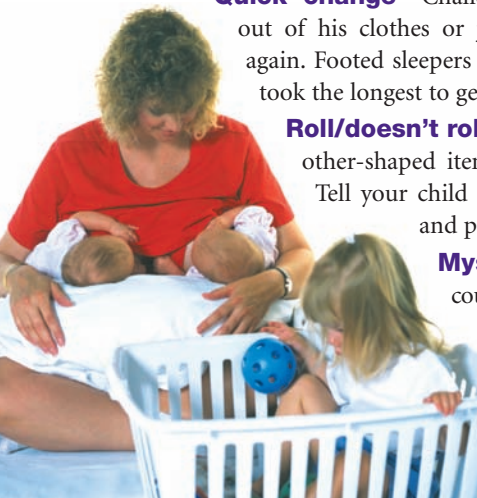
Most parents agree, feeding twin infants is a challenge when you also have other small children. Kay Lynn Isa's goal was to keep her singleton son safe and entertained while the twins were feeding. She had to make the space next to her more interesting than the rest of the house for at least 20 minutes per feeding so her son would stay nearby.

Snap/unsnap—Baby sleepers with all those crotch snaps provided great entertainment. He could quickly undo the snaps, but it took lots of time to match the pieces and snap them again.

Quick change—Challenge your toddler to get out of his clothes or jammies and get dressed again. Footed sleepers worked best for us—they took the longest to get on.

Roll/doesn't roll—Put various round and other-shaped items in a plastic container. Tell your child to find the ones that roll and put them in a pile.

Mystery gadget—What could this be? Our honey dipper, garlic press and spatula had their moment in the spotlight. I was often surprised by what my son imagined for each object.



Surprise package—Fill a plastic peanut butter jar with different things: a toy car, playing cards or some building blocks. I'd often grab familiar toys, but found that my son stayed interested longer when at least one item inside the jar was a surprise. He also took a fair amount of time to get the lid off the jar.

Laundry basket car—My son loved to “drive” the laundry basket. He'd get inside and pretend it was a car. Sometimes he'd drive to Grandma's house or Daddy's office. Other times he'd go to the store for milk or just plain crash the “car” and roll out. When he returned home, he'd tell me all about his trip.

Window watching—Do you see... a school bus, a leaf, snow, a duck? Ask your child to point these things out if he sees them. Since we had just moved into a new neighborhood, this entertaining activity helped us become better acquainted with our surroundings.

Screw and bolt—I'm still amazed at how long my son struggled to put these pieces together and take them apart. Because of the choking hazard, he could practice this only when he was by my side and then using a very large screw and bolt.

“Tell me about...”—My son would name some household object or a part of our house. We'd talk about how it was made, what people did before they had these, what other things are similar to it, or how this item got its name.

—Kay Lynn Isa, multi-tasking Super-MOM

Are they twins?



JAMISON AND HUNTER, 10 MONTHS

A few months ago while shopping I spied a familiar scene. An elderly lady stopped a mother of twins. “Are they twins?” she asked. The tired mom was somewhat rude, giving her a quick answer.

“It's OK,” I said to the elderly lady afterward. “I'm a mother of twins and it's hard to keep a smile on your face when you haven't slept in a month.”

I discovered early that answering dozens of questions during each shopping trip is a part of the blessing of having twins. Here are ways I dealt with the irritation of constant interruptions.

- I allowed ample time to get my shopping done.
- I grinned and accepted the curiosity of others. A smile always made me feel better.
- I realized twins are unique and would always attract extra attention.
- I tried to be courteous and kind when others wanted to share their twin stories. I discovered everyone is either related to a twin or knows someone who is a twin.

When I felt impatient after being stopped a dozen times, I thanked God for the blessing He gave me. In a lonely world, twins can bring a smile to even the longest face or joy to the saddest heart. ♡

—Nancy B. Gibbs

Postpartum depression and multiples

By Rebecca Moskwinski, MD

Postpartum depression (PPD) is a prevalent psychiatric disorder. The responsibilities of caring for a new baby, or multiple babies, can be overwhelming, even for the best prepared women.

“Postpartum blues” is the most common syndrome following birth and is not considered a psychiatric disorder. It is different from true postpartum depression.

Postpartum blues typically last less than two weeks and consist of symptoms such as fatigue, trouble concentrating, irritability, mood swings, and fluctuations in appetite. In an NOMOTC study, 40% of women experienced the “blues” after their multiple pregnancy. Interestingly, only 22.5% experienced the “blues” after their singleton pregnancy, which is lower than expected. In about 20% of all cases, blues will develop into major depression.

