

# MULTIPLES AOTEAROA

The official magazine of Multiples New Zealand

Te Takitini o Aotearoa



Autumn • 2020

**multiplesnz**

Te Takitini o Aotearoa

- Triplets PLUS
- Our Volunteers



## Triplets Plus from around New Zealand



**Ziggy, Hudson & Stella - Mangawhai**



**Ollie, Hunter & Ethan - Auckland**



**Quinn, Molly, Indie & Hudson - Timaru**



**Lincoln, Reed & Cole & Arwyn - Canterbury**



**Athena, Brielle & Celynne, Auckland**



**Jayden Lucas & Daniel - Whangarei**



**Lewis, Cooper & Ruby-Kate - Lincoln**



**Alfie, Billie & Aria - Wanaka**



# Multiples NZ

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## Membership

\$70 Associate Member  
\$50 Full Member  
\$30 Online Member

## Advertising

For advertising rates, contact Multiples NZ Marketing and Promotion Officer, at marketing@multiples.org.nz

## Magazine contributions

Multiple Matters is published quarterly by Multiples New Zealand, and we welcome submissions of articles and photos. These can be sent to magazine@multiples.org.nz

## Submission deadlines

Winter edition: 31 May 2020  
Feature topic: Rural Multiples

## Disclaimer

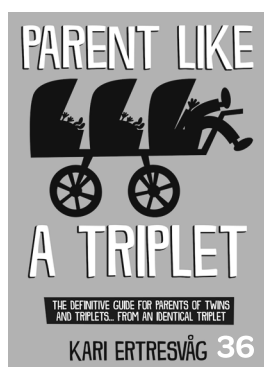
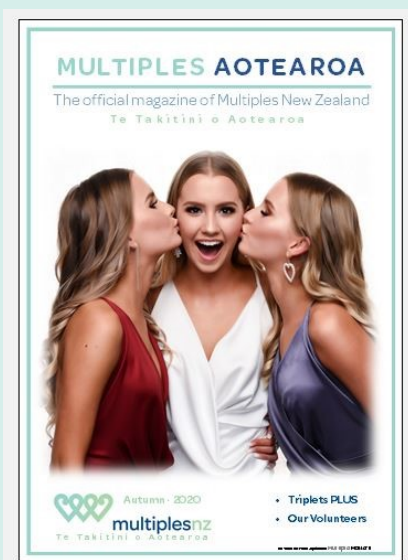
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## Printing

Our magazine is generously sponsored by Prestige Print  
72 Abel Smith St, Te Aro, Wellington  
(04) 802 5471 www.prestigepprint.co.nz  
ISSN 1179-8211

## Cover photo

**Triplets Plus:** Hannah, Aimee and Jade at their school ball in Auckland.



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# DNA Diagnostics



# Multiples NZ

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## Editorial

# Adventuring into Autumn

Kirsty Saxon (Multiples NZ Executive & Multiples Canterbury), Mummy to Xavier and Lilian (6), and Ruby (9).

**He maurea kai whiria!** - Ignore small matters and direct effort toward important projects.

This whakatauki encourages us to keep things in perspective, to not get bogged down by the small things, the little details, but instead to maintain our focus on the vision, on what is important. As parents, and also as volunteers, it is so easy to allow the little niggles to get to you. I for one often get waylaid with the troubles, but I am making an effort to try and put my energy into important issues and journeys.

This issue, the Multiples NZ Executive, and myself are thrilled to debut our new magazine name to take us into the next decade. We believe the name 'Multiples Aotearoa' reflects the diversity of our families. This year we are beginning to offer the magazine freely available on our website without a login. The kaupapa around this decision is to better meet the values of MNZ, and to ensure that all of our whānau have access to the magazine and the valuable information that it contains.

For our family, summer has passed and we are heading into our first winter in Methven. We spent a wonderful summer holiday up in Picton with our grandparents. Now we are back into the rigour of school and sport! Our twinnies are now heading into their second year at primary school, and for the first time ever are doing separate activities. Lilian is now a Pippin and Xavier is now a Kea. It is so exciting seeing them thrive out on their own!

