



MULTIPLE BIRTHS - A PARENT'S GUIDE TO NEONATAL CARE

Tamba
TWIN & MULTIPLE BIRTHS ASSOCIATION

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for babies born
premature or sick

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A pregnant woman with long dark hair is lying on her side in a bed, smiling and gently holding her large, bare pregnant belly. She is wearing a light grey long-sleeved top. The background is a soft, out-of-focus light blue and white.

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triplets or more,
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Introduction

When you are pregnant with more than one baby, this is called a multiple pregnancy. When you give birth, this will be called a multiple birth.

When you have more than one baby, your babies are more likely to need some level of extra care in hospital after birth. This is often because multiple birth babies are more likely to be born prematurely.

A baby born before 37 weeks is considered to be premature. The most common time for twins to be born is at 36-37 weeks of pregnancy and for triplets is around 33 weeks. A 2015 Tamba survey showed that parents reported their twins being born; on average slightly earlier at 35.3 weeks and triplets born at 31.8 weeks¹. Some multiple birth babies are born before 35 weeks.

Transitional care is for babies who need some extra care, for example tube feeding or some time in an incubator, but do not need to be admitted to a neonatal unit. Many multiple babies receive this care. They can have this care at their mum's bedside in hospital, with parents providing this care with support from the staff.

Babies that need more care may need to be admitted to a neonatal unit if they cannot get the support they need at their mum's bedside. This care is called neonatal care.

The Twins and Multiple Births Association (Tamba) and Bliss, the charity for babies born premature or sick, have produced this guide to help prepare and support parents with more than one baby who might need neonatal care.

We have included information on the journey you may go through, answering questions which parents often have. We hope this helps you to understand the care your baby will get in hospital, and how you can be involved.

You can find more support through Tamba (tamba.org.uk) and Bliss (bliss.org.uk). We have referenced other resources used throughout the information.

This information is written to support the advice health professionals will give you. You should always speak with them first if you ever have any worries or questions about your babies or their care.

Congratulations on your pregnancy, and the birth of your babies!

**Keith Reed, Chief Executive,
Tamba and Caroline Lee-Davey,
Chief Executive, Bliss**

Tamba
TWIN & MULTIPLE BIRTHS ASSOCIATION

Bliss
for babies born
premature or sick

SECTION ONE

ADDITIONAL INFORMATION

GLOSSARY

Your babies might receive transitional care at your bedside if they need extra support. Babies that need more care might be admitted to a neonatal unit.

You might hear different terms for the ward where your babies will be cared for. There are different levels of care your babies might need in the neonatal unit.

Your babies might move between these different levels, depending on their needs. These levels are called:

Special Care Baby Unit (SCBU)

Care for babies aged 32 weeks gestation of pregnancy and above, who do not need intensive care. These units are also sometimes called Special Care Baby Units, SCBUs, Special Care Units and SCUs.

Local Neonatal Unit (LNU)

Care for babies aged 28-32 weeks gestation and above (depending on local guidelines) and includes the ability to ventilate your baby (help them to breathe with equipment). These units are also sometimes called Local Neonatal Units, LNUs and High Dependency Units.

Neonatal Intensive Care Units (NICU)

Care for babies born below 28 weeks' gestation and those needing specialist surgery. These units are also sometimes called Tertiary Centres.





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This guide is an updated version of the previous Tamba Neonatal Guide.



SECTION TWO BEFORE YOUR BABIES ARE BORN

For parents-to-be, pregnancy is an exciting and busy time as you plan for the arrival of new members of the family. As parents of more than one baby, you might find it helpful to talk to a health professional about preparing emotionally for the possibility that your babies will need some form of hospital care at birth. It may be useful to find information by attending antenatal classes (classes for parents before your baby is born) and joining a local twins club. You can find out more on the Tamba website: tamba.org.uk/clubs

Tamba have found that parents who are prepared for the arrival of more than one baby are more confident in supporting

their babies in the neonatal unit. For useful suggestions to help you prepare for your babies please see Tamba's Healthy Multiple Pregnancy Guide available at tamba.org.uk

If your maternity unit runs a twins or multiples class it is best to book onto a class well in advance of your due date. Tamba recommends parents expecting multiples attend classes from 20 weeks of pregnancy to 32 weeks of pregnancy. This is because 55% of all twins and 94% of triplets are born before 37 weeks of pregnancy². Tamba also offers regional antenatal classes and preparing for parenthood seminars which have practical advice about parenting more than one

baby. Details of these classes can be found on the Tamba website: tamba.org.uk/Courses.

You may also be able to make a visit to your local hospital's neonatal unit. It can be helpful to meet the staff, look at the facilities and equipment and to ask any questions. Check with your midwife and consultant when you have your next antenatal appointment to find out if this is possible.

