

TAMBA TWINS & MULTIPLES HEALTHCARE SURVEY

MAKING PROGRESS

Tamba
TWINS & MULTIPLE BIRTHS ASSOCIATION

MARCH 2012

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EXECUTIVE SUMMARY

The 2011 Tamba Health and Lifestyle survey collected the views of 688 parents of multiples who had their babies in the last 18 months (669 parents of twins, 17 parents of triplets and 2 parents of quads). The online survey asked 31 questions on levels of antenatal care, parent education, special care, feeding decisions, postnatal depression and help received in the first six months.

The 2011 survey asks many of the same questions as Tamba's 2008 Health and Lifestyle survey, allowing us to examine

how the situation is changing in different areas of antenatal and postnatal care for families of multiples.

The survey found that many mothers have a positive experience of the health professionals that support them through their pregnancy, and highly rated the care provided by consultants and special care units.

Several issues of concern raised in the 2008 survey are improving, for example, the 2011 survey found declining rates of

postnatal depression and fewer families of multiples being split up immediately after birth.

However, there remain issues of great concern that must be addressed across the NHS to ensure the health, wellbeing and happiness of the babies, their mothers, and their families as a whole. These issues include:

- Just over a third (36%) of respondents are offered multiple-specific parent education sessions by their local hospital, which is a concern as the survey found that women who have attended both hospital and Tamba-run multiple-specific classes are better prepared for the realities of parenthood, less likely to develop postnatal depression and feel overwhelmed by the experience of caring for young babies. Parents are also less likely to be isolated, for example joining their local twins club and arranging for help caring for their babies in the first six months. Further information is provided in Section 2.

- 1 in 5 mothers (21%) of multiples are unprepared for the possibility that their babies are more likely to be born early and need special care in a neonatal unit. Of those parents who said they were unprepared, over a half (54%) went on to have one or more baby in neonatal care. Without adequate preparation, these parents were alarmed (and in some cases traumatised) by the experience. More information is provided in Section 3.

- Mothers expressed low levels of satisfaction with maternity wards and almost a quarter (22%) were worried about the quality of the care, post delivery. New mothers of multiples frequently complained of being "abandoned" and struggled to look after more than one baby in postnatal wards, particularly during the night. While the problem can partly be explained by low staffing levels, parents also felt there was a need for postnatal wards to be more understanding of the realities of multiple births, such as the differing feeding demands of multiples and the need for extra space for babies to sleep and feed. Mothers were also extremely disappointed that hospitals could not be more flexible about visiting hours so that partners could provide 'an extra pair of hands'.

- Although the majority of multiple-birth families were able to stay in the same hospital after the birth, almost 1 in 10 mothers (9.1%) were split up from at least one of their babies. There needs to be continued investment in special care units so that mothers and babies can be accommodated at their local hospital. Priority should be given to keeping families together, even if clinical needs require one baby to be transferred to another hospital. Further information is provided in Sections 3 and 4.

- Insufficient expertise and contradictory advice on feeding multiples, which results in almost 1 in 4 mothers (17%) being unable to feed their babies in the way

they wish. Feeding advice is particularly poor in postnatal wards, with health professionals giving confusing and mixed messages. On the one hand, mothers were often told they were “starving their babies” and their milk was not “good enough”; on the other hand they were “frowned upon” for not breastfeeding. 1 in 3 parents (31%) thought feeding advice was poor or very poor. 1 in 4 mothers (25%) said they received no feeding support at all, be it from health professionals or volunteer/peer supporters. It is clear that more support could be offered to mothers of multiples who wish to breastfeed their babies. Further information is provided in Section 5.

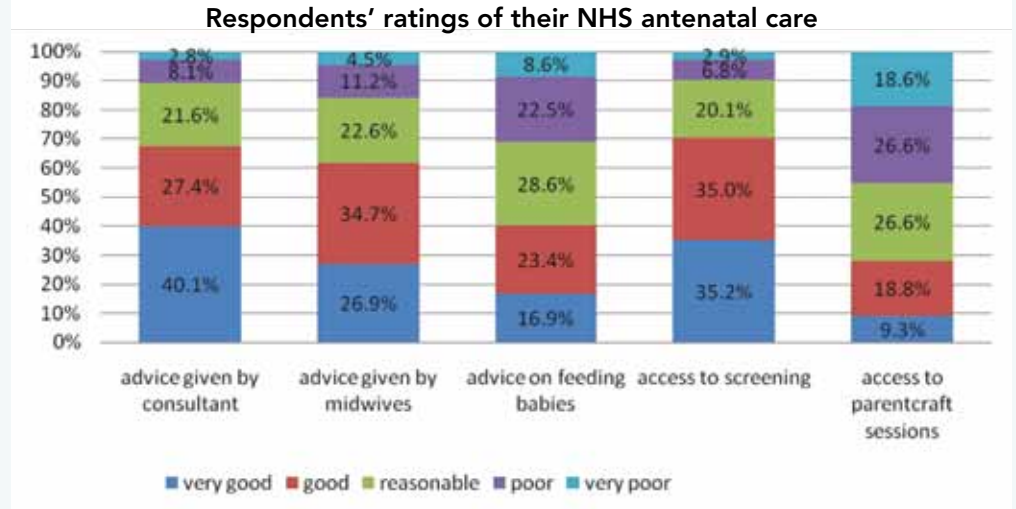
● Although postnatal depression (PND) continues to be more widespread for mothers of multiples, the rate of PND has decreased from 17% in Tamba’s 2008 survey to 13% in 2011. There has also been a reduction in the number of mothers who ‘frequently’ feel so overwhelmed by caring for their family that they want to walk out, from 9% in 2008 to 6% in 2011. The survey suggests that two factors are starting to make a difference to PND; mothers who attended Tamba’s parenting classes and accessed the booklets, website and other reading material produced by Tamba had lower rates of PND than those mothers who did not.

