

A report commissioned by Twins Trust  
Per Capita – September 2024

Incorporating the findings of the  
Twins Trust State of the Nation Survey

**Twins  
trust.**

# Twins and Multiples in the United Kingdom

Examining the experiences of parents  
and families having multiple births



**Full Report**

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# Foreword: Twins Trust

## The story of families with multiples must be heard.

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It is with great pleasure and a profound sense of responsibility that I present the foreword to this pivotal report, *Twins and Multiples in the United Kingdom: Examining the Experiences of Parents and Families having Multiple Births*. As the CEO of Twins Trust, an organisation deeply committed to supporting families with twins, triplets and more, I have witnessed first-hand the unique challenges and extraordinary joys that come with raising multiples.

The journey of families with multiples is one filled with unparalleled experiences. From the initial discovery of expecting more than one child, to the complexities of nurturing and raising these children in a world primarily designed for single-birth families, the path is both challenging and rewarding. This report stands as a testament to these journeys, capturing the essence of what it means to be a family with multiples in today's society.

Over the last decade, we have seen significant changes in the maternity experiences of families in the UK. Advancements in medical technology, shifts in social norms and evolving economic landscapes have all played

a role in shaping these experiences. This report delves into these changes, offering a comprehensive look at the current state of maternity care for multiples and the impact it has on families.

Economic and social support systems are crucial in assisting families with multiples, but little is known about their challenges and experiences. This report provides an insightful comparison of the supports available pre- and post-pregnancy, highlighting the gaps and the areas of strength within these systems. The additional financial burdens that come with raising multiples are often underestimated. This report brings to light the fiscal shocks faced by these families, underscoring the need for more targeted financial support and policy interventions.

At the heart of this report is a survey of parents with multiples, offering an authentic glimpse into their daily lives, struggles and triumphs. Their voices are the driving force behind our mission at Twins Trust and they are the inspiration for this comprehensive study. Thank you to everyone who gave their time, your voice is important and must be heard.

The report also provides a critical analysis of the experiences of families with multiples across different regions of the UK, illustrating the diversity and commonality of their experiences. Furthermore, it extends its examination to an international context, comparing the support systems and challenges faced by families with multiples in various countries. This global perspective is essential for us to learn and understand how to improve systems in the UK.

In conclusion, this report is more than just a collection of data and stories; it is a call to action. It challenges policymakers, healthcare providers, educators and communities to recognise and address the unique needs of families with multiples. As we move forward, let this report serve as a guiding light in our collective efforts to support these families, ensuring that every family with multiples has the opportunity to thrive.

**Shauna Leven**  
CEO, Twins Trust

# Foreword: Per Capita

## Critical perspectives from the multiples' community.

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It is with a deep sense of academic rigour and commitment to societal welfare that I pen this foreword for the report, *Twins and Multiples in the United Kingdom: Examining the Experiences of Parents and Families Experiencing Multiple Births*. As the Chief Economist at Per Capita, a think tank dedicated to improving policy responses to complex social challenges, in various socio-economic sectors; and as the project's lead researcher, my involvement in this study has been both professionally enriching and personally enlightening.

The sphere of multiple births research encapsulates a unique intersection of healthcare, economic policy and social welfare. This report, a product of meticulous research and comprehensive analysis, offers an in-depth look at the experiences of families with twins and multiples in the UK. It reflects a commitment to understanding the nuances of these experiences and the broader implications for policy and societal support systems.

Our research over the past months has been driven by a quest to uncover the realities faced by these families. The unique experience of raising multiples, often overshadowed by generalised family policy, deserves a focused lens due to its distinct challenges and needs. This report highlights these aspects, providing a voice to experiences that are often unheard or overlooked.

The evolution of maternity experiences in the UK over the last decade has been remarkable. However, our study reveals that the journey for families with multiples is still fraught with challenges, particularly in terms of accessibility and adequacy of specialised care. This report not only documents these challenges but also offers insights into potential pathways for improvement.

Analysing economic and social supports in the OECD, a group of predominately advanced and middle income economies of which the UK is a member, particularly during and post-pregnancy, has been a critical part of our research. This comparative analysis is crucial in understanding where the UK stands in relation to its peers and what best practices can be adopted or adapted. The report sheds light on the additional fiscal shocks that families with multiples endure, emphasising the need for policy frameworks that are both sensitive and responsive to these challenges.

The survey of parents of multiples, a core component of this study, has been instrumental in providing a grounded perspective on the experiences of these families. The findings from this survey are poignant, reflecting a spectrum of emotions and challenges that are unique to parenting multiples.

Furthermore, the report presents a detailed comparison of experiences at both the UK and country levels. These comparisons reveal significant spatial factors and influences, offering a deeper understanding of the variances and commonalities in the experiences of families with multiples across different regions.

In conclusion, this report is an amalgamation of evidence-based research and human experiences. It calls for a nuanced understanding of the lives of families with multiples and urges policymakers, healthcare professionals and societal stakeholders to consider these insights in their future endeavours.

As we move forward, it is my hope that this report will serve as a foundational reference in shaping policies and practices that effectively support and empower families with multiples.

**Dr. Michael D'Rosario**  
Chief Economist  
Per Capita

# Introduction

**In the context of contemporary family demographics, the phenomenon of multiple births presents both a significant challenge and an opportunity for deeper understanding.**

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The aim of this report, entitled *Twins and Multiples in the United Kingdom: Examining the Experiences of Parents and Families Experiencing Multiple Births*, is to provide a comprehensive analysis of the implications and experiences associated with multiple births within the UK.

The incidence of multiple births had increased significantly during the past few decades, while stabilising in recent years, a trend attributable in part to the advancements in fertility treatments. Should this continue, the number of twin and higher order multiple births will continue to be a significant proportion of all births. These demographic patterns necessitate an examination of the unique challenges and opportunities faced by families with twins or multiples. From the initial stages of pregnancy to the long-term familial and societal impacts, this report endeavours to cover the broad spectrum of experiences.

Our analysis reveals that parents of multiples encounter distinct challenges, including financial strains, heightened healthcare needs and increased psychological stress. These factors underscore the necessity for targeted policy interventions and enhanced support systems. Moreover, the report examines the impact on siblings and the family unit as a whole, highlighting the need for a holistic approach to family support.

The report explores the wider economic and social implications of the rise in multiple births. This includes the increased demand on healthcare resources and the subsequent economic burden on both families and the state. These findings are critical for informing public policy and healthcare practices, ensuring they are aligned with the evolving needs of families with multiples.

The report offers a comprehensive exploration of these experiences, with a particular focus on the following key areas.

## **The Unique Experience of Raising Multiples — p.17**

The journey of raising twins or multiples is distinct in its challenges and rewards. This report delves into the day-to-day realities of parenting multiples, addressing both the common and unique challenges faced by these families. It offers insights into the dynamics of raising children who share the same age but may have divergent needs and personalities.

## **Maternity Experiences in the UK — p.24**

Examining the last decade, the report provides an analysis of how maternity experiences have evolved in the UK, with a special emphasis on the experiences of mothers with multiples. This includes changes in antenatal and postnatal care, the impact of healthcare policies and the availability of support services.

## **Economic and Social Supports in the OECD (Pre and Post-Pregnancy) — p.34**

A critical aspect of this report is the examination of economic and social supports available to families with multiples in OECD countries, both before and after birth. It assesses the effectiveness of these supports in mitigating the unique challenges faced by these families.

## **The Additional Fiscal Shocks of Raising Multiples — p.40**

Raising multiples often results in significant financial strain on families. This section of the report analyses the additional fiscal shocks associated with raising multiples, including increased healthcare costs, childcare expenses and the need for larger living spaces.

## **A Survey of Parents of Multiples and Their Experiences — p.40**

Central to this report is a comprehensive survey of parents with multiples. This survey offers valuable insights into their experiences, covering aspects such as emotional wellbeing, financial challenges and the adequacy of support systems.

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The Twins and Multiples in the United Kingdom report is a thorough examination of the multi-dimensional aspects of parenting multiples. It seeks to provide a nuanced understanding of these experiences, offering valuable insights for policymakers, healthcare providers, and social support systems, with the aim of enhancing the wellbeing and support of families with multiples in the UK and beyond.



# About Twins Trust

**At Twins Trust, our mission is to empower and support families of twins, triplets, and higher order multiples.**

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We are dedicated to providing families with the essential information and resources needed to make informed decisions, facilitating a robust community support network and ensuring that the unique needs of multiple-birth families are understood and reflected in professional care standards, research and public policy. Our services include our antenatal and parenting courses, our helpline, our crisis

service, our specialised triplet offering, our bereavement service and much more.

Our online presence is bolstered by active networking communities, catering to various groups such as single parents, grandparents, families with children with special educational needs and bereaved families. Our advocacy efforts have influenced public policy, including

lobbying against the Universal Credit cap for families with multiples and supporting legislation for extended parental leave for parents of critically ill babies.



# Relevant Acronyms and Abbreviations

<b>NICU</b>	Neonatal Intensive Care Unit, a specialised hospital unit for premature or sick newborns.
<b>SCU</b>	Special Care Unit, a hospital unit for newborns needing extra medical attention but not NICU-level care.
<b>OECD</b>	<i>The Organisation for Economic Co-operation and Development (OECD)</i> is an international organisation that works to build better policies for better lives.
<b>Twins Trust (formerly TAMBA)</b>	Twins Trust (formerly Twins and Multiple Births Association), a UK-based charity providing support to families of twins, triplets, or more. Note that Twins Trust is the commissioning entity.
<b>AMBA</b>	Australian Multiple Birth Association, a non-profit organisation providing support and resources to families with multiples.
<b>NHS</b>	National Health Service, the publicly funded healthcare system of the UK.
<b>CHS</b>	The community health services, portfolios of local health services.
<b>PY</b>	Denotes Pregnancy Year, the first year examined in the current survey.
<b>Y1</b>	The second year examined in the current survey round, denoting 1 year after pregnancy.
<b>Y2 &amp; Y3</b>	Denoting year 2 and year 3 post pregnancy, the third and fourth study years, examined concurrently in the current study round.

# Key Terminology

<b>Apgar Score</b>	A measure of a newborn infant's physical condition, scored on heart rate, respiratory effort, muscle tone, response to stimulation, and skin colouration.
<b>Cohort Study</b>	A study tracking a group with a common characteristic (e.g. multiple births) over time to observe outcomes.
<b>Controlled Study</b>	A study where participants are randomly assigned to groups to compare the effects of an intervention.
<b>Cross-Sectional Study</b>	A study assessing a population at a single point in time to measure health or other outcomes.
<b>Economic Shock</b>	The financial cost associated with an event, like multiple births.
<b>Healthcare Utilisation</b>	The use of healthcare services, such as hospital and doctor visits, medical procedures.
<b>Health Visitor</b>	A registered nurse or midwife who offers health advice and support to parents of young children in the UK.
<b>Longitudinal Study</b>	A study where participants are followed over time to observe changes in health or other outcomes.
<b>Low Birth Weight</b>	A birth weight of less than 2,500 grams.
<b>Maternal Health</b>	The physical and mental health of a mother before, during, and after pregnancy.
<b>Maternity Leave</b>	Employment-protected leave for childbirth or adoption. The International Labour Organisation (ILO) recommends at least 14 weeks.
<b>Multiple Birth</b>	A birth where more than one child is born, e.g. twins, triplets, quadruplets.
<b>Multiple</b>	A child that is a twin, triplet, or higher-order multiple.
<b>Neonatal Intensive Care Unit (NICU)</b>	A specialised hospital unit for premature or critically ill newborns.
<b>Parental Leave</b>	Employment-protected leave for employed parents, often supplementary to maternity and paternity leave.
<b>Parental Stress</b>	The stress experienced by parents, such as the stress of having multiple births.
<b>Paternity Leave</b>	Employment-protected leave for fathers at or after childbirth, generally shorter than maternity leave.
<b>Perinatal Outcomes</b>	Health outcomes for mothers and babies during pregnancy and the first weeks after birth.
<b>Preterm Birth</b>	A birth occurring before 37 weeks of pregnancy.
<b>Quality of Life</b>	An individual's overall wellbeing and satisfaction with life.
<b>Singleton Birth</b>	A birth where only one child is born.
<b>Singleton</b>	A child born alone, not a twin or higher-order multiple.
<b>Sure Start Maternity Grant</b>	A one-off payment to help towards the cost of having a child, available in the UK.
<b>Twins State of the Nation Survey (TSNS)</b>	A survey of Twins and Multiples conducted by Twins Trust and Per Capita examining wellbeing, financial capacity and other material factors pertinent to good familial outcomes. The present study incorporates the findings of the Twins State of the Nation survey.

**Note:** Definitions are based on accepted OECD definitions and UK-specific usage practices, as applicable.



# Table of Contents

Introduction .....	4	Twins State of the Nation Survey .....	41
About Twins Trust .....	6	Perspectives from Parents with Multiple Births in Different Decades.....	53
Relevant Acronyms and Abbreviations.....	7	The Multiplicity Effect: Navigating Life's Concurrent Challenges.....	62
Key Terminology.....	8	Life in Multiples: Supporting Parents to Thrive Amidst Overlapping Challenges .....	63
Research Approach .....	10	Conclusions.....	64
Overview of the Research Project.....	11	Limitations .....	65
Key Findings.....	12	Bibliography and Data Sources.....	66
Key Recommendations .....	14	About Per Capita.....	68
Policy Recommendations.....	15		
Research Recommendations.....	16		
The Unique Experience of Raising Multiples .....	17		
Examining the Twins and Multiples Research.....	19		
Maternity Experiences in the UK: Examining the Last Decade.....	24		
Economic and Social Supports in the OECD (Pre and Post-Pregnancy) .....	34		
The fiscal shocks of raising multiples versus singleton births in succession .....	40		

# Research Approach

1

In developing a viable and appropriate research strategy, we engaged in a series of consultations with several community stakeholders, academics and relevant members of Twins Trust.

## Research Reference and Advisory Group

While conducting this research, we sought feedback from, and consulted with, experts from our internal reference group. The reference group informed the following aspects of the research:

- Offering insights into the viability of the research approaches, and identifying key studies;
- Providing support in securing key third party datasets;
- Supporting the communication and dissemination of findings

## Members of the Research Reference and Advisory Group

We would also like to acknowledge the significant efforts of the reference group.

- Associate Professor Elizabeth Bailey, Director of the Elizabeth Bryan Multiple Births Centre
- Jane Denton, Director of the Multiple Births Foundation, Queen Charlotte's & Chelsea Hospital, London and co-lead of the Elizabeth Bryan Multiple Births Centre
- Shauna Leven, CEO, Twins Trust
- Rafi Cooper, Head of Communications & Policy, Twins Trust

## Referencing this report

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# Overview of the research project

# 2

The project evidences a broad scope, seeking to analyse the social, health, economic, psychological and community-aligned factors that impact the pregnancy term and the two years thereafter.

The research is constituted by five distinct parts. Initially the research study examines and critically appraises the extant twins and multiples research conducted to examine issues critical to the support of families with multiples, and to inform the broader study design.

Secondly, analysis of key ONS and NHS datasets pertaining to patterns in maternity and pregnancy timing, supports and wellbeing is conducted to consider the impact of prevailing trends, comparing singleton births with multiples.

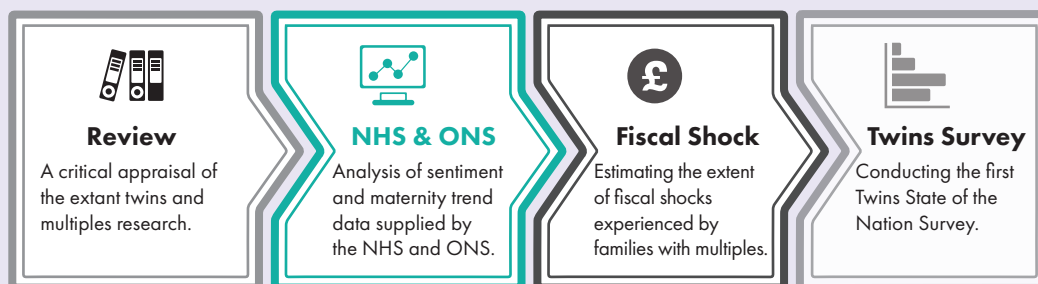
Thirdly an examination of the economic shock event associated with the birth of a multiple in comparison to singletons birthed in succession is conducted, considering the concurrency of costs and additional costs incurred, as well as plausible forgone income.

Additionally, UK fiscal and community-based supports are compared with other advanced OECD economies to identify the extent to which extant UK maternity policies align with other advanced regions.

Finally, a comprehensive survey of the UK twins and multiple births community is conducted to examine and collate health, wellbeing, experience, sentiment and satisfaction data, this segment of the study is termed the Twins State of the Nation Survey (TSNS).

The study supports the comprehensive evaluation of the adequacy of support for mothers and families with multiples.

Figure 1 – Components of the present study



# Key Findings

# 3

i

Raising children through infancy is arguably more difficult in the UK than almost all other advanced OECD economies, with maternity leave, paternity leave, care leave and the level of economic benefits provided to parents ranking in either the lowest third or lowest quarter of all countries, for all benefit types.

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ii

Unlike most of its continental European contemporaries, the UK offers little by way of additional support to parents with multiples, beyond the Sure Start Maternity Grant.

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iii

Women in the UK commence maternity leave at 30 weeks on average when expecting multiples, with the majority of singleton mothers able to continue work to between 34 - 36 weeks.

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iv

The financial cost of having multiples is at least £20k more than having two singletons in succession – and families face the cost in one go rather than spreading it out.

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v

Families with multiples see a decline in income of £12,500 on average, or approximately 15% of household income between the pregnancy year and the first-year post pregnancy. This impact is robust across England, Scotland and Wales.

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vi

The parents of multiples feel less supported now (by government and relevant providers) than they have in prior decades. Per Capita estimates that parents from the 2020s feel less supported than parents pre-2000. These patterns are consistent across England, Scotland and Wales.

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## vii

Narrative analysis of respondent statements suggests that access to affordable childcare remains a challenge for many families with multiples.

## viii

Sleep deprivation, stemming from elevated caring duties, financial challenges and work/caring duty co-ordination challenges rank amongst the greatest concerns for parents with multiples, for both mothers and fathers.

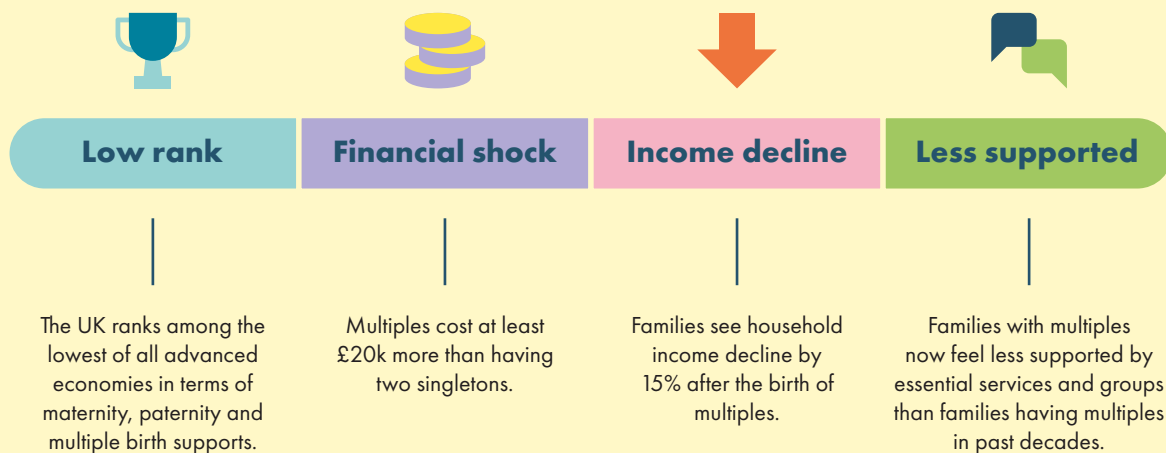
## ix

Respondents to the Twins State of the Nation Survey (TSNS) noted feeling supported by critical agencies most in the pregnancy year and thereafter respondents felt less and less supported by essential services and groups.

