Declaration of Rights
And Statement of Needs of Twins and Higher Order Multiples

*adopted by the Council of Multiple Birth Organizations of the International Society for Twin Studies, May 1995
(updated in 2007)

Introduction: The mission of the Council of Multiple Birth Organizations (COMBO) of the International Society for Twin Studies is to promote awareness of the special needs of multiple birth infants, children, and adults. The multi-national membership of COMBO has developed this Declaration of Rights and Statement of Needs of Twins and Higher Order Multiples as benchmarks by which to evaluate and stimulate the development of resources to meet their special needs.

Declaration of Rights

WHEREAS myths and superstitions about the origins of multiples have resulted in the culturally sanctioned banishment and/or infanticide of multiples in some countries:

I. Multiples and their families have a right to full protection, under the law, and freedom from discrimination of any kind.

WHEREAS the conception and care of multiples increase the health and psychosocial risks of their families, and whereas genetic factors, fertility drugs, and in vitro fertilization techniques are known to promote multifetal pregnancies:

II. Couples planning their families and/or seeking infertility treatment have a right to information and education about factors which influence the conception of multiples, the associated pregnancy risks and treatments, and facts regarding parenting multiples.

WHEREAS the zygosity of same sex multiples cannot be reliably determined by their appearances; and whereas 1) the heritability of dizygotic (two-egg) twinning increases the rate of conception of multiples; 2) the similar biology and inheritance of monozygotic (one-egg) multiples profoundly affect similarities in their development; 3) monozygotic multiples are blood and organ donors of choice for their co-multiples; and 4) the availability of the placenta and optimal conditions for determining zygosity are present at birth:

III. A) Parents have a right to expect accurate recording of placentation and the diagnosis of the zygosity of the zygosity of same sex multiples at birth.

B) Older, same sex multiples of undetermined zygosity have a right to testing to ascertain their zygosity

WHEREAS during World War II twins were incarcerated in Nazi concentration camps and submitted by force to experiments which caused disease or death:

IV. Any research incorporating multiples must be subordinated to the informed consent of the multiples and/or their parents and must comply with international codes of ethics governing human experimentation.

WHEREAS inadequate documentation, ignorance, and misconceptions regarding multiples and multiple birth increase the risk of misdiagnosis and/or inappropriate treatment of multiples:

V. A) Multiple births and deaths must be accurately recorded.

B) Parents and multiples have a right to care by professionals who are knowledgeable regarding the management of multiple gestation and/or the lifelong special needs of multiples.

WHEREAS the bond between co-multiples is a vital aspect of their normal development:

VI. Co-multiples have the right to be placed together in foster care, adoptive families, and custody agreements.
Statement of Needs

Summary: Twins, and higher order multiples have unique: conception, gestation and birth processes; health risks; impacts on the family system; developmental environments; and individuation processes. Therefore, in order to insure their optimal development, multiples and their families need access to health care, social services, and education which respect and address their differences from single born children.

WHEREAS twins and higher order multiple births are at high risk of low birth weight (<2500 grams), and very low birth weight (< 1500 grams), disability, and infant death:

I. Women who are expecting multiples have a need for:

A) education regarding the prevention and symptoms of pre-term labor,

B) prenatal resources and care designed to avert the pre-term birth of multiples, including:

1. diagnosis of a multiple pregnancy, ideally by the fifth month, which is communicated tactfully, with respect for the privacy of the parents;

2. nutrition counselling and dietary resources to support a weight gain of 18-27 kilos (40-60 pounds)

3. obstetrical care which follows protocols of best practice for multiple birth and when the health of the mother or family circumstances warrant:
   a. extended work leave;
   b. bed rest support; and
   c. child care for siblings.

4. heightened diligence toward diagnosis and treatment (when needed) for the conditions to which multiples are uniquely at risk, including but not limited to twin-to-twin transfusion syndrome (TTTS);

5. attention to the timing and mode of delivery of multiples

(See References, Section I).

WHEREAS breastfeeding provides optimal nutrition and nurture for pre-term and full-term multiples; and whereas the process of breastfeeding and/or bottle feeding of multiples is complex and demanding:

II. Families expecting and rearing multiples need the following:

A) education regarding the nutritional, psychological, and financial benefits of breastfeeding for pre-term and full-term infants;

B) encouragement and coaching in breastfeeding techniques;

C) education and coached practice in simultaneous bottle feeding of co-multiples; and,

D) adequate resources, support systems, and family work leave to facilitate the breastfeeding and/or bottle feeding process.

(See References, Section II).

