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A Study of Maternity Provision in the UK in Response to the Needs of Families Who Have a Multiple Birth

J.R. Spillman

Twins and Multiple Births Association, United Kingdom

Multiple pregnancy is *NEVER* planned. A few years ago one could categorically make such a statement. Perhaps nowadays one cannot be so sure. Although parents are still unlikely to be able to plan such an event, it does seem that current infertility treatments may allow or even encourage practitioners to use methods which predispose to a multiple pregnancy. The practice of returning several fertilised embryos to the uterus in the hope of achieving a successful result has meant that many parents who longed for a baby have had to adjust to the realisation of a multiple pregnancy with all the effects such an occurrence has on family physical, social and emotional resources.

The Study of Triplets and Higher Order Births by the Office of Population Censuses and Surveys [1] highlighted the striking increase in Multiple Births in recent years. This was particularly evident in the case of triplets and higher order births. (Fig. 1) Care of these high-risk infants is costly in resources and no increased funding has been given to the National Health Service or Social Services budgets to provide care and support for the families.

This study endeavours to ascertain the needs of such families preconceptionally, antenatally, intra-partum, postnatally and in the early months following the birth. It also tries to assess how appropriate current practice is in meeting these needs.

Initially, the views of approximately half of the nursing staff in the neonatal units of a regional referral unit, a large district unit accepting referrals and a small district unit which did not, were probed in in-depth interviews. These nurses represented all grades and levels of experience. Their opinions on the needs of families with multiples in their care and on how appropriate the service they gave was in meeting these needs were sought. Concurrently, mothers in their care were similarly interviewed. A comparison of the staff and parent responses highlighted areas of confusion and the possible inappropriate or unsatisfactory provision of assistance.

A comprehensive questionnaire was then circulated, via Twins Clubs affiliated to the Twins and Multiple Births Association (TAMBA), to mothers whose multiples were born since January 1990. Independent members of TAMBA were also included.