## x

High levels of self-declared anxiety<sup>1</sup> persisted within families with multiples well into year 2 and 3 post pregnancy.

**Figure 2 — Key findings from the Twins State of the Nation Survey and complementary analysis**



<sup>1</sup> We asked for “self-declared” rather than diagnosed anxiety because getting a diagnosis was so difficult due to problems with access to services in the NHS

# Key Recommendations 4

Through our critical examination of the extant evidence base, the comprehensive multiples survey, OECD benchmarking and analysis of fiscal shocks in the pregnancy year and thereafter, Per Capita and Twins Trust offer a series of key recommendations. The recommendations are framed as a series of primary recommendations and ancillary recommendations. The primary recommendations are proposed as critical equity measures in support of families with multiples, while the ancillary recommendations are asserted to be beneficial additions but only materially beneficial to the extent that the primary recommendations are enacted.



## Policy Recommendations



## Research Recommendations

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## Policy Recommendations

1

### **Paid maternity leave**

The provision of additional paid maternity leave for parents with multiples, employing a simple multiple funding approach whereby parents are afforded twice the support for twins and three times the support for triplets. Mothers are also able to extend their term of leave by four weeks for each multiple, and any term of prematurity. This is a discretionary mechanism allowing mothers to return to work in a manner that accords with their needs and promotes continuity of employment.

2

### **Maternity Grant expansion**

An expansion of the Sure Start Maternity Grant to take into account the financial hit faced by families having multiples.

3

### **Mental health support**

Critical additional mental health supports are provided to families with multiples, acknowledging the significant additional challenges evidenced through the birthing process and in the early years of raising multiples.

4

### **Supported care**

An allocation of hours of supported care be provided to every family with multiples given the time and co-ordination demands associated with raising multiples. We recommend a programme of supports consistent with other advanced OECD members with a scheme modelled on those enacted within New Zealand (care hours) or Belgium (financial aid for care hours). Decisions pertaining to means testing should be determined based on fiscal constraints, but Per Capita recommends non means tested supports.

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## Research Recommendations

# 1

An NHS evaluation of the extant twin and multiples' data with the existing ONS maternity dataset and NHS datasets; to examine the extent to which twins and multiples are disproportionately impacted by the reduction in day bed availability, noting that regional variations may exceed the aggregates within the NHS datasets.<sup>2</sup>

# 2

An NHS evaluation of the extant twin and multiples data from the NHS Maternity survey to examine the extent to which twins and multiples are disproportionately impacted by deficiencies in models of engagement pertaining to mental health.

<sup>2</sup> Currently the results of the NHS maternity survey are not represented in terms of multiple birth status, notwithstanding the fact that respondent data is collected from in excess of 300 mothers of new multiples each year.



# The unique experience of raising multiples

# 5

The journey of raising multiples is indeed a unique and complex experience, marked by various stages, each presenting its own set of challenges and rewards. The emotional impact of discovering a multiple pregnancy sets a distinct tone for the entire parenting experience. This initial phase often involves a blend of overwhelming joy and concern, as parents grapple with the reality of increased responsibilities and potential health risks associated with a multiple pregnancy and birth and raising multiples.

During the antenatal phase, the focus intensifies on medical care due to the high-risk nature of multiple pregnancies. This period is characterised by significant

physical and emotional demands on the expectant mother, necessitating frequent medical monitoring and, in some cases, extended rest. The mental and emotional preparation for managing the wellbeing of more than one baby can be a source of considerable anxiety and stress for both parents, highlighting the importance of a strong support system.

The birth of multiples is rarely straightforward, with complex delivery methods compounding the physical and emotional pressure that began during pregnancy. This also marks the beginning of an intense period of early infancy care. Parents find themselves in

a relentless routine of feeding, changing, and comforting multiple infants, leading to acute sleep deprivation and physical exhaustion, even when all babies are healthy. This stage underscores the amplified demands of caring for multiples and the crucial role of support from family, friends and the community. Per Capita, in dialogue with multiples community members, identified elevated rates of NICU/Special care stay terms within the community and the associated co-ordination challenges and pressures.

Financial considerations become increasingly significant when raising multiples. The immediate need for multiple

**Figure 3 — The birth of multiples: A careful balancing act**



#### **The joy of multiples**

The birth of multiples brings immense joy and life satisfaction.

#### **Managing increased time demands**

Parents have to balance elevated time demands in comparison to singletons.

#### **Maintaining gainful employment**

Maintaining employment is more challenging with competing demands.

#### **Financial pressures**

Families are placed under immense time pressure.

#### **Psychological factors**

Elevated stress and psychological risks are common within the initial years post birth.

**Source:** Per Capita (2024)

sets of baby products, combined with the long-term financial planning for future expenses like education and healthcare, adds a substantial economic burden on families. This necessitates careful financial planning and often seeking external support or advice. Parents often need to manage complex caring responsibilities with career planning, placing pressure on vocational standing and outcomes.

Psychologically, raising multiples involves navigating complex family dynamics. Parents are challenged to nurture the individuality of each child while fostering a strong bond among the siblings, while incurring elevated financial costs and complex co-ordination challenges. Children may have different needs and unique challenges, that must be accommodated absent of any additional supports. Addressing issues such as identity confusion, competition for attention and managing the distinct personalities of each child requires thoughtful parenting strategies. These challenges evolve as the children grow, influencing decisions about schooling, individual talents and managing sibling relationships.

Chambers (2014) observed that in some jurisdictions the expenses related to multiples might range from 5 to 13 times higher than those for singletons. Per Capita identified that this increase is mainly attributed to heightened care and child rearing costs and may be exacerbated by declines in income and employment. In a similar vein, a study in the United States yielded parallel outcomes, indicating that families with multiples face greater expenses in prenatal, delivery and postpartum care. While medical costs may be accommodated by the NHS within the UK, little to no additional material support is available, by way of financial assistance, a stark departure from the norms and standards of support available in other advanced economies.

There has been limited research exploring the distinct 'financial shock' experienced by families upon having multiple births, compared to multiple singleton births. This gap primarily relates to understanding how the sequence and timing of births affect a family's financial situation. The current report seeks to fill this gap by analysing the varying financial impacts of having twins as opposed to two

singleton births. This gap is greater still in the event of the birth of triplets or higher order multiples. The results underscore the necessity for augmented support for families with multiple and higher order births.

The role of community and social support networks is particularly vital for families with multiples. Engaging with other parents who have similar experiences offers practical advice, emotional support and a sense of community understanding. This support is crucial not only during the early years but also as the children grow and the family continues to navigate the complexities of raising multiples. The experience of raising multiples is a distinct and multifaceted journey. It demands resilience, adaptability and an abundance of love. A deeper understanding of these unique experiences highlights the need for targeted support and resources for families with multiples. By acknowledging and addressing their specific challenges, we can help ensure these families are not just managing but thriving in their extraordinary circumstances.

**5 to 13**

**times higher  
than singletons**

**The expenses related to multiples  
might range from 5 to 13 times  
higher than those for singletons.**



# Examining the Twins and Multiples Research

# 6

In the context of the United Kingdom, the exploration of the differential experiences of multiple births compared to singletons requires a careful examination of various aspects such as health complications, delivery methods, postnatal care and psychological impacts. Herein, we consider these issues examining the broader multiples' literature, considering the similarities and differences in healthcare systems, societal norms and support structures. We also offer some preliminary discussion of the findings of the Twins State of the Nation Survey (TSNS) and their alignment with the extant literature.

## Health Complications in Multiple Pregnancies

UK-based research aligns with the findings of Umstad (2019), indicating that women carrying multiples are more prone to a range of additional challenges and health issues such as nausea, haemorrhoids and

leg cramps. The NHS acknowledges these risks, offering specialised prenatal care for multiple pregnancies. The heightened risk factors necessitate more frequent monitoring and tailored medical interventions. The findings of the TSNS align strongly with the extant literature, with women generally reporting between 1 and 7 complications during their pregnancy.

In the UK, consistent with the observations by Fitzsimmons (2019), a significant proportion of twin pregnancies result in preterm births. The likelihood of developmental complications such as cerebral palsy is notably higher in twins and other multiples. There is also some evidence of twin birth impacting autism frequencies (Greenberg et al 2001). This necessitates a robust neonatal care infrastructure, which is a critical component of the NHS, to manage these increased risks effectively. It also necessitates an educational framework amenable to

the needs of multiples evidencing these challenges.

The mode of delivery for multiples in the UK evidences a high incidence of caesarean sections. This trend is reflected in the broader European context, where advanced maternal age and medical advancements influence delivery methods. The recovery period post-caesarean section is an area of concern, requiring extended convalescence and impacting maternal wellbeing. As anticipated, this aligns with the findings of the TSNS.

The need for neonatal intensive care is considerably high for multiples in the UK. Parents face unique challenges in managing care for infants with varying medical needs, often in different healthcare settings. This situation is compounded by factors such as staggered discharge, which adds emotional and logistical complexities to the already challenging postnatal period.

## Care Demands and Parental Support

The intensive time requirements associated with raising multiple children simultaneously, such as twins or triplets, are considerably more demanding than caring for a single child. This is explored in detail by Brandon et al. (2011), who note the specific difficulties that young mothers face in initiating and sustaining breastfeeding, a task that is particularly taxing for those with multiples. Similarly, Kerstjens et al. (2017) draw attention to the distinct challenges encountered by parents of premature multiples, including medical complexities and a heightened likelihood of developmental issues, a sentiment echoed by Gleason et al. (2021). Murray & Norman (2014) delve into the complexities and gratifications of rearing multiples, underscoring the critical need for parents to access support and resources to efficiently navigate the demands of caring for multiple infants, a point also made by Reynolds (2014).

Recent studies underscore the considerable challenge of caring for multiples. As noted by Bloch (2019) and Dias et al. (2019), the responsibilities involved in parenting twins, triplets, or more are significantly greater than those for a single child. This encompasses all aspects of daily care, from feeding to nappy changing and bathing. Particularly taxing is the task of feeding, as multiples often require different feeding schedules and specific

nutritional needs, necessitating strategic planning and coordination by parents to ensure each child's dietary needs are met. Breastfeeding, in particular, can be more complex for mothers of multiples, necessitating additional support to establish and maintain a successful breastfeeding routine.

The logistical demands of changing and bathing several infants simultaneously are also considerable, requiring more time and effort, which can be a source of stress and consume significant time. This increase in caregiving duties has been shown to correlate with higher stress, anxiety and depression levels among parents of multiples compared to those with a single child, as reported by Dias et al. (2019) and Miles et al. (2018). Parents reported a significant number of challenges in life coordination and accessing key services within the Twins State of the Nation Survey. Parents of multiples also declared low mood and anxiety at high rates post birth within the TSNS.

Furthermore, parents of multiples often face additional financial and logistical challenges. The expense involved in purchasing necessary items in multiples, such as car seats and cots, can be substantial. Securing suitable childcare for several infants simultaneously presents its own set of challenges, often requiring parents to depend on extended family or hire extra help to meet the increased care demands. This may also result in

having to navigate the complex challenges of maintaining gainful employment or meeting caring responsibilities. This ranked amongst the greatest challenges for parents with multiples, with many reporting significant declines in income levels.

## Enduring Sleep Deprivation Among Parents of Multiple Births

When parenting multiples, there is a pronounced escalation in the incidence of chronic sleep deprivation in comparison to the experience of parents with singletons. This intensification in sleep deprivation stems from the exhaustive demands inherent in concurrently caring for multiple infants. A number of empirical studies corroborate that caregivers of multiples endure more substantial sleep deprivation than their counterparts with single children (see inter alia, Bloch 2019; and Dias et al. 2019). Challenges associated with sleep deprivation were also observed at high frequencies within the current TSNS study.

A 2019 study by TRA highlights a marked increase in severe fatigue among parents of multiples, noting a substantial rise in the rate of admissions of both mothers and infants to early parenting intervention services, including sleep schools and mother-baby units. This report also identifies a significant amplification in the prevalence of reduced daily functionality among fathers of multiples, which is



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fivefold greater compared to fathers of singletons.

Research by Bloch (2019) and Dias et al. (2019) underscores that mothers of multiples suffer from markedly inferior sleep quality, diminished sleep duration and elevated instances of sleep disturbances when juxtaposed with mothers of singletons. This phenomenon is notably acute during recovery phases post-caesarean birth. Fathers of multiples have similarly reported inferior sleep quality and heightened daytime lethargy relative to fathers of singletons.

The task of instituting a regular sleep routine for parents of multiples is substantially complicated due to the infants' divergent sleep schedules, necessitating concurrent feedings, nappy changes and comfort measures. This situation invariably leads to increased levels of fatigue, stress and emotional dysregulation among the parents. These challenges are exacerbated by the likelihood of pre-term delivery and smaller birth sizes.

Additionally, sleep deprivation in parents of multiples can have deleterious consequences on their physical and mental wellbeing, elevating risks of psychiatric conditions such as depression and anxiety, as well as metabolic disorders like obesity (see *inter alia*, Luke et al 1997, Bodnar et al 2019, Lapinsky 2022, Fisher & Stocky 2003). The chronic absence of sleep further adversely impacts cognitive functions, notably memory, attention and decision-making faculties.

The chronic sleep deprivation prevalent among parents and caregivers of multiples thus results in a spectrum of negative health outcomes. Prioritising sleep and securing support from familial, social or professional networks is critical for these parents. However, scholarly research indicates the presence of significant barriers in accessing such essential support for families with multiple births.

### **Complex Coordination of Care for Multiple Births**

The management of care for multiple births involves intricate coordination with a range of healthcare and support services, presenting unique challenges beyond those encountered in single-child caregiving. This complexity arises in various aspects, including the access to

childcare services, organisation of medical appointments and coordination with support services.

Securing childcare for multiples poses a significant challenge, as conventional childcare facilities often lack the capacity to adequately care for several infants simultaneously. This limitation necessitates the search for specialised childcare providers who can meet the unique requirements of multiples, often at a higher cost and with limited availability. Mothers of multiples experience more difficulty in finding appropriate childcare solutions compared to mothers of singletons, as highlighted in research by McHale et al. (2003).

Organising healthcare and therapeutic services for multiples demands considerable effort and coordination. Parents must juggle multiple appointments with a variety of healthcare providers and therapists, often requiring assistance from family members or the engagement of extra help to manage these logistical challenges. Comparative studies, such as those conducted by Cox et al. (2015), have demonstrated that parents of multiples face more obstacles in scheduling and accessing necessary services compared to parents of singletons.

Furthermore, the coordination of specialised support services for multiples is a daunting task. This may involve engaging with support groups specifically for parents of multiples, seeking out healthcare providers with expertise in multiple births and accessing other resources tailored to the distinctive needs of raising multiples. However, these specialised resources are often less accessible or more challenging to obtain than those available to parents of singletons, as evidenced by research findings from Garel et al. (2012). This observation is further corroborated by data provided by the Australian Multiple Birth Association (AMBA) in 2023.

The complexities involved in coordinating care for multiples significantly impact the daily lives of these parents. They often face heightened levels of stress, anxiety and depression, surpassing those experienced by parents of singletons. Research indicates that parents of multiples are more likely to confront financial and logistical difficulties, elevated stress levels and increased feelings of social isolation. Specifically, mothers of multiples have

been shown to experience greater levels of depression and anxiety compared to mothers of single children, as reported by Cox et al. (2015). Moreover, data within the present Twins State of the Nation Survey suggests that a large number of parents do not report their depression or anxiety. As noted, the present study findings suggest that parents are experiencing significant anxiety. Parents reported anxiety at high rates, not just in the immediate term after birth, but also several years after the birth event.

### **Feeding Challenges with Multiples**

Feeding multiple infants simultaneously, whether through breastfeeding or solid foods, presents distinct challenges. Breastfeeding multiples, in particular, can be demanding as each infant may have unique feeding schedules and requirements. Mothers might also face difficulties in producing sufficient milk for all infants. Additionally, the exorbitant cost of formula exacerbates the challenges for families with multiples.

Research by Sazon et al. (2015) indicates that breastfeeding rates are lower and discontinuation rates are higher among mothers of multiples compared to those with singletons. To establish and sustain effective breastfeeding routines, mothers of multiples often need extra support, such as advice from lactation consultants skilled in handling multiples and participation in breastfeeding support groups. While bottle feeding is an equally viable option, the cost is very high and the task of feeding is multiplied in comparison to feeding a singleton.

Introducing solid foods to multiples poses its own set of challenges. Since infants may have varied dietary needs and preferences, parents must carefully plan and synchronise feeding schedules to ensure proper nutrition for each child. This task can be both time-intensive and stressful. A study by Moss et al. (2012) revealed that mothers of multiples frequently report greater difficulty in feeding solid foods to their infants, particularly in managing synchronised mealtimes and feeding several infants simultaneously.

These challenges in feeding multiples significantly impact the mental health of parents (see *inter alia* Flidel-Rimon

et al 2006). Studies, including one by Bütikofer (2015), have shown that parents of multiples tend to experience higher levels of stress, anxiety, and depression than parents of singletons. Mothers of multiples, in particular, are more prone to experiencing increased anxiety and depression.

Given these complexities, the process of feeding multiples, whether through breastfeeding or solid foods, demands unique strategies and support systems. Parents of multiples may need additional help in organising feeding routines and ensuring adequate nutrition for each child. The mental health implications of these feeding challenges underscore the necessity of providing dedicated support and resources to assist parents in managing the distinct demands of nourishing multiple infants.

### Implications of Prematurity in Multiple Births

Premature birth emerges as a predominant risk factor in the context of multiple births, presenting distinct challenges for parents of multiples as opposed to those with singletons. The prevalence of preterm delivery is substantially higher in twins and higher-order multiples, with statistical evidence indicating that nearly 60% of twins and a vast majority of higher-order multiples are born before reaching 37 weeks of gestation.

The phenomenon of preterm birth in multiples is associated with a variety of medical complications. These include, but are not limited to, respiratory distress syndrome, apnoea, and challenges in feeding, all of which necessitate specialised medical intervention. The burden on parents of multiple preterm infants extends beyond medical concerns, encompassing significant emotional and financial ramifications. This includes prolonged hospitalisations (sometimes at different sites) and the requirement for continuous medical care. Comparative research reveals that parents of multiples, particularly in cases of preterm births, exhibit a higher propensity for psychological conditions such as anxiety, depression and post-traumatic stress disorder (PTSD), relative to parents of singletons. While the studies evidence the strong association between twin births and elevated levels of depression, they do not suggest that it is the birth of multiples

that are the causation of such outcomes but rather a diverse set of complementary factors are pertinent.

Moreover, the care of multiple preterm infants entails unique logistical challenges. Parents may find themselves navigating complex schedules involving multiple medical appointments, repeated hospital admissions and the coordination of ongoing care following hospital discharge. Complications are often exacerbated by staggered discharge dates and the necessity for increased hospital and healthcare facility visits.