“We were advised to visit the neonatal unit before they were born. It was much less of a shock to go there after the birth, as we were already aware of the environment.”

Louise

WHAT CAN I EXPECT WHILE I AM PREGNANT?

When you are expecting more than one baby, you will have more check-ups while you are pregnant because of some increased risks associated with multiple births. This can be helpful and reassuring. You will be offered regular ultrasound scans to check the growth of your babies and to see how they are developing.

If you notice any change in your babies' movements, or you have any concerns, always talk to your health professional as soon as you can. They will be able to check anything you are worried about.

Your maternity unit may have a specialist midwife who works with parents of multiple births. Ask whether this might be available to you. They will also be able to answer questions you might have about having multiple babies.

WHY ARE BABIES OF MULTIPLE PREGNANCIES OFTEN BORN EARLY?

Being pregnant with more than one baby does increase the risk of some conditions, either in you or your babies, which may cause you to give birth prematurely. A study from 2009³ by Tamba showed the most common conditions and symptoms are:

- high blood pressure in the mother
- vaginal bleeding
- pre-eclampsia (a condition which affects some pregnant women in the second half of pregnancy or soon after birth)
- twin-to-twin transfusion syndrome (a condition affecting some identical twins who share a placenta)
- pregnancy-induced diabetes in the mother (sometimes called gestational diabetes)

These are thought to be the main reasons why twins and triplets can be born early. Sometimes, labour can start by itself suddenly. For example this could be caused by an infection. Talk to your health professional if you think you notice anything unusual (different discharge or bleeding) and you are worried you might have an infection. It is important to remember that sometimes there is no obvious cause for early labour. Even if the cause is known, it is not always possible to stop a baby from being born early.

There is more information on all of these conditions in Tamba's Healthy Multiple Pregnancy Guide which can be found and downloaded from Tamba's website: tamba.org.uk

Your midwife or doctor will be able to discuss your pregnancy and also address any questions or worries you have at your appointments.

“Our twin boys Charlie and George were born 10 weeks early. The care we received in the neonatal unit was exceptional. The staff had so much time to reassure us, at what was a very daunting time.”

Hayley

HOW CAN I PREPARE FOR HAVING MY BABIES EARLY?

If health professionals think your babies are showing signs of coming early you may be given steroid medication (usually in two injections) to help prepare the babies' lungs for breathing. If you are in labour, medication may be used to try and delay or slow down labour. A midwife, doctor or neonatal nurse will be available to talk to you throughout this time.

Premature babies may need help straight away with their breathing, or a transfer straight away to the neonatal unit. As a parent, it is very hard not to be able to hold your babies immediately after the birth. You may also be worried that you have not bonded straight away as you had planned. When you first see your babies in the neonatal unit, talk to the staff about how you can become involved in their care, including having skin-to-skin contact. This is shown to help you grow in confidence, help your babies know you are there, and help them to develop too.





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SECTION THREE

AFTER YOUR BABIES ARE BORN

One or more of your babies may need extra care. If only one baby needs extra care you will have one baby in neonatal care and one baby on the postnatal ward. This can be very difficult. You may want to ask for support from the staff, or talk to your partner or close family. You can read more about getting support in the section called 'Support for you' on page 30.

CAN I STAY WITH MY BABIES IN THE NEONATAL UNIT?

After your babies are born, one of the neonatal staff will come to tell you about your babies and how they are doing. They may also bring you a photo of your babies to keep with you.

If you are still in hospital and unable to be with your babies in the neonatal unit to begin with, your midwife may call the unit for an update.

Neonatal units will try to involve you as much as possible in the care of your babies. This is sometimes called family-centred care.

Going to a neonatal unit can be a little overwhelming at first. The neonatal staff will offer support and reassurance when you first arrive.

You may be surprised by how small your babies are when you meet them for the first time. They might be very fragile-looking, with fine body hair and blood vessels which you can see. This is because they are not as developed as a baby born on their due date.

Talk with the neonatal unit staff about how long your babies might be in neonatal care and how you can get to know them better while they are there. Even if they are very premature, you will be able to hold their hand and talk to them. As they grow and develop, the neonatal staff can help you to hold, comfort, and feed them, and take part in daily routines such as washing them and changing their nappies. This is called their daily cares.





HOW WILL MY BABIES BE LOOKED AFTER?

If your babies are in a neonatal unit, it is likely to be a very emotional and stressful time.

Very early babies will probably be in an incubator to keep them warm until they grow bigger and are well enough to move to a cot. The incubator also helps reduce the risk of infection.