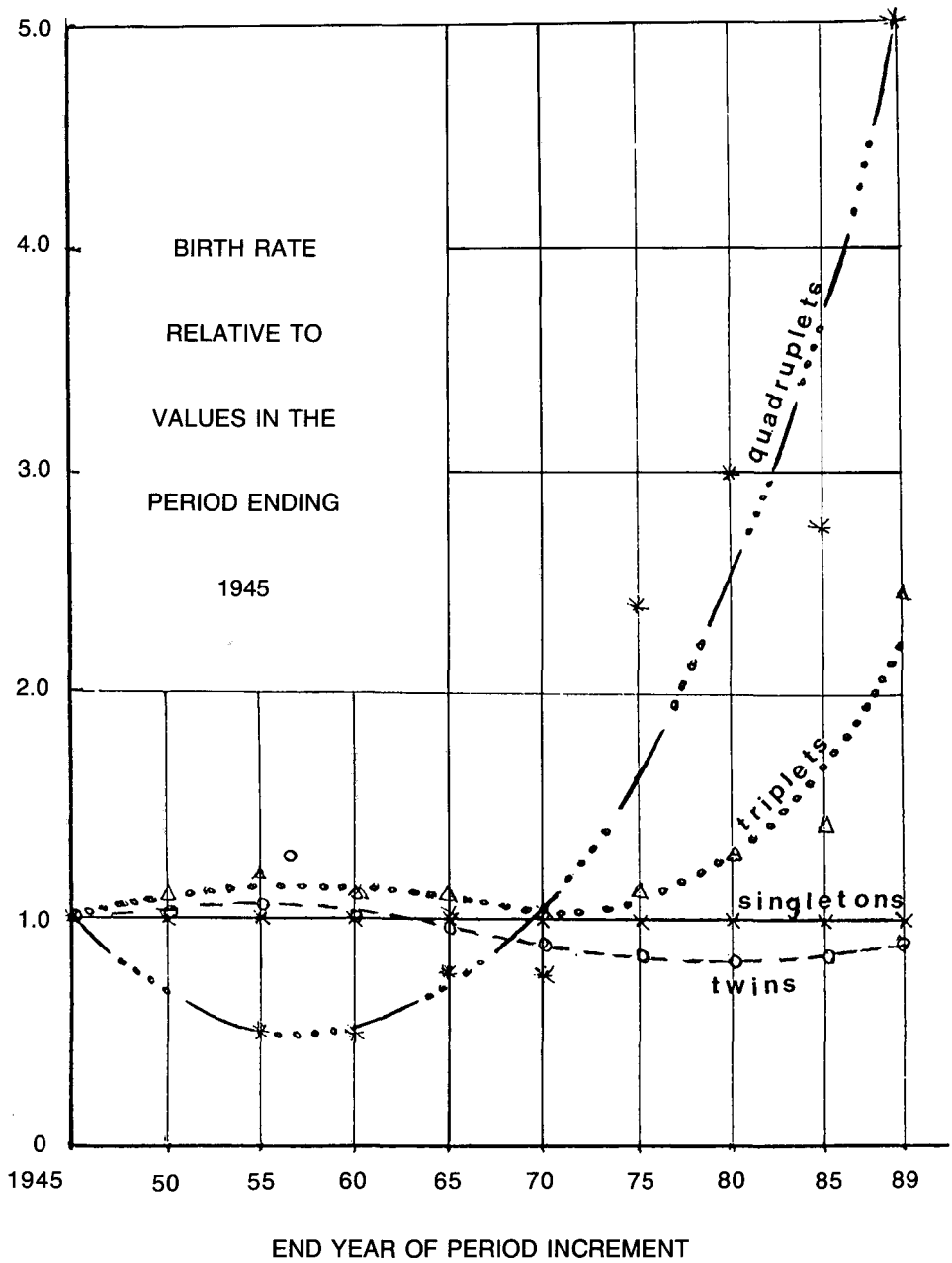


Fig. 1. Relative birth rates of singletons, twins, triplets and quadruplets in recent years.

Responses were received from 468 mothers, many of whom in addition to completing the questionnaire, wrote at length about their experiences. A few mothers had infants born before January 1990 but as there appeared to be no material difference in their experiences, these were also included in the analysis. All regions of the United Kingdom were represented. The mothers came from 157 TAMBA Clubs. Their deliveries took place in 181 different hospitals. There was one set of quadruplets, 28 sets of triplets and the remainder were twins. The purpose of this paper is to share some of the initial results found in the analysis of these mothers' responses and it mainly concentrates on antenatal aspects of their care.

Although most of the mothers had planned to become pregnant, there were 69 (14.7%) who had not but various methods of contraception had failed them. (Fig. 2).

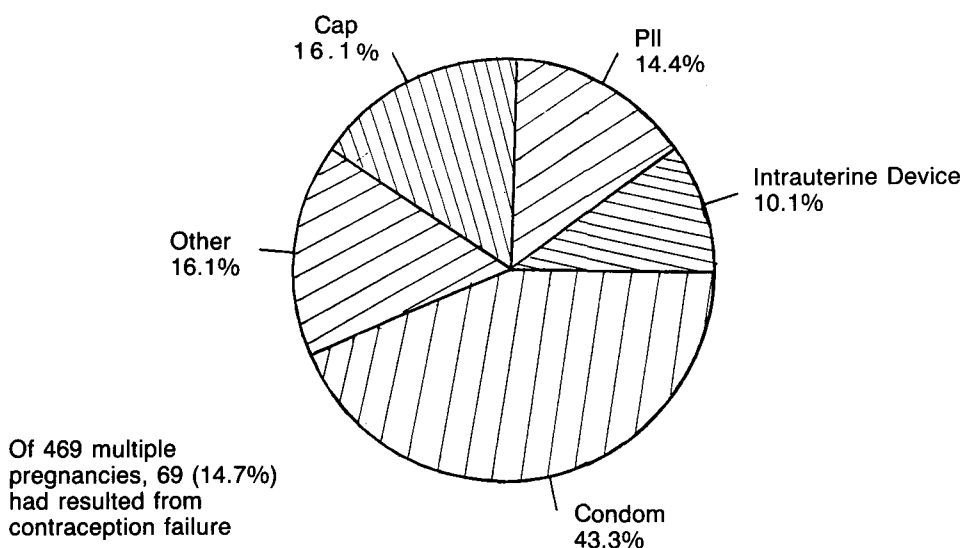


Fig. 2. Contraception failure.

It is interesting to note that certain regions had much higher unplanned pregnancy rates than others. For example, more than half of the Scottish mothers who completed the questionnaire had not intended to become pregnant. It would also appear that mothers who have a multiple pregnancy tend to conceive very quickly once they decide to have a baby. Over 80% of these mothers took less than six months to achieve a successful pregnancy. The exceptions, as expected, were those who had undergone treatment for infertility (Fig. 3).

The diagnosis of multiple pregnancy nowadays is often made very early by the radiographer during routine ultrasonic scanning procedures. In this study, 77% of the mothers already knew about their "Great Expectations" by the 18th week of gestation

