

# Report From National

September 2001

## The Support Network for Multiple Birth Families

*"Children seldom  
misquote you.  
In fact, they  
usually repeat  
word for word  
what you  
shouldn't have  
said."*

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### Toll Free Number

Now you can update your Multiple Moments subscription, membership renewal, and all other MBC inquiries TOLL FREE with our new Toll Free line introduced June, 2001 at the AGM in Barrie! You can reach us at **(866) 228-8824!**

## Chapter Tips...

### **A Volunteer's Perspective on Volunteers and You! (A Workshop from the 2001 Annual Conference) Submitted by Kim Weatherall**

At the recent Multiple Births Conference in Barrie we were blessed to have the speaker Fran Walsh (Regional Director for Canadian Cancer Society and teacher of the Fundamentals in the Management of Volunteers at Humber College) present at a workshop on volunteer management. The members in attendance for her workshop learned a lot about how to find volunteers, how to manage volunteers, but more importantly, many suggestions on how to retain them. Ms. Walsh discussed the importance of knowing

knowing why people volunteer, the current trends in volunteering and how to respond to these on-going changes. A great deal of the discussion surrounded the retention cycle of volunteers and how the chapters of MBC could keep their volunteers for longer periods of time. Specific topics that were identified as being part of this cycle were recruitment, interview, selection /placement, orientation, training, review and reassignment. At the center of the cycle there was the recognition, assessment and coaching aspects of volunteering.

A great deal of discussion revolved around the time commitment of those who volunteered as well as the expectations from both the volunteer and the organization for which they are volunteering. In the case of multiple birth organizations it has been identified that those who do volunteer are some of the busiest people around based on their family dynamics. It was mentioned that not all volunteers are available to give the same amount of time as the next, that a multiples organization should not just accept "parents of multiples", and that "warm bodies" are not always the best for a group. It became evident through the discussion that it is really important to make sure the match between the volunteer and the vacant position was a good one. Equally as important is that the expectations on both sides were agreed upon early on in the relationship and that there was a way to back out if the volunteer felt it was necessary. Ms Walsh also expressed how important it was to ask people to volunteer and that when people are often polled on why they do not volunteer or help out, they answer that it is because they were never asked.

It was identified that chapters all across Canada are facing the same challenges of finding and keeping volunteers. Much of the discussion identified that one of the most effective ways that helped to keep volunteers was to make sure they were appreciated and those in attendance offered many different techniques for thanking their volunteers.

I believe that the workshop was very beneficial to those who attended and on a personal note, the workshop had a very large impact on my personal goals with both volunteering and my career. That weekend was a difficult one for me because I gave up my position on the Board of Directors because of the many commitments in my life like (part-time) school, family and (full-time) work. I learned that weekend that the focus of future involvement with volunteering should be in the area of Volunteer Management and before

the weekend was done I was creating new roles for myself with MBC. Thankfully, reality kicked back into gear and I stopped myself before I said too much! On a larger scale, I recently decided to leave my position at the University of Ottawa and when doing so found myself looking for paid positions within the volunteer / non-profit sector. Thanks to Charity Village.com and their great section for job searches, in September I will begin a new chapter in my life as the Returned Volunteer and Program Coordinator for VSO Canada, where I will work with volunteers who return to Canada after serving two years overseas sharing their skills. By the way, all that volunteer work with the local Ottawa chapter and with Multiple Births Canada paid off!

From that workshop comes the idea for this article and a series of mini-articles or "volunteer tips" based on the information that Fran Walsh discussed and from the source from which she based her presentation The Volunteer Development Toolbox (Gail Moore and Marilyn MacKenzie, Partners Plus, 1993). As always if you have any great tips and suggestions on how your chapter works with volunteers, please pass them on to the Business Office to include in future Report From Nationals and on the membership pages of the web-site. Please send your information to the Business Office.

**MAKING A DIFFERENCE AWARDS  
Volunteer Recognition Program within the  
community of Multiple Births**

It is that time again to start thinking about who in your community should be awarded the "Making a Difference" Award.

*This award was established to acknowledge outstanding contributions and achievements within the multiple birth community...*

Is there someone in your chapter who has "gone beyond the call of duty"? Is there someone at National level who has inspired your chapter? What about someone Internationally who has had a positive impact on Multiple Births Canada?

Now is the time to start thinking about those people who have shown exceptional dedication and excellence in the work that they do for the multiple community, and *fill out a Nomination Form!*

Contact [makingadifference@multiplebirthscanada.org](mailto:makingadifference@multiplebirthscanada.org) with any questions, or for a nomination form. Return your forms to the email above, or send by snail mail to Multiple Births Canada, Box 234 Gormley, Ontario L0H 1G0 ATTN: Making a Difference. **Deadline for nominations is March 1, 2002.** Remember- without volunteers, there would be no MBC!!

