

Exploratory study on meeting the health and social care needs of mothers with twins

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Abstract

Parents of twins face many challenges and difficulties. These can include: the impact of a multiple birth on family life; the impact of preterm birth; coping and adapting to parenthood, particularly during the first year; managing the mismatch between support needed and support received; and the impact of all these factors on the health and wellbeing of themselves, their children and their wider family. The aim of this phenomenological study was to gain insight into parents' experiences and to inform service provision. Seven semi-structured, audio-recorded interviews were conducted with mothers in their own home. The interviews were transcribed verbatim and analysed using qualitative methods. Five key themes were identified: Assumptions vs reality; Worries and concerns; Impact on self; Impact on others; and Sources of support. These themes provide insight into the challenges and difficulties encountered by mothers of twins. For most families, the care and support they received during this time was community based and the findings highlighted a need for healthcare professionals to be better informed about the advice and support needed by these families.

Key words

Multiple birth, twins, mothers, parents, phenomenology

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Introduction

An increasing number of mothers and fathers are facing the challenge of parenting twins. The incidence of multiple births continues to rise (National Institute for Health and Care Excellence (NICE), 2011) with a current rate of between three and 5% of all births (National Perinatal Epidemiology Unit, 2011).

While the recently published NICE *Clinical Guideline 129* (NICE, 2011) focused on improving maternity and perinatal care, there are currently no evidence-based guidelines for healthcare professionals regarding the longer-term care and support of families with twins. However, adjusting to family life and caring for two newborn babies, who may well also have been born prematurely, is likely to present many psychological and practical challenges for parents and their family.

Background

Little is known about the health and social care needs of parents of twins. Research to date has tended to be quantitative, with large cohort studies of children focusing on epidemiological issues. A literature review carried out using health-related databases including CINAHL, PubMed and Maternity and Infant Care, revealed few studies that focused on the experience of multiple births, and only two of these were from the UK.

Many of the international studies considered psychological adjustment to having a multiple birth (MB) (Choi et al, 2009; Garel and Blondel, 1992) or were part of studies whose major focus was conception by *in vitro* fertilisation (IVF) (Holditch-Davis et al, 1999; Cook et al, 1998).

Of the two UK studies, Cook et al (1998) used interviews and questionnaires to examine parenting quality, parental stress and child behaviour in children aged four to eight years in families with twins conceived by IVF, compared with families with naturally conceived twins. No significant differences for

mothers' warmth or emotional involvement were found and there were similar scores on measures of quality of parenting. However, parents of IVF twins reported significantly higher level of stress than parents of naturally conceived twins, which was felt to warrant further research.

Wood et al (2004) surveyed a twins club in Liverpool to explore the antenatal experiences of mothers with twins, to tailor future classes more accurately to their needs. Only 11 mothers took part, and a mixture of experiences was reported for all issues raised, including: the reaction of others; preparation for birth; coping with discharge; feeding; and bonding. Neither of these studies used a qualitative research method to explore the immediate and longer-term needs of families with a MB within the health and social care system.

Two further studies of parents' experiences have recently been reported (National Perinatal Epidemiology Unit, 2011; Twins and Multiple Births Association (TAMBA), 2011), both of which took a predominantly quantitative approach and focused specifically on the perinatal period.

The aim of this exploratory study was to identify the health and social care needs of mothers with twins that could be explored in greater depth in a large-scale study of families with twins and triplets. Funding for this exploratory study was provided by the Faculty of Health at Birmingham City University. The funding covered the cost of transcription, gift vouchers for participants and the local travel expenses of the interviewers. The long-term aim for the large-scale study is to identify ways in which health and social care services can meet the needs of families more effectively, by promoting family health and cohesion.