The heightened risk of premature birth in multiple births, leading to a spectrum of medical, emotional, and financial challenges, underscores the need for a comprehensive support system. This support is imperative not just for addressing the multifaceted healthcare needs of multiple preterm infants but also for mitigating the emotional impact on the parents. It highlights the critical importance of providing targeted resources and support to assist parents in managing the complex care requirements of multiple preterm infants and in coping with the emotional dimensions of such an undertaking.

### Healthcare Complexities in Multiple Births

Multiple gestations, encompassing twins, triplets, or higher-order multiples, inherently carry an elevated risk of specific

health challenges and issues, distinctly more pronounced than those typically associated with singleton pregnancies. These health challenges exert an impact on both the infants born from such pregnancies and their parents.

Research indicates that infants resulting from multiple pregnancies face a heightened risk of prematurity, low birth weight and developmental delays in contrast to singletons (Luke, 2017). Notably, the likelihood of premature birth in twins is reported to be 5 to 6 times higher than in singleton births (Govindaswami et al., 2018). The incidence of preterm birth is closely linked with increased risks of a range of complications, including respiratory distress syndrome, cerebral palsy and various developmental delays (Govindaswami et al., 2018).

For parents, particularly those of multiples, the increased risk of health issues in their infants presents unique challenges. The responsibilities involved in caring for multiple infants, each potentially facing their own health challenges, can be both overwhelming and time-intensive, exerting considerable stress on the parents' mental health and overall wellbeing. Studies such as those by Agostini et al. (2019) and Bloch (2019) have documented the profound impact on the psychological health of these parents. Mothers of multiples, in particular, have been observed to experience elevated levels of anxiety and depression as compared to mothers of singletons (Cellini et al., 2021; Bloch, 2019).



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Pregnancies with multiples are characterised by an increased risk of specific health challenges for the infants, notably prematurity and developmental issues, when compared to singleton pregnancies. This, in turn, leads to unique caregiving challenges for the parents, impacting their mental health and wellbeing. The provision of adequate support and resources for parents of multiples is essential, not only to alleviate these challenges but also to improve outcomes for both the infants and their parents.

### **Elevated Risk of Prenatal and Postpartum Depression in Parents of Multiples**

In the realm of parental mental health, the phenomena of prenatal and postpartum depression manifest more prominently in parents of multiples as compared to those with singletons. Empirical studies, including those by Jarde et al. (2016) and Rich-Edwards et al. (2016), have substantiated a heightened prevalence of these conditions among mothers of multiples.

The exacerbation of stress factors due to the management of additional needs of multiple infants, coupled with the comprehensive physical and emotional demands, significantly contributes to the development of depression in parents of multiples (Barroso et al., 2010). Furthermore, these parents often encounter distinct challenges such as sleep deprivation, social isolation and financial stress, which compound the risk of depression (Dorheim et al., 2009).

Prenatal depression, occurring during the gestational period, poses significant risks to foetal development and is linked with increased rates of premature births and low birth weight infants (Bonari et al., 2004). The heightened stress and anxiety associated with the management of high-

risk multiple pregnancies are factors that predispose mothers of multiples to prenatal depression (Bloch, 2019).

In the postpartum phase, depression can profoundly affect maternal mental health, infant developmental trajectories and overall family dynamics (Dennis & Ross, 2006). Mothers of multiples are particularly susceptible to postpartum depression, attributable to the intensive demands of nurturing multiple infants, a scarcity of social support structures and elevated stress levels (Goodman, 2009).

The influence of prenatal and postpartum depression on parents of multiples is significant, adversely affecting crucial aspects of parenting such as infant bonding, parental confidence and family functionality (Campbell et al., 2018). It is imperative for healthcare practitioners to identify and support parents of multiples who are at risk of developing prenatal and postpartum depression.

The risk of prenatal and postpartum depression in parents of multiples, attributable to the unique challenges of caring for multiple infants, has profound implications for maternal and infant health, as well as family functionality. Healthcare professionals are advised to remain vigilant to these heightened risks and provide appropriate interventions and support.

Children born as part of multiples may face challenges in socialisation, developmental progression and behavioural aspects. Correspondingly, their parents are at increased risk of experiencing exhaustion, depression and anxiety. The societal implications of these challenges extend to strained healthcare resources and financial burdens on families. Bloch (2019) underscores this by noting the significantly elevated rates of

clinical anxiety and depression among mothers of multiples, as well as the increased prevalence of these conditions among fathers of multiples, emphasising the critical need for comprehensive care and support.

The birthing and rearing of multiples imposes substantial physical and psychological demands on parents. These demands include, but are not limited to, sleep deprivation, increased caregiving responsibilities, breastfeeding difficulties and limited time for personal self-care. Such challenges also extend to financial implications, adding to the stress and strain experienced by these parents. It is crucial to acknowledge and address these multifaceted challenges to provide adequate support to parents of multiple births, ensuring they receive the essential care and resources necessary for their and their children's thriving.

As is evident, the need for support is clear, notwithstanding the diverse and often deficient models of support that are observed, particularly from an economic standpoint within many advanced economies and notably the UK where levels of support rank amongst the lowest (D’Rosario, 2023).

This study follows a comprehensive study conducted by Per Capita pertaining to the experiences, challenges and supports afforded to parents of multiples within Australia. The report identified significant deficiencies and deficits in the supports provided to multiples in the UK in comparison to other advanced economies (see D’Rosario, 2023) and along with the extant research on multiples’ experiences, serves as the impetus for the present report that engages in a deeper exploration of models of support and a large scale survey (n=1841) of the perspectives of parents with multiples.

# Maternity experiences in the UK: Examining the last decade

# 7

In the last decade, the landscape of maternity care in the UK has undergone considerable changes, reflecting advancements in healthcare policies, societal attitudes and technological innovations. These developments have led to more personalised, accessible and technologically integrated care for expectant and new mothers.

Advancements in prenatal care have been significant, with enhanced screening and diagnostic techniques becoming more widespread. This has allowed for earlier and more accurate detection of potential health issues, improving maternal and foetal health outcomes. However, challenges remain in ensuring equitable access to these services across the UK, particularly due to geographical disparities. This necessitates policy interventions to ensure uniform access to high-quality maternity care.

Healthcare policy reforms, such as the implementation of the Better Births report and the Maternity Transformation Programme, have played a pivotal role in personalising care and providing better support for women and families. Additionally, there has been an increased emphasis on maternal mental health, with more support systems and resources being made available to new mothers.

The trend towards home births and midwife-led care has gained popularity, indicating a shift towards more natural and personalised birthing experiences.

The integration of technology in maternity care, especially through telemedicine and digital health platforms, has also facilitated more convenient access to healthcare professionals and resources for expectant mothers.

While significant progress has been made, the need for continuous improvement in care quality and accessibility remains. This segment underscores the importance of ongoing policy and practice evaluations to meet the evolving needs of mothers and families in the UK's dynamic healthcare landscape.

The following segment will consider relevant trends in maternity experience data and systems capacity within the NHS, further exploring how these trends impact the experiences of expectant and new mothers in the UK. This examination will include an analysis of recent data on maternity outcomes, the effectiveness of current maternity care models and the integration of new technologies and systems in maternity services. The aim is to provide a comprehensive understanding of the current state of maternity care and to identify areas

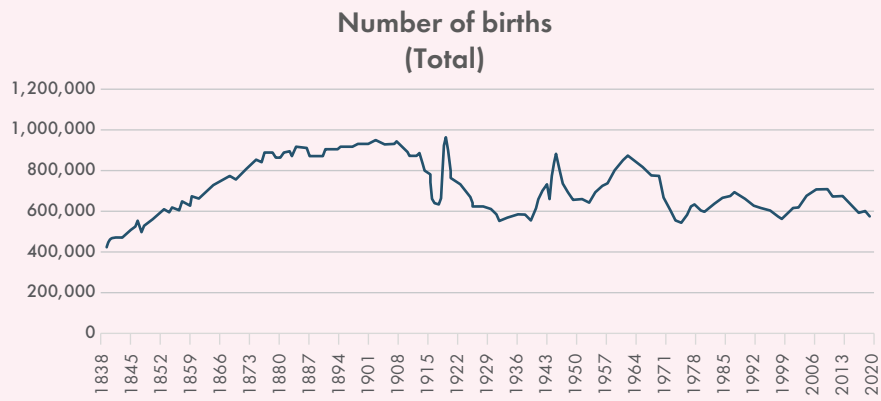
for future improvement and innovation.

Since 2019, birth rates increased modestly before to the earlier trend, with the rate falling since 2010, a trend that appears to be influenced by a complex interplay of social, economic and demographic factors. The rate between 2000 and 2019 was characterised by significant fluctuations, a phenomenon attributable to a variety of determinants. These include the prevailing economic climate, shifts in government policy related to family support, maternity and paternity leaves, and broader societal trends that impact decisions regarding family planning and expansion.

The brief upsurge in birth rates observed after 2019 may be attributed to several key factors. The enduring aftermath of the COVID-19 pandemic is likely to have engendered profound changes in family planning decisions in the short term. Alongside this, improvements in economic conditions may have facilitated greater confidence in starting or expanding families. The response to (continued on p.26)

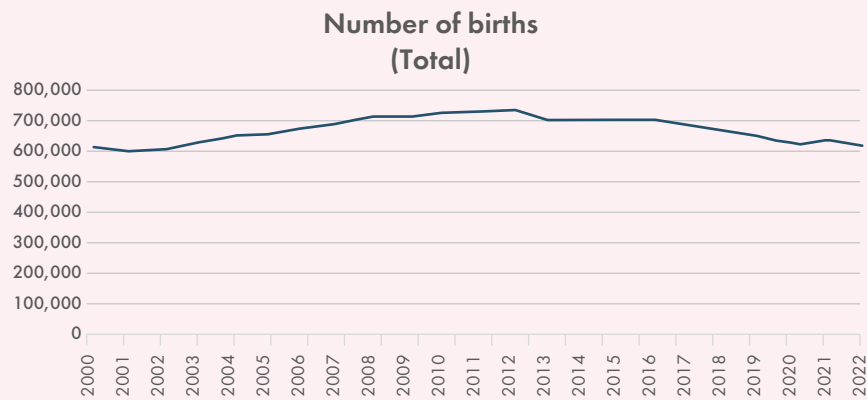


**Figure 4** — The total number of births in the UK (1838 to 2022)



Source: NHS (2024)

**Figure 5** — The total number of births in the UK (2000 to 2022)

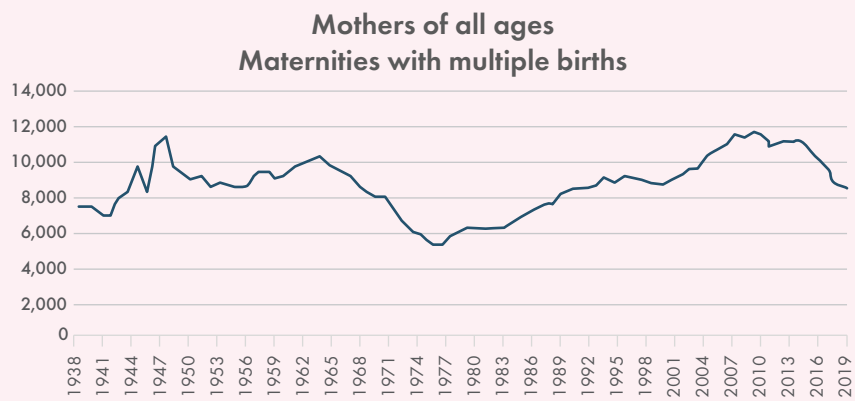


Source: NHS (2024)

government initiatives or policies aimed at encouraging higher birth rates might also be a significant contributor. Moreover, demographic shifts, particularly the aging of large demographic cohorts into their prime childbearing years, could have a substantial impact on this observed trend.

Each of these factors contributes to a dynamic and evolving landscape of birth rates in the United Kingdom, reflecting the interplay of individual choices, policy frameworks and broader socioeconomic conditions.

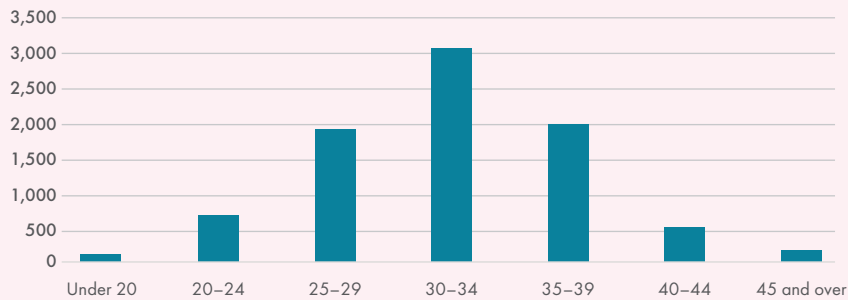
**Figure 6** – The total number of twin and higher order births in England and Wales (1938 to 2019)



**Note:** Total maternities in the UK with twins and HOMs (Higher Order Multiples).  
**Source:** ONS (2024)

**Figure 7** — The total number of twin and higher order births in England and Wales

**Distribution of multiple births**



**Note:** The distribution of twin births by the age of the mother.  
**Source:** ONS (2024)

Between 2000 and 2007 there was a steady increase in the number of multiples, but there has been a steady decline thereafter, with recent numbers consistent with those observed in the late 1990s. The initial increase observed in the United Kingdom, characterised by an increase in the frequency of multiple births, was arguably driven by a pivotal factor, the heightened utilisation and advancement of assisted reproductive technologies (ART), such as in vitro fertilization (IVF), though

advancements are reducing the need for and often allowance of multiple implants in many jurisdictions. These methods inherently carry a higher propensity for multiple pregnancies compared to natural conception.

Additionally, the demographic trends in maternal age play a significant role. There has been a noticeable shift towards later motherhood in many developed nations, including the UK. Advanced maternal

age is intrinsically linked to a greater likelihood of multiple births, especially when coupled with fertility treatments that are more frequently sought by older mothers. This notwithstanding, the number of multiples has been in moderate decline in rate terms within the UK and other advanced economies, due to changes in IVF protocols and demographic factors.

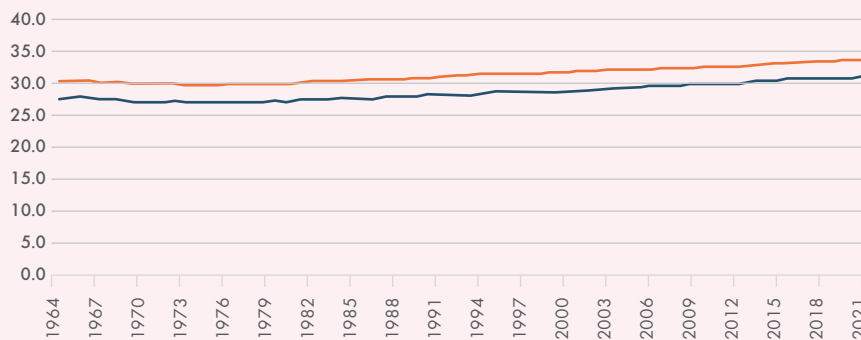


Healthcare policies and practices also influence this trend. Modifications in IVF protocols, particularly concerning the number of embryos implanted per cycle, have a direct impact on the rate of multiple births. Most notably the HFEA One at a time initiative reduced the incidence of multiple births (Cutting et al 2008). Such policy changes are not only reflective of technological advancements but also of ethical considerations and healthcare objectives.

The rate of multiple births has been in decline since 2015. The number of multiples will likely reflect the broader trends in the singleton rate. Should the rate remain stable, at the estimated 14.1 per 1,000 rate in 2020, the number of multiples will continue to remain large in absolute terms; and will remain a significant cohort for policy makers in decision making. Multiple births often require more complex medical care throughout pregnancy and after birth.

The rising incidence of such births necessitates a re-evaluation of healthcare systems to ensure adequate support and care for families with multiples, as well as the adaptation of healthcare policies to address the unique challenges posed by this demographic shift.

**Figure 8 — Average age of parents (1964 to 2021)**



Source: ONS (2024)

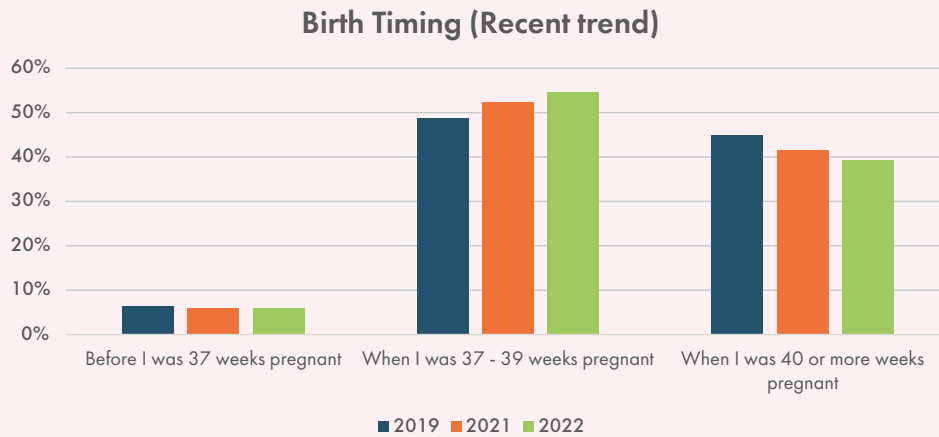


Patterns in birth timing suggest an overall trend towards earlier birth. This is obviously greater in families with multiples where the birth of multiples is often well in advance of a singleton birth with similar timing/gestation.

The overall trend in the adequacy of antenatal check-ups with regard to adequacy of time and engagement is highly favourable, with the indicator approaching 80%. This is broadly consistent with the Twins State of the

Nation Survey results presented in the ensuing segments of the report, however, experiences were highly varied across different cohorts (See p.42).