1: EXPERIENCE OF NHS CARE

Overall, parents of multiples have a positive experience of NHS care (see graph opposite). Parents gave the highest rating to hospital consultants, with 40% saying their consultant’s care was “very good”. Only 1 in 10 parents (11%) thought the advice given by their consultant was poor or very poor and this low rating typically referred to poor advice on monochorionic twins (who share a placenta and are at risk of Twin-to-Twin Transfusion Syndrome). For example, one mother said, “I did not feel many at my hospital, including the registrars, knew about the specific guidelines regarding MCDA twins - had to print off a lot from the internet about when safest to deliver them.” Another mother said, “Some of the junior doctors / registrars did not seem to be up-to-date in their knowledge of MCDA twins”.

Parents were also generally happy with access to screening, with over a third (35%) saying it was “very good” and only 1 in 10 parents thinking screening was poor or very poor.

Midwives’ advice also rated reasonably well, with 1 in 4 (27%) believing midwives’ advice to be very good and levels of dissatisfaction are still low (16% rated poor or very poor). The highest levels of satisfaction are for hospitals with specialized midwife expertise, such as



Queen Charlottes and RVI Newcastle.

Advice on feeding babies rated less well, with only 40% rating it good or very good. Worryingly, almost a third of parents (31%) thought feeding advice was poor or very poor. This lack of practical and emotional support for mothers in the choices they make about how to feed their babies will be explored further in Section 5.

“I was very unhappy with the care I received for the five days I was in post delivery ward. I was given conflicting advice from the breastfeeding advisors that upset me so much I couldn’t carry on.”

Of continuing concern is the low rating given to access to antenatal classes, with only 28% saying that access was good or

very good. Almost half of parents (45%) thought access to parentcraft sessions was poor or very poor – an issue which will be examined in the next section.

“I asked the hospital if I could book in to have a tour and an early antenatal class because I was having twins (as they only offer a 2hr session). They refused though, as their policy is not to allow you to do these until you’re 34wks. The twins were born at 33wks, and I had pretty much no idea of where to go in the hospital or what to expect.”

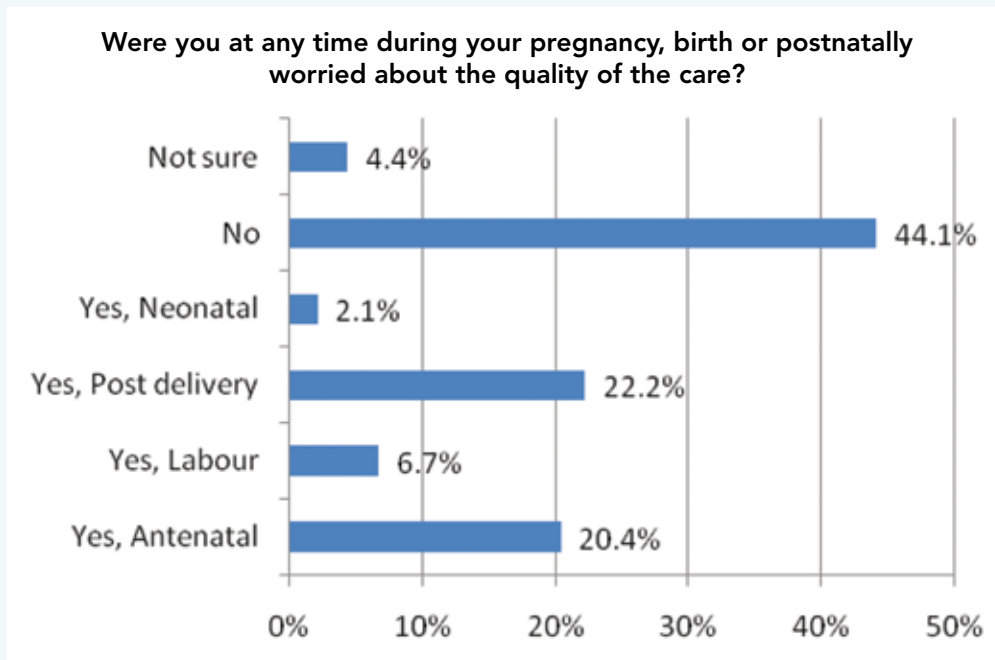
The most common pregnancy conditions experienced by women are vaginal bleeding (28%) and high blood pressure (21%), followed by pre-eclampsia (13%), pregnancy-induced diabetes (9%) and Twin to Twin transfusion (7%).

Although most mothers are satisfied that a good standard of NHS care is given and felt reassured that they were in 'safe hands', over a half (52%) had moments when they were worried about the quality of their care. As the graph below shows, 1 in 5 mothers (20%) had concerns about the quality of their antenatal care. A similar proportion (22%) of mothers were worried about their care post delivery.

Parents frequently praised the care provided by neonatal staff and very few families had poor experiences in special care units. In contrast, several mothers had difficult and distressing experiences

in postnatal wards. For example, one mother of twins said, "appalling postnatal ward care from the nursing support staff, bordering on negligent." Parents' concern about the disparity in care provided by neonatal nurses and staff in maternity wards is further explored in Section 3.

"There needs to be significant changes on the postnatal ward. Antenatal and labour were excellent, but the quality of care noticeably dropped on arrival in the postnatal ward."



"I felt the maternity ward staff were not able to support me being separated from my babies. There was little compassion and quite a few tears from me. The neonatal staff helped me when I went down to the ward."