Neonatal units usually also provide the following care to most babies:

- Monitoring them (using machines with wires attached to your babies)
- Making sure they take in enough calories
- And if needed, supporting their breathing

Neonatal units are staffed by doctors, nurses and other professionals who specialise in the care of babies born

premature or sick. They will involve you as much as possible in your babies' care and will help to explain the medical treatment and care your babies are having.

Looking after yourself is very important. Try to eat regular meals, drink lots of fluid, and take plenty of rest. This helps a mum's recovery and can help with expressing or breastfeeding, if this is something you are able to, and choose to do.

For more information about how your babies will be cared for in the neonatal unit, see the Bliss website at [bliss.org.uk/in-hospital](https://www.bliss.org.uk/in-hospital)

At your own pace, you can get more involved in caring for your babies. Talk to your health professionals about how to do this. Your involvement is shown to help your babies as well as you. You can do this by:

- Holding them
- Feeding them (see our section on feeding for more information)
- Washing them
- Changing nappies
- And taking part in other daily routines

Getting involved with your babies' care can help you to bond with your baby and for them to know you are there. Find out more on the Bliss website at bliss.org.uk/family-centred-care and watch the video about how you can get involved.

The earlier your babies are born, the smaller and more fragile they will be. They are also more likely to need to stay in the neonatal unit for a longer period of time. Being premature can sometimes lead to your babies having other problems such as:

- Neonatal jaundice, (a condition which causes yellowing of the skin and is usually treated with a special blue light called phototherapy)
- Infections, often treated with antibiotics

Whatever the reasons for your babies being in the neonatal unit, each will receive their own care. If they have a medical condition (such as twin-to-twin transfusion syndrome), they will receive special treatment for this in the neonatal unit.

You can discuss your babies' treatment and care, and be involved when the treatment plan is updated with the nurses and doctors.

REMEMBER: you can ask for updates, or raise any questions, at any time.



HOW CAN I BOND WITH MY BABIES?

A commonly asked question to Tamba's free phone helpline (Twinline 0800 -138 0509 open daily from 10am to 1pm and 7pm to 10pm) is "How will I be able to love two babies?" This is a common worry. Some parents also say they can find it hard to bond while their baby is in hospital. Talk to the neonatal staff about how you can get involved with your babies' care, and when you can start to hold them skin-to-skin. Even just hearing your voice, feeling your hand hold theirs, or smelling your scent will help your babies know you are there.

When your babies can leave the incubator, even for short amounts of time, skin-to-skin contact (often called kangaroo care) will help you to bond with your babies and will help them to develop. Skin-to-skin is done by placing your babies (without clothing, but with a nappy), against your chest next to your

skin. This helps your babies to control their temperature and breathing, as well as helping to keep their heartbeat regular. It has also been shown to help them grow. While your babies are in the neonatal unit you may need help with getting them onto your chest, particularly if they have wires attached to them. Skin-to-skin also provides a great opportunity for other members of the family to bond with the babies. Parents can do skin-to-skin at the same time with twins.

“When George and Sophie were in NICU and SCBU I did skin-to-skin but because I too was poorly it was as and when I could do it.”

Joanna

LUCI'S STORY

“At first, I was quite nervous with changing the boys and washing them as they were so tiny and fragile, but the nurses would always make me and my partner feel comfortable and get us involved as much as they could. I was worried how I would be able to bond with my babies as they were in the incubators but the nurses let us have our own time holding them and having skin-to-skin which is so precious. It's been a long time coming, but we will be bringing our boys home in the next few weeks and we cannot wait.”





Find out more about skin-to-skin care by visiting the Bliss website at bliss.org.uk/skin-to-skin-info

Having more than one baby can cause a feeling of conflict between the different needs your babies have. There are many different ways of dealing with more than one baby at a time; for example staggering feeds and working with your partner, family, friends or, at first, your health professional to manage the timings of their care.

In time, you will start to find your own way to care for your babies in the way that is best for you.

HOW CAN I INVOLVE THE FAMILY?

Finding ways to get used to being a larger family can be hard when your babies are still in hospital. As soon as you can, you may wish to have a family photograph with your new babies. Individual photos

of the babies, particularly of their small hands and feet, are popular choices among new parents.

If only one of your babies is in neonatal care, you can talk to the staff about how they can support you in having your babies together for some time. This will depend on how your baby in neonatal care is doing. Different units have different policies, so it is important to talk with the unit staff about the options available for your family.

Check with your neonatal unit about which family members are able to visit. Units have different rules about when siblings, grandparents or other family members can visit. Relatives can usually visit, but this may be limited to only two people at a time. Some units do not allow young children to visit, as a way of reducing the risk of infections.



Skin-to-skin contact can be done by other family members. See our section on how you can bond with your babies.