This issue is dedicated to our amazing Triplets Plus whānau. On average only three sets of triplets are born every year in New Zealand, which for most people makes having triplets plus an unexpected and unique journey. We welcomed our first set of quads in 2018, the first set for over 20 years. Kendall shares her unique story this issue on page eight. We are lucky to have Stacey Morunga who has been the liaison for Triplets Plus for almost ten years, and helps support these families in our multiples community.

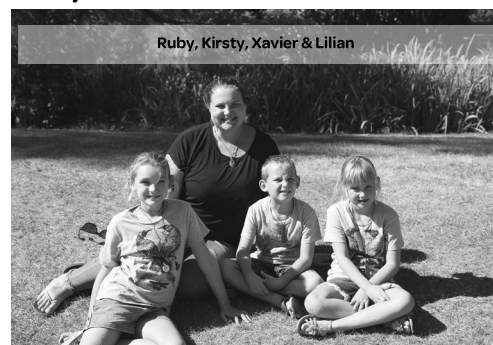
During February we celebrated Multiples Awareness Week. The theme was 'Share the Journey—Stronger Together'. Since

it's inception in 1982 Multiples NZ has represented over 18,000 multiple birth families. Multiples NZ was set up by a dedicated group of parents with twins or triplets who wanted to get to know other parents of multiples. Since that time, Multiples NZ has grown to a network of over 14 affiliated clubs across New Zealand. Still run by volunteers these clubs, and Multiples NZ provide support, information and advice to over 1500 families annually. Our strength is in our unity and our support for each other. I hope you had the chance to get out with your tamariki during the week for a club or family event.

This year we are celebrating the 40th Anniversary of our organisation, which is a huge milestone and achievement for our little country at the bottom of the world. We will be meeting in Christchurch the 18th and 19th of October, at the Sudima—Christchurch Airport. We are incredibly grateful to Multiples Canterbury for their invaluable help in organising this upcoming event. National Training Forum is a great opportunity to meet and work with other clubs from around the country. Check out some of our volunteers on page 24.

As usual, we welcome submissions on any topic related to multiples or anything relevant to our families. Send me an email if you have an idea for a story you would like to write or co-write with a friend. We are also keen to get your pregnancy and birth stories, as I know we love reading about everyone's individual experiences. Next issue's theme is 'Rural & Isolated Multiples' so if you have any thing to contribute, please get in touch!

## Ka kite koe i Otautahi! See you in Christchurch!





# President's Report Autumn 2020

Heather Ben (Multiples NZ Executive & Multiples Counties-Manukau) shares her autumn update.

## Awareness Week

As I write this Multiples Awareness week is coming to a close. Our theme, Sharing the Journey - Stronger Together is, I'm sure, something we can all relate to, whether it be your family, friends, fellow multiples parents, Facebook groups, playgroups, etc. I look at how our "village" has changed since we joined the multiples community, and am so grateful for the friendships forged and support provided. This year we were able to get Multiples Auckland North President, Kim Metahysa, onto the Breakfast show. Kim did a marvellous job representing our families, our organisation and sharing the joys and challenges involved in raising multiples.

Several years ago, a Multiples mum, wrote a great post on the reason why we have an Awareness Week which we often reshare as it was very articulate! Read on below:

"It's Multiples Awareness Week. Why might it be important to raise awareness? It seems a bit weird, I

know. I think it's important because the difficulties faced by families with multiples are often unknown and greater awareness of these difficulties might mean that families might get more support. Multiple births have higher rates of complications, birth defects, prematurity and difficulties with feeding. There are often greater financial burdens. The ability for parents of multiples to get more than a few hours sleep is greatly reduced with each additional baby and can lead to mental breaks. The logistics of feeding, clothing, and bathing multiples are tricky and can mean that the babies experience less one on one time cuddling and being spoken to by their parents. As a result, there are higher rates of parental guilt and despair and post-partum depression for both mothers and fathers. Additionally, the rates of divorce are much higher. Support, especially in the first six months, is vital to the health of every family member."