Lack of continuity in antenatal and postnatal care continues to be a common problem expressed by mothers in both the 2008 and 2011 survey, several of whom saw a different midwife or consultant at each appointment. As one mother noted, "I never saw the same health professional twice".

"Antenatally we saw many different midwives due to being asked to attend the hospital clinic rather than being seen at local surgery. We were given different advice from each."

"Post delivery, I was told so many conflicting things by so many midwives at the same hospital I had no idea what to do."

New mothers frequently complained of being "abandoned" and struggling to look after more than one baby in postnatal wards, particularly during the night when many wards are short-staffed.

"It was beyond shocking. The nights were worse when my husband had to go home and I had no-one to help me. The duty staff took forever to come if you pressed the buzzer and I put myself (having just had a C-section) and

my babies at risk by trying to lift them to breastfeed them or change their nappies."

"The ward was short-staffed and there was limited support during the evenings. It was really tough looking after two and trying to breastfeed, as well as feed the boys through the nasal tube and recover from a caesarean where I lost a lot of blood. I pleaded for my husband to stay with me to offer support in the evening but they would not allow this due to hospital policy. I found the whole experience really stressful".

These gaps in providing continuous antenatal care can be partly explained by more widespread failings in NHS maternity services, in particular low staffing levels. As one mother observed, "Staff not all poor quality or uncaring, just ridiculously overworked". However, comments in the Tamba survey reveal a need for greater understanding of the realities of multiple births, particularly the differing feeding demands of multiples and the need for an extra pair of hands. For example, several parents said their babies were "crammed into one tiny crib" and when they asked for another, they were refused.

"Post delivery care was appalling. When I went to feed one twin in SCBU, I was told to just leave the other in my cubicle with a note, and they just left him screaming."

NHS ANTENATAL CARE: POLICY RECOMMENDATIONS

- Continuity of care is a problem at all stages – Tamba to press for every hospital to embed best practice with a nominated ‘multiples’ midwife with experience of offering antenatal care and another dedicated team member to offer care for mothers of multiples in postnatal wards (including breastfeeding advice).

- Tamba to lobby for improvements in care on postnatal wards, with particular emphasis placed on the need for families of multiples to have more than one cot if required, more flexible visiting hours for partners, a single room (if available, and not then in the parts of the ward where there is most room, typically the end beds).

2: PARENT EDUCATION

HOSPITAL CLASSES

Just over a third (36%) of respondents are offered multiple-specific parent education sessions by their hospital, which is a concern as these classes can be a great preparation for labour, birth and early parenthood. Parents who attended the multiple-birth sessions found them helpful, particularly if it included a tour of neonatal care wards and a Q&A session with parents of multiples.

“One off session which was really good, and I am still in touch with all the mothers from it and we email regularly.”

As in 2008, the Tamba survey indicates that women who have attended multiple-specific classes are better prepared for the realities of parenthood, less likely to develop postnatal depression and feel overwhelmed by the experience of caring for young babies. Parents are also less likely to be isolated, for example joining their local twins club and arranging for help caring for their babies in the first six months (be it from other family members, Homestart or college students).

It is regrettable that access to hospital-run classes has not improved over the last few years and remains at the same level (36%) as in 2008. Several parents noted that hospital funding for multiple-specific classes had been or was about to be cut.

“Two half days. First day about giving birth & breastfeeding, second talks from other twin parents. Believe this no longer happens due to cut-backs”

| | % of parents | |
|---|---------------------------|-------------------------------|
| | Attended hospital classes | Not attended hospital classes |
| Prepared (by health professionals) that babies might require special care | 86.2% | 74.6% |
| Did not experience postnatal depression | 80.7% | 74.9% |
| Never felt so overwhelmed that wanted to “walk out” | 51.1% | 49.9% |
| Joined their local twins club | 50.2% | 34.5% |
| Arranged for help from family members | 94.4% | 92.2% |
| Arranged for help from Homestart | 13.3% | 10.3% |

Although many hospital classes have the advantage of including parents from local multiples clubs and providing tours of the delivery wards and SCBU, Tamba can offer over 30 years’ experience of supporting multiple-birth parents through pregnancy, birth and parenthood. Several parents saw the hospital-run and Tamba classes as complementary and attended both.

TAMBA CLASSES

A quarter of parents attended a Tamba parent education class. The 2011 survey statistics show that Tamba’s classes prepare parents well for the first six months of parenthood and have a long-lasting impact (see table below).

| | % of parents | |
|---|------------------------|----------------------------|
| | Attended TAMBA classes | Not attended TAMBA classes |
| Prepared that babies might require special care | 91.2% | 73.9% |
| Did not experience postnatal depression | 82.9% | 75.2% |
| Never felt so overwhelmed that wanted to “walk out” | 57.5% | 47.7% |
| Joined their local twins club | 53.2% | 35.1% |
| Arranged for help from family members | 94.5% | 92.5% |
| Arranged for help from Homestart | 11.6% | 11.5% |

HOSPITAL CLASSES: LESSONS LEARNED

- All Trusts to provide access to parent education class for mothers of multiples within six weeks of identification of a multiple pregnancy (with reference to the 'Good Practice Principles' identified by Tamba in the 2008 survey).

TAMBA CLASSES: POLICY RECOMMENDATIONS

- Offer more regular lessons and over a wider geographical spread. Many survey respondents were disappointed that Tamba sessions were not available "close enough" to them, for example parents were upset that there were "none available in Wales during that period" and "none available in the northwest". There are plans in place to now roll these out but depend on generating additional income.