PPD, on the other hand, consists of a spectrum of symptoms—usually five or more symptoms in a combination of some type—lasting two weeks or more. Postpartum depression has been shown in other studies to have a prevalence of 10% to 15% in the first postpartum year. In a study done by NOMOTC this figure was confirmed, with 11% of women developing postpartum depression after their singleton births.

One-third of twin-moms experience PPD

With the births of multiples, however, the study by NOMOTC showed that the rate of postpartum depression rises to a level of 33%. In addition, 72% of the women who participated in this survey also felt that their depression after multiples was worse (deeper, longer) than after their singleton (of those that had both).

The higher rate of PPD following births of multiples could be due to larger fluctuations of hormone levels following a multiple birth pregnancy, but this has not been consistently identified as a causal factor. In fact, the cause of PPD has yet to be determined. In recent years, increasing numbers of multiple births are the result of assisted reproduction techniques such as fertility medi-

cations. These also affect hormonal fluctuations. NOMOTC’s study showed that of the women who used fertility medications to become pregnant, 40% reported a depression lasting longer than two weeks.

Frighteningly high number fail to seek help!

Alarming, the NOMOTC study revealed fully 17% of women listing “thoughts of suicide or hurting others” failed to seek professional help while in the grip of PPD. Also, 49% who reported five or more PPD symptoms (and an astounding 31.5% who reported having seven or more symptoms!) didn’t report depression to their doctors. Perhaps societal pressure (i.e., expectations that women be fulfilled and happy following the births of their children) keeps women from recognizing the importance of their symptoms and what they imply.

Joining a multiples’ support group was helpful to 70% of the mothers. Networking with other mothers in a similar situation helps women of newborn twin infants realize they are not alone and the feelings they experience are not unique to them.

Most women suffering from PPD can be helped with one of the many medications available for depression. Anti-depressant medications are generally safe and effective, and can begin relieving symptoms within a week or two, although they take a full four weeks to come to full effect.

Most physicians treating a mother for PPD want her to also participate in counseling during treatment, but medication should be started even if there is a delay in getting counseling. (Many anti-depressant medications are contraindicated for women breastfeeding their babies or pumping in order to bottlefeed breastmilk to their infants—in other words, “not indicated” because they are possibly inappropriate.

Rebecca Moskwinski, MD, is president, National Organization of Mothers of Twins Clubs, Inc., and a practicing physician at the University of Notre Dame.

Support organizations for parents of multiples

The Center for Study of Multiple Birth CSMB is a leading research organization, maintains a twin registry. Suite 464, 333 E. Superior St., Chicago, IL 60611; (312) 695-1677; www.multiplebirth.com

Center for Loss in Multiple Birth, Inc. CLIMB supports parents who have lost one or more multiples during pregnancy or a delivery. P.O. Box 91377, Anchorage, AK 99509; (907) 222-5321; climb@pobox.alaska.net; www.climb-support.org

Childbirth and Postpartum Professionals Association CAPP makes referrals to certified child-birth educators, labor doulas, postpartum doulas and lactation consultants. CAPP, PO Box 491448, Lawrenceville, GA 30049; (888) 692-2772; info@cappa.net; www.cappainet.com

La Leche League International Breastfeeding support. P.O. Box 4079, Schaumburg, IL 60168; (800) LALECHE; (847) 519-7730; www.lalecheleague.org

Marvelous Multiples® Education for expectant parents of multiples; education materials for health care professionals. P.O. Box 381164, Birmingham, AL 35238; (205) 437-3575; marvmult@aol.com; www.marvelousmultiples.com

Moms Offering Moms Support Supports stay-at-home moms. The International Moms' Club, 25371 Rye Canyon, Valencia, CA 91355, (805) 526-2725; momsclub@aol.com; www.momsclub.org

Mothers of Supertwins (MOST) International support for families with triplets or more. MOST, P.O. Box 306, East Islip, NY 11730; (631) 859-1110; info@mostonline.org; www.mostonline.org

National Organization of Mothers of Twins Clubs, Inc. (NOMOTC) The leading US umbrella organization of local twins clubs. P.O. BOX 700860, Plymouth, MI 48170; 248-231-4480; info@NOMOTC.org; www.nomotc.org