You may like to see if your twins can bond with each other at this early stage too. There is good evidence⁴ to show that twins grow and develop better when sleeping together. Twins and multiple babies are often put in the same cot in the neonatal unit.

If your babies are not together, you may wish to try using bedding which smells of you or their sibling in the incubator. You can also then keep bedding which smells of your babies with you. Some parents find this helps with bonding. It can also help when expressing your breastmilk to use a cloth which smells of your babies, as this can help you to produce milk. See our section on feeding for more tips. Remember to never add loose cloths or bedding to incubators or cots. See our section on safer sleep for more details.



The arrival of new babies can sometimes cause jealousy in older siblings, especially if you are spending a lot of your time at the neonatal unit. Friends and family might be able to help you to look after your older children while your babies are still in hospital. They might also be able to help with hospital visits while you spend time with your older children.

Books such as *'Princess Poppy and The Baby Twins'* written by Janey Louise Jones, may help siblings accept having new babies.

The NHS also has a useful video on introducing your toddler to a new baby which can be found on the their website: [nhs.uk](https://www.nhs.uk)

WILL MY BABIES BE SEPARATED?

Sometimes, the condition or medical needs of one of your babies may change. This can mean one baby might be admitted to the neonatal unit, or transferred to another unit, while the other baby or babies are able to stay in the maternity unit. This situation can make being with and making routines with all your babies hard, and many parents can feel torn. The staff should be able to support you in juggling your babies' needs and provide the help you need to bond with them all.

You might like to try alternating feeding times and splitting care between you and your partner or other family members. This will help you to spend time with your babies and allow others to be involved in their care too.

AMY'S STORY

"My twins were born at 36 weeks. One was admitted to the neonatal unit while the other was able to stay with me. Luckily she was only in the unit for 3 days..."

My hospital were very supportive and helped my partner and I to spend a lot of time on the NNU, taking Rosa with us where possible. But even so, the feeling of relief and joy when Ruby was allowed on to the ward with us in transitional care was overwhelming. Skin-to-skin, expressing for Ruby, and my partner visiting her even when I was too unwell helped me cope, knowing that we were doing what we could for her. And the staff on NNU were incredible."

"I spent 5 weeks on hospital bedrest before I delivered my triplets at 34 weeks (two boys and one girl). Only 2 of the 3 had to go to NICU and only for 8 days. Even though he was the smallest, my third baby actually came home with me when I was discharged."

Nada



WILL MY BABIES BE MOVED TO ANOTHER UNIT?

To make sure your babies receive the care they need, it may sometimes be necessary to transfer you to a different hospital while you are pregnant, or to move your babies once they have been born. This can happen for a few reasons. Here are some of the most common:

- Your babies need a higher level of care than is provided at that unit (see our section on different levels of care for more information)
- There isn't enough space in the unit for your babies to receive the level of care they need
- There aren't enough health professionals available on the unit to provide the level of care your babies need

You should be given information about the transfer of your babies and the reasons why it might be needed. You can ask whether there are alternative options. Units will always do their best to keep parents and their babies together.

It is possible that your babies might be transferred to separate hospitals if they have different needs. Staff will try to keep your babies together, but if it is necessary to separate them, they will talk to you about what will happen next and how you can manage your time between two units.

EMMA'S STORY

"My identical twin girls were born at 34 weeks. They stayed for just 10 days which seemed to feel like a long time, as it was over the Christmas period and I had a toddler at home and they had discharged me after 5 days. I spent as much time there with them as I physically could, with my partner back at work so that we can be 'all hands on deck' when we got to bring them home on Christmas Eve. To bond with them I asked that I be there to feed and change them and I took my daughter with me every morning to deliver the milk to her sisters that I had expressed the night before. That way I was attending to all my babies and that made it easier to get through every day. I hated going home and leaving them. I would call before I went to sleep every night for an update on them. The day we brought them home was the day our family was complete. It was Christmas Eve and I had all my babies together under one roof. We stayed the night with the babies at the hospital first to go through all of their care."



“It was definitely challenging to have one baby at home while two were still in the hospital, but I had a lot of help and support from my husband and mum. A little over a year later, all three are healthy, happy babies.”

Nada

SECTION FOUR

FEEDING YOUR BABIES

HOW DO I FEED MY BABIES?

If your babies have been born early, they may not have developed the ability to suck milk from the breast or a bottle, so may need to be fed via a special tube. Sometimes babies are not well enough to take milk from a parent directly. As the babies develop the ability to suck or grow stronger, the amount of milk given via a tube will be slowly reduced. To start with, most parents will feed one baby at a time; this can be easier as it allows time to grow in confidence with feeding, and gives one-to-one time with each baby.