This statement was so relevant to our theme this year: Share the Journey—Stronger Together.

## New treasurer

The Executive is very happy to welcome Sally Coombe (Multiples Taranaki), as the new Treasurer for Multiples NZ. Sally is a Chartered Accountant, a twin herself, and has young twin boys.



## New website

Multiples NZ has this year launched our new look website. We have worked hard to deliver a more user friendly, easy to navigate place, where we can keep information relevant to our families. If you haven't had a look recently please do take the time to - [www.multiples.org.nz](http://www.multiples.org.nz).





## President's Autumn Report (continued)

### Multiples NZ Feeding Resource

We are very excited to have the Multiples NZ Feeding Resource at our printers, it has taken many years for this resource to be put together and we are confident it will be extremely useful to our families. They will be available from your local clubs, or in the shop on our website.



This year we are now busy working on updating the premature multiples resource.

### WINZ Home Help Payments - Multiple Birth Criteria

Through the hard work and determination of previous Multiples NZ volunteers, the government acknowledged the additional stress that multiples can place on a family that already has young children. As a result, the WINZ Home Help Payment has a multiple-birth specific criteria. WINZ Home Help payments are

available to help families of multiples with the cost of home help to complete household tasks normally performed in the home, such as cleaning, cooking and doing the laundry. The payment is not asset-tested under the multiple-birth criteria. New Zealand citizens or permanent residents are eligible if they have given birth to twins or adopted twins and have another child under the age of five years old, or have given birth to or have adopted triplets, or higher order multiples.

Parents of twins can get 240 hours, to be used within 12 months. Those who have given birth to triplets or more are entitled to 1560 hours, to be used within 24 months. Home help is granted from the date that the babies are born if they are born at home, or from the date that they are discharged from the hospital.

You may use your allotted hours in any way that suits your family needs, such as short term full-time help, or longer term part-time help. However, there is no further entitlement once the hours are used up or once the maximum period has ended. It is strongly recommended that parents begin the application process before their multiples are born, and have a home helper in mind—suggestions from multiple birth clubs include employing senior high school or university students, or advertising on a local supermarket notice board, or to use a home-based childcare company or nanny organisation. Most multiples clubs will be able to provide the application forms, and help you complete them, there is an info sheet and the application forms are also on our website or you can contact Work and Income.

There is more information about gov-

ernment assistance on our website at:

<https://multiples.org.nz/government-assistance/>

### Volunteer of the Month

We have launched a new Volunteer of the Month nomination and award process.

Volunteers are the backbone of our Clubs and our community. We would like to acknowledge the hard work of our volunteers through our Volunteer of the Month Award. The Volunteer of the Month award is for volunteers who have provided exceptional service for the betterment of families with multiples within their local area or nationally. The winners of this monthly award will go into the running for the Multiples NZ Volunteer of the Year Award, which will be announced at the Multiples NZ Volunteer Awards.



**You can make a nomination on the Multiples NZ website here:**

<https://bit.ly/2TCb9c2>

### National Training Forum 2020

This year we head to Christchurch on the 18th and 19th of October, and it will be held at the Sudima, Christchurch airport. The Exec are currently preparing the programme and budget for this event. Information will be with you shortly



## President's Autumn Report (continued)

in order for clubs to apply for COGS and other grants to attend.

We are really excited about working with Multiples Canterbury to also celebrate the 40th anniversary of Multiples NZ.



### In review

I recently have looked back on some of the reports from previous presidents. I feel that Ainslee summed things up nicely when she wrote: "Multiples NZ exists to ensure that families with multiples, and families expecting multiples feel empowered to stand up for what they need, because they know what they need. We are here to support our families to feel 'normal', to feel confident that there is someone in their corner, and that someone knows what they're going through."

You can contact me via email at: [president@multiples.org.nz](mailto:president@multiples.org.nz).



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Te Takitini o Aotearoa

**Heather** is mum to six year old twins—Cameron and Kaitlyn, as well as ten year old daughter Amelia. The family live in Karaka, Auckland; along with dad Kora.