Sidelines Support for women experiencing complicated pregnancies. P.O. Box 1808, Laguna Beach, CA 92652; (888) 447-4754 (HI-RISK4); sidelines@sidelines.org; www.sidelines.org

Special Children Supports families with special needs children. P.O. Box 8193, Bartlett, IL 60103; (630) 213-1630

The National Organization of Single Mothers Single Mothers, Box 68, Midland, NC 28107; (704) 888-KIDS or (704) 888-MOMS; solomother@aol.com; www.singlemothers.org

The Triplet Connection Organization of clubs for parents with triplets. P.O. Box 429, Spring City, UT, 84662, (435) 851-1105; TC@tripletconnection.org; www.tripletconnection.org

The Twins Foundation International membership organization supporting primary research on twins/multiples (medical, psycho-social, etc.) Maintains National Twin Registry. P.O. Box 6043, Providence, RI 02940; (401) 751-TWIN; tf-inquiries@twinsfoundation.com; www.twinsfoundation.com

The Twin to Twin Transfusion Syndrome Foundation Educational, emotional and financial support for families. 411 Longbeach Pkwy., Bay Village, OH 44140; (800) 815-9211 or (440) 899-8887 info@tttsfoundation.org; www.tttsfoundation.org

Fetal Hope Foundation Support, information about TTTS & other fetal distresses / syndromes affecting twins / multiples during pregnancy. Funds research (TTTS; acardiac twinning sequence—TRAP; amniotic band syndrome—ABS; fetal lower urinary tract obstruction—FLUTO). Call center to supply information to help save babies' lives. Sponsors annual TTTS Race for Hope, cities around U.S. Collaborates with leading TTTS laser surgeons & medical centers treating multiples in utero. 877-789-HOPE; info@fetalhopefoundation.org; www.FetalHope.org

Twin Hope Inc. Education and support for twin to twin transfusion syndrome and other twin-related diseases. 2592 W. 14th St., Cleveland, OH 44113; (502) 243-2110; twinhope@twinhope.org; www.twinhope.org

Twinless Twins International Supports twins of all ages who have lost a co-twin. P.O. Box 980481, Ypsilanti, MI 48198; (888) 205-8962; contact@twinless.twins.org; www.twinless.twins.org

Twins Days Festival Annual event, 1st weekend in August, Twinsburg, Ohio. Twins Days Festival Committee, P.O. Box 29, Twinsburg, OH 44087; (330) 425-3652. info@twinsdays.org; www.twinsdays.org



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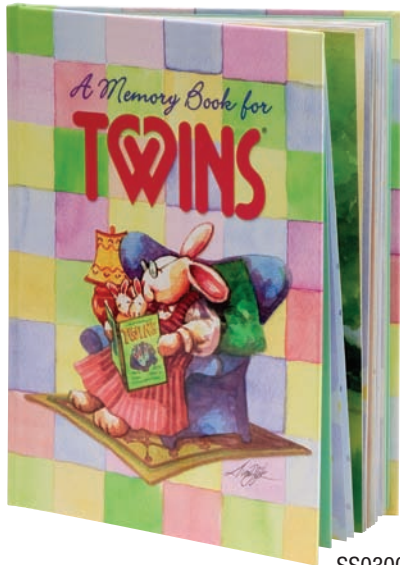
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...establish friendships...gather a universe of information.
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Special Gifts for Families with Multiples

TWINSTM Lifetime Memory Book



TWINSTM 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

HandySittTM Portable Booster Chair

At last, your twins can sit and eat meals at the table with you! The HandySittTM chair is a child's seat that combines the comfort and stylishness of a full sized booster chair with portability and convenience, and the quality of a good piece of furniture. It has been a European favorite since 1989.



Collapsing flat for storage or use outside the home, the HandySittTM Portable Wooden Booster Chair can be used at home, restaurants, when traveling or when visiting grandparents and other relatives. Constructed of quality beechwood, the HandySittTM arms adjust independently to fit most square and round back chairs from 12 inches to 17-1/2 inches high. The three-point safety harness secures your child to the HandySittTM seat, and a strap and buckle that fits under the chair provides extra stability. The HandySittTM seat is suitable for children from 9 to 12 months of age to 4-1/2 years. Select from three handle colors when placing your order.

SF06003 \$89.00

Dekor Soft TouchTM Changing Cushion

The Dekor Soft TouchTM Changing Cushion is the softest changing cushion available. Your twins will love the super soft, custom fitted terry cover and foam center. Fitting all 16" x 32" standard baby changing tables, the Soft TouchTM Changing Cushion has three inflatable sides and is easy to inflate. It's easily portable for traveling and provides a secure, comfortable, sanitary environment for changing your baby on the road, or at home.