When feeding more than one baby, health professionals can help you to get used to how to position your babies for feeding, especially if they are very small or have wires attached to them. Ask how your partner and/or family can help you with feeds by doing other things to help, such as changing nappies.

HOW CAN I BREASTFEED AND EXPRESS?

Breastfeeding can help your babies' development in many ways, especially if they are on the neonatal unit. Your milk is made especially for your babies and your body produces the right amount of nutrients needed for them.



The benefits of breastfeeding your babies include:

- Helping to boost your babies' immune systems
- Helping to fight against conditions like chest infections, or diarrhoea and vomiting
- Providing the right mix of fat, protein, carbohydrates, vitamins and minerals
- Helping you to bond with your babies.

If you are not able to breastfeed your babies yet, you can express your breastmilk to be given to your babies by a tube or a very small spoon. Expressing your milk involves using your hand or a pump to get your milk out. These small quantities of colostrum (the type of breastmilk you produce in the first few days) can then be stored to use later. You might find hand expressing the colostrum easier than using an electric

pump. As you start to produce milk, it is a good idea to express regularly with a breast pump at least 8 times in 24 hours, including throughout the night. This helps to keep your supply flowing.

Sometimes, formula may be needed as well, and the staff in the neonatal unit will usually recommend formula made especially for premature babies, if this is the case.

JOANNA'S STORY

"I expressed the colostrum and continued to express breastmilk throughout my journey. The milk was stored in the fridge then taken up to the SCBU in batches.

I set an alarm and expressed every 3 hours. It was tough as I was still struggling with high blood pressure and recovering from the emergency c-section but I found expressing took my mind off what my body was going through and helped me feel a bond with my babies who were on a different floor to me."



Always talk to the staff about breastfeeding or expressing if you have any questions. Sometimes mums can struggle with how much milk they are producing, getting milk to come in, or with breastfeeding their babies if they are very tiny and attached to lots of wires. Having more than one baby might also add a strain to you. Staff will be able to support you to feed your babies. Ask if there is a breastfeeding nurse or specialist who can help you.

You may see or hear information about the UNICEF Baby Friendly Initiative on the unit. This helps maternity and neonatal units to support parents in breastfeeding their babies. This is because breastfeeding has many benefits for you and your baby, especially if they are in neonatal care.

Bliss provides information on breastfeeding and expressing. You can access this via their website at bliss.org.uk/breastfeeding.

Tamba's website also has useful information on feeding multiples tamba.org.uk/parenting/under-1s/feeding

Tamba has a breastfeeding multiples booklet which can be found and downloaded from tamba.org.uk. We also have a breastfeeding webinar which you can listen to using a computer or smart phone. On this webinar we talk about feeding babies in neonatal care. You can find our information on this here: tamba.org.uk/shop/breastfeeding-webinar.

We also have a team of NCT-accredited breastfeeding peer supporters, who have all breastfed twins and multiples and can offer mother-to-mother information and

support to families who wish to breastfeed their twins, triplets or higher multiples.

To find out more about the breastfeeding peer supporter's scheme please visit our website: tamba.org.uk/support/breastfeeding-peer-supporter-scheme.



CAN I BREASTFEED MY BABIES AT THE SAME TIME?

You can breastfeed two babies at the same time. But it might be easier to feed one baby at a time to begin with if you haven't breastfed before. Most breastfeeding positions for more than one baby involve the babies being supported by pillows.

It can be a little difficult at first to hold two babies at once, but staff in the neonatal unit will help with this.

CAN I FEED MY BABIES SEPARATELY?

Some parents choose to time feeds so they are staggered by a few minutes, waking the less hungry baby after feeding the first. This can allow more attention for each baby and the other baby can be rocked or comforted, if awake.

HOW CAN I BREASTFEED MORE THAN TWO BABIES?

If you have triplets or more, you can still breastfeed your babies. You might need more support in the timing of feeds and in looking after the other babies while you feed. Most mothers of triplets will use a routine and a rota system, feeding one separately after the other two. With quads, this system can be based on feeding the first two babies followed by the second two. Mums are capable of producing as much milk as their babies need.

“I started hand expressing after delivery and then used a hospital pump as soon as my milk came in. To help, I expressed using a portable pump at their cot side, and when at home while looking at photos and videos of my babies.”

Juliet

HOW CAN I BOTTLE FEED MY BABIES?

Sometimes, it might not be possible for your babies to have your breastmilk, or you may choose not to breastfeed your babies. If your baby does take formula instead, health professionals will help you to bottle feed safely, and to let you know which type of formula is best for your babies. They can also show you the best positions for bottle feeding more than one baby.

