



Feelings and the need for information and counselling of expectant parents of twins

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In this study, expectant parents of twins were questioned about their feelings and need for information and counselling on the parenting of twins. Data were obtained from self-rating questionnaires and an interview with the expectant mother. From the results it is argued that expectant parents of twins need specific information and counselling about the medical, emotional and parenting issues of having twins. Guidelines for organising this counselling are proposed.

Keywords: twins, pregnancy, prenatal, parenting, counselling

Introduction

A multiple birth creates a special situation, confronting the parents with particular practical and emotional demands.^{1–3} Parents not only have to feed and care for several babies at the same time, they also have to organise housework, and in many cases they also have to care for other children. They also have to relate to several babies at once and to stimulate two children (sometimes physically identical), who have a very special bond, and to develop each child's individual personality. Moreover, pregnancy and birth problems are common in this population: perinatal or neonatal death of one or more babies, intra-uterine growth retardation, premature birth and low birth weight.^{1,4–6}

It has been stated that multiple birth is a risk factor for the parent–child relationship, for the parents' psychosocial well-being and marital relationship, and for the children's physical and psychosocial development. This theory is increasingly supported by empirical evidence (for reviews see References).^{2,7,8}

It has also been argued that extra prenatal and postnatal counselling for families with a multiple birth could be an important preventive tool.^{1,9–13} Hay et al⁹ claim that this counselling should match the parents' own needs and concerns about their situation. Few empirical studies have examined the prenatal needs and concerns of a broad group of parents. Moreover, no studies are known to us about the relationship between the family context on the one hand and the prenatal needs on the other. The

available studies focus on the postnatal needs and concerns of parents,^{12,14–17} on the needs and concerns of a select group of parents (for example, callers to a telephone helpline, participants in a parent group,^{1,18,19}) or on only one specific aspect of prenatal needs and concerns, such as planned practical help.²⁰ The findings of these studies suggest that mothers are often not conscious of the effect of twinship on their family.⁹

We therefore undertook a more elaborate research project aimed at assessing the parenting experiences, emotions, concerns and needs of (expectant) parents of twins during pregnancy and one year after the children's birth. This paper presents data on the prenatal part of the research project and it addresses three topics:

- 1 How do expectant parents of twins feel about the twin pregnancy?
- 2 How do expectant parents of twins prepare for parenting?
- 3 Do they have need for particular information and counselling and what is the relationship between factors of the family context and the need for information?

The first two topics concern the indirect assessment of the need for counselling and focus on some issues of the prenatal parent–child relationship, feelings about the twin pregnancy and preparation for the postnatal parenting of twins. Studies have shown that these issues are predictive for the later quality of adjustment to parenthood and the well-being of parents and children. Several authors have found a negative correlation between feelings of stress, anxiety or depression about or during the pregnancy on the one hand and different indicators of the parents' and children's well-being after birth on the other.^{21–24} Furthermore, it has been shown

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that prenatal expectations play an important role in the adjustment to parenthood. If the postnatal events turn out to be more negative or less positive than anticipated or if prenatal expectations are in some way dashed,²⁵ mothers are more likely to have problems adjusting to parenthood.^{26–30} And finally, studies have also shown that preparation for parenthood has a positive influence on the parent–child relationship.^{26,31,32}

As to the third topic (the need for counselling and the issues to be addressed), these were assessed directly. We used the model of Belsky³³ and the literature concerning parenting of multiple births^{2,34} as a basis for the selection of relevant factors in the family context. The following were included in the analysis: background factors (age, educational level, professional activity, and parity of the mother), medical factors (type of conception) and psychosocial factors (psychological well-being, support by the partner, and the environment).