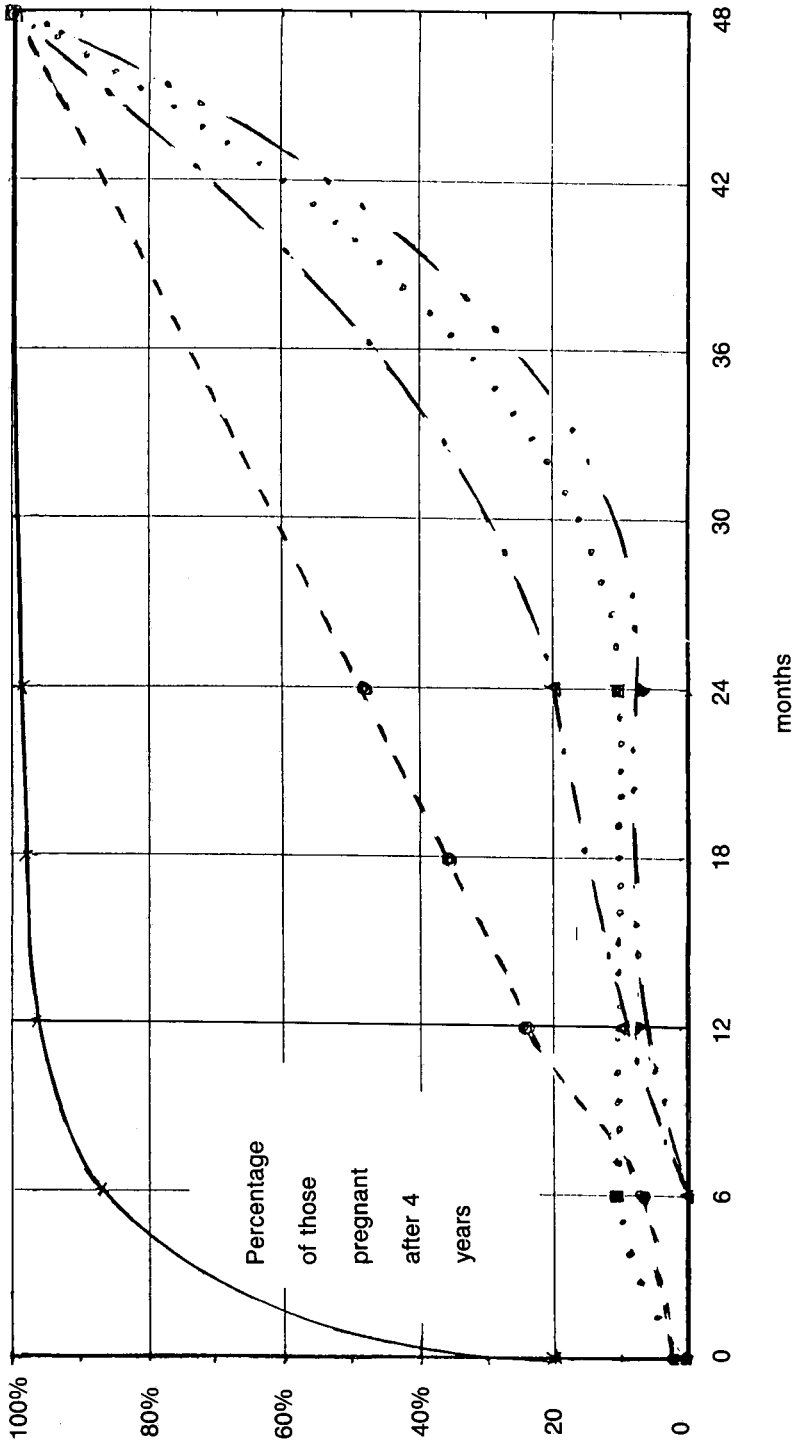


Fig. 3. Time to get pregnant with or without fertility treatment.

(Fig. 4). Although the professionals interviewed generally thought that parents were usually excited and delighted about the revelation, it can be seen that parents are less likely to be so thrilled (Fig. 5). More negative reactions than positive ones were reported and fathers on the whole tended to be the more pleased (Fig. 6). Previous research has also confirmed such reactions [3].

Most mothers felt they had needed a good deal of support and counselling at the time of diagnosis and afterwards but unfortunately this did not appear to be available (Fig. 7). The professionals interviewed thought that adequate counselling was forthcoming if "parents asked for it". Similarly, very few mothers had been offered or received literature or information relevant to multiple pregnancy from their antenatal carers. Subsequently most sought to acquire this from libraries or other sources, often without success (Fig. 8). The professionals did admit to a lack of awareness on what appropriate literature was available to recommend or offer. Most mothers felt that another mother of twins or triplets could have offered the greatest reassurance during pregnancy but only 36% had been told about their local twins club by their professional carers. Where posters were displayed prominently, mothers were also encouraged to go to the club and those who did usually found it helpful. Few of the mothers were given any advice about suitable diet during their pregnancy (Fig. 9), while on the other hand, most were advised to have plenty of rest — not always practical advice when work or toddlers make it difficult (Fig. 10). Most admitted experiencing anxieties during pregnancy. There were only 26 who had had no worries. Professionals had been capable of allaying fears in 17% of the cases. Other support had come from families and friends. However, just over 30% still had unresolved anxieties.