Method

For this exploratory study, a qualitative research method was considered to be most appropriate. The literature review revealed

Table 1. Inclusion criteria

Criterion	Rationale
Mother with twins aged up to five years	To ensure recruitment of mothers with experience of currently available services and with a recent memory of the early years of bringing up twins
Mother able to read and write English	To ensure mothers gave informed consent and could take part in interviews. Funding was not sufficient to provide translation services for this exploratory study
Mother living in the West Midlands	Funding was only sufficient to cover local travel expenses
Mother minimum age of 18 years	Avoided obtaining consent from a minor
Mother able to give informed consent	Avoided the need to obtain consent from vulnerable groups
The twins alive at the time of the interview	Avoided causing undue distress

no previous research on the specific needs of families with multiple births, and the research team considered that phenomenology would provide the best approach to the research question. This strategy has been used in other studies of parenthood (Kearney and Griffin, 2001; Saltzburg, 2004).

Phenomenology is centred on the belief that knowledge is revealed when meaning and understanding are established (Van der Zalm and Bergum, 2000). It is based on the assumption that individuals encounter their experiences with and through others, and that they play an active role in shaping their experience (O’Leary, 2004).

A person’s experiences and perceptions are influenced by the context in which they occur. They are also embedded in and cannot be separated from their culture and personal history (Johnson, 2000; Somers-Smith, 2001; Robson, 2011).

The phenomenological interview can be regarded as being an engaged conversation, as it enables participants to reflect upon their experiences and feelings and give a personal account of their lived experiences (Todres and Holloway, 2010; Kvale and Brinkmann, 2009).

To care for and support individuals effectively, healthcare professionals must understand their perspective (O’Leary, 2004; Todres and Holloway, 2010). Phenomenology provides a way of gaining this insight and knowledge generated can inform practice (Van der Zalm and Bergum, 2000). A number of phenomenological approaches have been described. For this study, an interpretive phenomenological approach was used (Johnson, 2000; Mapp, 2008).

This approach supports the notion that a researcher’s understanding of participants’ accounts is grounded in their own experiences and knowledge (Parahoo, 2006; Todres and Holloway, 2010).

Researchers cannot ignore their prior knowledge, assumptions and beliefs (Johnson, 2000); instead they are essential factors in the interpretation process (Somers-Smith, 2001; Parahoo, 2006; Todres and Holloway, 2010).

Sample

The advertisement invited mothers with twins aged up to five years who were living in the West Midlands and who met the inclusion criteria outlined in Table 1 to take part. Phenomenological research requires purposive sampling to obtain narratives relevant to the subject under investigation (Endacott and Botti, 2005; Todres and Holloway, 2010). Within this study, the intention was to explore the experiences of mothers of parenting twins in an unbiased way (O’Leary, 2004).

Mothers were recruited through an advertisement on the TAMBA website (www.tamba.org.uk). Mothers were asked in the advertisement to email or telephone the lead researcher. In this way, their personal information was only made known to the team if this was acceptable to the mothers.

A participant information leaflet and consent form were emailed or posted to mothers who responded to the advertisement. If the mother wished to participate in the study, the necessary arrangements were then made. Nine

mothers responded to the advertisement, seven of whom were interviewed.

Data collection

Audio-recorded, semi-structured interviews were undertaken and conducted in the mothers’ homes. The interview schedule or ‘topic guide’ consisted of key questions that enabled mothers to describe as comprehensively as possible their feelings, actions and experiences of being the parent of twins (Kvale and Brinkmann, 2009). The format of the topic guide was based on the findings from an earlier preparatory study whereby a focus group was held with mothers at a local preschool twins and triplets group.

The topic guide included questions about the mothers’ experiences, the support they received and the support they felt they needed. The probing questions further explored issues and yielded clearer, deeper and richer descriptions (Johnson, 2000). This approach meant that no two interviews were exactly the same. However, the interviewer’s adherence to the topic guide ensured that all of the key questions were addressed.

The topic guide also ensured consistency between the two interviewers. In line with INVOLVE (2010) guidelines, participants were not expected to incur expenditure as a result of taking part in the research. Consequently, a £20 gift token was given to mothers following the interview in gratitude for their participation.

Ethical issues

Approval for the study was obtained from Birmingham City University Faculty of Health Ethics Committee. Assurances were given to potential participants that their biographical details would be kept securely and separate from the interview data. Access to this information was restricted to the research team. Immediately before the start of the interview participant consent was checked. Mothers were reassured that their comments would be anonymised.