## Quad mum plus one

Kendall MacDonald (Multiples Canterbury & Triplets Plus) shares the birth story of her quads born in August 2018.

*After welcoming our son in January 2015 I was very quick to say I was never going to do that again. It was traumatic to say the least and we were let down by the person we trusted the most.*

On the eve of my induction with our son, at 41+5 days, I finally went into labour. I went from zero to a hundred in a couple of hours, screaming in agony with contractions every minute. Our midwife was adamant I shouldn't go to the hospital until I was 5cm dilated but I remained at only 1cm for hours. Against her advice we went to the hospital. Soon after, we welcomed our son Brooklyn via emergency

caesarean section after his heart rate slowed and we were told to expect the worst. The combination of an overdue, big baby in breech position should have been a clear indication for a much earlier induction or elective caesarean section, but our midwife just believed everything would work out when the time came. Everything did eventually work out and Brooklyn was born healthy, but I hate to think what could have happened if we'd stayed at home as she had insisted.

One week later I became very ill very fast. We asked our midwife to visit as we'd been told she was our first point of call if Brooklyn or I had any problems. Instead of visiting, over the phone she prescribed antibiotics for mastitis. Late that afternoon my husband, Josh, asked her again a couple of times

to visit as my temperature had reached 41 degrees and I was delirious. She immediately sent me to the hospital where they found my organs had started to shut down and I wasn't expected to make it through the night: I had toxic shock syndrome caused by placental tissue left behind after my caesarean section.

Weeks later, after recovering from a long stay with the intensive care unit, despite everything that had happened and swearing I would never do it again, I wanted to start trying for more children. I know it sounds crazy, but I loved being Brooklyn's mum so much I wanted to do it all again.

Three years and one miscarriage later and still with no second baby, I was in a very dark place. My whole life revolved around that one purpose of having another baby – it defined everything I did. Thankfully, I finally had a positive pregnancy test using Clomiphene medication to help my body ovulate as it wasn't ovulating naturally.

*Imagine my surprise when, during our third scan, my husband and I found out we were expecting quadruplets!*

For a quadruplet pregnancy, which tend to be high risk, I had no problems except for during the final weeks when I was so big and uncomfortable it was physically and mentally challenging. We were living in Timaru but all our care was two hours away in Christchurch under Christchurch Hospital's fetal medicine team. We were told from the very beginning that if this pregnancy kept, at 25 weeks I would need to move up to the Christ-







church Ronald McDonald House, right next to the hospital in anticipation of the quadruplets arrival. The hospital was very organised and had everything planned out, from theatres to staff and paperwork, whether I went into spontaneous labour or got to 32 weeks and had an elective caesarean section and that's if I didn't encounter any problems with the pregnancy along the way requiring an emergency caesarean section.

I got to 28+3 days and I thought I still had weeks left in me. However, that night as I settled down for bed I could not get comfortable. Brooklyn and Josh were asleep already and I was tossing and turning. I sat up in bed and I looked at my stomach and I could see the outline of four babies. It was surreal to look at. Turns out my stomach was contracting and every-time it did I could see where each baby sat in my stomach. When I really paid attention I realised this was happening every minute and lasting for 30 seconds. I knew I was contracting but I was in denial. I was in absolutely no pain so I thought it was a false alarm and I

sat on it for another hour. Eventually I woke Josh. He thought I was crazy for not waking him earlier and made me call the midwife. I rang her, playing it all down, and she told me to go to the hospital just to check. I got to the hospital expecting to be tucked back up in bed within an hour, but they soon established that I was in full blown labour and these quadruplets would be here very soon.

At that moment I broke down crying and shaking. My whole pregnancy we'd been prepped for the possibility this may not work out. We never knew what the outcome would be and we didn't know whether we would leave with even one baby, let alone the quadruplet set. Our whole lives were to be defined in the next wee while and the emotions were crazy. Would there be grief or joy or a mix? I had to let go and trust everyone around me.