WHEREAS 60% of multiples are born before 37 weeks gestation and/or at low birth weight and experience a high rate of hospitalization which endangers the bonding process and breastfeeding; and whereas newborn multiples are comforted by their fetal position together:

III. Families with medically fragile multiples need specialized education and assistance to promote and encourage bonding and breastfeeding. Hospital placement of medically fragile multiples and hospital protocols should facilitate family access, including co-multiples’ access to each other.

(See References, Section III).

WHEREAS multiple birth infants suffer elevated rates of birth defects and infant death:

IV. Families experiencing the disability and/or death of co-multiples need:

A) care and counseling by professionals who are sensitive to
Declaration of Rights
And Statement of Needs of
Twins and Higher Order Multiples

the dynamics of grief associated
with disability and/or death in co-
multiples; and

B) policies which facilitate appropriate
mourning of a deceased multiple or
multiples

(See References, Section IV).

WHEREAS the unassisted care of newborn,
infant, and toddler multiples elevates their families’
risk of illness, substance abuse, child abuse,
spouse abuse, divorce, and potential for child
abuse:

V. Families caring for multiples need
timely access to adequate services and
resources in order to:
A) insure access to necessary
quantities of infant and child
clothing and equipment;
B) enable adequate parental rest and
sleep;
C) facilitate healthy nutrition;
D) facilitate the care of siblings;
E) facilitate child safety;
F) facilitate transportation; and
G) facilitate pediatric care.

(See References, Section V).

WHEREAS families with multiples have the unique
challenge of promoting the healthy individuation
process of each co-multiple and of encouraging
and supporting a healthy relationship between the
co-multiples; and, whereas the circumstance of
multiple birth affects developmental patterns:

VI. Families expecting and rearing
multiples need:
A) access to information and guidance
in optimal parenting practices
regarding the unique
developmental aspects of multiple
birth children, including the
processes of: socialization,
individuation, and language
acquisition; and

B) access to appropriate testing,
evaluation, and schooling for co-
multiples with developmental
delays and/or behavior problems.

(See References, Section VI).

WHEREAS twins and higher order multiples are
the subjects of myths and legends and media
exploitation which depict multiples as
depersonalized stereotypes:

VII. Public education, with emphasis upon
the training of professional health and
family service providers, and
educators, is needed to dispel
mythology and disseminate the facts of
multiple birth and the developmental
processes in twins and higher order
multiples.

(See References, Section VII).

WHEREAS twins and higher order multiples suffer
discrimination from public ignorance about their
biological makeup and inflexible policies which fail
to accommodate their special needs:

VIII. Twins and higher order multiples need:
A) information and education about
the biology of twinning; and

B) health care, education, counseling,
and flexible public policies which
address their unique
developmental norms,
individuation processes, and
relationship. For example by
permitting and/or fostering:
1. the treatment of medically
fragile co-multiples in the same
hospital;
2. the neonatal placement
together of co-multiples in
isolettes and cribs to extend the
benefits of their fetal position
together;
3. medical, developmental, and
educational assessment and
treatment which is respectful of
the relationship between co-
multiples;
4. the annual review of the classroom placement of co-multiples, and facilitation of their co-placement or separate placement according to the particular needs of each set of co-multiples;
5. the simultaneous participation of co-multiples on sports teams and other group activities;
6. specialized grief counseling for multiples at the death of a co-multiple;
7. counseling services addressing the special needs of adult multiples.

WHEREAS the participation by multiple birth infants, children, and adults as research subjects has made important contributions to scientific understanding of the heritability of disease, personality variables, and the relative influence of nature and nurture on human development; and, WHEREAS relatively little is known about optimal management of plural pregnancy and the unique developmental patterns of multiples:

IX. Scientists must be encouraged to investigate:
A) the optimal management of plural pregnancies;
B) norms for developmental processes which are affected by multiple birth such as: individuation, socialization, and language acquisition;
C) benchmarks of healthy psychological development, and relevant therapeutic interventions for multiples of all ages and at the death of a co-multiple.