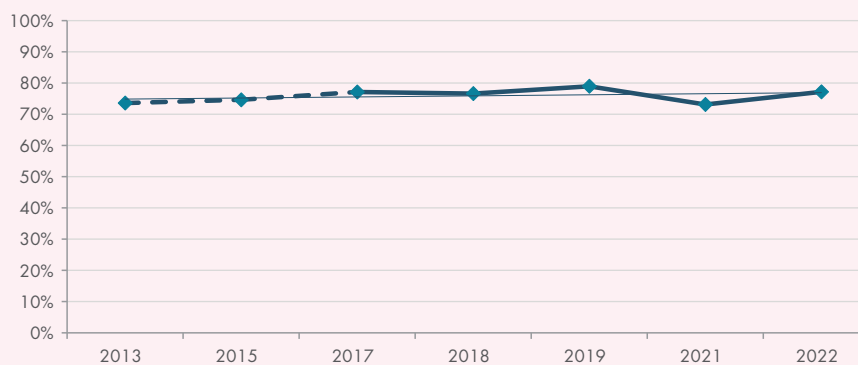
**Figure 9 — The timing of births in England (2013 to 2022)**



**Source:** NHS Maternity Survey (2024)

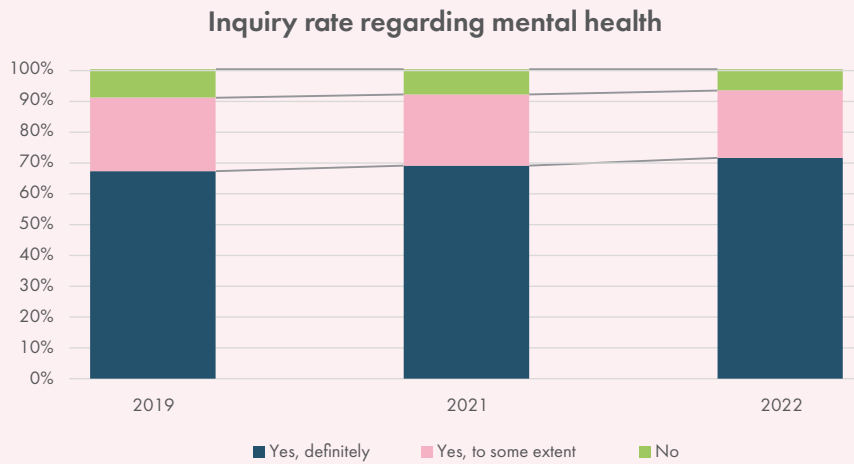
**Figure 10 — Adequacy of time in check-ups (2013 to 2022)**

**During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy? (% Yes, always)**



**Source:** NHS (2024)

**Figure 11** — The frequency of mental health inquiries post pregnancy in England (2013 to 2022)



Source: OECD (2024)

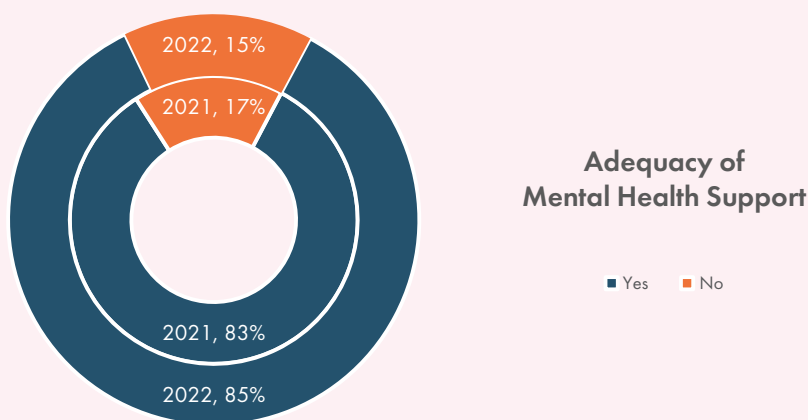
While the overall pattern of inquiry pertaining to mental health status within the NHS maternity framework is increasing, which means in lay terms that health workers are inquiring at high rates regarding the mental health status of those that are pregnant. However, the findings of our survey indicate that women are still evidencing high rates of mental health

challenges. The rates evidenced within the TSNS indicate that many are missing out on engagement opportunities with health professionals.

The measures of the adequacy of health support within the NHS survey suggests a favourable recent trend, with this trend found to be statistically significant. However, this trend is representative of

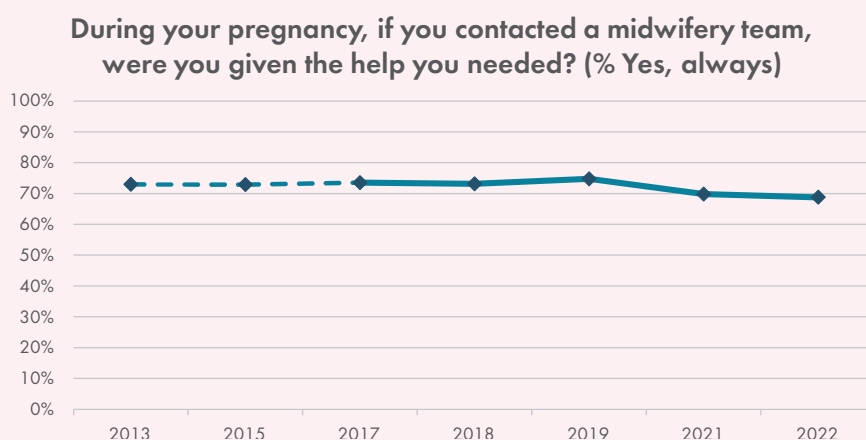
the overall system and not cohorts per se. Our analysis conducted through the Twins State of the Nation Survey suggests that women having multiples feel increasingly unsupported, with a decline in measured support indicators when comparing women having multiples two decades ago with women having multiples this decade. Given the NHS baseline estimates for all

**Figure 12** — The sufficiency of time to engage in mental health dialogue post pregnancy in England (2013 to 2022)



Source: NHS (2024)

**Figure 13** — Support from the midwifery team during pregnancy (2013 to 2022)



Source: NHS (2024)

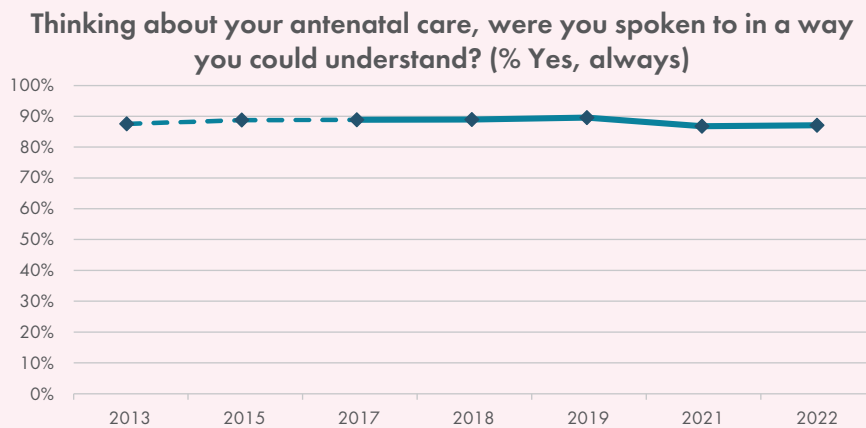
births (see Figure 11, and Figure 13), women with multiples are arguably feeling unsupported at disproportionate rates (in comparison to women with singleton births).

Examining the NHS indicators pertaining to the adequacy of midwifery supports

is compelling. While the overall trend is largely unfavourable this may be in part due to post-COVID system impacts, or greater demand across the health system. Nonetheless the trend is concerning and magnified with the Twins State of the Nation Survey.



**Figure 14** — Level of understanding in dialogue with the midwifery team (2013 to 2022)



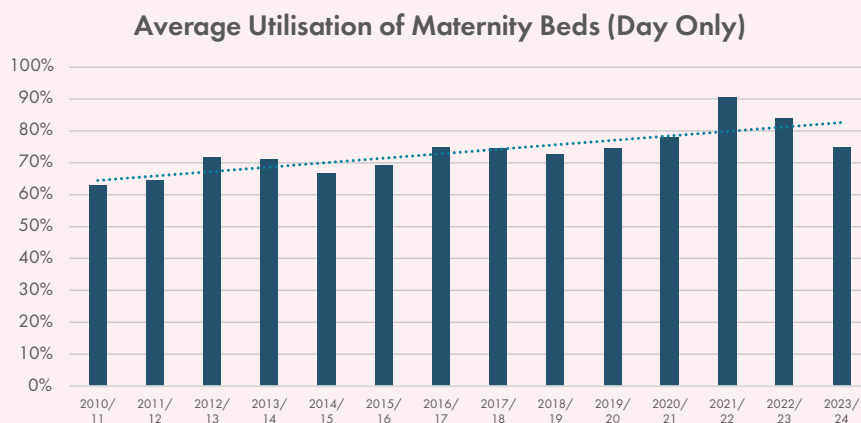
Source: NHS Maternity Survey (2024)

Similarly, while the trend in antenatal care has been somewhat unfavourable overall, it is largely the same since 2013 however the trend in proximate indicators is more pronounced within the TSNS data, suggesting that while parents with multiples may be receiving some engagement on antenatal issues, they are often feeling highly unsupported.

While overall trends in utilisation are fairly consistent, there is a notable trend in the utilisation of maternity beds. There has been a significant increase in the utilisation of day only maternity beds, which may have implications for the availability of day beds for women during and post pregnancy; this may in turn have disproportionate impacts for multiple births.

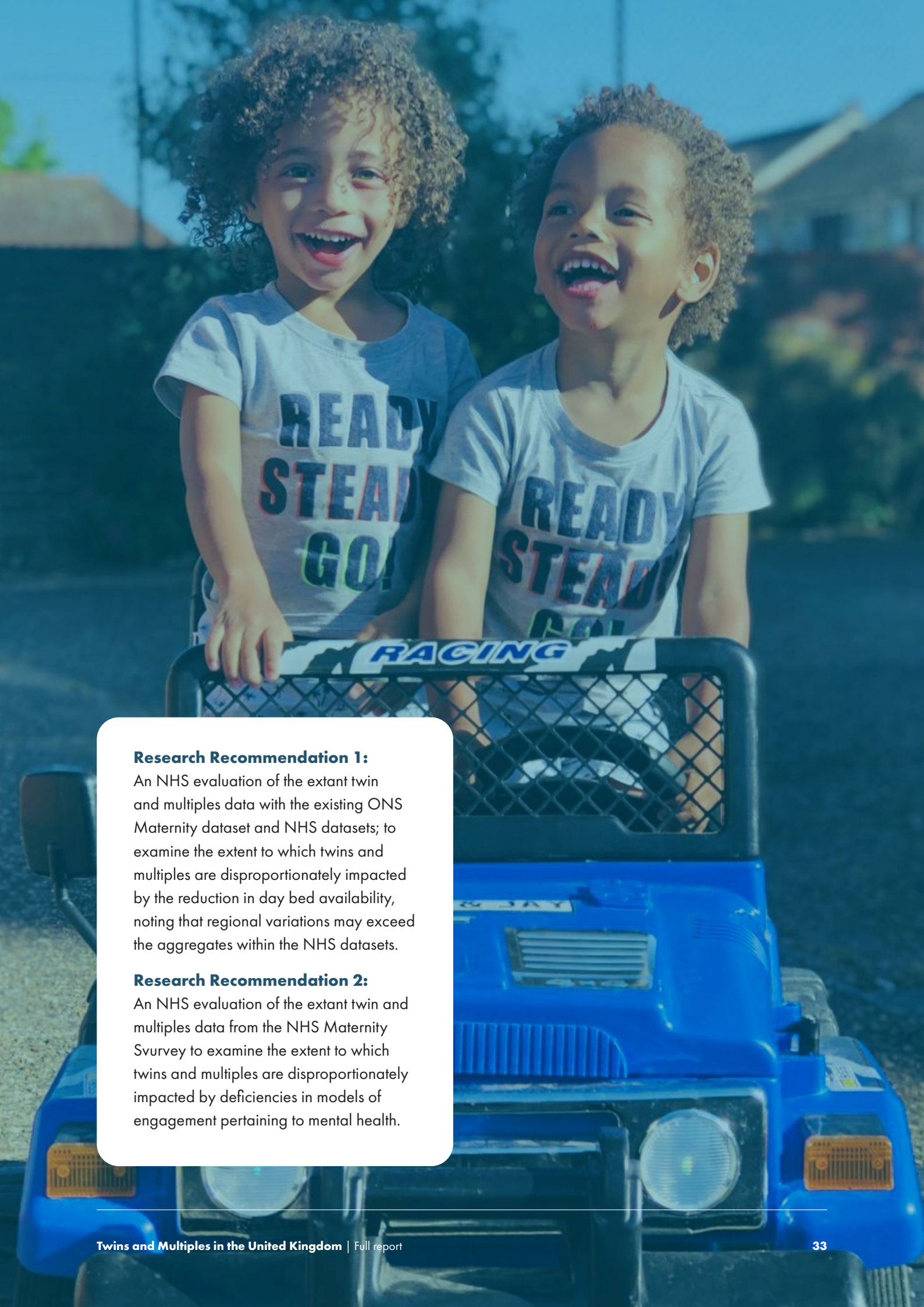
The data suggests that consideration should be given to the plausible impacts of engagement models pertaining to mental health and the methods used to facilitate engagement between health workers and birthing mothers. The indicators from the TSNS suggest that pregnant mothers and mothers post pregnancy still feel under-supported by a number of key NHS services at disproportionate rates.

**Figure 15** — NHS data on bed utilisation (Day) (2010 to 2024)



Source: NHS Hospitals Database, 2024





**Research Recommendation 1:**

An NHS evaluation of the extant twin and multiples data with the existing ONS Maternity dataset and NHS datasets; to examine the extent to which twins and multiples are disproportionately impacted by the reduction in day bed availability, noting that regional variations may exceed the aggregates within the NHS datasets.

**Research Recommendation 2:**

An NHS evaluation of the extant twin and multiples data from the NHS Maternity Survey to examine the extent to which twins and multiples are disproportionately impacted by deficiencies in models of engagement pertaining to mental health.

# Economic and Social supports in the OECD (Pre and post pregnancy)

# 8

When considering the scope and extent of financial and non-financial support for new parents, particularly concerning multiple births, there is considerable variation among OECD countries. This is true of maternity and paternity benefits broadly and those specific to families with multiples. Understanding the divergences in practice may inform more proactive policy and improved programme delivery. They may inform which policies may be adopted or adapted for the improvement

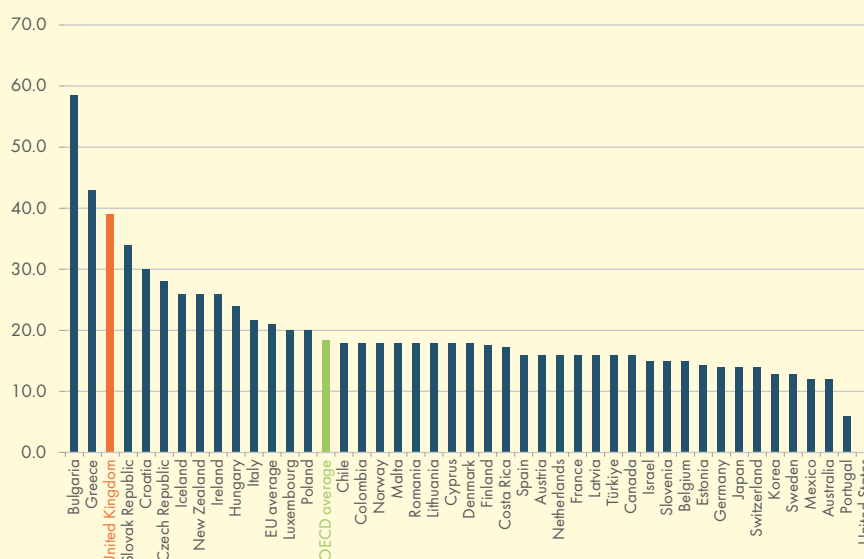
of the situation of families with multiples; as well as families with singletons and expectant families more broadly.

### Maternity and Paternity benefits in the OECD

Most advanced economies enact a programme of paid parental leave with variation existing in the term of support and the quantum of support. Examining the weeks of support is an instructive starting point.

As part of our analysis, Per Capita examined OECD data from 1971 to 2020 pertaining to the provision of maternity and paternity supports within the OECD. We also examined UK policy outcomes between 1971 and 2024. The only notable shift in policy over the last decade notwithstanding the continuity of the Sure Start Programme.

**Figure 16** — Weeks of maternity leave OECD members



**Note:** The data accounts for nominal weeks only, not median, or wage adjusted weeks.  
**Source:** OECD (2024)

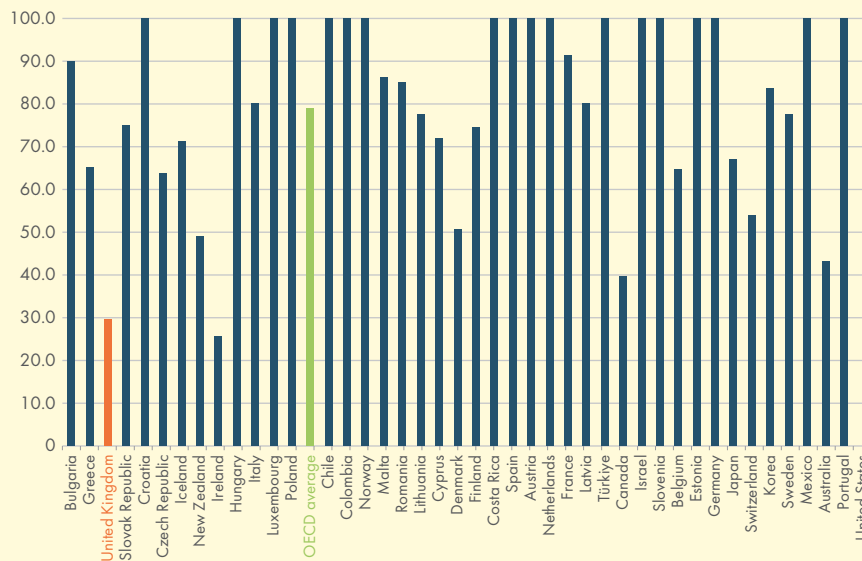
At first glance, the examination of data pertaining to the UK appears compelling with the UK amongst the top nations in terms of weeks of leave supported. However, this data is somewhat misleading when accounting for the

economic realities faced by those giving birth in the UK, particularly to multiples.

While the UK ranks at the top end of weeks provided/supported, when accounting for actual weeks of support

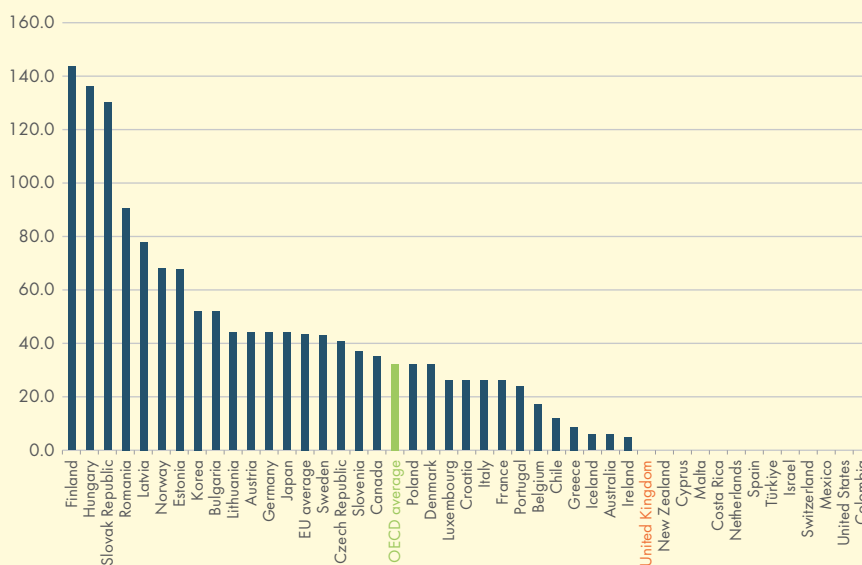
at the median level, the UK is actually amongst the lowest levels of supporters (the lowest quartile) when accounting for weeks supported at the median level. The presentation of support as being expansive in terms of weeks belies the

**Figure 17 — Rate of leave as a percentage of the median rate**



**Note:** This chart considers the actual benefit in practical terms by setting the payment level against the median wage.  
**Source:** OECD (2024)

**Figure 18 — Additional parental and care leave for mothers**

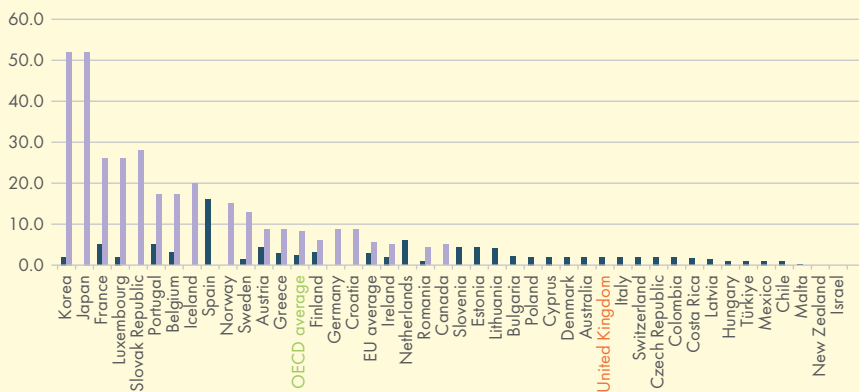


**Source:** OECD (2024)

reality that the UK supports births less than almost all other advanced economies. The level of support at the median level is less than half the OECD average (see Figure 17, green).