It was two in the morning when they called in all the staff necessary for the birth. Each baby had a NICU (Neonatal Intensive Care Unit) consultant, a doctor and two nurses, while I had my two mid-

wives plus a hospital midwife, the c-section team and the anaesthesiologists. As there were 40+ people involved, two babies would stay in one theatre room with me and two would be taken to the theatre room next door, with Josh going between each room. Once they made the call it was all go I thought I still had at least an hour or two, but everyone arrived within twenty minutes barely giving me time to catch my breath.

I was worried it was all happening too quickly. We didn't have time to stop and think, it was just so chaotic and such a blur. I thought I had weeks left and we hadn't chosen girls names yet. I wasn't ready, but before I knew it I was in the theatre getting a spinal block. Unlike Brooklyn's breezy spinal this was the complete opposite. It took five attempts and I was screaming in pain. It took longer to get the spinal in than it did for all the staff to arrive at the hospital. Josh was left in the hallway listening to me scream – he thought I was having the babies. Once the spinal finally went in and they laid me down I crashed. My blood pressure dropped too

## Quad mum plus one (continued)

Kendall MacDonald (Multiples Canterbury & Triplets Plus) shares the birth story of her quads born in August 2018.

low and I was drifting in and out of consciousness. On top of that I began to vomit, which was not ideal while numb from the shoulders down with my stomach muscles cut open.

All I really remember was a nurse yelling 'she's dropping, she's dropping too low, someone needs to fix it.' I was scared and honestly felt I was dying. Josh was finally let into the room but I just couldn't talk. Once I stabilised I still wasn't great but I was just trying to focus on staying awake. At 2.29am we welcomed quad A. The doctor said there was a baby but I couldn't hear any crying. I thought she was gone but they reassured me she was alive and her lungs were just too small to belt out a good cry for me to hear. One by one quad B, quad C and quad D were born in a whirlwind of four minutes. I just kept asking are they ok, are they ok?

The team tried to keep me calm and talk me through everything that was going on. They said they were going to put them in a plastic bag each but I couldn't imagine why they would put them in a supermarket bag because, barely conscious, that's all I could imagine. To my relief they told me they were actually hospital grade plastic bags designed to keep prem babies warm.

I was still very ill and trying to take on all the updates I was receiving. They told me quad D, the last born, was the biggest while quad A was doing the best. Quad B was the smallest and quad C was needing the most help. It was very hard. I was trying to be in the moment and look over at babies A and C beside me but there were too many people. I barely caught a glimpse of quad C, our son. I was still vomiting and starting to feel the affects of

all the anaesthesia and blood clot medications and I started to uncontrollably shiver. As quads A, B and D stabilised enough for the shift they were taken up to NICU. Once I was finished with the caesarean section I was taken to recovery, leaving our son still being worked on in theatre.

For the next few hours I lay in recovery. I was still struggling with the effects of all the medications and the first hour I was trying to overcome shock and could barely speak. I tried to sleep in the hope when I woke up I would feel better and also to pass the time before I could go to meet my babies. I would fall asleep for only a moment before waking up again. I was running on pure adrenaline as I didn't sleep a wink the night before. We were slowly filtered information about the babies but it was hard to understand. This baby was intubated while that baby was on CPAP (Continuous Positive Airway Pressure), is a type of respiratory support, or mechanical ventilation, used for premature babies). Another baby was on BIPAP (Bilevel Positive Airway Pressure) and another was on a certain level of oxygen. We had no idea what they were talking about and no idea how our babies were actually doing. Would they be ok? Would they survive? I just wanted to be with them.

It took longer than normal for me to recover well enough to be taken up to NICU. In hindsight, I wish I had waited longer because looking back I don't remember anything of being wheeled up there in my bed to see them. By then it was 6am. The babies were spread throughout room one of NICU and there were people everywhere still working on them all. I could barely see the babies as they were all in incubators and I couldn't move enough to have a good look. The babies

were all covered in tubes, masks, headgear, wires and monitors with alarms constantly ringing out. It was hard, but this was just the beginning of our NICU journey.