## Chapter News...

### 2001 Annual General Meeting & Conference

Stay tuned for the Post Conference Report, coming soon! You can also review the Simcoe County Online recap of events in an interview with Heather Kenehan from July 22, 2001 at <http://www.simcoe.com/particle.mc?articleid=13M0M-2M>.

### 2003 Annual General Meeting & Conference Applicants

Has your chapter considered hosting the 2003 AGM & Conference? Act NOW! Contact the Business Office for more details.

## Multiple Birth Prenatal Classes

Multiple Birth Prenatal classes are a valuable resource to the community. MBC supported the following Chapters in setting up their multiple birth prenatal classes: Saskatoon and Edmonton, and have received set-up inquiries from Montreal and Mississauga. For more information on Prenatal Classes, please contact the Business Office.

### Welcome to Yellowknife Chapter!!

The Yellowknife Twins Club will hold their first informal meeting on September 9 from 2 p.m. to 4 p.m. at the Museum. Formed by Tara Gilchrist, Cayley Thomas, and two other members, we welcome you all to MBC!! Featured recently on the front page of the Northern News Services, it's nice to see that they are already breaking the ice!!

### Single Parents Network Available!

Sheri Lockyer would like to introduce herself as the new Single Parent Network Liaison for MBC! She is a single mom of four- a result of separation/divorce, as well as the co-president of the Chatham-Kent Chapter of MBC. Sheri has started a web community for Single Parents called MBC Single Parent Community, and hope to add links and resources available to Single Parents. Contact her at [singleparents@multiplebirthscanada.org](mailto:singleparents@multiplebirthscanada.org) for more information.

### Introducing a new, educational website- [www.twinsandmultiples.org!](http://www.twinsandmultiples.org)

We are pleased to share with you some exciting news of a new, educational website for multiples, [www.twinsandmultiples.org](http://www.twinsandmultiples.org), launched at the ISTS (International Society for Twin Studies) in July, 2001. Members of the Council Of Multiple Birth Organizations (COMBO), of which MBC is a member, endorsed the website and agreed to promote it within their own countries.

Professor David Hay and Pat Preedy M.Ed. B.Ed (Ph.D submitted), authors, have designed the website into **the following sections:** Multiple Facts and Figures, Pre-School, The School Years, Special Needs, and Multiple Links. (excepts from ic-COM-09-05-01-01)

**Durham Region Parents of Multiple Births  
&  
Multiple Births Canada  
Invite you to attend the  
Multiples In Motion  
Annual General Meeting and Conference 2002**

**May 23-26 2002- Oshawa, Ontario**

**Key Note Speaker: Dr. Nancy Segal, author of Entwined Lives:  
Twins and What They Tell Us About Human Behavior**

### Other Conference topics include:

Multiples in School	Multiples and Marriage
Higher Order Multiples	Multiples in the Media
ISTS Congress Report	Professionals and Multiples
Zygotosity	Multiples and Language

### Yours to Enjoy:

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# Medical News...

## Information On Two Rare Medical Conditions- Plagiocephaly and Torticollis

A mother in the Ottawa area has brought to our attention two medical conditions which are occurring with increasing frequency, especially in multiple birth children. Many medical practitioners are presently unaware of the increasing prevalence or existence of these conditions so the symptoms may be misdiagnosed or missed altogether. While we make no attempt at providing diagnosis, we would like to bring these conditions to your attention.

At 2 months of age, the girl of a boy/girl twin pair was noticed to have a preference for resting her head on one side. By 4 months of age her parents observed asymmetry in her skull: flattening of the side of her head and pushing forward of her forehead, cheek and ear on the resting side. Her head resembled a parallelogram. With these symptoms worsening, her parents notified her paediatrician who referred her to a neurology clinic where she was diagnosed with Plagiocephaly and Torticollis.

Torticollis is a condition which is characterized by a shortened neck muscle. The main symptom of this condition is the baby's preference to always sleep, sit or lie with their head turned to the same side. The baby may also tilt their head to the opposite side. Torticollis may be treated through a physiotherapy program of stretches. In addition to these stretches, parents are instructed to position their infants so that they do not rest their preferred side. Over time these stretches and repositioning help most infants achieve a normal range of neck movement.

Plagiocephaly is the condition where the baby's skull becomes misshapen by resting in the same position most of the time. Plagiocephaly can occur with or without the baby also having torticollis. When diagnosed early, babies with plagiocephaly are treated by positioning them to keep them from resting on the flattened area. If the condition becomes more advanced or is diagnosed when the baby is older (6-10 months) the baby can be fitted with a helmet which gently reshapes the skull over time.

If parents observe that their newborn(s) shows a preference for resting on the same side of their head or notice any of the skull molding described above, they should consult their medical practitioner to determine whether the child(ren) has torticollis and/or plagiocephaly. They should also immediately start positioning their baby's head so it does not rest on the preferred or flattened side. Treatment is most successful and the greatest improvements are seen when these conditions are diagnosed and treated early on.