They were also reminded of their right not to answer specific questions and that they could temporarily pause or discontinue the interview at any time (Corbin and Morse, 2003; Kvale and Brinkmann, 2009). The interview recordings and transcripts were stored in a locked cabinet on the university premises. Participant biographical details and consent forms were stored separately. As the interviewers were conducted in the mothers’ homes, strategies were put in place to support the interviewers, in accordance with the Birmingham City University’s lone worker policy.

Data analysis

Within the analysis of the data, commonalities and differences in mothers' experiences and needs were explored. To do this, the interviews were transcribed verbatim and were reviewed several times to confirm accuracy (Tuckett, 2005). The transcripts were read by all members of the team. In accordance with interpretative phenomenology, the team's understanding was grounded in their own knowledge and experience (Johnson, 2000; Mapp, 2008).

The transcripts were then analysed using thematic analysis; an approach that is flexible and widely used (Braun and Clarke, 2006). The themes were reviewed and if appropriate, merged or separated and then developed into hierarchies consisting of key themes, which included a number of sub-themes. These key themes and sub-themes were added to, reviewed and amended until the final framework was produced. Rigour in the research process was ensured by conforming to the notion of trustworthiness. One member of the team (MH) took the lead in developing the coding framework to increase internal consistency. However, all members of the team agreed the final framework.

Findings

Five key themes were identified: Assumptions vs reality; Worries and concerns; Impact on self; Impact on others; and Sources of support. These themes provide insight into the challenges and difficulties encountered by mothers of twins.

Assumptions vs reality

Although having twins brought joy and pleasure, it was harder work and created greater upheaval than the mothers had anticipated. They talked about the monotony, stress and struggles. They particularly identified the lack of opportunities for spontaneity and the need for routine. They all felt the first year was the most difficult. Irrespective of the ages of their children at the time of the interview, they all felt that the future would be easier.

I think it [going out] was too much for me to try and cope with – the kids were breastfeeding and I was able to feed quite a lot, and feeding one and one screaming at home is bad enough, let alone when you are out ... I stayed in a lot more.' (M7)

'The one thing that keeps me going is thinking, "The future's got to be easier than this."' (M3)

Worries and concerns

The mothers had four main worries: financial worries; the need to treat their children as individuals; the long-term outcomes for twins born prematurely; and the impact of having twins on other family members.

'...It's not a choice that you make to have two babies, but when they come along you have to buy double of everything.' (M4)

'I generally get upset when they [friends and family] buy them one card, which I think is insensitive.' (M2)

Impact on self

All mothers described the impact of a twin pregnancy, preparing for the birth and their birth experience. Often, this was not as they would have wished and several years after the birth they were still disappointed about the way their care was managed. Some healthcare professionals were more sympathetic to their needs and wishes than others.

All mothers felt they had 'put their own life on hold,' particularly during the first year. Although they all felt their children took priority, they also felt they had lost their own identity. To 'get through' the early years, the mothers felt they had needed a sense of humour, the ability to plan, and support from family members.

Some mothers felt 'special' having twins. The main issue mothers talked about was feeling permanently exhausted and worrying about the impact this had on their own health and on other family members.

'In the first few months I just functioned. I did what I had to do, but looking back it was horrible. It took so long to feed them that one feed ran into another. I remember one night when I was winding X [daughter] leaning up against the lounge wall because I knew if I sat down or lay down, I would fall asleep.' (M6)

'I'm looking forward to being me again and enjoying life a lot more. That's not to say that I haven't, but I think a lot of it's been, I've had to almost switch off what I really wanted to do.' (M1)

Impact on others

Most commonly, mothers talked about the impact on their partner and other children in the family. They worried that their needs were often neglected because the twins always took priority. They all said they could not have coped without their partner's support. They felt their

partner often hid worries and concerns so as not to burden her further.

Although other children in the family enjoyed being the sibling of twins at times, they also often found it difficult. Mothers with older children described regressive and attention-seeking behaviours.