When considering additional paid parental and care leave available to mothers, the UK ranks amongst the lowest within the OECD, offering no additional supports to families, including families experiencing multiple/higher order births.

**Figure 19 – Paternity leave (wage adjusted)**



**Note:** The chart depicts the mean wage-adjusted support for paternity in OECD countries, where the UK ranks in the lowest quartile. Green denotes father only while gold denotes mother only.

**Source:** OECD (2024); Note from the OECD: Information refers to paid birth-related leave entitlements to care for young children in place as of April 2022, such as maternity-, paternity-, home care- and parental leave. Periods labelled “mother only” and “father only” refer to individual non-transferable entitlements for paid employment-protected leave of absence for employed parents, “mummy and daddy quotas” or periods of an overall leave entitlement that can be used only by one parent and cannot be transferred to the other, as well as any weeks of shareable leave that must be taken by one or both parents for the family to qualify for “bonus” weeks of parental leave. Weeks of shareable leave refer to parental- and home care leave entitlements that can be freely shared between mothers and fathers. For Japan, the individual parental leave entitlements for the mother must be taken used simultaneously with the father if both parents are to use the entirety of their entitlement.

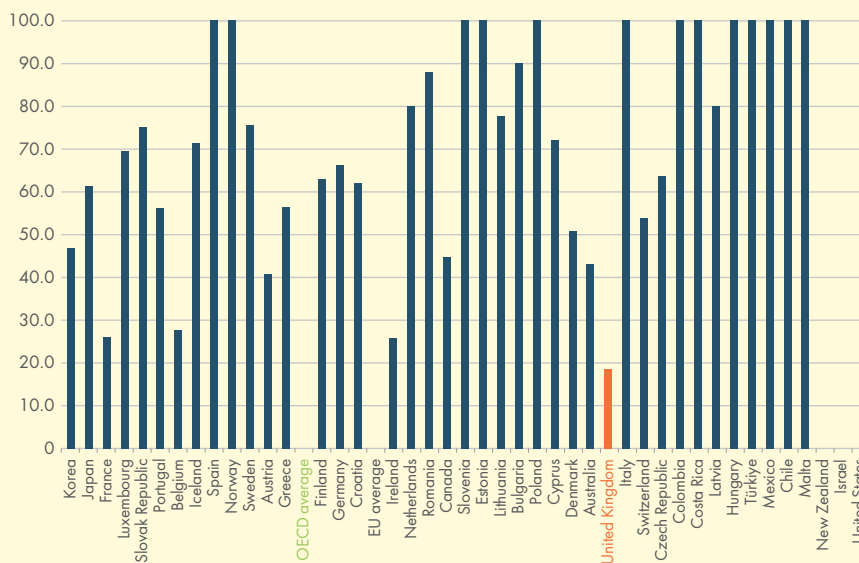
When considering the adequacy of support provided to fathers, it is evident that the UK model stands at odds with most of the advanced OECD, offering little by way of support for fathers. The impact of this modest scheme is likely to be most pronounced for parents with multiples

where additional childcaring and support duties are required.

Moreover, not only are the weeks in nominal terms modest, the rate of payment set against the national wage level makes the real/functional benefit of the scheme modest at best.

Considering the birth event and financial support for the birth event, the UK is a notable laggard in support provision, ranking amongst the lowest providers of support for parents and families.

**Figure 20** — Actual rate of paternity support, in real terms (2013 to 2022)



**Note:** The chart depicts the mean wage adjusted support for paternity in OECD countries, where the UK ranks in the lowest quartile.

**Source:** OECD (2024)

**Figure 21** — Support for the birth event, per birth (2013 to 2022)



**Note:** The chart depicts the Purchasing Power Parity (PPP) adjusted support for the birth event in OECD countries, where the UK ranks in the lowest quartile.

Collectively this suggests that the UK ranks amongst the poorest supporters of maternity and paternity of any advanced economy in the world. In lay terms, were there a ranking of nations, the UK would be in the lowest quartile. This means that raising a child during the earliest years is arguably harder in the UK than in most other advanced OECD economies. This lack of supports most plausibly impacts families with multiples disproportionately. Consequently, families within multiples in the UK rank amongst the least supported at birth and during the infancy of the children.

# 1

## Policy Recommendation

The provision of additional paid maternity for parents with multiples, employing a simple multiple funding approach whereby parents are afforded twice the support for twins and three times the support for triplets. Mothers are also able to extend their term of leave by four weeks for each multiple, and any term of prematurity. This is a discretionary mechanism allowing mothers to return to work in a manner that accords with their needs and promotes continuity of employment.



### Additional specific supports for multiple births amongst the OECD

This disparity in supports is also evident in the provision of one-time payments and additional supports for families with multiples. While some countries offer no specific support for multiple births, others provide varying amounts based on the number of children born. In advanced economies, it's common to see an initial payment to help with the sudden financial impact of a birth, with additional funds for multiple births.

Belgium not only offers financial assistance but also provides eligibility for supplementary home care support, allowing families to hire part-time carers. This holistic approach to support reflects an understanding of the unique challenges faced by families of multiples.

In Switzerland, the support provided to parents differs at the canton level. For example, in the canton of Vaud, parents receive 3,000 francs (£2,665 GBP) per child in the case of multiple births or adoption, as opposed to 1,500 francs for a single child. This scaling of support with the number of children highlights a

recognition of the increased economic challenges associated with multiple births. Similarly, parents in the canton of Valais receive an allowance of 3,000 francs (£2,665 GBP) per child for multiple births or adoption, compared to 2,000 francs (£1,777 GBP) for a single child.

In France, families receive a one-time payment (Allocation de naissance) of 1,003.97 euros per unborn child, paid during the seventh month of pregnancy. This grant, coupled with the universal child benefit, offers substantial support to families, particularly those with multiple births.

Singapore's approach is comprehensive, including individual payment supports and additional matched savings initiatives. The Enhanced Baby Bonus Cash Gift offers an additional \$2,000 (£1,173 GBP) on top of the existing cash gift. The Cash Gift and the Child Development Account (CDA) Initiative form a significant part of Singapore's support system, with the government matching savings and providing a first deposit of \$3,000 (£1,760 GBP) SGD in the CDA First Step Grant. Families receive greater support for multiple births, with twin births receiving \$16,000 SGD (£9,388 GBP) and triplet

births \$26,000 SGD (£15,257 GBP), excluding the CDA benefit.

In New Zealand, the Work and Income Multiple Birth Home Help Payments provide financial assistance for home help services to families of multiples. This support is not means-tested and significantly aids families with the domestic workload associated with raising multiples.

Sweden and Finland also have universal annual childcare benefits, offering larger amounts for families with multiples. In Sweden, the current support level for twins is 23,928.56 krona (£1,809 GBP), while in Finland, it stands at 1,739 Euro (£1,487 GBP).

In Denmark, parents are entitled to a child allowance (Børnetilskud) under special circumstances, including multiple births. The allowance's size varies based on individual situations. For instance, in 2022, single parents received 1,517 kroner (£112 GBP) per child each quarter, in addition to regular parental benefits.

Spain offers legal residents who fulfil tax obligations a government payment of 2,500 Euros (£2,137 GBP) for the birth or adoption of each newborn. This amount increases to 3,500 Euros (£2,993



**UK parents of multiples don't get the same one-time payment or additional support as families in other countries.**



GBP) for families with three or more children or single-parent households. Japan provides families with a one-time payment of ¥420,000 (approximately £2,809 GBP) per child. Some cities offer additional incentives, such as 100,000 yen for the first child and up to 1 million yen (about £7,381 GBP) for the fourth child. Lower Income Countries (LICs) also have programs to mitigate the economic impacts of birth. For example, in Turkey, parents receive a single payment for each child's birth, increasing with the birth order.

Australia's one-off payment for multiple births is \$595 per child (£307 GBP), subject to stringent eligibility criteria. Australia provides ongoing child payments to support families with the costs of raising children. For instance, access to the Newborn Upfront Payment and supplement is precluded if parents utilise Parental Leave Pay for the same child. This policy limits families to benefit from only one of these supports for each child. Additionally, with only triplets and higher order multiples receiving additional assistance.

In the UK and Scotland,<sup>3</sup> families with multiple births are eligible for the Sure Start Maternity Grant. This grant is available to low-income families claiming certain benefits, primarily for those expecting their first child. However, multiple births are considered a special case. Eligibility persists even for parents with existing children under 16, as long as these children aren't part of a multiple birth. For the first set of twins, the grant offers £500, and for the first set of triplets, it's £1,000.<sup>4</sup> Additionally, multiples are regarded as a unique situation in terms of Universal Credit in the UK. Parents eligible for Universal Credit can apply for extra financial support for twins. The usual cap on additional benefits for more than two children does not apply in the case of multiples. This exception allows parents who already have one child and then have twins or triplets to access Universal Credit.

The UK system is less generous and more restrictive than many OECD and LIC counterparts. The additional costs of raising multiples, such as increased costs

## 2

### Principal Recommendation

An expansion of the Sure Start Maternity Grant, increasing the grant amount aligned to the differential fiscal shock estimates outlined within this study, equating to £1,695.

of living, essential items (cots, bassinets) food, clothing and childcare expenses, are not adequately addressed by the current provisions. Furthermore, the absence of additional paid leave for multiple births in the UK, particularly given the likelihood of premature births, places significant financial and care pressures on parents.

While the Sure Start Maternity Grant and Universal Credit in the UK provide modest support for families with multiples, the UK system appears inadequate in comparison to the other advanced nations, highlighting a need for policy remedies and revisions to better support these families.

### The fiscal shocks of raising multiples versus singleton births in succession

The fiscal implications of raising multiples extend significantly beyond those associated with a singleton birth. Families encounter augmented expenses for essential infant items such as clothing, nappies and food, in addition to the costs related to modifying living arrangements to accommodate multiple infants.

Furthermore, the medical expenditures linked with the gestation and delivery of multiples, which are classified as high-risk pregnancies, are notably substantial. For parents of twins, triplets, or more, the financial requisites include the acquisition of multiple cots, car seats, buggies and a higher quantity of consumable goods. The childcare expenses escalate correspondingly, placing a pronounced

financial strain on family budgets, particularly for those unprepared for such escalated costs.

Moreover, the medical expenses inherent in multiple pregnancies demand attention. These pregnancies necessitate enhanced medical surveillance and often, more complex delivery procedures, such as caesarean sections. This can result in a loss of income, especially in scenarios necessitating prolonged bed rest. The concept of an 'economic shock' is particularly pertinent in the context of multiple births.

This term is generally applied to unforeseen financial burdens or events that disrupt an individual's or household's economic stability, such as unexpected unemployment, medical expenses or major home repairs. Economic shocks can precipitate a spectrum of adverse outcomes, including increased levels of stress, anxiety and depression, and a decline in physical and mental health. Research from the Urban Institute elucidates that such shocks frequently lead to material hardships, compromising the family's ability to afford basic necessities such as food, housing and healthcare, with potential long-term detrimental impacts on children's health and educational outcomes.

Families with multiples face these shocks more acutely, due to the additional financial demands of caring for multiple children simultaneously. Research indicates that parents of multiples experience greater financial distress compared to parents of singletons, often struggling to meet basic

<sup>3</sup> In Scotland, the Pregnancy and Baby Payment was increased in October 2023 to provide more substantial support for families with multiple births. For twins, parents receive £754.65 for the first twin and £377.35 for the second if they have no other children under 16, totalling £1,509.35. With other children under 16, each twin payment is £377.35, plus an additional twin payment of £377.35, summing up to £1,132.05. For triplets, the total payment is £1,886.70 without other children under 16, and £1,509.40 with other children. These adjustments reflect the increased financial needs of families with multiples.

<sup>4</sup> These payments have not been revised or adjusted to account for the cost-of-living crisis that has increased pressures on UK families.



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needs. This financial strain can contribute to increased parental stress and mental health issues, including depression and anxiety.

The long-term economic ramifications of multiple births are significant. Studies have shown that mothers of multiples often experience a reduction in income following the birth of their children, necessitating a decrease in work hours or a complete departure from the workforce. This reduction in income can lead to enduring economic consequences for families, including diminished savings and retirement benefits.

In light of these challenges, the necessity for governmental support for families with multiples becomes apparent. Such support is imperative to alleviate the adverse consequences of inadequate assistance and to ensure more favourable outcomes for these families. The critical practical differences pertain concurrent expenditures incurred within households with multiples in comparison with singleton household where singletons are born in succession two to three years apart. This type of family planning difference gives rise to markedly different parenting experiences and economic circumstances, other factors being equal.

Consider singletons born in succession, key items that have been purchased do not need to be repurchased as they are not currently used by the singleton children. Bassinets, cots, car seats, buggies and clothing may be reused between children. Other economic expenses may be deferred until the birth of a second child such as vehicle upgrades and additional childcare costs. Conversely within households with multiples, families incur more costs and additional common large costs sooner. Families are not able to reuse beds and bedding and must make many concurrent purchases, as well as incurring larger childcare fees, all being equal.

Per Capita examined the different costs incurred by singleton families and families with multiples to examine the economic shocks experienced by families with multiples and how they differ from singleton families. To do so we constructed theoretical market baskets of goods and services incurred by parents of multiples and singletons and examined the differences in both cost and timing. We identified that families with multiples experience several economic shocks over the first three years post the birth event that differ markedly from singleton parents.

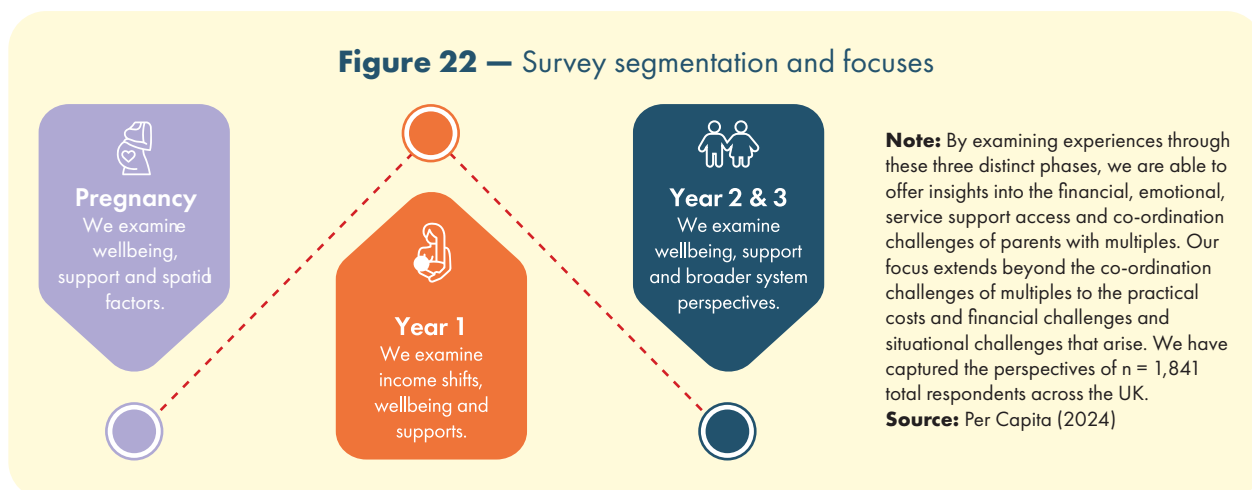
After the birth event, parents of multiples incur an additional £2,505 in expenditures that are not incurred or entirely avoided by parents of singletons. Families may also incur vehicle costs in excess of £15,000, to accommodate necessary travel with multiples, by way of a vehicle upgrade. While singleton families do often incur additional vehicle costs, as the family unit grows, the costs are not all incurred concurrently and are incurred while managing gainful employment more easily, due to the relative ages of their children.

This fiscal shock occurs at a time of economic challenge for many families who also face a significant decline in income, and or challenges in maintaining both caring responsibilities and gainful employment. We examine this income decline in the Twins State of the Nation Survey.

# Twins State of the Nation Survey

# 9

**Figure 22** — Survey segmentation and focuses



The Twins State of the Nation Survey (TSNS) is a survey of parents of multiples and their experiences. The survey is one of the most comprehensive surveys of twin and triplet parent experiences within the UK to examine the economic, social and psychological impacts of twin births on UK families.<sup>5</sup> We considered support experiences and shifts in economic circumstances through the pregnancy term and three years post pregnancy.

We examine these issues at a national level, as well as exploring spatial considerations at a country level and regional level offering comprehensive insights into the experiences of parents experiencing the birth of multiples not just within the largest cities but across the UK. We also conducted a number of cohort specific analyses offering unique insights into the perspectives of fathers and the perspectives of mothers of multiples from different decades.

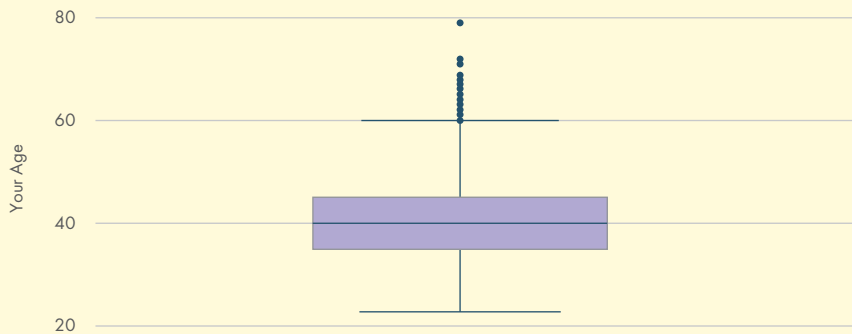
It is pertinent to consider some relevant estimates deriving from the analysis as they inform the ensuing discussion. The majority of the survey respondents were women, with the majority having had their multiples within the last 10 years. Consistent with the broader literature, the women surveyed needed to take their maternity leave earlier than singleton mothers on average, notably, commencing at 30.59 weeks, approximately 4-5.5 weeks earlier than singleton mothers.

The income distribution within the sample group was also largely consistent with the broad population.<sup>6</sup> Only a small number of fathers participated in the survey, but the data remains sufficient to engage in viable analysis of father's experiences at a UK level, but insufficient for country level and postcode area level analysis.

<sup>5</sup> The survey was conducted over a three-month interval, with surveys distributed to members of the Twins Trust community. The survey was constituted by a number of closed and open ended questions, likert type questions employed a five-point scale. Indices were constructed based on the prevailing support types. Surveys were vetted internally by the Per Capita research team and the Twins Trust policy team. A risk evaluation process was conducted to ensure the minimisation of risk and ensure that vetted questions were materially beneficial to the research objectives.