If you have any questions pertaining to these two Special Needs situations, you can contact Debra or Lawrence at [chiabai@ottawa.com](mailto:chiabai@ottawa.com) (from ic-COM-07-19-01-01).

# Business News ...

## Accepting Submissions...

Have you considered submitting an article for Multiple Moments magazine, or Report From National Issues? We would love to hear from you!! You can send your Multiple Moments magazine articles to Vicki Riley, Editor at [mmeditor@multiplebirthscanada.org](mailto:mmeditor@multiplebirthscanada.org), or your RFN info to [communications@multiplebirthscanada.org](mailto:communications@multiplebirthscanada.org)!!

## New Fact Sheets Now Available!

We urge all members to visit our website <http://www.multiplebirthscanada.org/membership.html>, and use your member login to access the **NEW Fact Sheets!** Print 'em, share 'em, send 'em!! Visit the site regularly for the latest versions!

Members Only Access will also link you to:

- Electronic copies of back-issues of [Multiple Moments](#)
- Tips and hints for Chapter operations
- A chance to preview publications soon to be released
- Regular Membership news.
- [Chapter Resources](#)-The place to go for forms, administrative assistance and other such advice.
- [Newsletter Resources](#)-To download clip art for your newsletter, and also includes tips on producing a newsletter.
- **NEW!! Multiple Births Canada Fact Sheets** have been updated and are now available [on-line](#) to our members.

Please note: If your chapter requires hard copies and cannot download the Fact Sheets, please contact the Business Office. To minimize costs, hard copies will be mailed upon request only.

**CHANGE IN MAILING ADDRESS??** In order to avoid interruption in receiving your correspondence, Please contact the Business Office to change your information!

If you have any difficulty accessing the Members Only page, please contact the Business Office!

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# ISTS Report...

## ISTS – LONDON CONGRESS REPORT

4-7<sup>th</sup> July, 2001

Report Submitted by Lynda P. Haddon

### Symposium on the Loss of a Twin

This was the first time that the loss of a multiple(s) topic had been included in the Congress. It has become apparent over the years that the loss of a co-multiple(s) can have some serious ramifications. There were 9 speakers addressing loss from many different perspectives and a panel of speakers finished off the afternoon.

1) Bereavement was discussed through a poem, by Penny Healey and read by Ronald Higgins and art. Colin Caffel lost a twin son at aged 15 and took to drawing as a way to express his emotions.

2) Taiwo Olaleye-Oruene (Nigeria) discussed the importance of Ibeji (two carved figurines representing the twins) in Yoruba culture. The figures are treated as though they were alive and are fed, bathed, carried and put to bed, for example when one twin is travelling. This encourages his co-twin not to feel so alone.

3) Elizabeth Noble (US): Effects of twin loss in pregnancy as portrayed in art. Elizabeth Noble showed five slides by well-known artists that she felt portrayed that they may have been twins, at least within the womb. Although it is impossible to prove inconclusively, she felt the drawings portrayed the death of a "partner".

4) Two poems by Elizabeth Jennings regarding death and bereavement were read by Janet Henfrey.

5) Patricia Swanson (Australia) How families cope with perinatal loss of a twin. Some of Patricia's points through a study is completed:

- loss necessitates accommodating a new reality
- loss is really about 3 losses – the twins themselves and their relationship
- encourage the families to seek counseling and to get involved with a bereavement support group
- fathers express as much grief as mothers, they just express it differently
- Men want– trust, acceptance, appreciation, approval, encouragement
- Women want– care, understanding, respect, devotion, validation, reassurance
- (from John Grey's "Men are from Mars, Women from Venus")
- surviving siblings usually express concern for their parents; wish they had a twin
- grandparents– mourn "what might have been"; their grief is usually unacknowledged and they are often left alone to mourn; it is their "job" to console the parents and siblings; they could not protect their own child from this pain; express guilt over their own grief
- surviving identicals usually have a strong sense of the other half; often "talk" to them; spend some (if not all) of their life looking for someone to replace the twin they have lost
- surviving fraternal – loss "didn't really bother them"; have curiosity about death
- Parental needs: acknowledgement of their grief; contact with other bereaved parents; literature; momentos (photos, drawings,

copy of medical records, etc)

-"the loss of a baby is 100% of the loss of a baby"

6) Dr. Elizabeth Bryan (UK): Loss in Higher multiple pregnancies and multifetal reduction. Is now called "Multifetal Pregnancy Reduction" and no longer selective reduction. It has not been appreciated until recently the depth of possible ramifications of choosing this procedure. Families try very hard to get pregnant and then have to "kill" one (some) of their babies. This is difficult for some to come to terms with. There is difficulty with even limited the implantation to two eggs, because sometimes that can split to form monozygotics. Do you reduce the "singleton" or one of the identicals? Dr. Bryan discussed when to tell the survivors what happened. She noted that secrets in families are potential bombs waiting to go off. Tell the others from the beginning, was the recommendation. She also said it is helpful to name the terminated baby(ies). Dr. Bryan noted that in monozygotic twins, their children are not only cousins but are also one half genetically related.