Of plans for feeding the babies, 73.5% of the mothers antenatally had favoured breast-feeding whilst 16 mothers (3.4%) had been undecided. Only 51.3% however were successful in their efforts to wholly or partly breast-feed their infants. The reasons for failure were many. A significant number felt they had received little or no support to breast-feed and some had been actively dissuaded from doing so by their professional carers. Most mothers who failed expressed great disappointment or guilt. When questioned about breast-feeding multiples in their Units, the professionals offered success rates varying from 5% to 95% in one hospital, 25% to 50% in another and 20% to 80% in the third. They all agreed that not enough time could be spared to help those mothers who had more than one infant. When asked whether mothers of twins needed less, the same or twice as much help, there was no consensus. Mothers, on the other hand, admitted that they do need extra support to successfully breast-feed two or more babies. There was very little access to La Leche League and National Childbirth Trust Counsellors and these were actually refused access to help mothers in some hospitals. One or two Units had had Lactation Sisters to help mothers and these were greatly appreciated. Nursery nurses were also quoted as having been a real source of support in several cases. Bryan [2] has stated the importance for all mothers of twins to have support throughout every breast-feeding episode until they feel confident enough to cope alone. This need would seem to be confirmed by the foregoing results.

Although 67.3% of the parents had been consulted about the time for their babies' discharge, 62% felt they had been given no help to prepare for the homecoming. Many would have appreciated active advice about arranging for appropriate help and to ensure that they were confident enough to cope. Thirty mothers who had been given a few days

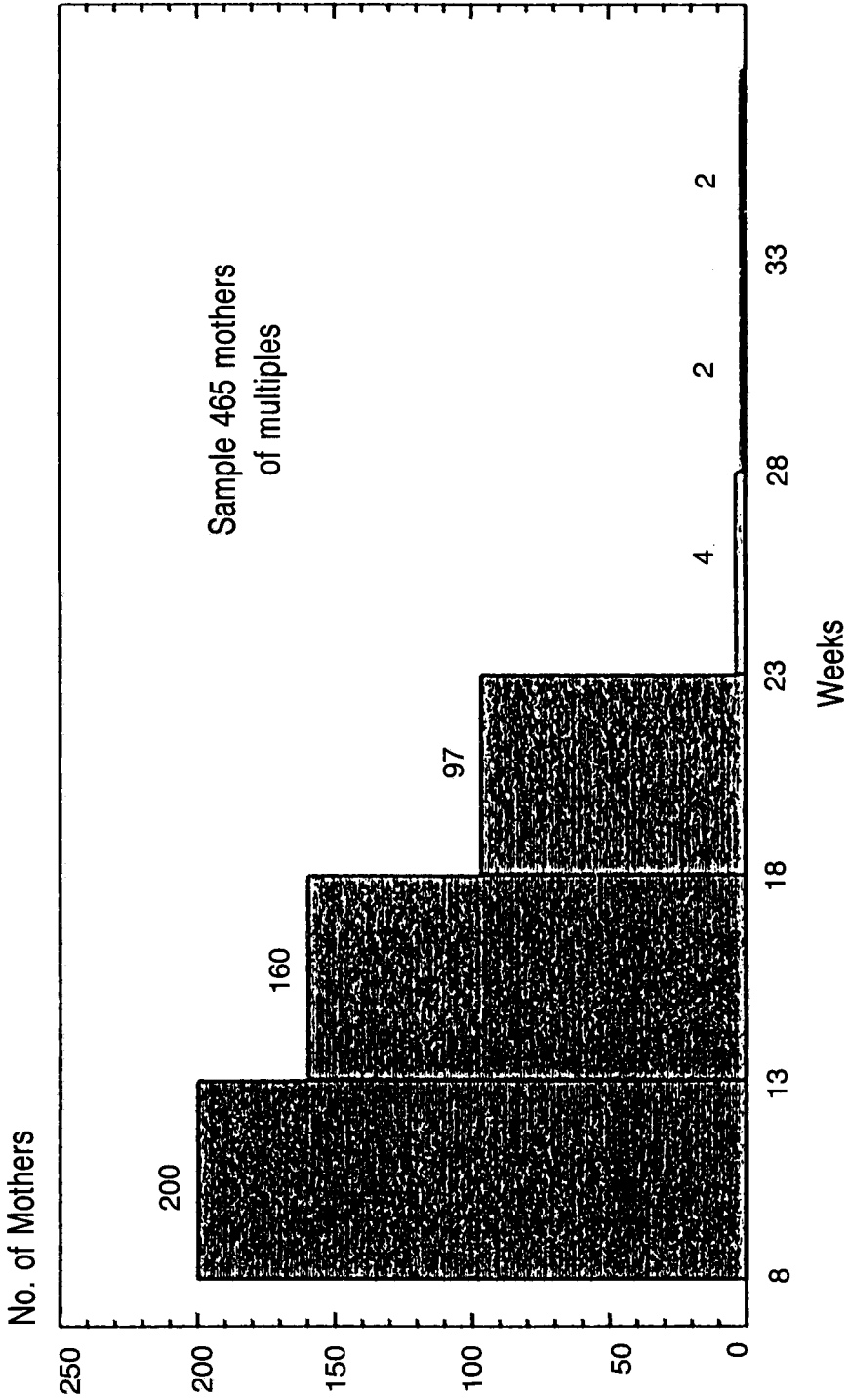


Fig. 4. Gestation at diagnosis.