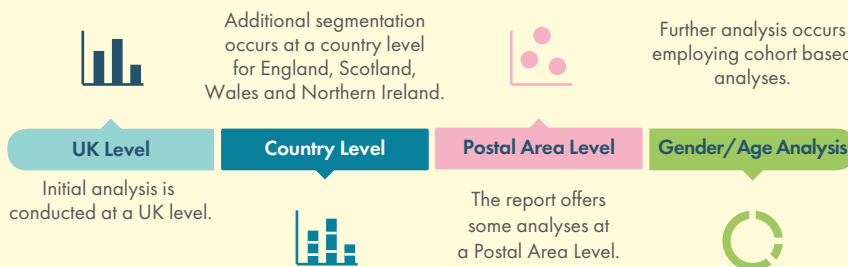
<sup>6</sup> This determination was made based on comparisons between the cohort and broader population.

**Figure 23 — Age distribution of survey respondents**



**Note:** This figure depicts the age respondents within the TSNS, the majority of respondents were between the ages of 20 and 60 notwithstanding a small number of older respondents. The respondents outside of the interquartile range were valid respondents, essentially longstanding members of the Twins Trust community, with adult twins, or multiples.

**Figure 24 — Structure and segmentation of the analysis**



**Source:** Per Capita (2024)  
**Note:** Gender, Age and Postal Area analysis is completed where plausible data enables it. This is the case for large postal areas and for some single dimension country level analysis.

### UK level comparisons of experiences and key findings

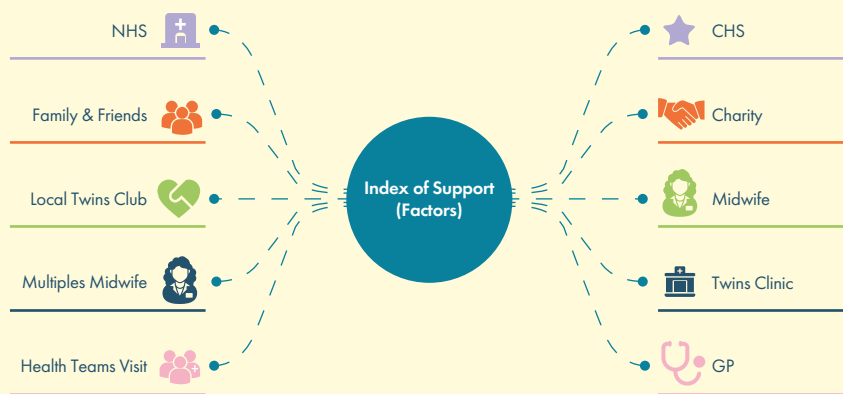
The dataset is most amenable to country level analysis and this initial discussion considers differences in support measures, economic shifts, subjective wellbeing and satisfaction at this level.

### Support measures and support index values

Per Capita examined the degree to which individuals felt supported by critical institutional systems during and after pregnancy. The report considers supportive institutions in isolation and as part of a constructed set of indices

that capture overall support sentiment/perception of parents in the PY, Y1 and Y2/Y3. The findings suggest that individuals feel largely supported on average but there is evidence of significant variability amongst respondents, and strong evidence of decline in perceived support through time.

**Figure 25 — Principal components of the index of support measure**



**Note:** The items in the figure represent the components in the index. Additional items are added in the Y1 and Y2 iterations, reflecting some changing needs, with the index values adjusted should users respond with a n/a, consequently the index measure perceptions of support individually and overall for services actually used.

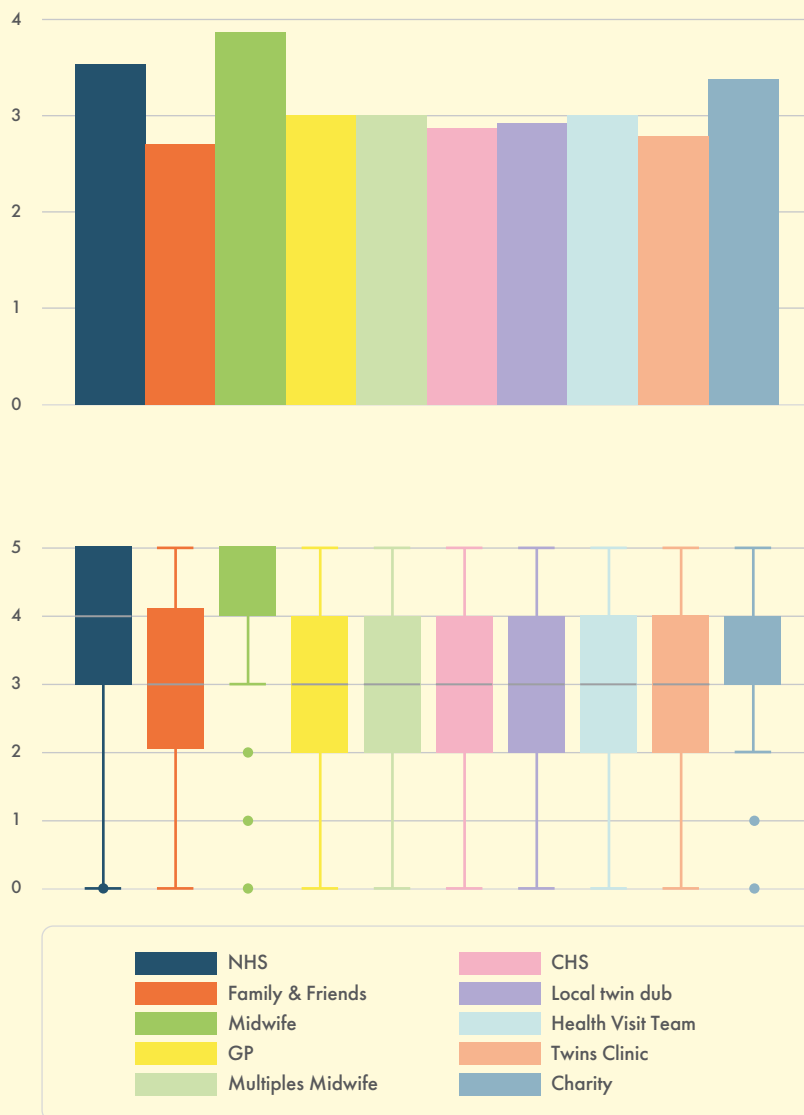
## Survey Analysis and Findings

The findings of the survey are highly instructive and evidence the unique challenges of families with twin births. Examining parental feelings pertaining to being supported is a worthwhile

starting point. During the pregnancy term, respondents evidenced moderate levels for declared support, except with regard to the NHS, familial support and charitable supports that evidenced averages in excess of 3 on the 5-point scale. There

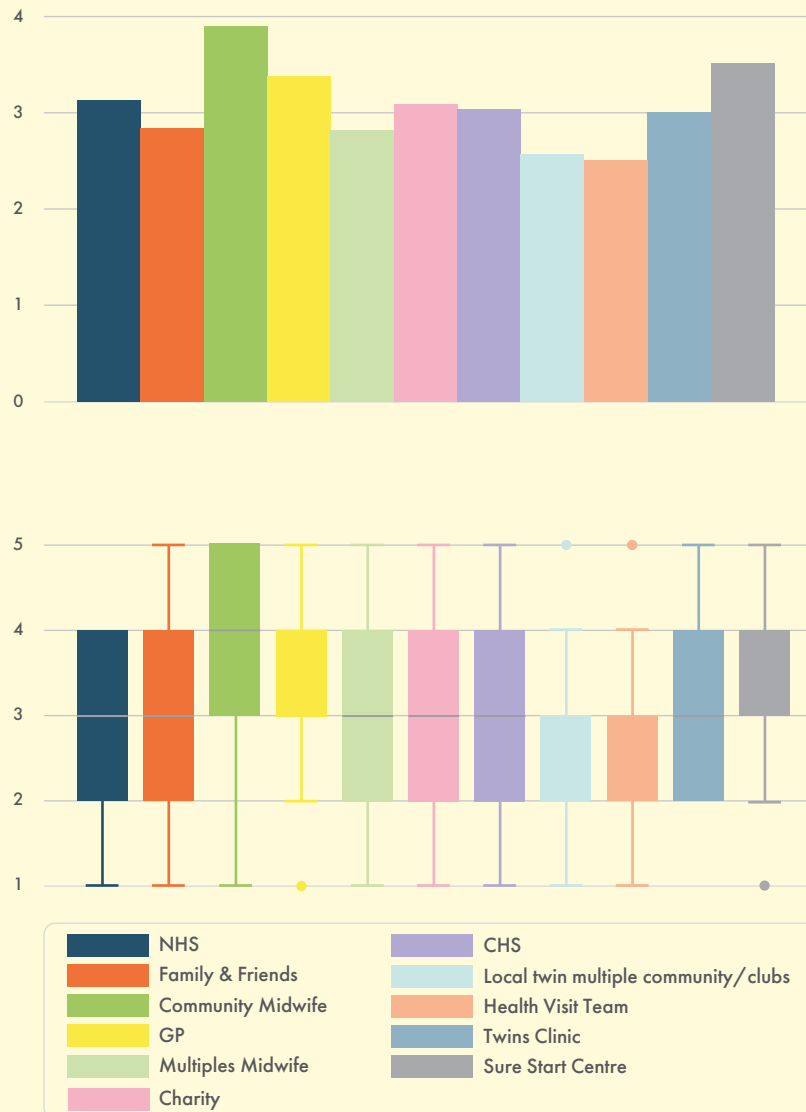
were material variations between declared support sentiment between the NHS and CHS with respondents declaring they felt less supported by CHS comparatively.

**Figure 26 — Average levels of support and box plots of support by group (pregnancy year)**



**Note:** The chart depicts the mean level of perceived support by service or provider entity, for disambiguation the charts include all material support services and groups and measures the extent to which individuals feel supported by the provider/entity. The index is a 5-point scale, where 1 denotes no support and 5 denotes feeling highly supported.

**Figure 27** — Average levels of support and box plots of support by group (year 1 – post birth)



**Note:** The chart depicts the mean level of perceived support by service or provider entity, for disambiguation the charts include all material support services and groups and measures the extent to which individuals feel supported by the provider/entity. The index is a 5-point scale, where 1 denotes no support and 5 denotes feeling highly supported. It is important to consider that Multiples Midwife and Twins Clinic support does not ordinarily continue into this interval, and this may impact the results.

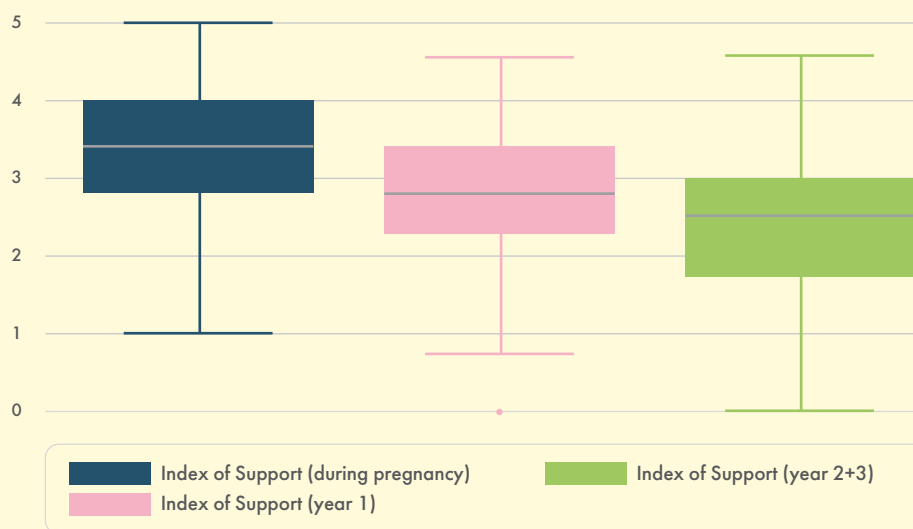
Familial support remained robust over the three measurement intervals, while other categories of support evidenced a degree of decline (see Figure 28). The findings suggest that individuals actually felt most supported during the term of pregnancy and progressively less supported thereafter. This is in part due to the addition of some new sources of institutional support that did not evidence indicators suggesting high levels of support or perceived support amongst respondent groups. In plain terms, individuals responding simply did not feel highly supported by these services.

Overall index measures of support (integrating all institutional supports essential in each year, from pregnancy to year 3) reflected these changes with the index values the highest during pregnancy and declining thereafter. The shift is statistically significant at the 0.01 level, suggesting that families are feeling relatively under-supported during the first year of child-rearing in comparison to the pregnancy interval.

## Wellbeing measures

When considering wellbeing it is notable first to consider the NHS estimates pertaining to dialogues between women and health practitioners, with the NHS indicators showing nearly 80% of women engaged in such dialogues with their relevant health practitioners. Nonetheless a significant number of women within the current study suggested that they experienced (diagnosed or undiagnosed) anxiety or altered mood.<sup>7</sup>

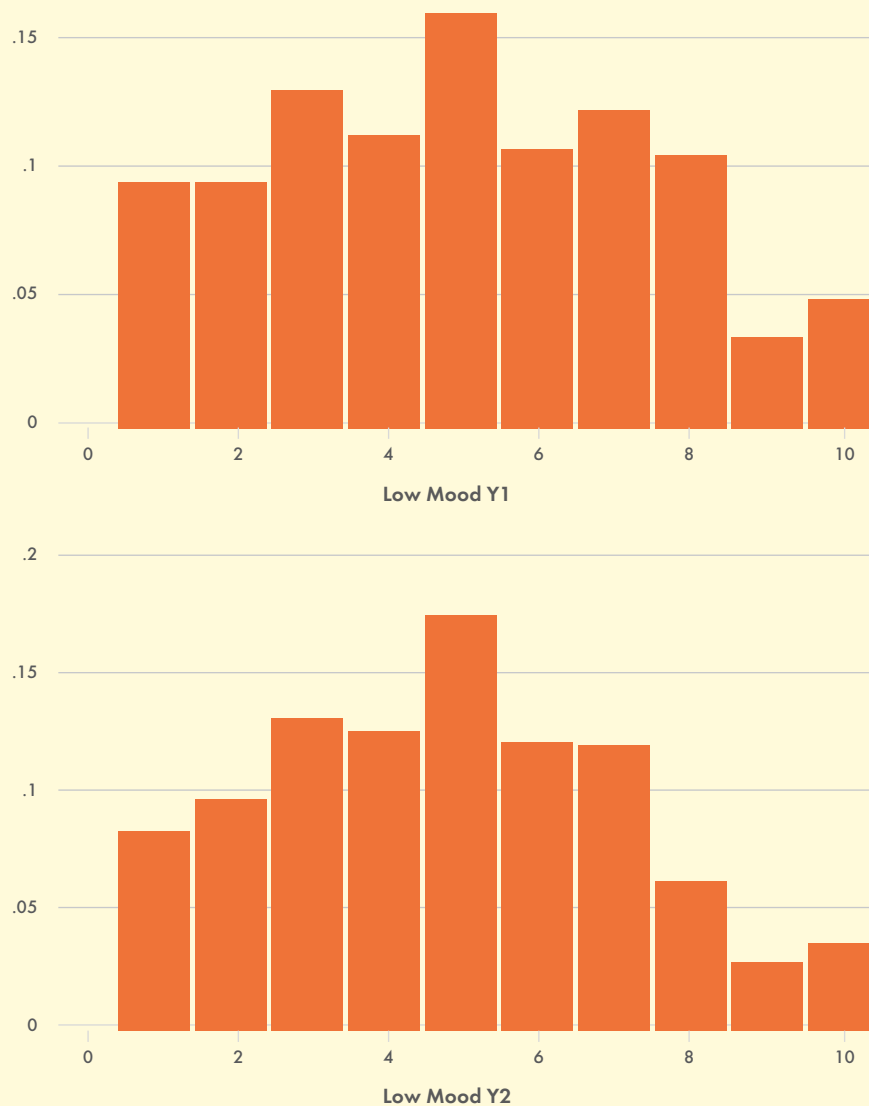
**Figure 28 — Index of support (PY, Y1 and Y2)**



**Note:** The chart depicts the mean level of the constructed index of support, for disambiguation the index included all material support services and groups and measures the extent to which individuals feel supported. The index is a 5-point scale, where 0 denotes no support and 5 denotes feeling highly supported.

<sup>7</sup> The respondents were asked to make self declarations, the study did not employ specific psychological scales, or seek responses from only those with a formal diagnosis.

**Figure 29** — Distribution of mood (Y1 and Y2)



**Note:** The chart depicts the distribution of responses to self-declared mood in year 1 and year 2 and 3 post pregnancy. Note the persistence of low mood/self-declared depression symptoms in Y2 at moderate levels (>7).

**Figure 30** — Distribution of anxiety (Y1 and Y2)



**Note:** The chart depicts the distribution of responses to self-declared anxiety in year 1 and year 2 and 3 post pregnancy. Note the persistence of anxiety in Y2 at high levels (>7).

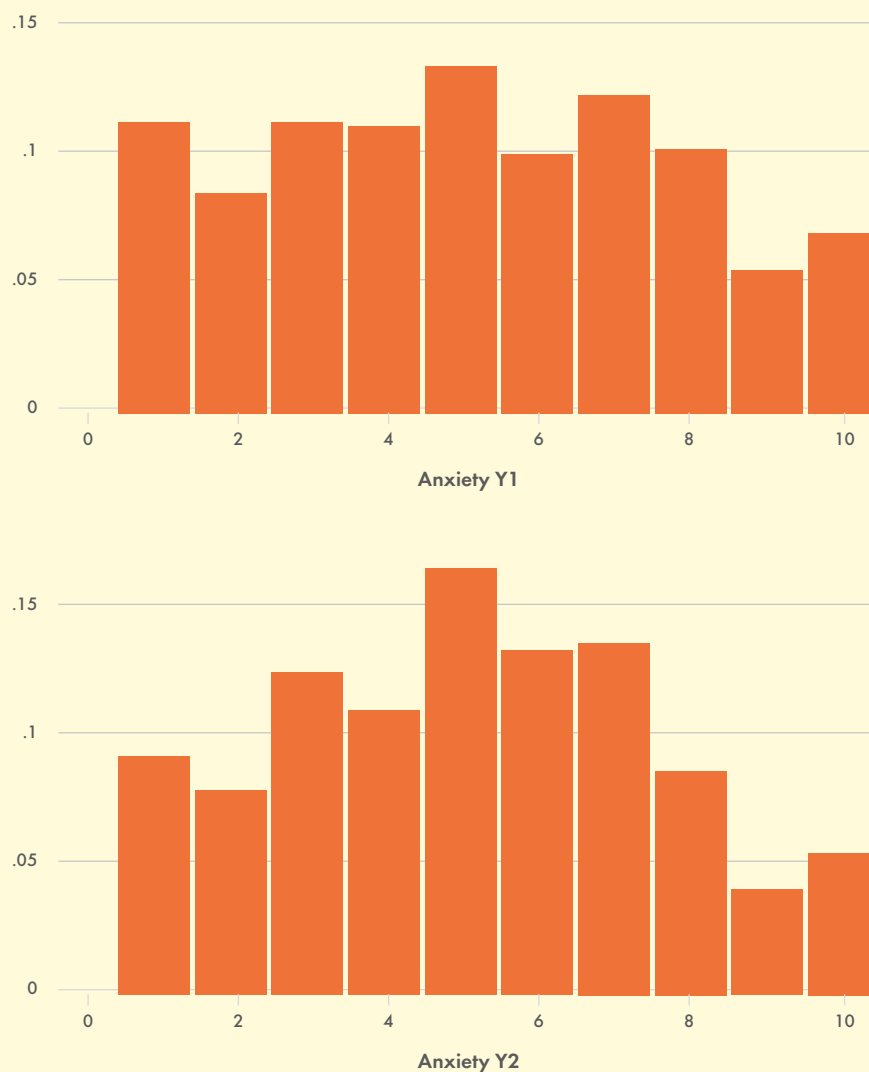


The current survey identified that a significant proportion of respondents evidence low mood through the post pregnancy term, notably while the averages are largely consistent, there are some distinct differences in the pattern of

low mood amongst respondents one year and two years after pregnancy. There are far fewer individuals experiencing extreme low mood (self-declared) two to three years after pregnancy. Nonetheless, the number of individuals experiencing

extremely low mood (>7 in the context of the survey scale), remains worryingly high. Patterns of anxiety are notable insofar as they remain largely the same during the first, second and third years post pregnancy.