7) Dr. Nancy Segal (US): When twins lose twins: implications for theory and practice.

8) The remainder of the session was a panel of bereaved parents, social workers and religious members. Countess Mountbatten of Burma was a panel member. She lost a 15-year old twin son, along with her father and mother-in-law when the IRA bombed their boat. On Friday I attended a session entitled "Assisted Reproduction: Counting the Costs"

9) Nicholas Fisk (UK): Reproductive medicine, multiple births and the sequelae for the children. Mr. Fisk spoke about the risks of multiple birth, cerebral palsy being an underlying risk. For at least having one baby with CP: twins it is a 1-1/2% risk, triplets an 8% risk and quads at 43% risk. There needs to be control of how many blastocysts are implanted, perhaps two or better still, only one. He recommended preventing twins. Medical people are not very good at being able of stopping preterm labour. There is a present recommendation that multiple pregnancies do not go beyond 37-38 weeks due to the risk of stillbirth.

He indicated that Multifetal reduction data is currently very poorly controlled. Reduction should be offered on medical and not social grounds. There is emotional baggage and most people are affected by choosing this decision. There is a risk in reduction of endangering the life of the remaining fetuses that is not fully appreciated.

10) Jane Henderson (UK): Assisted reproduction – counting the cost. Economic implications of multiple births. Jane indicated that there are increased maternal issues such as diabetes; increased perinatal complications and psychosocial problems for the family in a multiple birth.

#### Resource implications:

- hospital care
- direct non-medical costs
- indirect costs – travel, accommodations, childcare
- long-term disability
- intangible costs – associated with anxiety, grief

#### Indirect costs:

- reduction in family income – loss of mother's career or put on hold
- intangible costs
- emotional and physical energy
- isolation of the mother

-restricted social contact due to travelling with multiple infants  
-marital breakup

Hospital costs increased; Neonatal and pediatric is estimated to be 50 times more than a singleton.

There is a pressing need for primary support.

11) Donna Launslager (Canada): Looking beyond the technology: coping with higher order multiples. As a mother of quads plus one, Donna put a "real face" on this issue. Donna spoke of the difficulty of the babies being "individuals", bonding issues, marital stress, loss of income and what if there were a preference of one baby over another? I found Donna's talk very important as she touched on several issues that professionals may not have considered.

12) Peter Pharoah (UK): The Effects of assisted reproduction in the trends and zygosity of multiple births: England and Wales 1974-99. Peter noted that with the increase in knowledge and medical machines and know-how, the viability age of keeping preterm babies alive has been lowered from 28 weeks to 24 weeks. This was VERY scary. While medical know-how may have progressed to this level, this new viability standard does not mean that the babies will not have some serious and/or life-long disabilities as they are just too premature.

Peter and his group examined the trends in the prevalence of multiple pregnancy by zygosity and estimated the contribution assisted reproduction to monozygotic twinning.

Conclusion: As MZ compared to DZ conceptions are at greatly increased risk of fetal and infant death, the effects of assisted reproduction needs consideration when auditing hospital fetal and perinatal mortality rates.

13) Paul Lancaster (Australia): Multiple pregnancy and perinatal deaths after assisted conception. Paul noted that he was in attendance in 1972 when nineuplets were born through uncontrolled prescribed drugs by an obstetrician. None survived.

He indicated that multiples in Australia occurred 1/3 naturally, 1/3 IVF and 1/3 "other" (guess which represents drugs!) In Australia as in US, by law only a maximum of 3 embryos can be inserted. Assisted conception (IVF, ICSI and GIFT but not fertility drugs alone) account for 15.3% of all twin births and 47.2% of HOMs.

14) Jaroslaw Oleszczuk (Poland): Projections of population-based triplet birth ratios throughout the next decade – is the epidemic uncontrollable? Jaroslaw noted that triplet births world wide have increased dramatically in the last 20 years and these babies have a 3x higher risk of cerebral palsy than in a singleton pregnancy. The increase is thought to be because of better access to infertility treatments, which carry an inherent risk of a multiple pregnancy. Study of triple births per 100,000 live births from various countries have been analyzed and a projection made for the next decade. Results are startling – if triplet births continue at the current rate, triplets would comprise a third of all live births in some countries. Consequences for both health systems as well as parents are difficult to envision. Current infertility treatment practices need revision in order to control this potentially devastating epidemic.