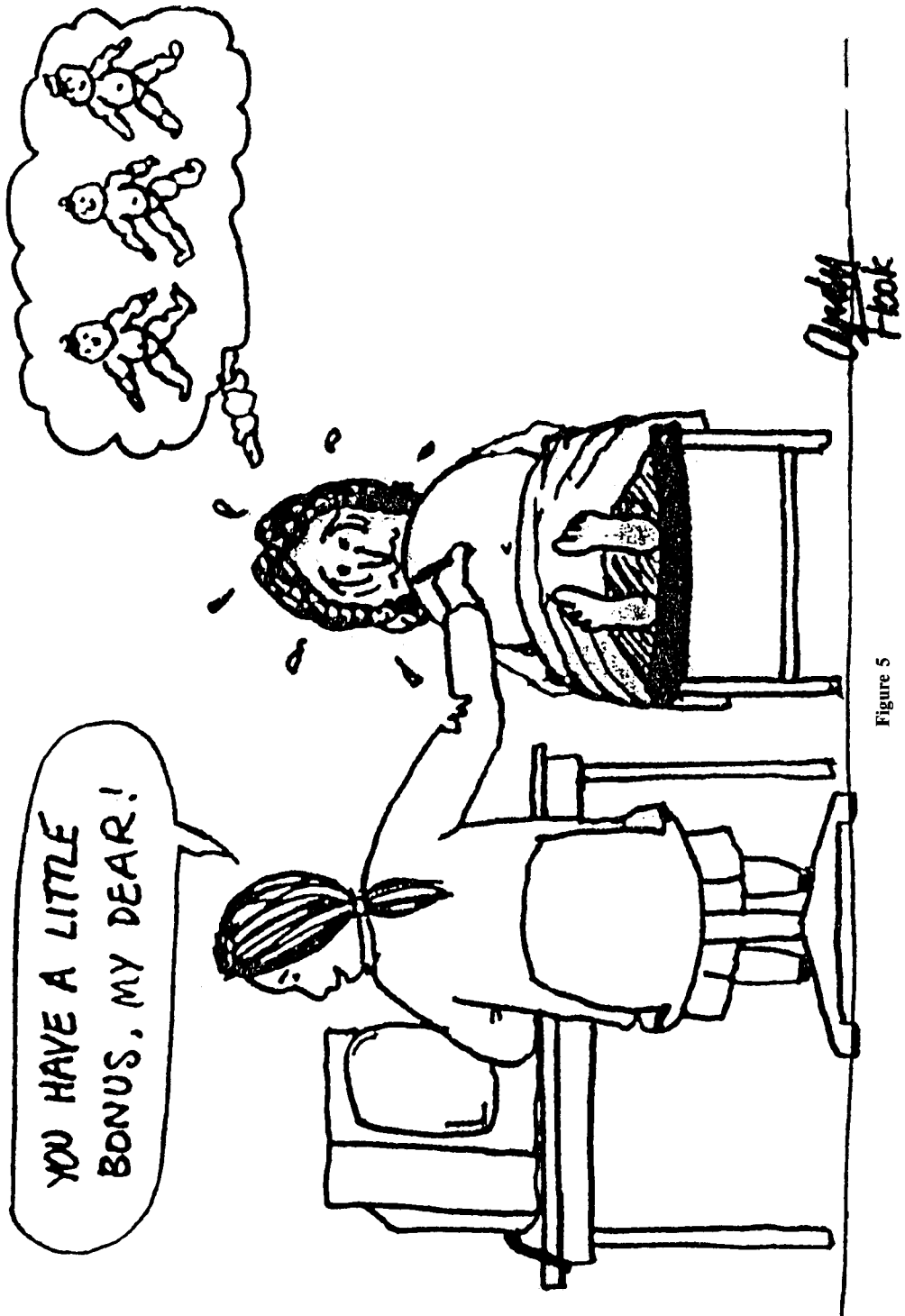


Figure 5

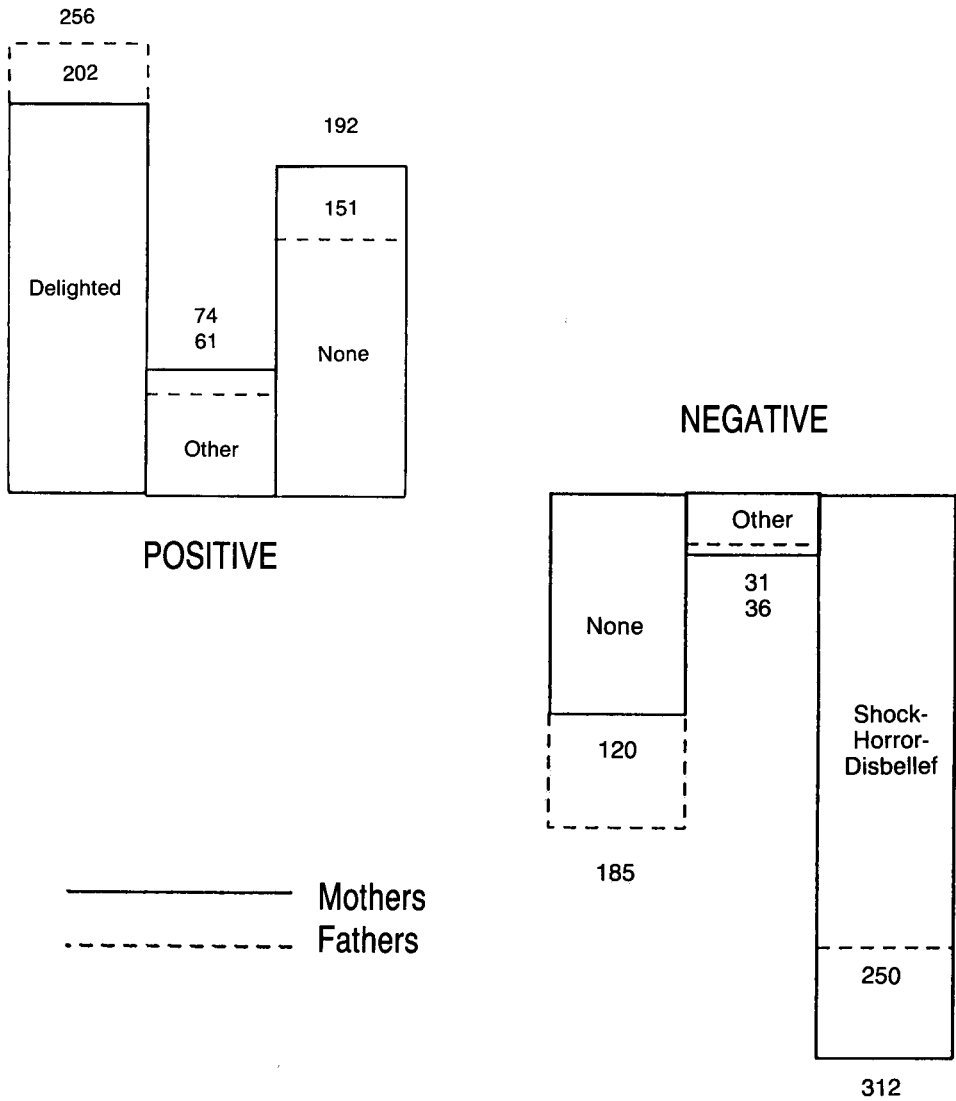


Fig. 6. Reactions of parents to diagnosis of multiples.

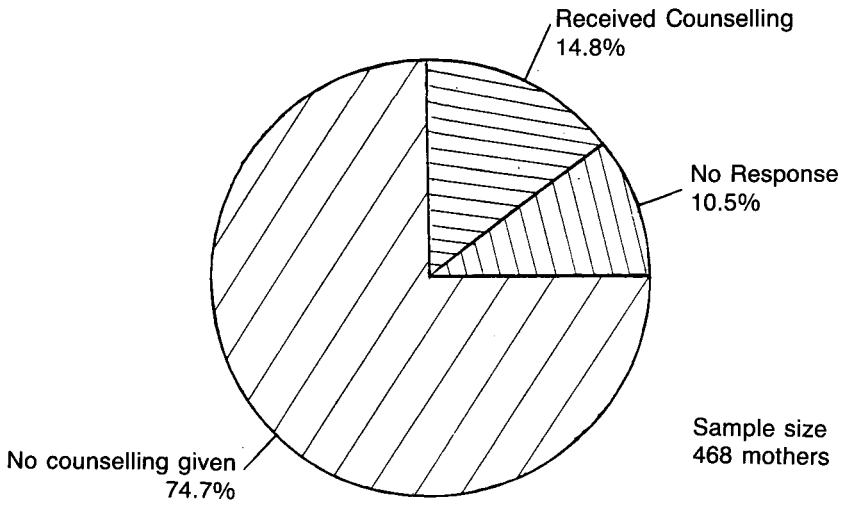