- Consider offering discounted price options for those parents on lower incomes or in receipt of certain benefits. Like other private classes, concessions could vary from small discounts to a maximum reduction of 90%. A few parents said they would have liked to have attended the Tamba classes, but "could not afford private classes". We continue to seek funds to help us achieve this.

3: NEONATAL CARE

PREPARATION FOR NEONATAL CARE

Multiple-birth babies are more likely to require neonatal care and it is important that parents prepare themselves mentally (and practically) for the possibility that one or more of their babies may need special care in a neonatal unit. Worryingly, Tamba's survey found that 21.3% of parents were not prepared for the increased likelihood that their babies might require neonatal care.

Of those parents who said they were unprepared, over a half (54%) went on to have one or more baby in neonatal care. Without adequate preparation, these parents were alarmed (and in some cases traumatised) by the experience.

"It was awful, we were told they were being taken for a test and would be back in half an hour. After three hours, the staff couldn't find out why they weren't back yet, so sent us to the NICU to see them. We went on our own - no preparation, no warning as to what we may see. Both boys were in incubators with wires everywhere and feeding tubes in. I sobbed and my other half threw up, walked out and never came back in again until they were in special care and not intensive care. I was appalled."

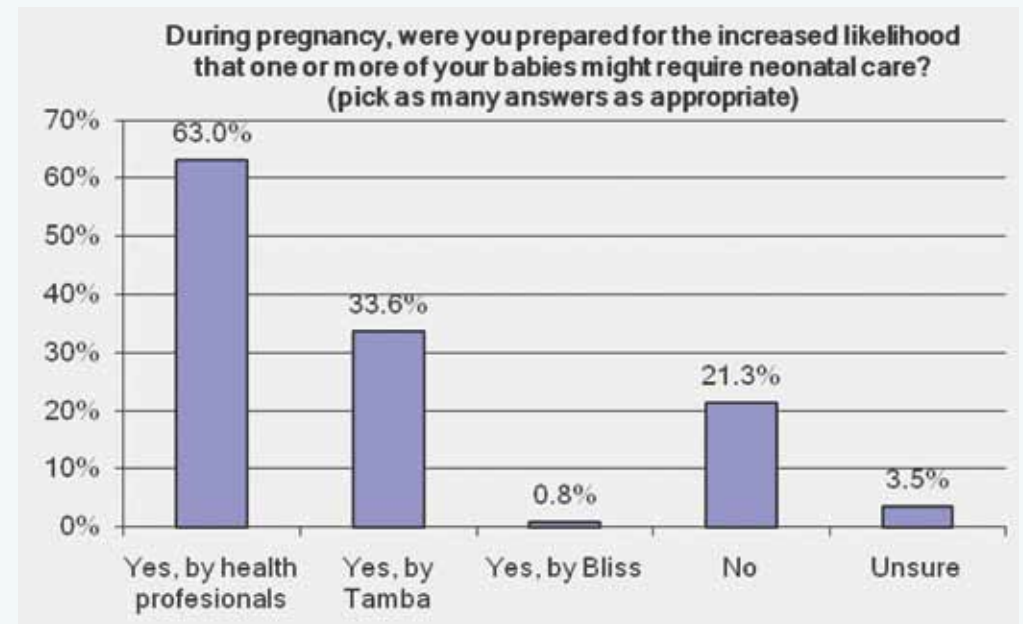
"I felt like no-one explained to me what was happening and what my rights were. I didn't know where my baby went until late in the day. When I visited the following day for the first time, no-one explained what special care was all about and what to expect etc. I did not even know I could touch my baby in the humidicrib."

NEONATAL CARE ARRANGEMENTS

Multiples are more likely to be born early, with 57% of twins born before their expected due date of 37 weeks (11% before 32 weeks). The survey also found that babies born from a multiple birth are smaller, with 8% under 1.5kg (3lb 5oz) and 45% between 1.5 and 2.5kg (3lb 5oz - 5lb 8oz).

Many of these early and small babies require special care. Typically, neonatal units are categorised into three types depending on the level of nursing and medical care:

- neonatal intensive care units (NICU) which offers the highest level of support;
- high dependency units (HDU) for babies requiring slightly less intensive monitoring than those in NICU; and
- special care baby units (SCBU) with less intensive monitoring but additional requirements which prevent them from going home or being looked after on the postnatal ward.



Survey respondents who complained that there were no Tamba sessions in their area at the time of their pregnancy included parents in: Swansea, Cheshire, Dorset, Nottingham, Renfrew, Isle of Man, London, Birmingham, Birkenhead, Pontypridd.

46% of twin families and 94% of triplet families required special care for one or more of their babies. As the diagram below shows, a considerable proportion of Tamba's families (22% of twin families and 59% of triplet families) spend time in the most intensive unit NICU.

Of those babies who required special care, 42% of multiple-birth families had at least one baby requiring care for more than a week. One in five families (20%) had at least one baby needing special care for over a month.

EXPERIENCE OF NEONATAL CARE

Parents of babies in special care like to feel "involved" and many units encourage parents to visit and call whenever they like (day or night). The

vast majority of parents had extremely positive experiences of special care units, for example one mother who gave birth to twins in Forth Park maternity hospital in Kirkcaldy said, "Photos were provided regularly. We were able to visit any time of the day or night, same with phoning. First class care and staff were friendly and supportive."

Sadly, a few units were not so welcoming and some parents felt "ignored" and "sidelined". Tamba's parents highlighted several examples of good practice in special care, shown in the box below.

Mothers with babies in special care often feel complex emotions and the best neonatal units offered emotional support (individual counselling and support groups) to new mothers.

Although parents are mostly happy with the support and comfort provided by neonatal wards, levels of satisfaction with maternity wards are much lower. For example, one mother said, "the normal midwife staff [are] not very supportive".