REMEMBER: it is your choice how your babies are fed. If you have questions about whether to breastfeed or bottle feed, talk to your family, neonatal staff and health visitor to find the way that is right for you and your babies.

HOW CAN I CREATE A FEEDING ROUTINE?

However you feed your babies, most will have a feeding routine when they leave the neonatal unit, which you may choose to follow at home.

You may like to talk with your doctor, neonatal nurse or health visitor about which routine would work best for you and your babies. This will change as they grow and develop. More guidance on how to feed your babies can be provided by:

- A health visitor
- A breastfeeding counsellor
- The National Childbirth Trust (NCT)
- Tamba
- Bliss

SECTION FIVE GOING HOME

WHAT HAPPENS WHEN I GO HOME?

If mums have stayed in hospital after the birth, they are often ready to be discharged home before their babies. Once they are no longer staying in hospital, this can mean daily visits to the hospital to see your babies. This can be very tiring and it may help to ask for the support of friends and family. This will be particularly helpful if your babies remain in hospital for a long time.

WHAT HAPPENS IF ONE OF MY BABIES IS READY TO GO HOME FIRST?

It is quite common for one baby to be ready to go home from the hospital before their siblings. This can be a confusing time for parents, as it can be very hard to leave a baby in hospital. The staff will support you to continue to bond with your baby or babies still in hospital. You can do this by having skin-to-skin contact when you are there and continuing to take part in their care.



This can be a hard part of the process for many parents of more than one baby. Talk to the staff on the unit. They will be able to help you get used to the new routine, and how you can make sure you are spending time with each of your babies.

“Leaving the hospital without the babies was heart wrenching. However, we soon fell into a nice rhythm of getting to hospital for the 9am doctors round and spending the morning there, then popping home for lunch and sometimes a nap, before spending the evening there. I used to phone the unit at 3am when getting up to express, and the nurses were always happy to give me an update.”

Hannah

“
Stop worrying
while your
baby sleeps
”

AC517 Movement, Sound and Video Monitor



Wireless Sensor Pad

Monitors movement that sound/video only monitors can't detect



Large 5" Touchscreen

5" (13cm) touchscreen enables real-time monitoring & displays tracking reports



Tracking Reports

New analytic reports show up to 2 months of room temperature & movement data



Room Temperature Display

Colour coded display on the Nursery Camera indicates the room's temperature



PROUD TO
SUPPORT

Bliss
for babies born
premature or sick



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PINK & BLUE

Soft Touch
Baby Bath Support



Nappy Disposal
System

“The boys were discharged at separate times which was awkward but did give us time to get used to looking after a baby at home before having two to juggle!”

Joanne



Giving twins and other multiple birth babies their own attention is shown to be good for their long term development.

Twins and triplets are often ready to be discharged at different times. However, if this gap is likely to be fairly close then the hospital may be able to keep them together. If there is a large gap in their progress, they may go home at different times.

HOW CAN I PLAN TO BRING MY BABIES HOME?

Most parents feel worried when taking multiple babies home for the first time.

Neonatal staff will be available to help you through this stage. Many neonatal units have special rooms where you can stay overnight with your babies before leaving the unit. This helps to prepare you for your return home by building confidence in caring for your babies.

It is possible that your babies could come home still using some medical equipment, such as oxygen, or still needing some support. In this case, you will be supported by the neonatal outreach or community team. The staff on the unit will fully explain your babies' care to you before you go home, and will make sure you are confident in what your babies still need. They can answer any questions you have before you go home.

“Most of all, what got us through was watching the pure determination and fight our girls showed day in and day out. They both came home on oxygen. At first it was tough, adapting the house and our routine for ourselves and our son to suit the oxygen tanks around the house and in public, but we did it!”

Hannah

Once you are at home, if you have any concerns, you can contact the neonatal unit, your health visitor or GP for advice.

For a list of practical ideas for going home, including clothing and items for the home, see Tamba's Practical Preparing for Parenthood Guide via the Tamba website tamba.org.uk

Babies born premature or sick are more vulnerable to common infections such as colds. Bliss provides information on how to help prevent the spread of these common infectious illnesses.

Find out more by visiting bliss.org.uk/winter

HOW SHOULD MY BABIES SLEEP WHEN I TAKE THEM HOME?

There are simple steps that you can follow to ensure your babies are in the safest sleeping position possible to help reduce the risk of Sudden Infant Death Syndrome (sometimes called SIDS or cot death).

Evidence shows that it is safest to keep the babies in your room with you, in their own cot, for the first six months.

HANNAH'S STORY

"Leaving hospital all together as a family just felt like a dream come true. Not only was it the hardest time of our lives but the most rewarding too. The people I met in hospital have become lifelong friends. Theo and Fern are almost two years old now and life couldn't be better."