Constructed of high quality phthalate free vinyl, the cushion is rugged and ready for use. Its soft custom-fitted terry cover can be removed and is machine washable. The Soft TouchTM Changing Cushion includes a safety belt for your baby, and straps to secure the cushion to the counter. High quality valves keep air sealed in the cushion. You'll find the Dekor Soft TouchTM Changing Cushion will fit your needs and please your baby.

SS06007 \$19.95

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



5" x 7" Gift Card

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 3 1/2" 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

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

Tiny Fingers and Tiny Toes

Celebrate twins and create a lasting keepsake!

Do-it-yourself kit comes with non-toxic ink pad and an extra verse-and-hand/footprint page in case you goof. Designed exclusively for us. Perfect gift for grandparents. Openings for twin photo alongside each unique "print". Frame is white painted wood. Overall size 12"H x 15"W.

A. Fingers - SF90035 \$39.99 each

B. Toes - SF90036 \$39.99 each



Twin Blessing Photo Frame

Show off your darling twins with this charming photo frame from Laura Leiden Calligraphy. The rich mahogany-colored frame includes an oval opening in a moss-colored mat for your favorite photograph of your twins, plus a thoughtful verse that celebrates the differences in your children. Their arrival is a true blessing in your life! A wonderful gift to celebrate the birth of your twins for yourself. 10" x 12" frame holds one 6" x 4" photograph.

SS06004 \$24.99 each



Melissa and Doug

Noah's Ark and Circus Train Photo Frames

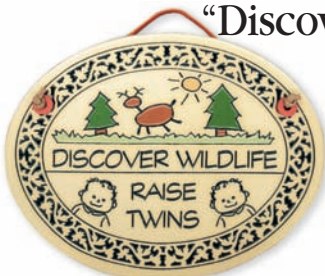
Popular children's toys and accessories manufacturer Melissa & Doug has created these colorful hand-painted Noah's Ark and Circus Train solid-wood table-top frames. These beautifully crafted frames will compliment any nursery or home. (Overall size of Noah's Ark is 11" x 9½". Circus Train is 14" x 10½") They each hold three, 2 1/8" x 2 1/8" photographs.

SF05001 Noah's Ark \$19.99 each

SF05002 Circus Train \$19.99 each



"Discover Wildlife, Raise Twins" Ceramic Wall 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 Frame

This unique ceramic frame from Russ Baby will look fabulous on your dresser, bookcase, shelf or fireplace mantle. The frame has glass insert and is flocked backing, providing an unique opportunity to show off your twins. A beautiful, wonderful

gift to celebrate the birth of your twins for a close family member or even for yourself. Frames are individually boxed. Twice as Nice Photo Frame is 4½" x 6" and holds two 1¾" x 2¾" photographs.

SF04002 Stars and Hearts \$12.99 each



"Two Peas in a Pod" Personalized Afghan

Clever original design created by an artist with twins and exclusive to us. Woven throw in a large size is personalized with your twins' names and their birth date in green embroidery. 100% cotton, washable. 46" x 67". Shipped directly from manufacturer. Allow 3 to 4 weeks for delivery. No express delivery.

SF90112 \$49.99 each

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

What About Me?



Having to compete with twin infants for parents', relatives' and friends' time and attention is very hard on singleton children. They have a difficult time understanding how life will change, even with the best preparation. Sibling rivalry, a nearly-universal phenomenon, reaches new heights with arrival of twins. Resentments often erupt in temper tantrums and behavior problems, or they simmer beneath the surface and seep out slowly as bouts of pouting or teasing. It's common for single children between 2 and 9 to suddenly exhibit signs of increased dependency or regression, as they revert to younger behaviors and want to be "taken care of" again. Sometimes older single children disguise their feelings and become excessive pleasers, while boiling inside. These are usually attempts to win a parent's approval and attention in the face of baby-distractions.

You can help your singletons understand and deal with the perceived threat of twin infants. Remind them often of their advantages: They are older, bigger, more mature, more independent while twin babies are totally dependent, needing to be fed, bathed and diapered... "just like I took care of you when you were a baby." Point out that since the child is older, he/she enjoys many personal, social and educational opportunities than the babies do. And the older child has an opportunity to do chores and earn allowances or have special outings with mom or dad.