"There was no emotional or psychological support offered or even available at this very worrying time. While I was on the maternity unit the midwives had no idea about what was going on in the neonatal unit and seemed to be oblivious to the fact that I had no babies next to me, one of them in a very critical situation."

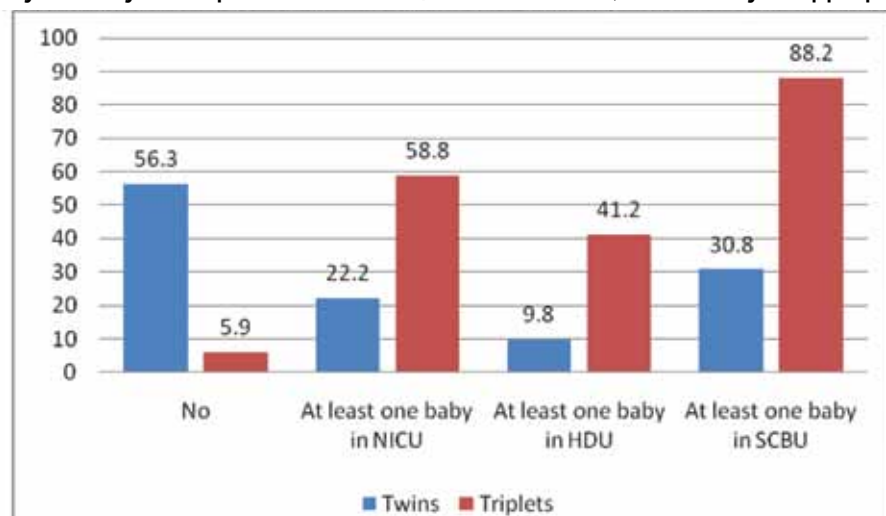
In some hospitals, there appears to be confusion, conflict and a lack of communication between maternity and neonatal wards: "there seemed to be some debate as to who was responsible for me - the NNU nurses or the midwives - both claimed the other as responsible." In those situations where problems

or conflict arose, mothers blamed the midwives in maternity wards for failing in their duty of care. For example, one mother said, "I was offered no help by midwives, and nearly fainted when I got to the neonatal ward. I was given support back to the midwifery ward in a wheelchair by the neonatal nurses."

BABIES IN SPECIAL CARE: POLICY RECOMMENDATIONS

- Tamba to ensure all their classes include sections on neonatal care, and that all maternity units are aware of their free 'Multiple Births' A parents' Guide to Neonatal Care' is available to every expectant parent in the UK.
- Tamba to press for better joined up care between maternity wards and neonatal units and to look for better joined up commissioning and control between the two.

Did your baby/ies require care on NICU, HDU or SCBU? (Pick as many as appropriate)



BABIES IN SPECIAL CARE: EXAMPLES OF GOOD PRACTICE

- Photo of babies given immediately after the birth
- Good communication - kept informed of progress
- Support and advice on breastfeeding and expressing milk
- Loan of hospital breast pump and useful books
- Free car park pass and hospital meal vouchers (if not staying at hospital)
- Accommodation provided - given own room or family room on site
- Support groups for mothers with babies requiring special care
- Parents able to visit or phone the unit any time of the day or night
- Support for less-mobile mothers who have recently had C-sections in visiting their babies

4. SEPARATION OF BABIES

SEPARATION OF MOTHER AND BABIES AFTER BIRTH

Three quarters (74%) of mothers were not able to stay with their babies in special care immediately after the birth. Although most of these mothers (69%) saw their babies within 24 hours, almost a third of mothers were unable to see their babies due to health complications or their babies being moved to different hospitals where special care spaces were available. A small proportion (11%) did not see their babies for over two days.

COPING WITH ONE 'HEALTHY' BABY AND ANOTHER IN SPECIAL CARE

A recurring issue for mothers of multiples is feeling torn between one 'healthy' baby and the other(s) in special care, particularly if hospital policy prevents the babies being together or if there is nobody available to stay and care for the healthy baby in the maternity ward. As one mother explained, "It was difficult to visit the SCBU unit for twin 2 because I didn't really have any care for twin 1 who had to be left behind. When I did visit, I felt that my time wasn't as valuable looking at an incubator as it was with twin 1".

Even when healthy babies are allowed into neonatal wards, the distance between the two wards can be quite considerable – on different floors or even different hospital buildings. New

mothers with mobility difficulties, recovering from C-sections or third-degree tears, were frequently left with little or no support in transporting their healthy babies across the hospital. For example, one mother who had her twins in Salisbury district hospital complained, "I had to wheel the healthy twin to NICU outside in a cot as the NICU unit was separate from the labour ward". Another mother said she had "no support – I had one baby on the normal ward and one in HDU. I had to push twin 1 between the ward and HDU on my own, down four floors, if I wanted to see twin 2." Parents would appreciate more practical help in transporting newborn babies between maternity and neonatal wards.

In this respect, several mothers said it would have been helpful to have more flexible visiting hours for an adult partner (be it father, grandmother etc) or to allow them to stay during the night. One mother described how the "father was given accommodation but was not allowed to stay on the ward. As a new parent of twins (with one poorly), I would really have appreciated having my husband there too to help with night times etc. I think the hospital could have been more helpful in this respect".

"Insufficient midwives available to help with care. Should have been allowed to have family stay if insufficient staff on call, especially post-section."