Some other ways you can reduce the risk of SIDS is to:

- Sleep your babies on their back, not their fronts
- Make sure their feet are placed at the foot of the cot
- Make sure they don't get too hot
- Never use loose blankets
- Use a firm, flat and waterproof mattress
- Avoid smoking
- Breastfeed, if you can.

Most newborn multiple babies start by sleeping side by side at the foot of the cot. As the babies get larger they may stay in this position or sleep head to head.

For more information about safer sleep for your babies, visit TheLullabyTrust.org.uk/safer-sleep-advice/ Tamba also has a number of sleep factsheets written for twins and triplets which can be downloaded here: tamba.org.uk/parenting/sleep/0-12-months

ZOE'S STORY

"My non-identical twin girls were born at 35 weeks. I had already been in hospital for 10 days with pre-eclampsia and then one of my waters broke early. Both girls were taken to special care, one at 3lb 9 with temperature problems, the other at 5lb 3 with breathing issues. I sent my husband with them and he came back with photos of them, which I treasure to this day. They spent 48 hours in the high dependency unit, then into special care. I cannot fault the care, thought and love given by those nurses to us, the twins and their older sister. Nothing was scary because the time was always taken to explain everything to us. It was hard, but we all had the chance to recover and bond. I went home after 10 days, but we were allowed to visit as many times or even for a full day and phone whenever we needed. We were never made to feel like it was a problem either. Both girls were discharged together and came home with no issues. I'm so grateful to the team of nurses who looked after my girls. They've just turned 11!"



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SECTION SIX

SUPPORT FOR YOU

Caring for multiple babies can make it harder to support yourself. Having one or more babies in neonatal care will raise many emotions for parents. It is important you have space and time to recognise how you are feeling and to talk to someone about what you have been through.

REMEMBER: you can always ask the neonatal staff about the care of your babies. You can also speak to Twinline.

These are some common worries you might have:

THIS WAS SO UNEXPECTED. I DON'T KNOW IF I'M COPING VERY WELL...

As a new parent, you will be dealing with lots of different emotions. Common feelings include joy, guilt, fear, worry, happiness or sadness, and sometimes no emotions at all. You could also have emotions that go up and down a lot, feeling exhausted, elated or upset, or torn between older children and their newborn siblings.

Talk to your family and friends about how you feel, if you are able to do so. Getting support from those around you can help you with the different emotions you may be feeling.

It may also help to talk to people whose babies are going through a similar situation. Your neonatal unit may have coffee meetings or support groups.



I spent hours looking from one incubator to the other and not knowing how to split myself. I called Twinline and the lady helped me to name all the difficult emotions I was feeling, especially how vulnerable and torn I felt.

Louise

You may like to talk to Tamba's Twinline or email AskTwinline@tamba.org.uk.

Twinline is a confidential helpline for parent to parent support (call freephone 0800 138 0509)

Twinline

For expectants, under 1 year,
1 to 4 years, or 5 years + !

Twins,
triplets
or more?



Got a
question?



Need to
talk?



We are
here to
help



Ask Twinline - asktwinline@tamba.org.uk

Twinline is open everyday
from 10am to 1pm and from
7pm to 10pm on freephone.

0800 138 0509

If you would like to talk to a Bliss volunteer for emotional support, you can visit bliss.org.uk/support-in-your-area to see if there is a Bliss Champion on your unit.

You can also call or email the helpline via **0808 801 0322** or hello@bliss.org.uk

Both charities also provide useful online resources including forums, videos and Facebook and Twitter pages. Search Tamba Twins and Multiple Births Association and Bliss charity on Facebook.

MY BABY HAS DIED. I NEED SUPPORT.

Sadly if you experience the death of one or more of your babies, this will be a very difficult time for you as a parent, and for the whole family. The grief can feel overwhelming and you might not know how to support yourself.

Research⁵ has been carried out by a team at Newcastle to help neonatal professionals support parents with a twin or triplet that has died whilst in neonatal care. This research recommended that parents be offered a butterfly sticker for the cot of their surviving baby/babies to notify staff they were part of a multiple birth⁶. This can help with any difficult conversations and helps staff to know that the baby might be missing their sibling. It also helps staff to know how to best

support you during this very difficult time. Ask your unit if they use the butterfly stickers. If they do not they can access the information for health professionals via neonatalbutterflyproject.org. You can also contact **Tamba Bereavement Support Team** on support-team@tamba.org.uk and we can send them the information.

If you have other babies to look after following a death of one of your babies, it is very common to find continuing to care for those babies very hard. You may feel a mixture of emotions, as you love and care for your babies while grieving for your loss. It can also feel very difficult to carry on with the routine you have created for you and your babies.