The gist of Jaroslaw's presentation focused on maternal age at conception and the impact on conceiving multiples (i.e. egg quality, mother's age, health, smoker, alcohol consumption and

such). After his presentation, I asked him if his studies had included any work on paternal age and its possible impact on conceiving multiples. He responded that none of their research focused on the fathers but that in the future, they hoped to widen the scope of their research and examine the possible impact, state of health and lifestyles of the fathers. While on the surface it seems rather obvious to study the age and health of the mother, I feel that we may very possibly be leaving out 50% of the equation and look forward to hearing his findings on possible paternal impact.

(NOTE: Jaroslaw's comments and findings were noted in an article in The National Post on 21<sup>st</sup> July, 2001. In that article, Jaroslaw indicated that in the U.S., triplet births could rise to 350,000 a year within 10 years at the current birth rate.)

15) Christopher Jones (UK): The cost-effectiveness of in vitro fertilization. Chris noted that once we stimulate an ovary, we do not know how to stop. While there is good control in hospitals on the quality of embryos chosen for implantation, there remain embryology laboratories which are unregulated. With a view to cost effectiveness, he recommended that if we are not capable of cultivating good quality embryos, then we need to use another reproductive technology such as GIFT.

He discussed the number of embryos to replace per cycle. His team investigated 93,295 UK patients who underwent 174,481 fertility treatments from 1991-98. They calculated the most cost-effective number of embryos per cycle in light of two competing variables – cycle costs and costs of live deliveries. Their analyses indicate the current practice of transferring more than two embryos results in an unacceptable ethical and financial burden due to the increased risk of multiples. Minimizing delivery costs with respect to cycle costs would yield immediate benefits.

Chris also mentioned a talk earlier in the day that I was unable to attend due to overlapping. In that presentation, Robert Derom from Belgium spoke. Robert felt that education was a vital key in controlling the risk of a multiple births. He noted that today parents wait too long to begin to try to have children and as a result, some need to use infertility treatments. Part of the health education system needs to teach about fertility issues and parents need to be advised right up front – Don't wait too long to try and become pregnant. Parents need to have their children during their fertile period, i.e. aged about 20-30 years.

Chris also noted that 50% of the cerebral palsy medical/legal infant issues in the UK are from multiple birth families. This is reflective of the poor support that families with CP children experience.

16) Dr. Elizabeth Bryan (UK) – The Broken Twinship. Dr. Bryan listed two ways a "twinship" may be broken: through death and "vanishing twin". She spoke of the physical and emotional impact of this and noted that first trimester reductions needs further investigation. The perinatal mortality of twins is 5 fold that of singletons and triplets is 9 fold. This is not always clear to families expecting multiples. These families experience a rollercoaster of emotions – joy, anxiety, grief, guilt. Survivors may see themselves as a half person, have described the death of their co-multiple as an "amputation". Broken twinships can also occur through estrangement, living distances, marriages or disfigurement.

Psychosocial Issues of Multipleships

Continued....

17) Karen Thorpe (UK): The Emotional wellbeing of mothers of twins. Karen note that a multiple pregnancy is basically an unplanned pregnancy. Families may wish for a baby but twins or triplets may not be what they would have thought of conceiving. She also noted that the mothers who lose a twin had 3 times the risk of depression. Karen compared the additional and exceptional stresses of parents raising multiples and those raising singletons. The results of their study showed that both mothers of twins and those with singletons spaced less than two years apart have raised risk of experiencing depression and that mothers of twins had the highest mean scores on the depression scales.

18) Audrey Sandbank (UK): Twin parenting patterns. Audrey and her team explored the relationship of twins with their own children to determine whether twins as a group share similar parenting attitudes. They also looked at zygosity, birth order, birthweight and dominance on twin parent/child relationships. There was a singleton parent control group. The early indications are that a) MZ twins lean towards a helpful and affectionate child (unlike singletons), perhaps mirroring the twin relationship; b) self-sufficiency was not seen as an attractive attribute by twins; c) the control group does not favour any attribute uniquely.

19) Liora Baor (Israel): Parenting stress among parents of twins: IVF vs spontaneous. Liora's paper sets out the criteria they used when questioning 56 Polish mothers of twins who had delivered with the last 24 months (these statistics are set out in their abstract). They concluded that in this sample of mothers, severe parenting stress was found in half of the mothers following ART conceptions, twice as much as in the spontaneous group. Parenting stress in the group seemed to be uninfluenced by mode of conception as well as the other tested variables. Liora also noted that IVF twins had more neonatal complications than spontaneous.