Materials and method

Subjects

The study sample (expectant parents of twins) was recruited in collaboration with gynaecologists at maternity hospitals in three areas in Flanders. In 18 of the 22 maternity hospitals, all gynaecologists agreed to participate. In four other hospitals, participation was refused by some or all gynaecologists. The gynaecologists were asked to introduce the study to families with a multiple pregnancy. These families received a reply card on which they could state whether they were willing to participate in this study or not. We received 79 reply cards. Six families refused participation and another 11 families could not be included because the twin was already born when we contacted them or they were expecting triplets or the mother had a miscarriage. Our study sample consisted of 62 women and their partners expecting twins. This represented approximately one third of all Flemish families expecting twins during the recruitment period.³⁵

In the 62 families, the mothers' and the fathers' mean ages were 30.2 years (*SD* = 3.4) and 31.6 years (*SD* = 3.5) respectively. In terms of education, 45% of the mothers and 42% of the fathers had been educated beyond secondary school. Of the families, 46% already had one child or more. About half of the sample (48%) were naturally conceived, 22% were conceived by hormonal treatment, 10% following artificial insemination, and 20% following in vitro fertilisation. This distribution of the method of conception is not significantly different from the federal statistics for Belgium. In 1995, 55% of the

multiple births were naturally conceived, 14% were preceded by hormonal treatment, 21% by in vitro fertilisation and 3% by another form of treatment, with the mode of conception being unknown in 7% of the multiple births.³⁶

Instruments

Around week 27 of pregnancy, both the expectant parents were asked to complete self-rating questionnaires about their psychosocial well-being and their emotions about the multiple birth. These included the General Health Questionnaire (GHQ-30)³⁷ (Dutch version³⁸), the Questionnaire for Antenatal Emotional Attachment (QAEA),³⁹ adapted for parents expecting more than one baby at once. Cronbach's alpha for the GHQ was 0.90 for the mothers and 0.91 for the fathers. For the QAEA, Cronbach's alpha was 0.75 for the mothers and 0.82 for the fathers.

During a home visit the expectant mothers – 61 of 62 participating mothers – were interviewed. The standardised interview with open-ended questions comprised the following headings:

- 1 demographical information and factors concerning the family context;
- 2 feelings about the multiple pregnancy;
- 3 preparations for parenting twins and
- 4 the need for information and counselling about the multiple pregnancy.

Coding reliability was assessed by an independent coding of five interviews. The inter-coder agreement, calculated as the proportion of number of agreements on total number of codes, was 0.93.

Results

Feelings about the twin pregnancy

Feelings at the time the (twin) pregnancy was discovered For most of the women, the multiple character of the pregnancy was diagnosed when they had already known for some weeks that they were pregnant. When asked about their feelings on finding out they were pregnant, 88% of the women mentioned happiness and satisfaction (Table 1). When asked about their feelings immediately following the diagnosis of twins, only 54% of the mothers mentioned this kind of positive feeling; 29% mentioned feelings of surprise and disbelief. For more than a third of the expectant mothers (39%), the twin diagnosis caused a shock or other negative feelings;

Table 1 Mothers' feelings about the (twin) pregnancy (N=61)

Feelings	pregnancy		twin pregnancy		at 27 weeks	
	n	%	n	%	n	%
Happiness	54	88	33	54	43	70
Pride	–	–	1	2	5	8
Surprise/disbelief	7	11	18	29	3	5
Shock/ negative feelings	2	4	24	39	1	2
Uncertainty	–	–	20	33	19	31
Acceptation	–	–	–	–	15	25
Discomfort/ physical burden	–	–	–	–	13	21

33% wondered whether they would be capable of parenting twins.

Feelings about the twin pregnancy at 27 weeks of gestation When asked about their current feelings at the time of the interview, 70% of the mothers said they were happy with the twin pregnancy and 8% felt proud they were having twins (Table 1). Twenty-five percent of the mothers stated they had accepted the twin character of the pregnancy without being especially happy with it and 31% mentioned uncertainty about their competence for parenting twins. Twenty-one percent of the mothers raised the issue of discomfort with the physical demands of the pregnancy (such as frustration about no longer being able properly to do their job or their domestic work).

In addition to examining maternal feelings about the twin pregnancy, some emotions were explored in more detail with both parents. These included parents' prenatal concerns, their prenatal attachment to the twins and their own psychological well-being.

The extent to which the expectant mothers and fathers felt concerned about the twin pregnancy and the parenting of twins was assessed with an item in the self-rating questionnaire: 'When I think of the developing babies, I feel anxious and concerned' (with multiple choice answer: 1 = not at all, 2 = sometimes, 3 = often). If feelings of anxiety and concern were reported, parents were asked to specify what they were anxious about. Feelings of anxiety and concern were reported by 87% of the mothers (72% sometimes, 15% often) and 65% of the fathers (57% sometimes, 8% often) (Table 2). The proportion of mothers reporting feelings of anxiety and concern was significantly larger than the proportion of fathers reporting these kinds of feelings (Fisher exact, $P_{\text{one-tailed}} = 0.005$).