Your family and friends can provide support for you at this time. Talk to them, if you feel comfortable, about how you are feeling. Talking about this with someone you trust can help.

You might find it helpful to talk to the staff on the neonatal unit. They will be able to let you know if they have a bereavement support staff member who can come and talk to you. They will also help you with continuing to care for any of your babies who are still on the unit.

Information will be given to you about what the next stages are for your baby who has died. You will be able to hold your baby, and spend time with them. You can also make memories such as taking hand and foot prints, having naming ceremonies, and dressing them in the clothes you chose for them. Pictures can be taken too. Making memories with your baby can help you with the grieving process and provide you with something to keep. Staff may ask you if you would

like them to acknowledge and talk about the baby who died. This is your decision and staff will respect your wishes if you find this too difficult.

If you need more support after losing a baby, Tamba has a Bereavement Support Group which includes a guide for parents who have lost one or more babies, a befriending service and a private Facebook group. Details of these are available at tamba.org.uk/bereavement.

You might also find helpful information from Sands – the stillbirth and neonatal death charity. You can access their support via sands.org.uk/support

I THINK I MIGHT HAVE POSTNATAL DEPRESSION. WHAT SHOULD I DO?

It can be very difficult having multiple babies, especially when one or more have spent time on a neonatal unit.

Parents of multiples babies, and those with experience of neonatal care or who have had the sad loss of a baby or babies, are more likely to experience postnatal depression. This may start to develop in the period following the birth or when you go home, although it can often take time to surface.

If either you or a member of your family are finding things hard, or are worried you might be suffering from depression or anxiety, always talk to your midwife, GP or your health visitor. You might prefer to talk to a family member or friend first.



It's important to find someone who can listen and help you. Recognising that you are finding things hard is not the same as admitting failure, or saying that you are not coping. Health professionals will be able to find the right help for you.

You can find out more about postnatal depression in Tamba's postnatal depression booklet and factsheets which can be found here: tamba.org.uk/parenting/first-year/mental-health.

You can also find useful information from the NHS website: [nhs.uk](https://www.nhs.uk)

I'VE TAKEN MY BABIES HOME BUT I FEEL OVERWHELMED. WHAT SUPPORT CAN I GET?

Your babies might need ongoing medical care after going home. Babies with medical conditions may be referred to specialist units for ongoing care or surgery. If your babies are very small, they will continue to be monitored by

a specialist nurse, hospital consultant, health visitor and/or a dietician.

You can always ask for help from your health professional once you have gone home. If you are ever worried about your baby, it is always best to check.

MULTIPLE BIRTH PARENTS TOP TIPS FOR BEING IN NEONATAL CARE

We asked parents of multiple births for their top-tips about being in neonatal care.

- Talk to your partner, to your family and your friends. It's such an emotional rollercoaster and it's important to know you can express your feelings or have a little cry
- Make sure you look after yourself and are eating enough and getting enough sleep - standing over an incubator all day, expressing, keeping up-to-date with day-to-day life can all take its toll
- Do not underestimate how exhausting being in neonatal care can be
- Ask to view the local unit whilst you are pregnant, so you know what to expect should your babies need this care
- Communication with hospital staff is key – it is helpful to ask questions. The staff will want to help you to care for your babies and parent them
- The monitors beep a lot, but try not to worry about this, as the staff are always monitoring these
- We were encouraged and taught by the neonatal nurses to ride the waves, take each day as it comes

REFERENCES AND OTHER INFORMATION

All references and relevant organisations are available on the web-based version of this document.

^{1&2} Maternity Services and Multiple Births
A joint report by NCT and the Twins and Multiple Births Association, 2015

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⁵ research.ncl.ac.uk/multiplebirth/aboutourproject/

⁶ neonatalbutterflyproject.org/about-us/
Twin-to-twin Transfusion syndrome:
A guide for parents
NHS Choices – Pre eclampsia
Great Ormond Street – Neonatal Jaundice
NHS Choices – Diarrhoea and vomiting
NHS Choices – Colostrum
nhs.uk/Conditions/pregnancy-and-baby/pages/mental-health-problems-pregnant.aspx
<https://www.bestbeginnings.org.uk/>



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Perfect for our twins!*
Sarah via Facebook”

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Three great things came out of our experience: fabulous twin girls who are a daily delight and the Morrck **Baby Hoodie**, which our customers tell us is the best baby product they have bought.

The **Baby Hoodie** was developed from the reality of getting out and about with multiples and wanting an easy, simple but most importantly, safe way to travel. It has since won a variety of awards and has been tested for car seat safety to current and i-size standards

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