KEEPING BABIES TOGETHER AT SAME HOSPITAL

Although the majority of multiple-birth families were able to stay in the same hospital after the birth, almost 1 in 10 mothers (9.1%) were split up from one or more of their babies – an improvement from the 13% of mothers in Tamba's 2008 survey. Both the 2008 and 2011 figures would have been higher if it had not been for parents insisting they did not want to be separated, the hospital's support in tracking down beds together, and a bit of luck.

"I insisted that I didn't want the babies transferred to a different hospital to me. My midwife had to phone 17 different hospitals in the UK to find one that had two available neonatal incubators & a bed in the maternity ward for me. After a five hour wait, I was then transferred in an ambulance to another hospital 30+miles away, where I had an emergency c-section & the babies were born...a very traumatic day!"

Of those mothers separated from one or more of their babies, over half (55%) did not see their baby(ies) for over a week and in two cases for over seven weeks.

In a small proportion of cases (2.9%), clinical needs mean that the relevant treatments and services cannot be provided at the existing hospital and it is necessary to move one of the babies. For example, one mother described

how both babies were born in Exeter hospital, but "one baby had to be moved to Bristol for surgery, the other baby did not have complications, other than those associated with a premature birth, so they would not take baby 2 to Bristol when baby 1 was transferred".

Hospitals where more than one mother was separated from her babies due to lack of neonatal space rather than clinical complications included: Queens Medical Centre in Nottingham and Princess Alexandra in Harlow. Other hospitals where separation occurred for non-clinical reasons include: Gloucester Royal; Frimley Park; Pembury; Southmead; and Kings College London.

"My babies were transferred to another hospital with available special care beds. It was 2.5 hours away from my home. We were separated for 4 days while I was still in the hospital. I then had to make the 5 hour round trip journey to see the girls for 7 days while trying to recover."

KEEPING FAMILIES TOGETHER: POLICY RECOMMENDATIONS

- Maternity wards need more guidance, especially on supporting mothers with babies in special care. Mothers would appreciate emotional and practical help moving between two wards and coping with the stress of being away from their baby(ies).
- More flexible visiting hours for the adult partner - mothers of multiples appreciate an extra pair of hands.
- Continued investment in special care units so that mothers can be accommodated at their local hospital. Priority should be given to mothers of multiples, so that mothers and babies are not separated after birth.
- If clinical needs require one baby to be transferred to another hospital, the whole family should move too if this does not put the babies' health at risk. More emphasis should be placed on keeping families together.

5: FEEDING MULTIPLES

The majority of mothers are able to feed their babies in the way they wish, be it breast milk, formula milk, donor milk, mix-feeding or express feeding. There is, however, a small, but significant, proportion (17%) of mothers who wish to feed their babies in a certain way, but are unable, either for medical reasons or through lack of support.

Analysis of Tamba's survey reveals that almost all of the mothers who responded 'No' to the question of whether they were able to feed their babies the way they wished had wanted to breastfeed their multiples. It is clear that mothers of multiples are not always being supported in their desire to breastfeed their babies. Indeed, Tamba's survey also revealed that 1 in 4 mothers (24.8%) said they received no support at all, be it from health professionals or volunteer/peer supporters.

"To have breastfed would have needed a lot more support (time and advice) re: expressing, latching on, etc. Did not feel had enough support for breastfeeding with twins day and especially night."

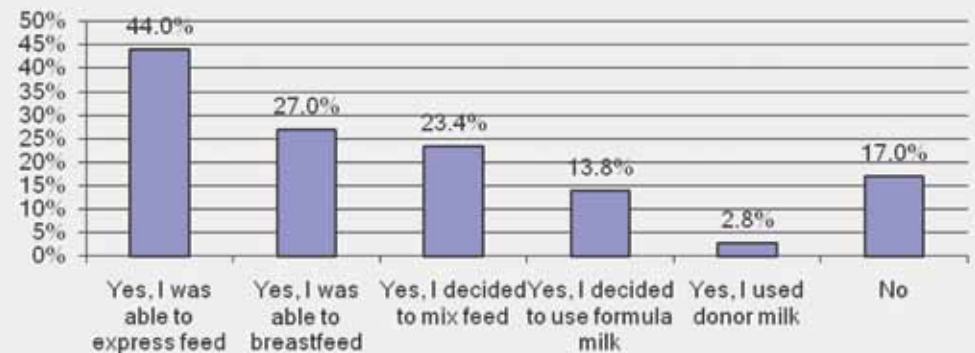
Parents reported being told by midwives and health professionals that they would not be able to breastfeed multiples and that their milk was not "enough" for twins or triplets. As one mother described, "It was very hard to get breastfeeding established - the staff were more interested in knowing that the twins had taken the 'regulation' amount of milk". Several mothers said their babies were fed formula milk without their permission while in special care. For example, one mother said, "I was told my initial breastmilk was not good enough for them and they were fed formula without my permission".

Several mothers also expressed disappointment that their hospital did not (or could not) offer donor milk for babies in special care.

"Staff were supportive, but as donor milk not available at my hospital they were given formula as first feed, which I am disappointed about."

Mothers often received confusing and mixed messages about feeding methods from different health professionals – "advice altered with shifts, which was frustrating". On the one hand, mothers often received no support for breastfeeding or were told they were "starving their babies"; on the other hand they were "frowned upon" for not breastfeeding. For example, one mother complained there was "no consistency between midwives. I was mix feeding and whilst one midwife would be supportive, another would tell me I was doing the wrong thing!"

Were you able to feed your baby/ies as you wished? (Pick as many as appropriate)



"I was supported [with breastfeeding] by one health professional and actively discouraged by the nurse on the ward."

"At my booking antenatal appointment, the midwife, looking at her checklist, simply stated "you're not going to breastfeed twins are you" and without even waiting for a response, moved on to the next question."