Fig. 7. Antenatal counselling of mothers expecting multiples.

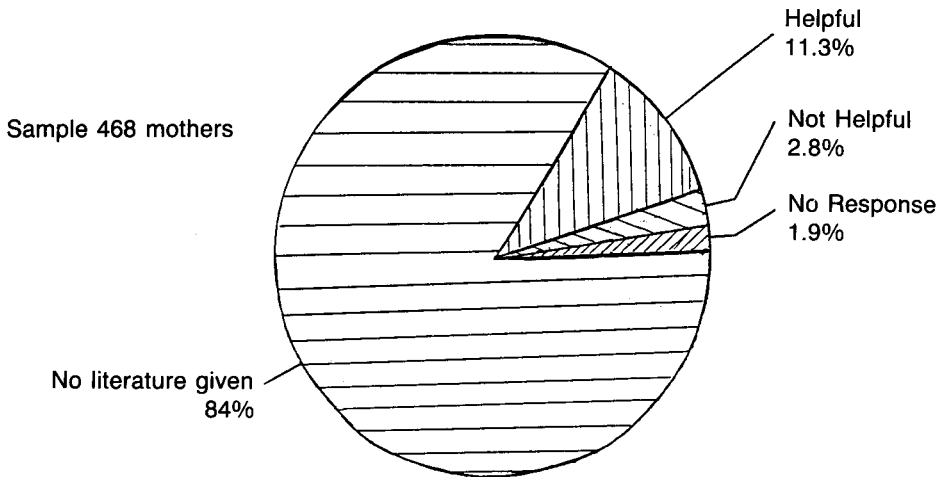


Fig. 8. Literature given antenatally to mothers of multiples.