Table 2 also shows the reasons for anxiety and concern. All reasons mentioned by at least two fathers or mothers are reported. Of the total group of mothers 70% mentioned anxiety about the delivery and birth. The frequently mentioned issues were the physical health of the children (41%) and premature

Table 2 Mothers' and fathers' concerns and anxieties about the twin pregnancy

	Mothers (n=61)		Fathers (n=58)	
	n	%	n	%
Anxiety and concern in general	53	87 ^a	38	65 ^a
Delivery/birth	43	70 ^b	24	41 ^b
Parenting twins	21	34 ^c	9	14 ^c
Financial and material consequences	2	3	5	8

^aFisher exact, $P_{\text{one-tailed}} = 0.005$; ^bFisher exact, $P_{\text{one-tailed}} = 0.001$; ^cFisher exact, $P_{\text{one-tailed}} = 0.015$.

birth (23%); 34% of the mothers expressed concern about the parenting of the twins. Most of these mothers (27% of the total group (wondered whether they would be able to manage the parenting of twins. Concern about the financial and material consequences of having twins was expressed by 3% of the mothers.

Of the total group of fathers 41% expressed anxiety about the delivery and birth. Here too, the children's health was the most frequently reported issue of concern (22%). Furthermore, 7% of the fathers mentioned concern about birth complications, and another 7% about premature birth; 14% of them mentioned concern about the parenting of twins, and 8% of them about the financial and material consequences of having twins.

The proportion of mothers reporting feelings of concern about delivery and birth, and feelings of anxiety about parenting twins was significantly larger than the proportion of fathers reporting these kinds of feelings (Fisher exact, $P_{\text{one-tailed}} = 0.001$; Fisher exact, $P_{\text{one-tailed}} = 0.015$).

Mothers' prenatal attachment to the twins, as measured by the QAEA, was not significantly different from Australian mothers' prenatal attachment to their singletons.³⁹ The mean global attachment score for our mothers was 75.0 (SD = 6.4), compared with 75.7 (SD = 8.1) for the mothers in the singleton study. Our group of expectant fathers of twins, however, obtained with the same questionnaire a mean score of 60.8 (SD = 7.4), significantly different from the mean score of 57 (SD = 8.3) in the Condon study ($t = 3.08$, $df 60$, $P_{\text{one-tailed}} = 0.0015$).

The GHQ-30 was used to assess the expectant parents' psychological well-being at the time of the study. The mean score for the mothers, 8.7 (range 0–30; SD = 6.5), was considerably higher than the conventional cut-off point of 4 to 5 proposed by Goldberg and Williams³⁷ and Koeter and Ormel,³⁸ with scores above this point indicating psychological discomfort. The fathers' mean score of 5.6 (range 0–20; SD = 5.9) was just above this critical value. Significantly more mothers (70%) than fathers (35%) obtained a GHQ score superior to 4 (Fisher exact, $P_{\text{one-tailed}} = 0.00019$).

Preparation for parenting twins

The extent to which the parents had planned and prepared for the care of twins was examined in the interview with the mother. When asked whether she already had an idea of how the care of the babies would be organised, 56% of the mothers answered 'yes'. Less than half of them (21% of the couples) had already agreed on the division of tasks (such as caring for the twins or the other children, housework, etc.) with their partner. Thus, by 27 weeks of gestation, most of the mothers still did not know how they would practically organise the care of the twins, nor how this care would be divided between the two parents. Most of them said they would not be able to decide about that until the babies were born. Nevertheless, 92% of the mothers expected they would receive practical support from their spouse after the twins' birth.

Mothers were also asked whether they had planned help from acquaintances or professionals after the children's birth, 67% reported they had already arranged non-professional help – regular help was planned by 51% of them, whilst another 16% planned help as circumstances required. The people most mothers referred to for help, were their own mothers (51%) and mothers-in-law (31%). Twenty-nine percent of the mothers had planned to get professional help, either professional maternity assistance (20%) at home or a nanny (9%).