Minimize the sense of abandonment by reminding singletons they are a continuing and essential part of your family. Enlist their help in caring for the twins, but avoid excessive demands. Practical necessity prompts many moms to enlist help. Be sure to provide positive feedback for helping; describe it as being a responsible member of the family and "grown-up."

Talk with your singleton while you do your chores—this is a good chance to verbally editorialize: "I love to have chances like this to talk with you alone." Devoting time to singletons individually reinforces the message that they are important, as much a part of the family and as visible as before.

Older singletons sometimes hide their jealousy and anger by never being aggressive toward the twins, but taking these emotions out on a parent, most often the mother. Discuss the behavior and the emotions. Quietly reassure your child and use hugs to reaffirm a special relationship with you.

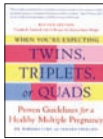
The most pressing problem for all parents of twins and singletons is there are never enough hours in a day to achieve a sense of completeness or closure. ♡

Tips for preparing your singleton for multiples

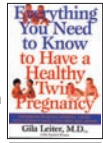
1. Take your singleton with you when you shop for the twins and let the older child pick out things for the babies.
2. Show your singleton her/his baby pictures; talk about when he/she was born and the first weeks at home.
3. Use dolls to act out "coming home from the hospital," the first days at home, how to touch and play with twins.
3. If possible, adjust daily schedules and routines before twins arrive, so the older child's disruption is minimized.
5. When you pack your bag for the hospital, pack one for your singleton. Include art supplies, snacks, a new toy, disposable camera and a book on bringing home multiples.
6. Make arrangements for a close relative or family friend to care for your older child in your home while you are in the hospital.
7. Prepare your singleton for your visit to the hospital; say good-bye if possible and call every day.
8. If your older child comes to the hospital to visit, try to not hold the twins during the entire visit. Give your child a big hug and snuggle a bit if possible.
9. When you come home, greet your older child and spend a little private time together.
10. Praise positive behavior and encourage your singleton to talk about her thoughts and feelings.
11. When people fuss over the twins, defuse the situation by saying something like, "This is Josh. He is their older brother and is such a big help."
12. Spend time alone with your singleton to communicate that she is important and just as much a part of your family as ever.
13. Verbalize as you interact with your singleton: "I like our talks between you and me," or "These times are special for me." When you tuck your child in at night, review the day and reinforce togetherness memories.

Go to www.TwinsMagazine.com for detailed, complete descriptions of each book

When You're Expecting Twins, Triplets, or Quads, Revised
Barbara Luke, ScD, MPH, RD
& Tamara Eberlein **\$19.95**
420 pages of outstanding information—staying healthy, preventing pre-term labor & premature delivery of twinfants, menus & recipes for optimal birth weights...



Everything You Need to Know to Have a Healthy Twin Pregnancy
Gila Leiter, MD, Rachel Kranz **\$15.95**
Dr. Leiter, mother of twins and an OB/Gyn, offers practical information, detailed resources in 330 pages



It's Twins!
Susan M. Heim **\$17.95**
Navigating the often-turbulent waters of parenthood from birth through high school. Susan Heim offers a firm hand on the wheel for parents of twins and higher order multiples.
Paperback, 201 pages



The Multiple Pregnancy Sourcebook
Nancy Bowers, RN, BSN **\$17.95**
Bowers, perinatal nurse and mother of twins, writes on pregnancy, infertility, prenatal testing, nutrition, preterm labor, birth NICU, 420 pages



Having Twins And More: Parent's guide to multiple pregnancy, birth, and early childhood
Elizabeth Noble **\$18.95**
Revised 3rd edition bursts with details... multiple pregnancy, birthing experience, postpartum, caring for twins at home, prenatal psychology, premature delivery, twin bonding, 562 pages



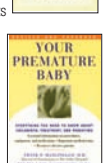
Expecting Twins, Triplets And More
Rachel McClintock Franklin, MD **\$14.95**
Family practice doc Rachel Franklin is mother of young twins... famous for "Ask Dr. Rachel" Q&As at TWINS™ Message Board & in TWINS™ Magazine...informative, highly readable, often humorous. 208 pages



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. A moving and powerful narrative about the triumph of life that all parents will appreciate and understand. 272 pages



Your Premature Baby: Everything you need to know...
Frank P. Manginello, MD **\$17.95**
Theresa Foy DiGeronimo, MEd
Guide to facing challenging, costly ordeal of having and caring for premature babies, Revised edition, 336 pages