**Figure 31** — Distribution of anxiety (Y1 and Y2)

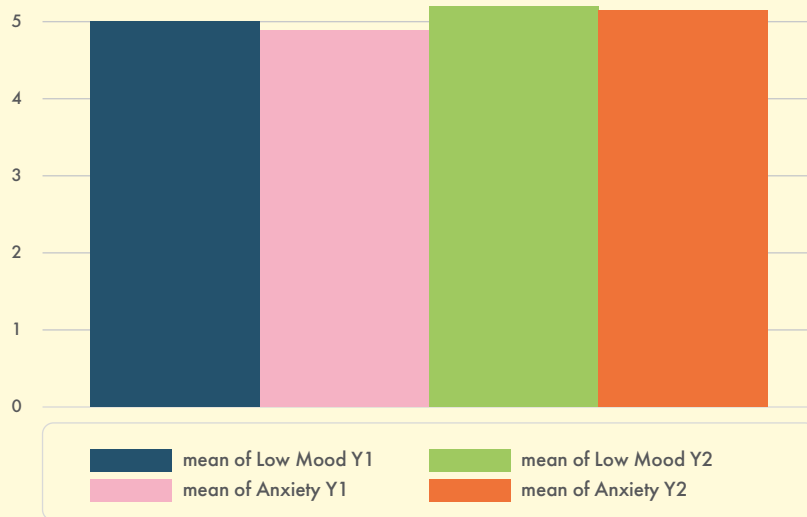


**Note:** The chart depicts the distribution of responses to self-declared anxiety in year 1 and year 2 and 3 post pregnancy. Note the persistence of anxiety in Y2 at high levels (>7).

The observations suggest that while some critical and valued dialogue is occurring between health practitioners and mothers as evidenced by the NHS survey data examined in the preliminary portion of

the report; high levels of anxiety and high levels of declared low mood endure amongst mothers with multiples into the second year post pregnancy.

**Figure 32 — Averages of mood and anxiety (Y1 and Y2)**



**Note:** The chart depicts the averages of responses to self-declared anxiety and depression/mood in year 1 and year 2 and 3 post pregnancy. Note the overall persistence of anxiety in Y2 at a comparable average to Y1.

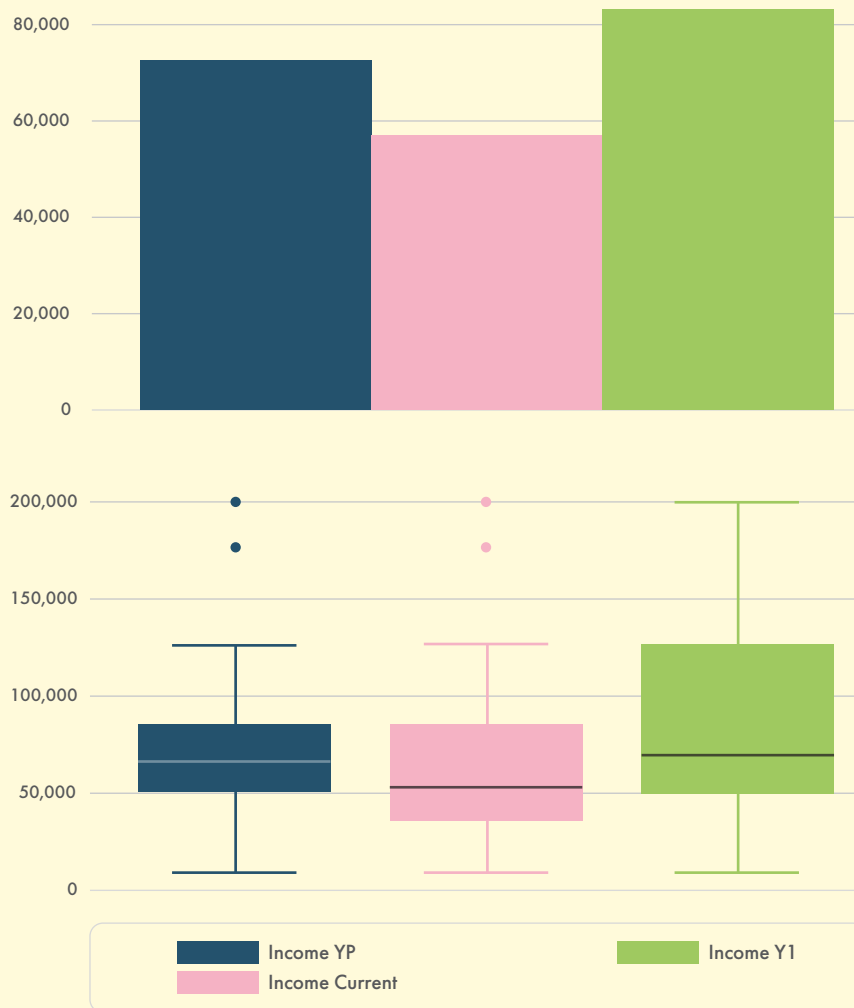
### Income effects, from pregnancy to current income status

We examined the impact of the birth of multiples on family incomes at the time

of pregnancy and thereafter, to examine plausible lost income consequential to child-caring and support duties. This analysis is critical in light of the very modest model of support currently in

place for new parents within the United Kingdom, and the modest programme of supports for parents with multiples.

**Figure 33** — Average household income, and box plot by term (pregnancy, Y1 and current)



**Note:** The chart depicts the mean level of household income (in pounds) in the year of pregnancy, the first-year post pregnancy and in the current year. Analysis suggest that the term to income recovery is in excess of three years. Box plots present the associated interquartile range. The average income decline is 15%, or approximately £12,000.

We identify a significant shift in income with a decline in income of 15% observed post pregnancy. This reduction in income is compounded by the additional non-discretionary expenditure incurred by families in accommodating the needs of multiples (equating to £2,505). This is notwithstanding the additional capital purchases (or upgrades/updates) that may be required to accommodate the

multiple birth event (vehicle or housing upgrades/alternations).

### Major declared post pregnancy challenges

We examine the major declared challenges of families employing a rank-based approach. The ranking items included within the framework were

identified and developed in consultation with the multiples' community and research advisory group and informed by the extant literature and Per Capita's earlier research (see D'Rosario, 2023). The rank framework suggests sleep deprivation, anxiety, work/parenting balance, feelings of isolation and financial stress as their primary sources of difficulty in the first three years of the post pregnancy term.

**Table 1** — Factors asserted as principal challenges post-pregnancy

Factors	Frequency	Percent	Cumulative
Anxiety or stress	177	13.2	13.2
Balancing Work and Parenting	178	13.27	26.47
Changes in Body Image	20	1.49	27.96
Feelings of Isolation	140	10.44	38.4
Financial Stress	114	8.5	46.91
Loss of Personal Time	47	3.5	50.41
Postpartum hormonal changes	43	3.21	53.62
Relationship Changes	91	6.79	60.4
Sleep Deprivation	531	39.6	100

**Note:** Principal factors recorded within a rank system where user designated primary significance to a factor.



# Perspectives from 10 parents with multiple births in different decades

The state of the nation survey examines a number of multiples' cohorts from different decades allowing for the examination of perspectives, challenges and sentiments from different decades and consequently offer some rudimentary commentary on changes over different decades.

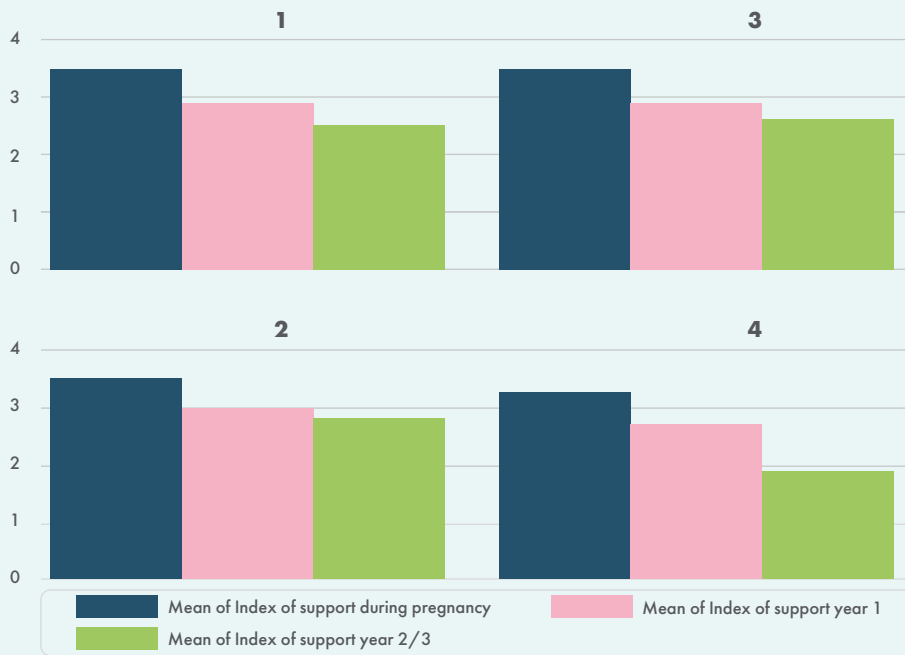
Families raising their multiples in the pre-2000 and 2000-2010 intervals evidenced far higher index of support levels during pregnancy than families raising multiples post 2020. This suggests that families in earlier generations with multiples felt more supported by key institutional systems than those raising children in the present day.<sup>8</sup>

A similar pattern is evident when examining patterns of support during year 1 post pregnancy and years 2 and 3. Families consistently feel less supported by institutional systems and social support frameworks now than they did in preceding decades. The pattern is particularly extreme when considering year 2 and year 3 support service index values.



<sup>8</sup> This unfortunate trend may be a consequence of the attenuation of the Sure Start programme. Introduced in 1998 by the UK government, the Sure Start programme was designed to provide children up to the age of four from disadvantaged backgrounds with a better start in life. It aimed to enhance the health, education, and emotional development of young children by offering integrated services such as early education, childcare, healthcare, family support, parental outreach, and employment guidance. The foundational principle of Sure Start was to consolidate services related to early education, childcare, health, and family support within local Sure Start Children's Centres. These centres served as community hubs, making multiple services accessible under one roof to families and children. However, the framework and funding of Sure Start saw considerable changes over the years, particularly post-2010, which included reductions in funding and the closure of many centres. This led to the transformation of these centres into what are now often called family hubs. While these hubs maintain some of the objectives of Sure Start, they vary widely in the services provided and the resources available.

**Figure 34 — Mean of index of support (pregnancy, Y1 and current) (by decade)**



**Note:** The chart depicts the mean level of the constructed index of support, for disambiguation the index included all material support services and groups and measures the extent to which individuals feel supported. The sub-charts are grouped by decades, 1 denotes pre-2000, 2 denotes 2000 to end 2010, 3 denotes start 2011 to 2020 and 4 denotes the start 2011 to 2024.

**Figure 35 — Average level of anxiety (Y1 and current) (by decade)**



**Note:** The chart depicts the mean level of anxiety. The sub-charts are grouped by decades, 1 denotes pre-2000, 2 denotes 2000 to end 2010, 3 denotes start 2011 to 2020 and 4 denotes the start 2011 to 2024.

A more favourable trend is the decline in observed access issues within the community with a reduction in the frequency of access issues parents with multiples have encountered in recent decades.

The critical observation evident through out the analysis of different decade of

birth cohorts is the broader dissatisfaction with institutional services and support services in recent decades. The significant differences within the most recent estimates may be impacted by the COVID pandemic and experiences during said interval. Even absent of the COVID interval, the decade specific variations are present.

### Country level comparisons, spatial factors and influences

Country level analyses offer some instructive insights into variations in measures of perceived support and wellbeing. In this segment we consider difference between subjective wellbeing, access and perceived levels of support.

**Figure 36 — Average level of anxiety (Y1 and current) (by decade)**



**Figure 37** — Average level of perceived support from the NHS



**Note:** The chart depicts the mean level of perceived support from the NHS. The sub-charts are grouped by country, while the dataset is large, the subsets for Scotland, Northern Ireland and Wales are substantially smaller (>n=100), and therefore while the estimates are robust, some degree of caution should be exercised in interpretation. Data availability for the Channel Islands and the Isle of Man was low, so we do not consider the associated estimators for those jurisdictions reliable.

**Figure 38** — Average level of 'perceived support' from the NHS (Y1 and current) (by decade)



**Note:** The average of the level of support that respondents felt they received from the NHS by year and region. The sub-charts are grouped by country, while the dataset is large, the subsets for Scotland, Northern Ireland and Wales are substantially smaller (>n=100), and therefore while the estimates are robust, some degree of caution should be exercised in interpretation. Data availability for the Channel Islands and the Isle of Man was low, so we do not consider the associated estimators for those jurisdictions reliable.



We identify some variations in perceived support and subjective wellbeing measures between countries in the UK. A caveat, the number of observations available for Scotland, Wales and Northern Ireland were lower than those for the England. So, we encourage caution in the interpretations of findings pertaining to those countries. Nonetheless the findings suggest that there may be some degree of geographic variation in declared satisfaction/support perception pertaining

to the NHS with regard to maternity and post maternity engagement.

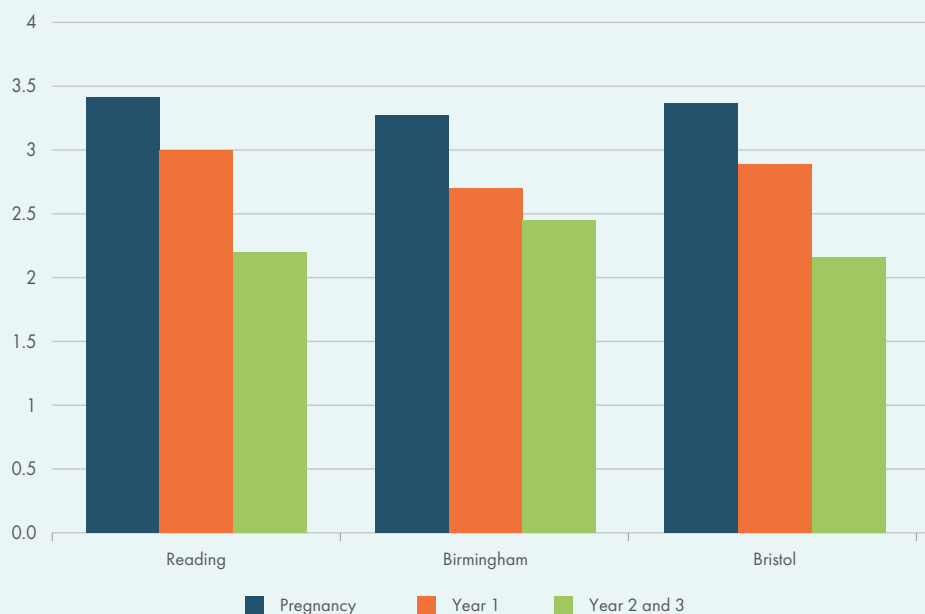
### Postal Area Level Analysis

Data limitations preclude the presentation of all Postal Area Level analysis, as the data is often low (n = <30) at a Postal Area Level. Given the cohort sizes we present data from several larger areas, where the data is sufficient for consideration. But as with country level

analysis we encourage caution in the interpretation of Postal Area aligned analyses. We note the immense benefit in a more expansive and regional survey to examine regional differences more fully.

The patterns of declared support follow a largely consistent pattern with families with multiples feeling increasingly under-supported after the birth event. The findings warrant further investigation of regional and group level variations.

**Figure 39** — Average level of 'perceived support' from all relevant services (Y1 and current) (by region)



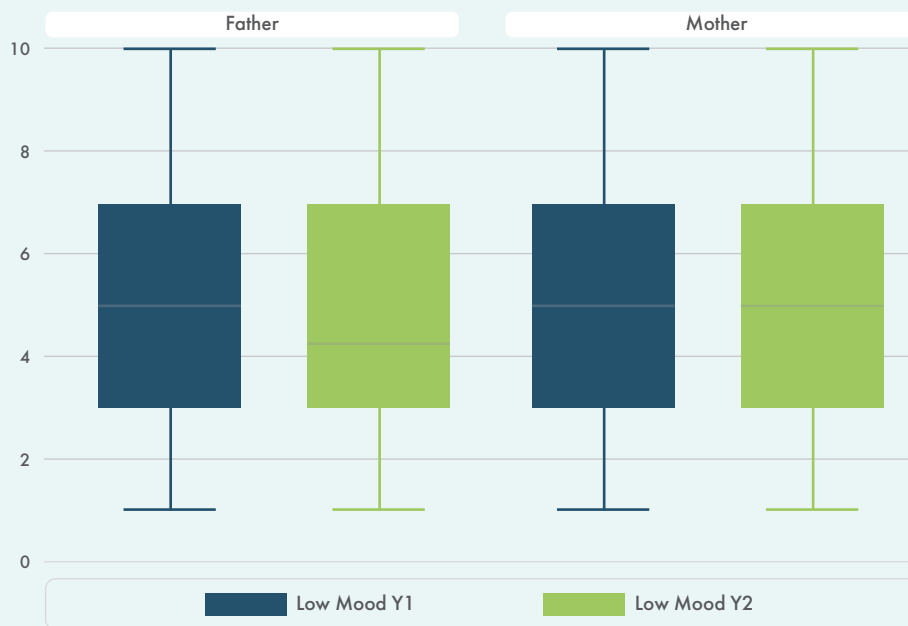
**Note:** The average of the level of support that respondents felt they received from all sources of support by year and postal area region.



## Gender specific perspectives and findings

The gender specific analysis offers some worthwhile insight into the experiences of mothers and fathers during pregnancy and thereafter. We examine mood, depression and anxiety within both cohorts.

**Figure 40** — Box plots of depression/low mood (Y1 and Y2/Y3) (by parent)



**Note:** The average of the level of declared depression or low mood by year and parental status.

## Mood/Depression and Anxiety measures

Considering first the estimates of low mood, what is notable is the shift in mood amongst fathers is greater than the shift amongst mothers; while mothers see a shift in their average declared mood that is unfavourable, the shift amongst fathers is greater (note the IQRs remain largely

consistent in each instance). This may be due to differential responses to child rearing duties, though given the participation of fathers in the survey (n=74) we encourage caution in the interpretation of this finding. The pattern of perceived support (declared support) amongst respondents was largely consistent regardless of gender, with a decline observed between the PY and Years 2 & 3.<sup>9</sup>

**Figure 41** — Average anxiety declared (Y1 and Y2/Y3) (by parent)



**Note:** The average of the level of declared depression or low mood by year and parental status. IQRs were largely consistent between cohorts and years.