Although breastfeeding has clear health benefits for babies, health professionals should be careful not to apply too much pressure on new mothers, while still balancing the need to support new mothers who wish to breastfeed.

"I was very unhappy with how pushy some health professionals were with regard to breastfeeding. I wished to breastfeed at first anyway which was fine. The pressure and lack of understanding by some, meant I physically couldn't produce anymore milk."

"I couldn't breastfeed and I did explain why, but I was pushed to try and it was hinted it would help my babies get stronger. This was the only time I felt upset at being helpless."

As in the previous section, it appears that the nurses in special care units are more supportive than the midwives in maternity wards. For example, one mother explained how staff at "the SCBU were amazing at supporting breastfeeding. The maternity ward were rubbish."

FEEDING MULTIPLES: POLICY RECOMMENDATIONS

- More practical and emotional support for breastfeeding mothers of multiples, particularly in maternity wards where support is inconsistent and contradictory.

- Support and respect for the feeding choices of all mothers – women should not be made to feel guilty or that they have failed whatever their choice.

6: POSTNATAL DEPRESSION (PND)

REDUCTION IN PND

The Tamba survey reveals that a quarter (26%) of mothers of multiples suspect that they might have experienced postnatal depression (PND), with 13% 'sure' and a further 13% 'not sure' (see graph below). This figure of 26% represents a reduction in PND prevalence from the 35% of mothers in the 2008 survey, when 17% were sure they had experienced PND and a further 18% were unsure.

There has also been a reduction in the number of mothers who 'frequently' feel so overwhelmed by caring for their family that they want to walk out, from 9% in 2008 to 6% in 2011.

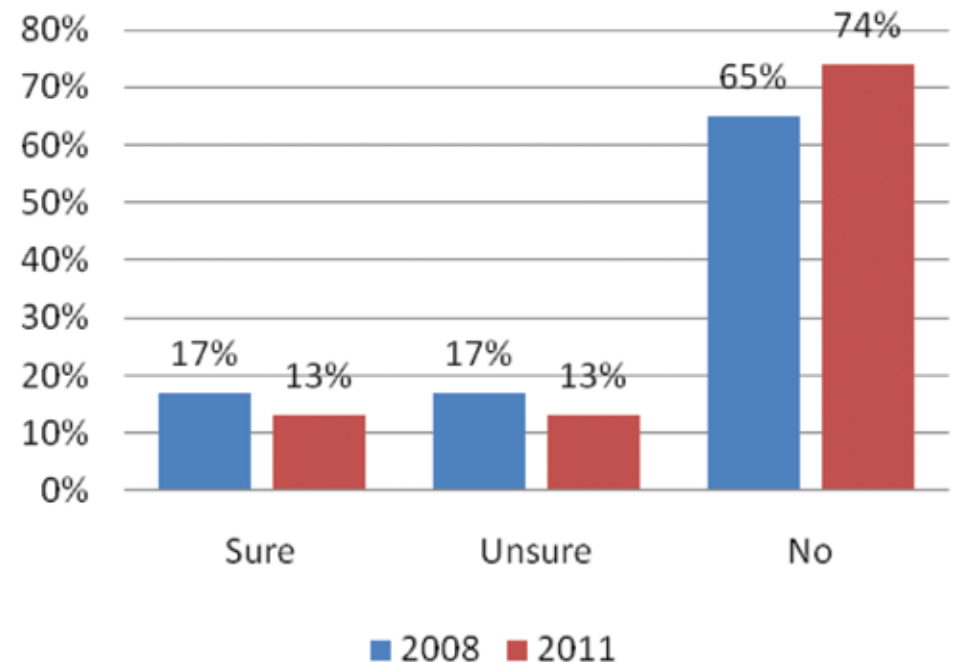
WHAT COULD BE BEHIND THIS REDUCTION IN PND?

The exact cause of PND is unknown, but a number of different stresses can trigger the condition. Expectant parents can help prevent the onset of PND by preparing

themselves for the realities of parenthood and Tamba's surveys have found a reduced incidence of PND for mothers who attend multiple-specific classes, arrange lots of help for the first six months, join their local twins club and spend time talking to other (sympathetic) adults.

"I was pretty prepared beforehand for how stressful it would have been and I had family support for the first four months."

**Did you , or do you, suffer from PND?
(Comparison between 2008 and 2009 Tamba surveys)**



BUT WHY ARE PARENTS BETTER PREPARED?

The 2011 survey suggests that two factors are starting to make a difference: Tamba's parenting classes and Tamba's reading material.

Since the 2008 survey, Tamba began trialling parenting classes (funded by Awards for All during October 2009 - October 2010). During the classes, Tamba tried to build parents' confidence and prepare them for multiple births and the practical and emotional realities of life with newborn babies. The 2011 survey reveals that 17% of mothers attending the class experiencing PND compared with 25% of mothers who did not attend. As previously mentioned in Section 2, mothers who attended Tamba's class were also more likely to join their local club and arrange for help in the first six months.

Tamba have also produced a range of reading materials, videos and DVDs to help prepare parents for the realities of looking after multiples, including a free healthy multiple pregnancy guide in April 2009 and a free guide to PND in April 2010. Analysis of the 2011 survey found that Tamba's reading material is linked to a reduction in PND - 20% of mothers who used Tamba reading material suffered from PND, compared with 26% who did not read any Tamba-produced material.

RECOGNISING THAT CONFLICTED EMOTIONS ARE NORMAL

Half of all mothers (49.8%) have occasionally felt so overwhelmed that they have wanted to leave their family. Feeling isolated, scared, trapped and

overwhelmed is "natural" and women should not feel guilty about these emotions or wanting to get away from it all. As one mother explained, "my husband and I joked (as our way of coping) that I was never allowed my passport in case I left the country."