Your Premature Baby & Child
Amy E. Tracy, Diane I. Maroney, RN **\$17.95**
Experienced parents of preemies answer questions about NICU, homecoming, bonding, medical, developmental issues, 327 pages



Breastfeeding Your Premature Baby
Gwen Gotsch **\$5.95**
La Leche League Intl. explains breastfeeding is possible in seemingly impossible circumstances, 60 pages



The Stork Brought 3: Secrets of successful coping for parents of multiples
Jean P. Hall **\$12.00**
Even if you have twins instead of triplets, this touching, humorous first-hand account is priceless. Emphasizes two key ingredients for raising multiples—patience and a sense of humor. Helps you maintain your perspective. 82 pages



SLEEP

The No-Cry Sleep Solution: Gentle Ways to Help Your Baby Sleep Through...Night
Elizabeth Pantley **\$14.95**
Sensible 10-step plan, 1 day at a time to achieve the goal of a good night's sleep for everyone. 256 pages

Nighttime Parenting: How to Get... Baby & Child to Sleep
William Sears, MD **\$9.95**
Renowned opponent of letting babies cry it out, Sears tells all. Get babies to sleep & stay asleep. Rev. 204 pages

Solve Your Child's Sleep Problems
Richard Ferber, MD **\$12.00**
Controversial but often effective... Ferber advises ways to help children fall asleep, not wake in middle of night, avoid night fears. 251 pages

Good Night, Sleep Tight
Kim West & Joanne Kenen **\$13.95**
Social worker West, known as The Sleep Lady® to her clients, teams with Kenen, journalist and social worker—easy-to-learn skills & techniques to help children sleep and stay asleep longer. 356 pages

Double Duty: Parents' guide to raising twins...pregnancy through school years
Christina Baglivi Tinglov **\$14.95**
Real-life solutions, parent-tested suggestions, expert advice, from weight gain while pregnant to 'separate vs. together' in school. Many tips. 201 pages

Parents' Guide to Raising Twins: Pre-birth to first school days—essentials for those expecting two or more
Elizabeth Friedrich; Cherry Rowland **\$13.95**
Mothers of twins deliver bounty of useful guidance, wealth of practical tips, advice from doctors, nurses and other parents of twins. 304 pages

The Art of Parenting Twins
Patricia Malmstrom, MA, Janet Poland **\$14.00**
Malmstrom runs Twin Services, Inc. & is mom of twins, has degrees in early childhood ed. and special ed. Very readable...organizing your home, breastfeeding, "twinshock," developmental delays, identity issues. 333 pages

Ready or Not... Here We Come!
Elizabeth Lyons **\$16.00**
Women meet in childbirth class, form 'multiples sorority', weather pregnancies together, survive hardships, find humor in 1st year w/ twins. 165 pages

Mothering Twins: Advice & support from 5 moms who've been there & lived to tell the tale
Worked-for-me solutions to myriad situations...insightful, from the heart. 414 pages

Raising Twins: What parents want to know (& what twins want to tell them)
Eileen M. Pearlman, PhD, Jill A. Ganon **\$18.95**
Pearlman, a leading expert in twin development, blends guidance, interviews and illustrative cases about physical, emotional, cognitive development in twins. 267 pages

Mothering Multiples
Karen Kerthoff Gromada **\$18.95**
NEW REVISED EDITION! A maternal-child health care nurse for almost 30 years and a parent of twins herself, Karen Kerthoff Gromada has invaluable experience in working with mothers of multiples. Paperback, 286 pages

Raising Multiple Birth Children: A parents' survival guide
William & Sheila Laut **\$19.95**
Practical, loaded with lists, tips, plenty of "Why-didn't-I-think-of-that?" insights, loads of humor. 240 pages

Twins, Triplets and More
Elizabeth Bryan, MD **\$6.95**
Dr. Bryan explains biology of twinning, multiple pregnancies, nurturing newborns, handling 1st year, starting school, adolescent years. 138 pages

Your Baby's First Year
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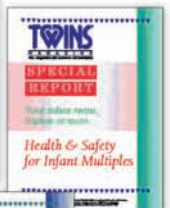
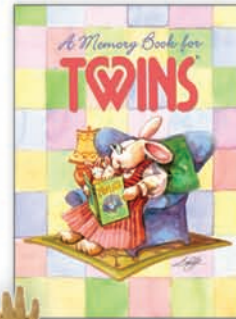
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