Adopted by the Council of Multiple Birth Organizations (COMBO) (comprised of representatives of 16 organizations from ten countries: Australia, Belgium, Canada, Germany, Indonesia, Japan, Sweden, Taipei, United Kingdom, United States) (COMBO) of the International Society for Twin Studies at the Eighth International Twin Congress, Richmond, Virginia. May 31, 1995

Patricia Malmstrom, Chair
Council of Multiple Birth Organization


Lindon Eaves, President
International Society for Twin Studies

DECLARATION OF RIGHTS AND STATEMENT OF NEEDS OF TWINS AND HIGHER ORDER MULTIPLES


ENDORSING ORGANIZATIONS and REPRESENTATIVES, MAY, 1995:

Country/Organization/Name

Australia
LaTrobe Twin Study - David Hay
Australian Multiple Births Association - Maureen Copeland

Belgium
Association for Research in Multiple Births - Robert Derom

Canada
Parents of Multiple Births Association - Kim Johnson (former name for Multiple Births Canada)

China
Taipei Twins Association - Cheh Chang

Germany
ABC Club - Ute Grutzner

Indonesia
Twins Foundation - Seto Mulyadi

Japan
The Japanese Association of Twins’ Mothers - Yukiko Amau

Sweden
The Swedish Twin Society - Margareta Olwe
United Kingdom
Twins and Multiple Births Association - Rachel
Hudson and Audrey Sandbank
Multiple Births Foundation - Elizabeth Bryan

U.S.A.
The Center for Loss in Multiple Birth - Jean
Kollantai
The Center for the Study of Multiple Birth -
Donald Keith

Ilinois Mothers of Twins Clubs - Jean Herr
National Organization of Mothers of Twins
Clubs - Rebecca Moskwinski and Marion
Meyer
The Twins Foundation - Kay Cassill
The Twin to Twin Transfusion Syndrome
Foundation - Mary Slaman-Forsythe
Twin Services, Inc. - Patricia Maxwell
Malmstrom

Statement of Needs - References

SECTION I - Prenatal Care
Prepregnancy weight status, prenatal weight 
gain, and the outcome of term twin gestations. 

Ethical Dilemmas. In D. Harvey, & E. Bryan 
(Eds.) The Stress of Multiple Birth (pp. 35-42). 
London: Multiple Births Foundation.

3. Callahan, T.L., Hall, J.E., Ettner, S.L., 
Christiansen, C.L., Greene, M.F, & Crowley, 
W.F. (1994). The Economic Impact of Multiple 
Gestation Pregnancies and the Contribution of 
Assisted Reproduction Techniques to their 
Incidence. New England Journal of Medicine, 
331 244-9.

“Twinshock: a statistical profile of multiple 
births in California 1986-1989,” Berkeley: Twin 
Services, Inc.

Management of Multiple Pregnancy. The 
American Dietetics Association- The Perinatal 
Nutrition Report.

6. Dubois, S., Dougherty, C., Duquette, M., 
Pregnancy: the Impact of the Higgins Nutrition 
Intervention Program on Maternal and 
Neonatal Outcomes. American Journal of 

7. Ellings, J.M., Newman, R.B., Hulsey, T., 
in Very Low Birth Weight Deliveries and 
Perinatal Mortality in a Specialized, 

infant death syndrome and birth weight. The 

Trends in Plural Births in the United States. 
Obstetrics & Gynecology, 85(2), 229-232.

10. Kiely, J.L. (1990). The Epidemiology of 
Perinatal Mortality in Multiple Births. Bulletin of 
the New York Academy of Medicine, second 
series, 66:6, 618-637.

Parthenon Publishing Group.

Prenatal Nutrition. In L. Keith, E. Papiernik, D. 
Keith, B. Luke (Eds.), Multiple Pregnancy: 
Epidemiology, Gestation & Perinatal Outcome 
(pp. 299-307). New York: The Parthenon 
Publishing Group.

Multiple Births in the United States: Maternal 
Obstetrics & Gynecology 84(1), 101-106.

Weight Gain and the Birthweight of Twins. 
Journal of Maternal and Fetal Medicine 1, 267- 
76.

Pregnancy: Patterns of Weight Gain,
Declaration of Rights
And Statement of Needs of Twins and Higher Order Multiples


**SECTION II - Breastfeeding and Bottle Feeding**


**SECTION III - Bonding**


SECTION IV - Loss

42. Bryan, E. (1991). But there should have been two. In D. Harvey & E. Bryan (Eds.), The Stress of Multiple Births (pp. 49-58). London: Multiple Births Foundation.


SECTION V - Psychosocial Risk


SECTION VI - Multiple Birth Development


**SECTION VII - Training**


**Questions?**

Call: (705) 429-0901 or (866)228-8824 (toll free)

To order copies, call or write:

Multiple Births Canada
Box 432, Wasaga Beach, Ontario Canada L9Z 1A4

office@multiplebirthscanada.org

ISTS website: www.ists.qimr.edu.au

All material provided by Multiple Births Canada is for information only and does not constitute medical advice.