Several parents said that although they loved their babies, the feeling of wanting to escape still occurred. One mother observed, "Sometimes you want to have some time and space for yourself and just can't have it."

"I think it is perfectly natural to feel overwhelmed at times! To suggest that you won't sets unrealistic expectations and makes mothers feel they are failing when all they need is a time out."

Only a small proportion (6%) of mothers 'frequently' have these feelings and very few (if any) parents actually walk away from their babies. Instead it is "more of a thought experiment" or a "fleeting fantasy" for the vast majority of mothers that passes quickly to be replaced by an overriding need to be with their children.

"I think there are times when every mum needs a quiet moment to collect their thoughts before going back to the battle of nappies and feeds, but my twins are an incredible gift I could never abandon them."

THE IMPORTANCE OF ARRANGING SUPPORT FOR THE FIRST FEW MONTHS

The 2011 survey highlighted the important role that partners play in supporting new mothers of multiples. For example, one mother of twins said, "I was far away from friends and family and it was very difficult sometimes, but my husband was wonderful and very supportive so it was never difficult for long".

The first few months of caring for multiples is hard work and an extra pair of hands can be invaluable. Several partners took extended paternity leave, extra holiday time, or worked from home so that they could be around more. One mother described many multiple families' feelings in the following quote, "I feel that fathers should be given more time off to help with multiples as it would have been a great help".

"The first six weeks were very hard but I was lucky to have the support of my husband who was working from home during this period which made a huge difference. I do not know how I would have coped had he not been around in the day time."

Another message that emerged from the survey was that fathers of multiples suffer from PND too. As one mother described, "My partner seems to be suffering more from PND than me. In a perverse way this has helped to keep me sane (one of us has to be!) It is totally overlooked that men feel like this."

Friends and family can also be an enormous help. The survey found that

women who had developed a good support network, either paid or unpaid, felt less overwhelmed by the experience of raising multiples.

It should be noted that not all help is 'helpful'. Survey respondents said that time spent with in-laws often proved to be "challenging" and occasionally detrimental to a vulnerable new mother's sanity!

"It was actually worse when my in-laws stayed for a fortnight to help" "Pressure of breastfeeding/expressing for twins still in hospital after two months, whilst caring for toddler, all under critical gaze of mother-in-law!"

POSTNATAL DEPRESSION: POLICY RECOMMENDATIONS

- Tamba to continue preparing multiple birth parents for birth and parenthood by running classes and making reading material available through the website. Particular emphasis should be placed on the need for arranging lots of help for the first six months, joining their local twins club and talking to other (sympathetic) adults.
- Tamba to place further emphasis on the role partners play in helping support mothers with PND, but also to recognise that partners can also suffer from PND.
- Tamba to lobby for extra paternal leave for fathers of multiples - fathers of multiples should be given 2 weeks paid paternity leave per child, not per birth (i.e. 4 weeks paternity leave for twins and 6 weeks for triplets).

7: POLICY RECOMMENDATIONS

NHS ANTENATAL CARE:

- Continuity of care is a problem at all stages – Tamba to press for every hospital to embed best practice with a nominated ‘multiples’ midwife with experience of offering antenatal care and another dedicated team member to offer care for mothers of multiples in postnatal wards (including breastfeeding advice).
- Tamba to lobby for improvements in care on postnatal wards, with particular emphasis placed on the need for families of multiples to have more than one cot if required, more flexible visiting hours for partners, and a single room (if available).

TAMBA CLASSES:

- Offer more regular lessons and over a wider geographical spread. There are plans in place to now roll these out but depend on generating additional income.
- Consider offering discounted price options for those parents on lower incomes or in receipt of certain benefits. We continue to seek funds to help us achieve this.

BABIES IN SPECIAL CARE:

- Tamba to ensure all their classes include sections on neonatal care, and that all maternity units are aware of their free ‘Multiple Births’ A parents’ Guide to Neonatal Care’ is available to every expectant parent in the UK.
- Tamba to press for better joined up care between maternity wards and neonatal units and to look for better joined up commissioning and control between the two.

KEEPING FAMILIES TOGETHER:

- Maternity wards need more guidance, especially on supporting mothers with babies in special care. Mothers would appreciate emotional and practical help moving between two wards and coping with the stress of being away from their baby(ies).
- More flexible visiting hours for the adult partner - mothers of multiples appreciate an extra pair of hands.

- Continued investment in special care units so that mothers can be accommodated at their local hospital. Priority should be given to mothers of multiples, so that mothers and babies are not separated after birth.
- If clinical needs require one baby to be transferred to another hospital, the whole family should move too if this does not place the health of those involved at risk. More emphasis should be placed on keeping families together.

FEEDING MULTIPLES:

- More practical and emotional support for breastfeeding mothers of multiples, particularly in maternity wards where support is inconsistent and contradictory.
- Support and respect for the feeding choices of all mothers – women should not be made to feel guilty or that they have failed whatever their choice.

POSTNATAL DEPRESSION:

- Tamba to continue preparing multiples for birth and parenthood by running classes and making reading material available through the website. Particular emphasis should be placed on the need for arranging lots of help for the first six months, joining their local twins club and talking to other (sympathetic) adults.
- Tamba to place further emphasis on the role partners play in helping support mothers with PND, but also to recognise that partners can also suffer from PND.
- Tamba to lobby for extra paternal leave for fathers of multiple(s) - fathers of multiples should be given 2 weeks paid paternity leave per child, not per birth (i.e. 4 weeks paternity leave for twins and 6 weeks for triplets).