20) John Mascazine (USA): The learning styles of MZ twins. John studied 117 sets of identical pairs and patterns emerged that were consistently supported by follow-up interviews and open-ended surveys. Data indicated that identical twin siblings do not share similar learning styles and often develop quite different strategies when completing learning tasks. Even among the perceptual modalities of auditory, visual, tactual, and kinesthetic elements, identical twins rarely possessed the same modality preferences. Many presumptions about twin siblings and how they learn are incorrect or incomplete. The data could assist parents, teachers and school administrators understand twins as learners. Twins often reported having to cope with unique issues in their formal and informal learning experiences. Among these issues were: 1) the role of competition among twin siblings in learning situations; 2) The need for individual identity and recognition in learning situations; 3) The positive impact that twin siblings had upon each other's education experiences, and 4) The twins who were successful as learners were able to identify and utilize their individual learning style strengths.

21) Kate Sullivan Collopy (USA): Playing G-d: a phenomenological study of women's decision making regarding multifetal reduction (MFR). Seven women participated in the research and were asked "What was it like to make the decision whether or not to reduce your HOM pregnancy"? Five themes emerged from the data: 1) All you can think about is having a baby (in which the participants described a single-minded, relentless pursuit to conceive); 2) there are Three: where the participants described emotions ranging from concern to euphoria upon receiving the diagnosis of HOM pregnancy; 3) It's Like a BOOM and you have to decide: where the participants told of having to make a difficult,

life-altering decision in a very brief time period; 4) We didn't deserve this: in which the participants described experiencing multiple layers of loss while attempting to become mothers; and 5) What if/Which One?: where the participants described the last effects of their decision, wondering about ways in which their pregnancy outcomes might have been different or which one of the children might have been reduced.

Kate made a few important recommendations/comments:  
-it is important to CELEBRATE before reduction is even brought up;

-the short window of time in which families have to make this decision needs to be appreciated;  
-playing G-d in seeking infertility assistance overrode the issue of playing G-d in MFR;  
-several families did not want sonogram photos as a result of having to choose MFR. They did not want a reminder of their choice;  
-most ask either the doctor or themselves: which did I reduce, my boy or girl?;  
-those who choose not to reduce will ask themselves: which would I have lost IF I had chosen reduction? These families can also have panic attacks;

There was much discussion about whether or not families had enough information to make a properly informed decision/choice. Most families said they did not and some acknowledged that they couldn't process the information even if it was available. Elizabeth Noble spoke up that she felt these families had "selective hearing" as to what information they digested and what they did not. I do not agree with that opinion because while we try to give these families as much information as possible IN ADVANCE, most families do not consider that anything "bad" or "negative" will happen to them, so that part of the information is ignored or "sluffed off". We are projecting these families into a future that currently does not exist and it seems very reasonable to me that they will be thinking, "Well, they certainly don't mean me!" It is similar to trying to imagine being hungry again after you have just eaten your fill of a delicious meal. It's hard to remember being hungry, even though we remain aware that we definitely will be hungry again. These families even have trouble believing that they will be sleep deprived after the babies are born.

22) Julia Feast (UK): Twins – the particular issues for children born as a result of donor-assisted conception. Julia presentation was fascinating– while adopted children in the UK have access to information about their genetic parent(s), those born of donated gametes do not. It is a well established fact that people need to know about their origins and to have a sense of who they are and where they came from thus building a strong sense of self and identity. Julia noted that parents of multiples are encouraged to treat and encourage their children to be individuals. Parenting multiples resulting from donor-assisted conception will bring additional challenges to nurturing and child-rearing as the genetic make-up of one or both parents is unknown.

23) Elizabeth Stewart (UK): The social reality of twinship. Elizabeth's talk focused on the reinforcement of "twinship" by society. Comments such as: Oh, you are twins, are you? Or a multiple indicating "I am a twin." reinforces the lack of individuality and lack of autonomy.

24) Milton Diamond (US): Twins: What they might teach us about the development of Sexual Identity. Mickey's (he prefers to be called Mickey) talk focused on the nature/nurture issue and, of course, researchers love to study multiples regarding this issue. Mickey had slides showing how boy twins were raised as boy/girl when a laser circumcision on one boy baby went very wrong. His entire

penis was “lost” in the botched procedure. He was therefore castrated and brought up as a girl, receiving estrogen at the age of 12 years. He rejected his femininity by age 14 and would not consider that he was female.

25) Alice Domurat Dreger (US): What would it mean to think of conjoined twins as individuals? Ethical problems in the management of conjoined twinning. Alice explored issues around the separation of conjoined twins and that they are presumed to be “born to be separated”. Separation surgery is referred to as “reconstructive” as if the surgery merely restored them to how they were in the first place. The pressure is placed on separation by a singleton society who sees the separation as “normal” and absolutely necessary. The reality is that: sometimes potentially fertile children are left infertile, abled bodied children are left disabled and there are “sacrifice” surgeries where one is marked to die. It is imperative that we rethink the “norm” when it can be seen that there exist many cases where children have lived full and rich lives without being separated.