We also asked the mothers about their plans for their employment following the twins' birth; 57% reported that their situation would be the same as before the pregnancy (eg working full-time, part-time, staying at home with the children). Almost half the mothers in this group were not in employment at the time of the interview and only a few were working part-time. Twenty-one percent of the mothers planned to work less, and 11% said they would leave their job to stay at home with the children. No fathers reported that anything would change in their employment situation following the twins' birth.

The mothers were also asked whether they would have made the same decision about their employment if they were expecting one baby; 59% answered 'yes', 30% 'no' and the rest could not answer the question. When asked what would be different, 14% and 11% respectively of those who answered said they would not have decided to reduce or leave their employment.

Need for information and counselling

The mothers were first asked whether they had received any information about multiple pregnancy and birth and, if so, what kind of information and

who had given it. We also explored whether the mothers themselves had looked for any information about multiple births, which sources of information they had used and what they had learned from it. Next, the mothers were asked whether they needed more information and counselling about the twin character of the pregnancy.

Forty-four percent of the mothers had received professional information about the medical aspects of twin pregnancy and birth. For most of them (41% of the total), this information had been given by their gynaecologist; 8% had received information from their general practitioner or another doctor. The most frequently mentioned issues were care during pregnancy (21%) and possible medical complications (18%). In addition, a few mothers had received information about the physical development of the twins during pregnancy (5%), about the delivery (5%) or about the physical condition of the mother during pregnancy (5%).

Only three mothers (5%) had received professional information about parenting twins and emotional aspects, each of them by the gynaecologist. The themes discussed were coping with a twin pregnancy, the need for help from acquaintances, and the emotional bond between twins.

Sixty-nine percent of the expectant mothers of twins had read books or articles about twinship; 61% mentioned they found this useful. When asked what they had learned from the literature, the mothers mentioned the following issues: mother's condition during pregnancy (25%), delivery (20%), complications (18%), feeding or care for the twins (15%), practical requirements (15%), psychosocial functioning of twins, how to parent twins (23%), how to parent the other children in the family when the twins are born (7%) and the development of twins (8%).

Sixty-four percent of the mothers had had contact with other parents of twins. Most of them either had family, friends or colleagues with a twin (29% of the total group of mothers), or had made contact with these parents through a family member, a friend or a colleague (23%); 47% of the mothers thought this contact was useful. When asked what they had learned from it, the following points were mentioned: information about the practical organisation of every-day life in the family (20%), practical requirements (15%), information about feeding or care (11%), the mother's situation during pregnancy (13%), the delivery (7%) and the psychosocial functioning of twins (5%).

Thirty-nine percent of the mothers explored some other resources for information about multiple births: books about single pregnancy (15%), government organisations for family and child care (16%) and parents with single children (8%).

When asked whether they would have liked to receive more information about the medical aspects of the twin pregnancy, 52% of the mothers said 'yes' (Table 3). But only 44% of the mothers could name specific issues. The others said they would have liked to be more informed in general, without being able to name the issues they were concerned about. The most frequently named issues were their physical condition during pregnancy (eg 'Is it desirable to stop working and, if so, at what time in the pregnancy?' 20%) and the delivery (eg 'Will the delivery be natural or by Caesarean section?' 20%). Furthermore, some mothers (16%) said they would have liked more information about the physical development of the children during pregnancy (eg 'Is the growth of twin foetuses as fast as that of singletons' and 'how might the development of one interfere with that of the other?'), about pregnancy and birth complications (10%) or about the children's health (mainly the health risks in case of premature birth) (8%).

The mothers were also asked whether they would have liked to receive more information about the parenting of twins. Whereas 51% of the mothers said they did, only 39% of them could specify issues. Some of the other mothers said they would have liked to get more information in general, because they did not know which issues were relevant. The mothers who could specify issues most frequently mentioned feeding (26% of the total) and the organisation of family life and the household (25%). Practical requirements (8%), the division of affection and attention between two children (7%), mobility of the family (7%) and risks in development of the children's personality (5%) were also specified.