'We were both just so exhausted all the time. X [partner] works 40–50 hours a week and he was coming through the door at six o'clock and the first thing he would hear was two children screaming and me at the end of my tether because it was that time of day.' (M2)

'I try to make sure I have some quiet time with X [older child] but it's difficult. Sometimes, he's really helpful fetching and carrying things and playing with one twin while I sort out the other. But at other times he's a nightmare.' (M3)

Sources of support

Support was most commonly provided by family members. Therefore, the lack of an extended family had a negative impact on some mothers. They described a lack of support from healthcare services and this was particularly the case in the community.

They wanted advice, guidance, support and tips on all aspects of childcare, particularly the care of twins who had been born prematurely and ways to minimise the negative impact on other children in the family.

'It was fantastic that my mum came and looked after them one day a week ... she did that for two years until I got them into nursery and she doesn't live locally ... it had a huge impact on her life back home.' (M4)

'The health visitor? She doesn't have a clue, she doesn't have any answers.' (M5)

Discussion

Addressing the needs of families with twins is becoming increasingly important as the incidence of multiple births continues to rise. The mothers in this study gave detailed descriptions of their experiences and recalled their feelings without difficulty.

Their recollections of their recent experiences were detailed and vivid. In the early years following the birth of twins, they faced many challenges and difficulties. The care and support they received during this time was community based and predominantly involved the GP and health visitor. However, the

Key points

- In the early years following the birth of twins, mothers face many difficulties and challenges
- The care and support that the mothers in this study received was variable and often did not specifically address their needs
- Healthcare professionals need to be better informed about the health and social care needs of families with twins
- An evidence base is required regarding the care and support needs of families with twins

mothers' experiences suggest that this care and support was variable and often did not address the specific needs of individual families.

The challenges the mothers faced included the impact of a multiple birth on family life, the impact of preterm birth, coping and adapting to being the parent of twins particularly during the first year, the mismatch between support needed and support received, and the impact of all these factors on the health and wellbeing of themselves, their children and their family.

Failure to meet the needs of such families has the potential to compromise the health and wellbeing of children, their parents and the wider family in the longer term. Ultimately, the potential disruption to quality of life could have a negative impact on family integrity and healthcare costs.

An increasing body of evidence about the neurological development of infants highlights the significant impact of poor attachment and negative parenting on a child's physical, cognitive and socio-emotional development, which has lifelong effects into adulthood (Tickell, 2011). Disadvantages begin at conception and accumulate throughout life (Department of Health (DH), 2009; NICE, 2012).

The Healthy Child Programme (DH, 2009) recognises the importance of early childhood and offers every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting, ensuring children can achieve their optimum health and wellbeing. Health visitors are in a privileged position to provide opportunities for cognitive, language, social and emotional development and to ensure partnership working with children's centres, early years services and children's therapies to support 'school readiness'. Parents of twins want greater contact with knowledgeable professionals who offer them emotional support and prepare them for what is to transpire (Jenkins and Coker, 2010).

NICE (2011) suggests that research is needed to evaluate the effectiveness of different models of specialist antenatal care for women with

twin and triplet pregnancies. They suggest including the best mix of resources and skills in multidisciplinary services, the roles of different healthcare professionals such as midwives and to consider maternal satisfaction with care and psychological wellbeing because of the increased risks associated with twin and triplet pregnancies leading to anxiety or depression.

It is envisaged by NICE guidance (2011) that the outcomes of such research could identify particular models of care to be implemented in the NHS, which would affect service delivery and organisation; for example, by specifying a need for additional staff or further training for existing staff, both of which have cost implications. Likewise, this exploratory research highlights a need for further research so that community health services can provide early intervention and preventive public health programmes that identify the health and social care needs of parents with twins.

It is anticipated that the issues identified in this exploratory study will be explored further in a larger study with a more diverse group of participants, which will include mothers and fathers, and the parents of twins and triplets. It is anticipated that the outcome of this larger study will be an improvement in the synergy between health and social care. It will also provide an evidence base to support policy development, healthcare professional education and training, service provision and the development of new resources to support parents and their families in the future.

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