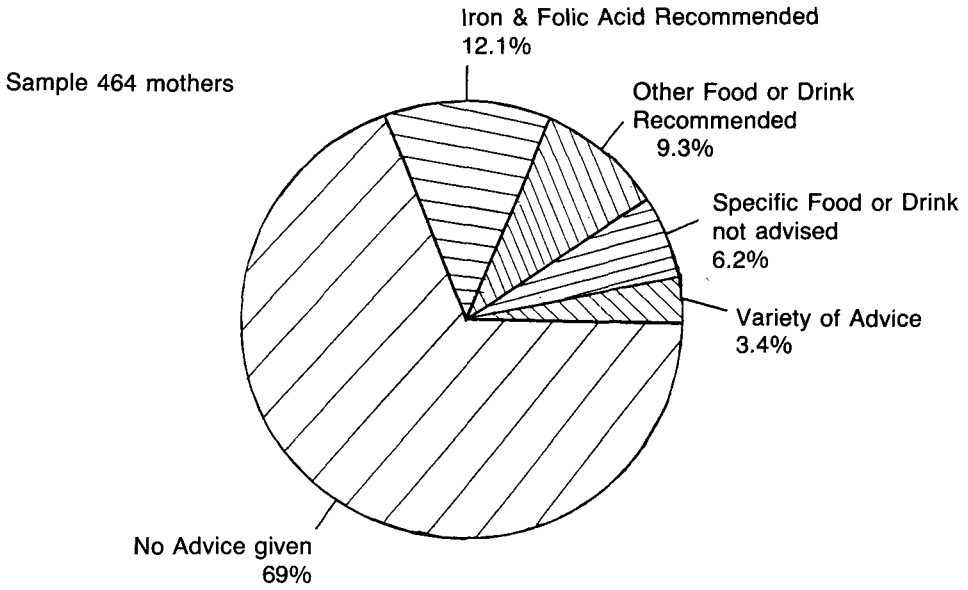


Fig. 9. Antenatal advice about diet.

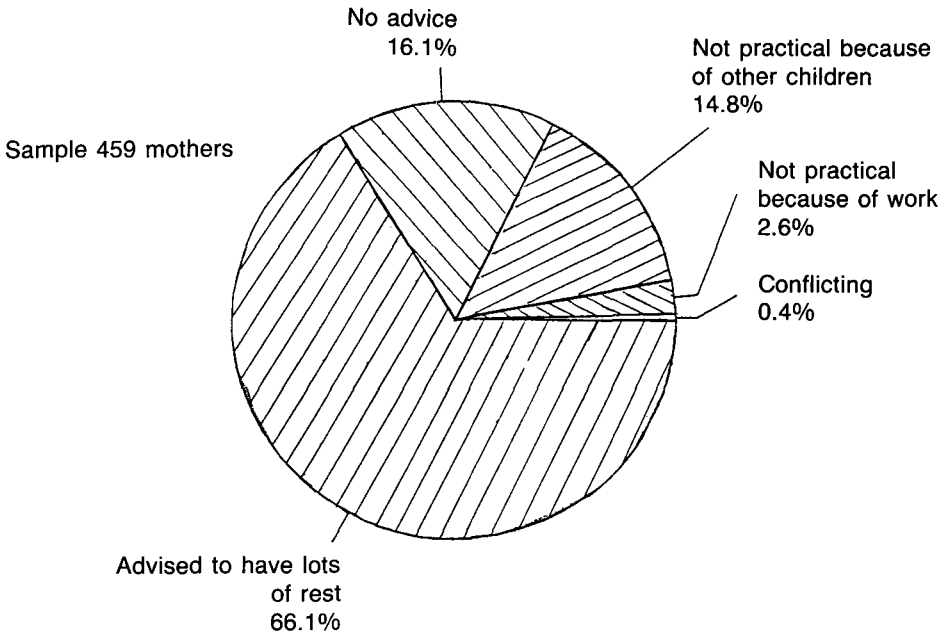


Fig. 10. Antenatal advice about rest.