The analysis of the relationship between factors of the family context and the need for information, yielded only one significant difference. This was that the mean score (10.31, *SD* = 7.15) of the psychological discomfort of mothers reporting need for

information was significantly higher than the mean score (6.39, *SD* = 3.91) of mothers not reporting that need ($t = -2.66$, $df = 55$, $P_{\text{one-tailed}} = 0.005$).

At the end of the interview, the mothers were asked whether they had enough information to prepare sufficiently for parenting twins and whether they had some suggestions about what should be done for couples expecting multiple births. Forty-seven percent of the mothers reported they felt sufficiently informed to prepare for parenting twins; 39% thought they did not have enough information to prepare well. The remaining mothers (14%) could not say whether they had enough information. Most of them supposed there might be difficult issues to be faced after the twins birth that were not evident at the time of the interview; 84% – significantly more than 50% – had some suggestions how to improve information and counselling to couples expecting a multiple birth ($P_{\text{binomial exact}} < 0.001^{40}$) (Table 4).

Almost half the total group of mothers (49%) would have liked to attend a meeting for expectant parents of twins. During this meeting, information should be given and they should have the chance to meet other parents of twins. More than one third of the mothers (38%) also thought there was not enough literature about multiple births in their mother tongue (Dutch) and 13% mentioned that the literature was not relevant to the Flemish situation. Sixteen percent of the mothers suggested a systematic mailing of useful information to all couples expecting multiples and 8% proposed that a professional should visit each couple expecting a multiple birth. For 11% of the mothers, the gynaecologist could play a more important role in guiding couples expecting a multiple birth by automatically telling them where to go for information and counselling. Twenty percent of the mothers thought that systematic help for families with twins could be useful. Another 11% of the mothers mentioned that there was little specific material about twins and there should be more.

Table 3 Twinship issues about which the expectant mothers would have liked to receive more information (n=61)

	n	%
Medical issues in general	32	52
Mother's physical situation during pregnancy	12	20
Delivery	12	20
Physical development of children during pregnancy	10	16
Children's health	5	8
Pregnancy and birth complications	6	10
Parenting issues in general	31	51
Organization of family life and household	15	25
Feeding issues	16	26
Practical requirements	5	8
Division of affection/attention between two children	4	7
Risks for development of children's personalities	3	5
Mobility of the family	4	7

Table 4 Suggestions for improving information and counselling to couples expecting twins (n=61)

	n	%
Suggestions in general	51	84
Information session inc. contact with parents of twins	30	49
Not enough literature about multiple birth	23	38
Literature not relevant to Flemish situation	8	13
Systematic mailing of information to expectant parents of twins	10	16
Systematic information by professionals	5	8
More specific material for twins	7	11
Referring by gynaecologist	7	11
Systematic help for families with twins	12	20

Discussion

The results of this study suggest that a twin pregnancy causes a range of complex, diverse and often ambivalent feelings in the expectant parents. Whilst almost all the women were very happy to be pregnant, the message that they were expecting two babies often caused shock, disbelief and uncertainty. Most of the mothers had accepted the twin pregnancy by the sixth month of the pregnancy, but certainly not all of them were happy with it. Most of the parents were fairly concerned about the future, referring to the risk of birth complications and the particular practical and emotional demands they would be faced with. Anxiety and concern were expressed more frequently by the mothers than by the fathers. Of particular interest are the results from the General Health Questionnaire. According to these, two thirds of the mothers and one third of the fathers betrayed psychological discomfort.

It is not possible, from this study, to state these feelings are specific to expectant parents of twins, compared with expectant parents of singletons. The pregnancy can be viewed as a period characterised by a particular emotional state and ambivalent feelings, both for the male and the female partner.⁴¹ In an Italian study, the GHQ-28 was introduced to novice parents in the seventh month of pregnancy.⁴² When using the conventional cut-off point of 4/5, 35% of the women showed signs of being psychologically distressed. These GHQ scores were comparable to those found by the same authors in the general population thus '... confirming previous observations of the overall good mental health of primiparae' (p 563). At week 34 of pregnancy Raskin *et al* found that 27% of the women and 18% of the men expecting singletons were depressed.⁴³ A comparison with these studies suggests that expectant parents of twins are particularly at risk of being psychologically distressed and this can be a significant risk factor for the parent-child relationship. A similar conclusion is drawn from the study of the prevalence of depression in mothers of 5-year-old twins and mothers of 5-year-old singletons.⁸