<sup>9</sup> The mood trends among fathers, particularly in the data for the pregnancy year is notable. Although the sample size for fathers is relatively small, the data suggests a higher incidence of low mood among this group in the initial years, with a more pronounced decrease in years two to three. Further research into this pattern is warranted.

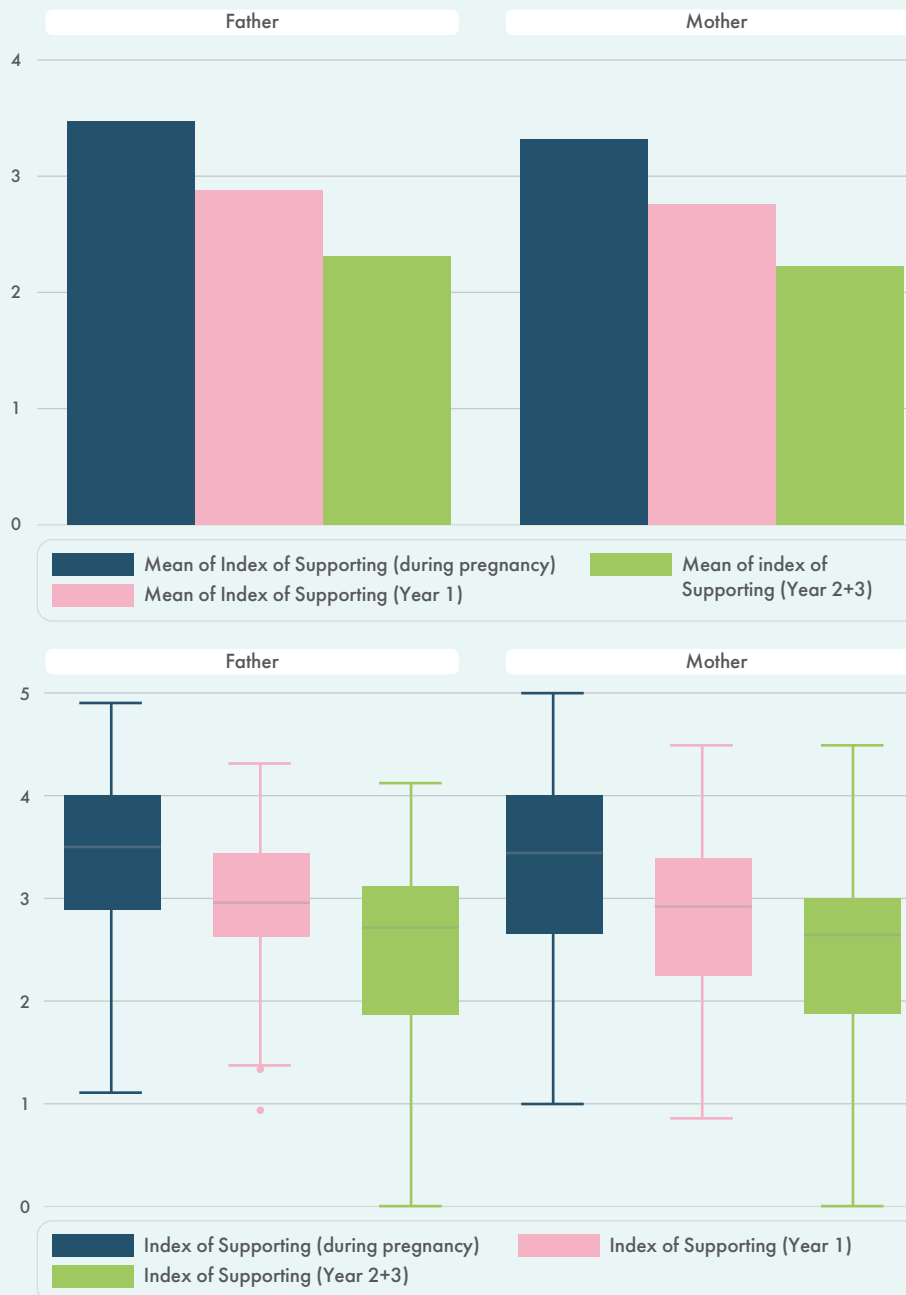
### Narrative analysis and general observations

Considering the survey results in totality, with analysis of open-ended long form questions pertaining to

principal challenges, provides a clear set of 'common refrains' amongst respondents. Respondents to the survey have overwhelmingly evidenced their challenges in balancing their gainful employment with caring duties and their

sense of isolation and significant declared anxiety and altered mood. Addressing these challenges will yield benefits to parental participation in the economy and wellbeing.

**Figure 42** — Box plots of perceived support (Y1 and Y2/Y3) (by parent)



**Note:** The chart depicts the mean level of the constructed index of support, for disambiguation the index included all material support services and groups and measures the extent to which individuals feel supported. The index is a 5-point scale, where 0 denotes no support and 5 denotes feeling highly supported.

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A scheme akin to those enacted within other advanced OECD economies (particularly those in place in Belgium and New Zealand) would be apt and address the major non-financial challenges noted by parents of multiples. As noted, in Belgium the government not only offers financial assistance but also provides eligibility for supplementary home care support, allowing families to hire part-

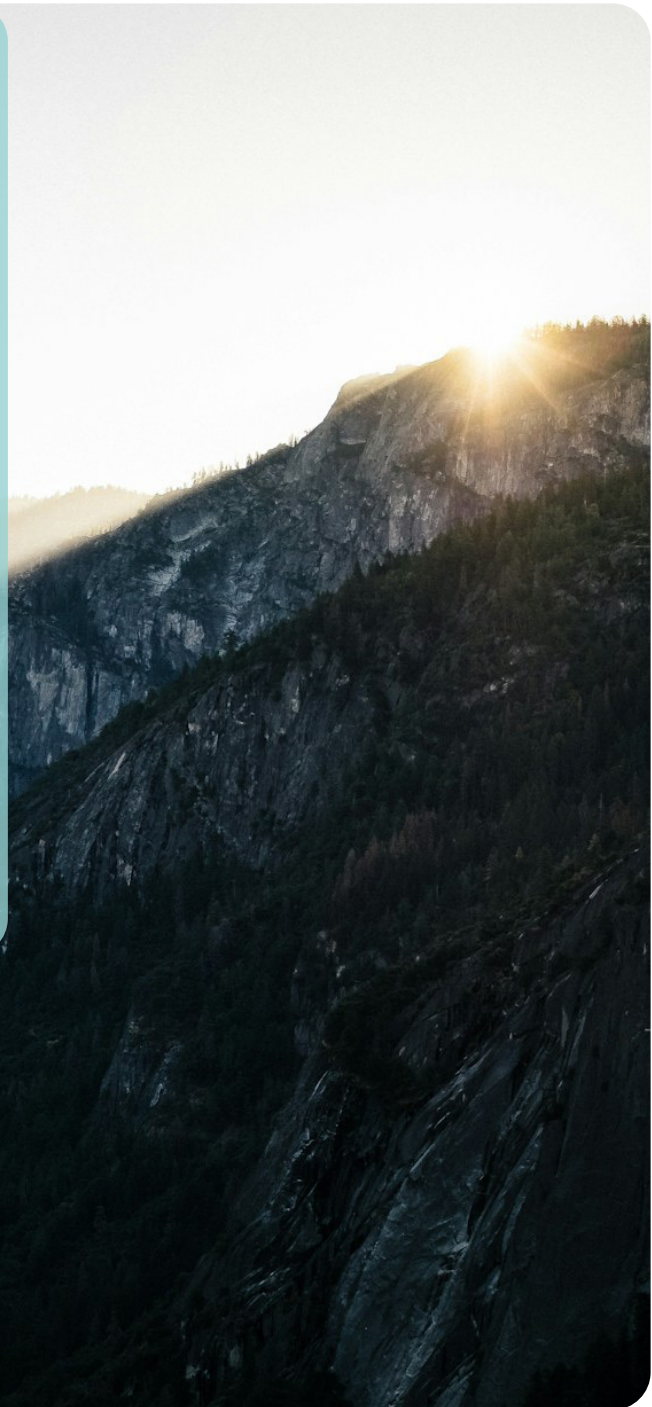
time carers. This holistic approach to support reflects an understanding of the unique challenges faced by families of multiples. In New Zealand, the Work and Income Multiple Birth Home Help Payments provide financial assistance for home help services to families of multiples. This support is not means-tested and significantly aids families with the domestic workload associated with raising multiples.

### **Primary Recommendation 3:**

Critical additional mental health supports are provided to families with multiples, acknowledging the significant additional challenges evidenced through the birthing process and in the early years of raising multiples.

### **Primary Recommendation 4:**

An allocation of hours of supported care be provided to every family with multiples given the time and coordination demands associated with raising multiples. Per Capita recommends a programme of supports consistent with other advanced OECD members with a scheme modelled on those enacted within New Zealand (care hours) or Belgium (financial aid for care hours). Decisions pertaining to means testing should be determined based on fiscal constraints, but Per Capita recommends non means tested supports.



## The Multiplicity Effect: Navigating Life's Concurrent Challenges

Considering these findings in aggregate is critical, noting that the challenges arising due to multiple births are not merely the sum of their parts; but that there are interaction effects between the observed challenges that exacerbate the individual challenges. Acknowledging this multiplier effect is important. There are undoubtedly vastly greater challenges associated with multiple births in comparison to singletons born in succession. Considering the findings of the study collectively paints a picture of these challenges, making clear that they are not isolated to any single category.

Twin prematurity may necessitate greater care and make maintaining gainful employment more challenging. Accessing supportive services post birth is often more

challenging for parents with multiples due to co-ordination challenges.

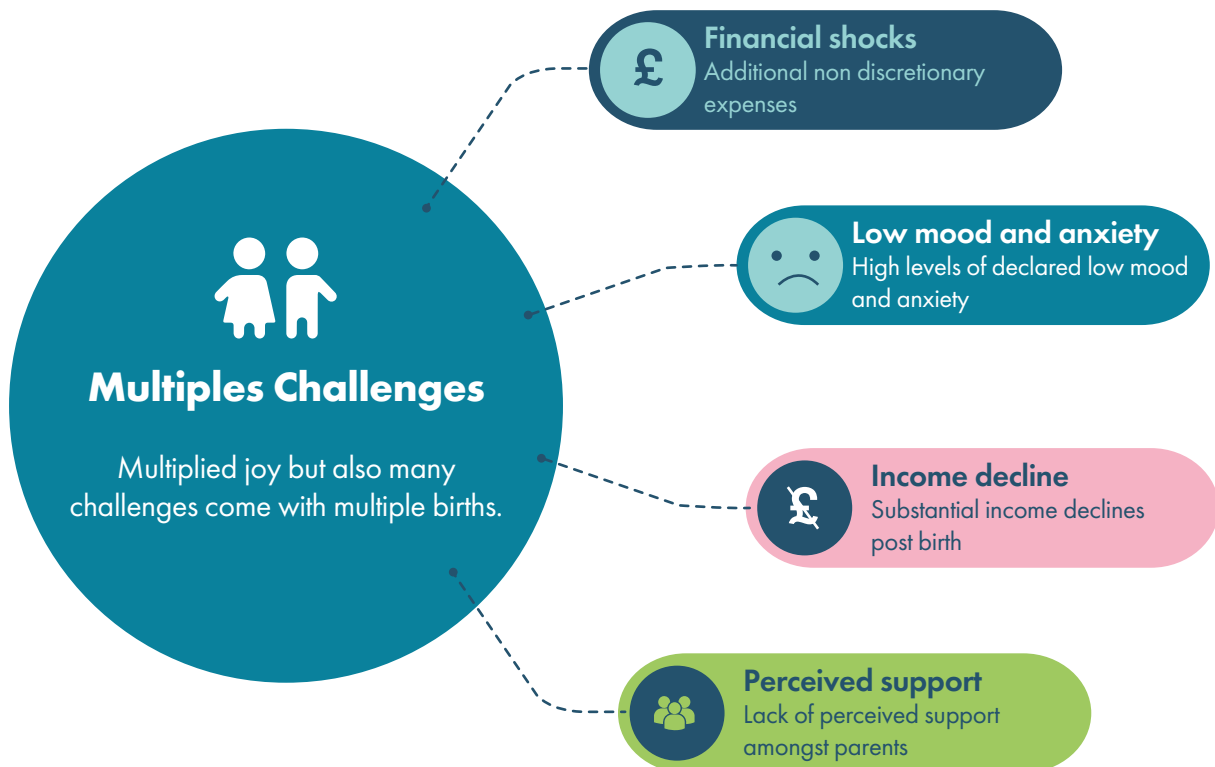
The financial challenges should not be understated, equating to thousands of pounds in additional non-discretionary expenditure. Parents frequently need to upgrade vehicles or purchase vehicles to accommodate their multiples and incur greater costs associated with care, food, clothing and other consumables. Bedding and other items that must be purchased twice, rather than being reused, as is the case with singletons born in succession. While parents of singletons may reuse previously purchased items, parents of multiples must make purchases concurrently.

Amongst the most concerning discoveries are the high rates of declared low mood and anxiety, enduring not just in the immediate term post birth but often three years thereafter.

Further noteworthy observations pertain to the fact that parents of multiples are feeling increasingly less supported by key agencies and support groups. Parents of multiples in the most recent decade feel less supported than parents with multiples in earlier decades.

These elevated levels of anxiety, co-ordination difficulties, relative income declines, additional fiscal shocks and perceptions of feeling unsupported make the parental experience more challenging than the experience of singleton parents.

These challenges evidenced strongly in the literature and within the current study, occurring in high frequency and concurrently within families with multiples; they should inform policy design. Genuine consideration from agencies and government departments supporting parents is needed.



# Life in Multiples: Supporting Parents to Thrive Amidst Overlapping Challenges

# 11

This study constituted one of the largest studies of twins and multiples' birth experiences. The thorough investigation into the lives of families with multiples in the United Kingdom has unearthed a complex web of systemic challenges. These include not only substantial financial pressures but also elevated healthcare demands and a broad spectrum of psychological stresses. The research evidences the fact that raising twins and triplets presents unique challenges that differ markedly from raising singletons in succession. The report advocates strongly for crucial policy reforms, emphasising the necessity of extending maternity leave, enhancing the Sure Start Maternity Grant, and, crucially, introducing more flexible and longer maternity and paternity leave options.

The study's global comparative analysis offers a comprehensive view of the diverse challenges and support structures across different countries. This international perspective is critical for fully understanding the unique experiences of families with multiples in the UK.

Furthermore, the study adopts a holistic approach, situating the immediate needs of these families within a larger socio-economic and healthcare framework. This broader perspective is essential for a complete understanding of the challenges these families face.

The report serves as a vital call to action for policymakers and industry stakeholders, underscoring the need for empathetic, and pragmatic policy responses that are specifically tailored to the realities faced by families with multiples. The aim is to cultivate a supportive and enabling environment that promotes the wellbeing and prosperity of these families.

With significant implications, the study lays the groundwork for future research and policy innovation. It calls for a re-evaluation of existing policies and the implementation of more inclusive, responsive strategies to meet the unique needs of this demographic.

It is proposed herein that consideration is given to the design of maternity and paternity policies with a view of meeting the OECD averages with regard to support as a minimum and starting point. The term of support for multiples must be extended to reflect the concurrent duties and expenses incurred. Similarly, the Sure Start Maternity Grant should be revised in line with the income reduction and fiscal shock associated with a multiple birth.

Additionally, NHS/ONS analysis should consider and reflect upon the different experiences of families with multiples. Also, given the existence of data enabling such analysis, public dissemination of twin and multiples' data items in isolation beyond the present frequency datasets would be compelling. These recommendations are summarised in the initial segment of this report in summary form; and within the aligned segments throughout the report. We welcome discussion and feedback from relevant government agencies and stakeholders.

# Conclusions

This report has examined the unique challenges associated with raising multiples in the UK. As noted, the UK ranks amongst the poorest supporters of twins and multiples of any nation within the OECD. Paternity benefits are modest when accounting for the median wage in the UK, and across all measure of family benefit pertaining to the birth event and paternal support, the UK ranks within the bottom 33% or bottom 25% of all OECD economies. Benefits levels are therefore well below OECD averages.

The Twins State of the Nation Survey has indicated that parents of twins and multiples feel increasingly under-supported by essential health and economic bodies, with a discernible downward trend in parental self-declared estimates of support. Simply put, parents are feeling less and less supported. The fiscal impact of the birth event is also significant given the additional fiscal shocks associated with the birth event, by way of further forgone income and additional concurrent expenses.

The present report has sought to establish a viable evidence base for essential conversations pertaining to these issues. The report is a foundational document in fostering a supportive and enabling environment for families with multiples in the UK. We encourage further discussion and debate into these issues and welcome relevant stakeholders to consider the findings of this report.



# Limitations

It is important to acknowledge certain limitations inherent in the data and scope of the research. The dataset primarily encompasses responses from England, with limited representation from other regions of the UK. This geographical limitation may constrain the extrapolation of findings to the broader UK population.

Additionally, the data predominantly originates from urban areas, with comparatively sparser data and inputs from regional or rural locations. This urban-centric data collection could potentially skew the results and may not accurately reflect the experiences of

individuals in less urbanised settings. This may understate the challenges and impact of multiples.

The participant pool includes a modest number of male respondents. While this sample size is adequate for statistical analysis, a more balanced gender representation could potentially reveal more detailed insights, particularly if there are underlying gender-specific dynamics.

Furthermore, the variables related to mood alterations, specifically low mood and anxiety are derived from self-reported measures rather than clinical assessments

or validated psychological scales. This reliance on self-reporting introduces a subjective element, which could affect the reliability of the data concerning mental health conditions. It is nonetheless interpretable as an evaluation of self-reported anxiety and low mood.

Despite these considerations, the analytical techniques and overall research design maintain a high standard, providing valuable insights within the acknowledged limitations. It is crucial for future research to address these limitations to enhance the comprehensiveness and applicability of the findings.



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# About Per Capita

**Per Capita is an independent public policy think tank. We work to build a new vision for Australia based on fairness, shared prosperity and social justice.**

Our office is located on the stolen lands of the Wurundjeri people of the Kulin Nations, which were never ceded. We strongly support the Uluru Statement from the Heart and the call for a First Nations Voice to Parliament.

Per Capita's research and policy prescriptions are rigorous, evidence-based and long-term in outlook. All our publications and activities are intended to deepen political, social and economic democracy, and we are focused on challenges for the next generations rather than the next election cycle.

## About the author

Michael is an experienced quantitative researcher, specialising in econometrics and machine learning methodology, in application to health studies, harm minimisation and the design of MERL functions within the NFP sector.

Michael served as Chief Economist at Per Capita, where he now serves as a Senior Research Fellow (Adjunct). Presently he is a Senior Research Fellow with CREATE (Central Queensland University) and in the Graduate School of Research supporting the delivery of the PhD coursework program.

Michael also serves as a principal econometric advisor, facilitator and policy advisor to CENTR, Oxford University, the Hygiene Poverty Project, Transparency International and the University of Adelaide.

He was a C.K. Prahalad Fellow at Loyola University, where he was also a Prime Minister's Scholar. He is a recipient of the Alfred Deakin Medal, the AntiPoverty Prize and the Teaching Exemplar Award. Prior to working as a researcher Michael worked as a consultant with PwC, KordaMentha, and with a number of First Nation's organisations.

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Our vision is a world where all twins, triplets or more — and their families — feel supported and empowered, whatever they may face. [twinstrust.org/state-of-the-nation](https://twinstrust.org/state-of-the-nation)

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