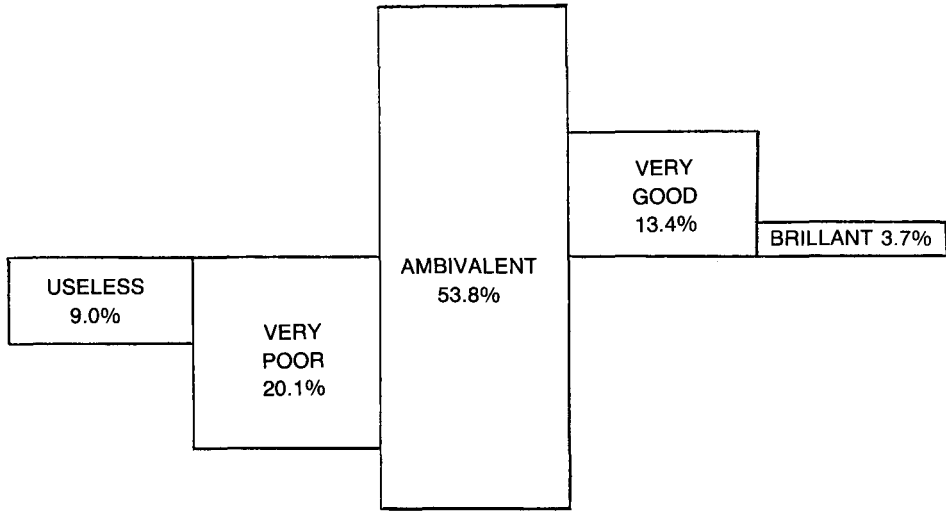


Fig. 11. Mothers' assessment of health visitor care.

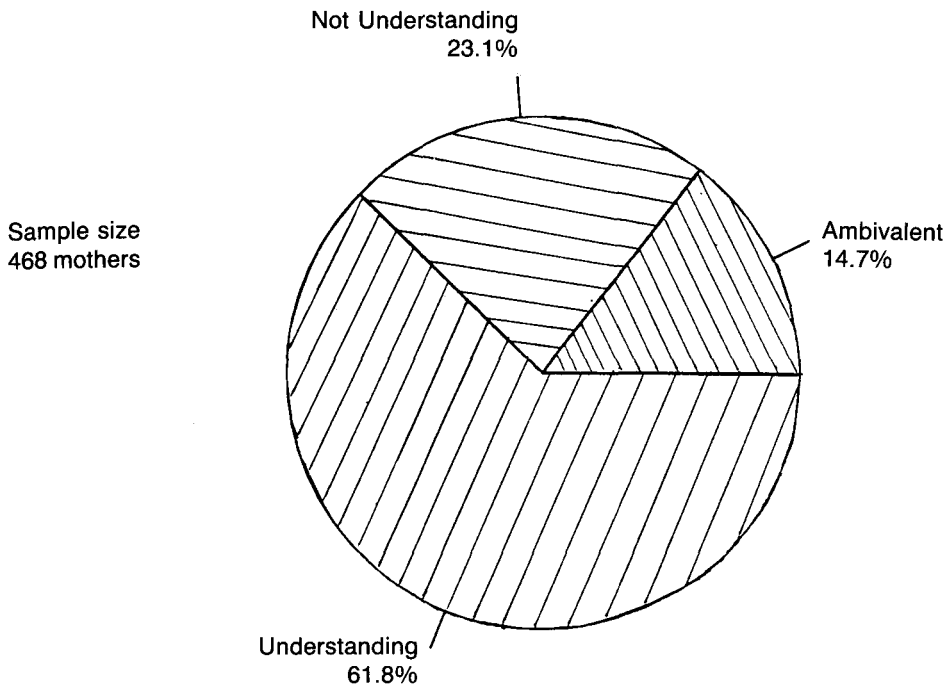


Fig. 12. Feelings of mothers of multiples about antenatal care by professionals.

back in hospital looking after their babies in Neonatal or Transitional Care Units, thought this had been of enormous help.

Follow-up care for the families appears to have been inconsistent. Only 8% had met their Health Visitors antenatally or whilst in hospital. There were 16% who were never visited by a Health Visitor, while of those who were visited, 29.1% found her unhelpful or useless, for 17.1% she was brilliant or very good and the remainder were ambivalent about her contribution (Fig. 11). Many felt that their Health Visitors were unaware of the stresses experienced by families with newborn twins or triplets and some felt that they were nervous with premature babies. It would seem that there is scope for improving professional education to include aspects of caring for multiples.

An especially interesting aspect of this study is that 98 of the respondents (21%) were themselves health professionals. Most of these mothers acknowledged their own need for counselling, information and support but discovered that their colleagues who cared for them were equally unaware of what to advise. When the whole sample is examined it is seen that almost a quarter of the mothers felt that the professionals were not understanding of their needs and were therefore unable to offer appropriate advice and care (Fig. 12). This seems generous in the light of the lack of counselling and information described earlier.

As further analysis of this research project is completed, it is probable that more indications for updating practice and education of professionals will emerge. All the nursing staff interviewed were keen to offer the best possible care to the families. A better understanding of the needs should enable them to do this.

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Correspondence: Jane R. Spillman, 14 The Street, North Lancing, West Sussex BN15 OPN, United Kingdom.