26) James O’Neill Jr. (US): Conjoined twins – whether to separate. Current accepted treatment of conjoined twins involves separation whenever reasonably possible. Sometimes the surgery is straight forward and sometimes it is not. Often one or both babies will require numerous surgeries over their lifetimes. Most babies joined through the head cannot be separated because of the poor outlook for both. Babies joined through heart: similar difficulty. The moral, ethical, sociological and legal aspects of problematic cases were examined and long-term follow-up data supports a reasonable approach to separation whenever feasible.

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## **Ontario Health Promotion E-Mail Bulletin #219.1 August 03, 2001**

### **OHPE Bulletin #219.1, BOY - It’s not easy being one... By Linda Millar, Director of Education, Concerned Children’s Advertisers**

Introduction: The Issue

Raising children in today’s world is a delightful mixture of cheers and challenges. As parents, we need to be provided with the tools to help our children make healthy choices - choices that will help them to be safe, secure and self-confident. Young boys have their own set of challenges and require specific tools to help them navigate their way through childhood.

#### **A. Some facts about boys**

(Taken From: The Wonder of Boys, by Michael Gurian, therapist, educator, author. New York: Jeremy P. Tarcher/Putnam, 1996)

- \* Parents talk to, cuddle, and breast-feed their boy infants significantly less than their girl infants.
- \* Male infants suffer a 25% higher mortality rate than female infants
- \* Boys are twice as likely to suffer from autism, six times as likely to be diagnosed with hyperkinesis (muscle spasm, hyperactive condition of children), and more likely to suffer birth defects.
- \* The majority of schizophrenics are boys.
- \* The majority of retarded children are boys; emotionally disturbed boys outnumber girls 4 to 1.
- \* Learning disabled boys outnumber girls 2 to 1.
- \* Boys are twice as likely as girls to be victims of physical abuse.
- \* By age nine, most boys have learned to repress all primary feelings except anger.
- \* For many boys, rage becomes the principle conduit for repressed pain, fear, sadness, and grief.
- \* Boys are four times as likely to commit suicide as girls.
- \* Boys drop out of high school at a higher rate than girls

#### **B. What Can We Do?**

By helping our boys to recognize their strengths and focus on what they can do rather than what their limitations are, we can help them to achieve their goals. Letting them know that they are not alone when they feel pressured, uncertain or insecure, encourages them to turn to friends and family for help. By providing our boys with a strong support system and channeling their boundless energies into positive activities, we are helping them to meet their challenges and define their futures.

#### **C. Concerned Children’s Advertisers**

Concerned Children’s Advertisers (CCA) is a non-profit organization of twenty six Canadian companies who responsibly market and advertise their products and services to children and their families. As child-centered advertisers, broadcasters, and agencies, CCA member companies work together to combine responsible marketing to children, with the social responsibility of caring for children.

CCA member companies have a concern for all issues affecting children, as well as a commitment to understanding and developing solutions to the problems facing children in Canada. With over 35 commercials produced to date, CCA messages speak to the issues of substance abuse prevention, child abuse prevention, healthy life coping skills, self-esteem, bullying and media literacy.

To ensure that each message is soundly based and delivered effectively, partnerships have been formed between CCA member companies, the advertising production community, Health Canada, Canadian Heritage and the Department of Justice. By forging alliances with these groups, CCA has been able to benefit from their expertise, research and knowledge on these all important and complex issues.

Canadian advertisers, broadcasters, agencies and production houses have, and continue to, generously donate their time, talent and production costs to create this compelling series of more than 35 commercials which are 30 seconds, 60 seconds and 2 minutes in length.

Three of Concerned Children’s Advertisers commercials are aimed particularly at boy’s self esteem. ‘What’s Your Thing?’, helps boys recognize that ‘Nobody’s good at everything, but everybody’s good at something’. The important thing is to recognize that boys, like girls, do have feelings and to channel their energies to positive directions, and support them as individuals while they navigate their way through life’s challenges.

Boys and girls are constantly trying to balance the impact and need for group support and this sometimes results in decisions and emotions that cause them to struggle with their choices. ‘Bundle Up’ and ‘Knock on Wood’ act as catalysts for discussion, and let boys know that we are aware of their need to be understood, supported and guided as they grow to become responsible, caring citizens.

The tag line, ‘Boy...It’s not easy being one’ opens the door for meaningful ways to help boys to recognize their strengths and address their challenges in positive ways. Below, are some tools to help parents celebrate the strengths and attributes of their boys:

#### **D. Tips to Help Promote Positive Self Esteem With Boys**

Research tells us that boys have difficulty identifying their feelings and emotions, as well as expressing them. Try engaging boys in family discussions that provide them with a safe and caring environment to express their feelings.

Boys often suppress emotions because they are easily embarrassed. Let them know that it is okay to talk about their experiences without being laughed at or judged.

Boys need to learn strategies for dealing effectively with anger. Help them to learn how to express frustration and anger in non-violent, appropriate ways.