Given the particular practical demands, it is interesting to note that almost all the mothers expected to get practical help from their husband after the twins' birth. However, less than a quarter of the mothers had made agreements with their husband about the division of the tasks. Several studies have revealed that postpartum practical support given by fathers lagged behind their wives' prenatal expectations^{29,44} and some authors have found that confirmation of expectations for support was related to positive outcomes in new mothers.^{26,28,45,46} Although most of the mothers in our study are quite well prepared in terms of planning help from

acquaintances, approximately one third – comparable with the findings of a study by Robin *et al*²⁰ – still would not or could not count on help after the children's birth.

Only half the mothers thought they were sufficiently prepared for the postpartum period. More than half of the mothers would have liked to receive more information about the medical issues of twinning as well as being more informed about the parenting of twins. The delivery and birth were issues of great concern for most of the expectant parents of twins in our study. This is not surprising: birth has first to succeed before it is even possible to parent the twins. Possible complications could have lifelong consequences for both parents and children. One third of the mothers mentioned concerns about the parenting of twins and half would have liked to receive more information about it. It might be suggested that during pregnancy mothers are less concerned about the parenting of twins (compared with the delivery and birth), because they do not have any experience of it and thus do not quite realise its potential effect on their family and personal life. When asked which issues they would like more information about, mothers named mostly practical ones: the amount of work, the practical organisation of the work and feeding. These are of course issues to be dealt with immediately after the twins' birth.

The results of this study clearly suggest, both directly and indirectly, a need for specific information and counselling expectant parents of twins. The findings suggest that these should include medical issues as well as other issues of parenting twins. Yet the information and counselling must not be limited to these issues. Expectant parents should also receive information about the emotional challenges of twinning so as to prevent unrealistic expectations and to prepare them optimally for their parenting job. The relationship between psychological well-being and need for information underlines the importance of attending particularly to the emotional challenges of twinning during pregnancy.

According to the mothers' suggestions and taking into account the physical discomfort of expectant mothers, it seems especially important to make this information easily accessible. We feel that no possible source of information should be excluded (such as newsletters, leaflets and posters in the waiting rooms of gynaecologists and general practitioners, books, a web-site on the Internet, a CD-ROM, a telephone helpline). The importance of a specific telephone line was already confirmed in a study in San Francisco, in which for 57% of the parents, the advice contributed to the care of the multiples during the first weeks after they contacted the telephone help.⁴⁷

Furthermore, professionals taking care of expectant parents should be trained about the particular issues of twinship and how best to inform and support them. For example, the diagnosis of twins often gives rise to strong negative emotions; it seems particularly important to announce this message in a tactful way and to offer supportive counselling to the woman or the couple immediately following the diagnosis. If mothers are to receive more information about having twins, the professionals should be trained how to inform and counsel parents about these issues.

'Information sessions with professionals and parents of twins' was the most frequently reported suggestion in our study. In view of this finding, not only professionals should be available, offering information or counselling, but also parents with personal experience of multiple births. A similar conclusion emerged from a study of the twins clinic of the Multiple Births Foundation in the UK.¹⁸ It is also supported by findings of the Twins Clubs in the United States.^{4,8}

These strategies for information and counselling should take into account the diversity of parental feelings, expectations and needs in relation to the twin pregnancy. Expectant parents of twins should be able to discuss their specific questions and feelings with a person who is not only well informed but also skilled in counselling. More information is not necessarily better information. Some women in our study said they became more anxious when reading about the potential complications associated with twin birth. Probably some women would benefit from more, others from less information. The means chosen seem very important. Information should be given in an open and supportive way aimed at reducing anxiety. Counselling should focus on the general reinforcement of self-confidence and the development of skills, rather than on dwelling in detail on all the problems that may occur.

In this study we explored the feelings and need for information and counselling of expectant parents of twins in their entirety and the relationship between the needs and the family context. We did not explore the emotions and expectations of different subgroups within the population studied. However, it is to be expected that emotions and expectations will differ according to the parents' age and fertility history and whether or not they already have children,⁹ as is the case with expectant parents of singletons.^{49–53} These questions are explored elsewhere.^{54,55}

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