Peer relationships are very important to boys. Get to know their friends and encourage positive relationships.

Boys often equate popularity and success with being good at sports. Help your boys identify what they are good at. Encourage them to focus on their strengths, after all- ‘Everybody is good at something. What’s your thing?’

Boys find dealing with peer pressure to be a major challenge in their lives. Review the 'Starting Points for Family Discussions to Avoid Negative Peer Pressure' with your boys. Encourage them to fill their 'toolkit' with lots of strategies for saying no.

Sometimes, boys feel uncomfortable engaging in activities that are 'traditionally' for girls. Encourage your boys to participate in non-traditional roles that they enjoy. (Cooking, dancing, singing etc.)

Boys have lots of energy! The key is to help them learn to channel that energy towards positive means. A little guidance and support goes a long way to helping boys make appropriate, healthy choices.

In closing, let us once again turn to the illuminating words of author Michael Gurian who states: " *...Boys, like girls are inherently blessed, and if nurtured properly, provide the world with indomitable spirits, humble hopes, courageous love, and unflagging energy. The fact is, masculinity, if appropriately parented, mentored and educated, is one of life's most nurturing and creative forces.*"

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Thanks to the author, Linda Millar, Director of Education, Concerned Children's Advertisers. For more information about Concerned Children's Advertisers and our Parent or Educator Program, 'TV&ME', contact CCA at (416) 484-0871, or check out our web site at: <http://www.cca-kids.ca>.

## In Memory...

### Tribute to Dr. Raymond Brandt

The soul of our beloved twin friend, Dr. Raymond Brandt, is rejoining in Eternal Glory with his identical twin, Robert, and our Savior and Lord, Jesus Christ. On June 19, 2001 his earthy life ended at his home. This was his fifth bout with cancer in 9 years.

Having served in the Korean War, he was buried at Arlington National Cemetery on Thursday, July 5th, which was the 52nd anniversary of his twin Robert's accidental death by electrocution while working as linesmen at their age of 20. Miriam said Dr. Brandt spent a very peaceful time at home the week before he died.

After the death of his twin, Robert, Dr. Brandt suffered for years feeling he was no longer a twin. In 1985, he founded the Twinless Twins Support Group International (TTSGI). Later he published the only magazine for twins, *TwinsWorld*, as well as the *Twinless Times* newsletter.

The Twinless Twins group was founded to serve in support of twins (all multiple births) who suffer from the loss of companionship of their twin through death, estrangement, or in-utero loss. Many have found the contact with other twinless twins is an immense help in their lives; they can understand each other's feelings like nobody else can. Dr. Brandt was so effective in supporting twinless twins as a result of his own twin loss. No doubt, thousands have benefited from Dr. Brandt's wise counsel as sympathized with them, and confirmed that they were not alone. He was always available to give of his time to twins in need.

At the Twinless Twins retreat July 18-22 in Denver, there was a special memorial service for Dr. Brandt. They will also recognize him in their heart-felt balloon release with heart-shaped balloons filled with notes.

What a wonderful work he did to support twins and twinless everywhere. He was such a warm and caring and loving man, with his bride, Miriam, at his side who has been totally supportive of this work. You may have seen Dr. Brandt on one of many TV programs in the past. Unsolved Mysteries taped their last interview with him on Father's Day, 2 days before he died.

For those of you who had the pleasure of knowing Dr. Brandt, we count it one of life's precious blessings. Memorial gifts may be sent to Twinless Twins Support Group, GrabilBank, PO Box 99, Grabil IN 46741, USA.

If you wish to sent a note to Dr. Brandt's bride (as he always called her), her email is [twinworld1@aol.com](mailto:twinworld1@aol.com), or mailing address is Miriam Brandt, 9311 Poplar Creek Rd, Leo IN 46765, USA.

## We Want To Hear From You...

Keep us updated your Clothing Sale information! Send your information any time to [pkrason@yahoo.ca](mailto:pkrason@yahoo.ca).

Do you have an exciting event or other news that you would like to share?! Email Juli Paladino, Director of Communications at [communications@multiplebirthscanada.org](mailto:communications@multiplebirthscanada.org) today!!

## Deadlines...

### Multiple Moments

Multiple Moments Magazine deadline for Quarterly Issue 1, 2002 contribution is December 15th. We appreciate any contributions relating to Spring- Easter, safety tips, travelling with baby, time-saving recipes, stories, pictures, etc.

## Volunteers...

### Fact Sheet Translation

Do you have some time to contribute to your National organization, for the purpose of translating Fact Sheets and Handbooks, or know someone who can? We are presently seeking individuals to translate! Contact the Director of Publications, Carrie Johnston, at [publications@multiplebirthscanada.org](mailto:publications@multiplebirthscanada.org) for more information!

*Thanks for your hard work and dedication to the volunteers below, and many more!!*

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(\* Mapping The Future Project)

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