I went up to my room on the ward in the hope of getting some sleep. I was so tired and needed rest because of the c-section but hours past and I couldn't sleep, even for a minute, while Josh slept like a baby. There were too many emotions racing around, so many questions and uncertainties. Later that day, although I was in immense pain and could barely move, I went back up to meet my babies properly. I couldn't believe it – I had four babies! They were tiny but perfect and for the first time I knew that unless something went drastically wrong, things were going to be ok.

Overall we spent ten weeks in NICU and four weeks in our local Special Care Baby Unit (SCBU). There were many ups and downs and a lot of one step forward with a few steps back. Some days were tough and I am very grateful to be on this side of it all.

*As I write this our quadruplets – Quinn, Indie, Hudson and Molly – are almost 18 months old. Although at times we feel the effects of having premature babies, they are all thriving and they have completed our family.*





## Editor's Note

Molly, Quinn, Indie and Hudson - New Zealand's first set of quads in at least two decades, were born on August 15 at 28 weeks and four days, ranging in weight from 1.1 to 1.3kg. The last set of quads born in New Zealand were born in February 1993 to Tania and Colin from Whakatane (Jaden, Casey, Levi and Crystal).

Statistically 90% of all multiple births are made up of twins and the remaining 10% being shared between triplets, quadruplets and more. The most common variety of quadruplets is formed when four separate eggs are fertilised by four separate sperm. There are however, a range of possibilities when it comes to the different combinations of quadruplets and how they are conceived. Quadruplets may be identical, non identical or a combination of both.

**As well as the four separate eggs and sperm variety, there is also the possibility that:**

- One fertilised egg splits into four identical embryos.
- One fertilised egg splits into three identical embryos and another separate egg is fertilised by a separate sperm. This means there are identical triplets plus one.
- One set of Identical (monozygotic) twins occurs plus another two entirely separate embryos or another set of identical twins.
- Another possibility is that a set of non identical/fraternal twins are conceived plus a monozygotic pair form making a total of four embryos.



Kendall and Josh are parents to Brooklyn, age five, and quadruplets Quinn, Indie, Hudson and Molly who will turn two in August. The family live in Timaru. Follow Kendall's journey on her blog Quad Mum Plus One on Facebook and Instagram.



## Parent like a triplet (excerpt)

Kari Ertresvåg (Guest Contributor, Norway) has kindly allowed us to print Chapter One—One Became Multiples from her new book. See the review on page 32.

Like everyone else, I began life as a fertilized egg. But mine—well, mine kept on splitting. One became **multiple**. This book is everything I have learned from being an identical triplet, everything I've ever wondered about and everything I wish my parents had read before my sisters and I came into the world. It's the book I wish someone had thrust into my hand as a teenager and that everyone around me had read. In short, it's what I hope is a funny but also secretly serious look at what it means to be a multiple, whether identical or fraternal.

This book is a parental battle guide to twins and triplets. I began thinking about writing this book when I turned 31. That's when it hit me. It could have been me: that was my mother's age when we were born. It's also the time I realized that if I were to offer any advice at all, I had to be able to speak only as someone's child and not already be a parent who, let's face it, would know better than dish out advice left, right and centre to anyone juggling multiple babies. Indeed, I drafted most of this book before I had a child of my own, which at times means an author with expectations on the other side of reasonable. But throughout it is a book written with lots of love for parents of multiples, meant to amuse, comfort, and above all make you think, Ah-ha, I get it now.

If you're a parent looking for practical tips on how to foster individuality in your children and the bond between them, I got you. On the small-scale, I will tell you how to dress your children so that others can make them out as different people, why shared gifts are right up there with liver stew, homework and early bedtimes, and how to make sure a shared birthday still becomes each little person's very special day. I'll also tell you what psychologists say about twins' shared social world as little, how comparisons and competitions play out, and why our quest for individuality is more driven than what most people experience. What's also in this book are all the things you might not think about or be aware of as a parent, like why you should scrap the word 'separation' for 'pause' whenever

you ponder some alone time for your children, why your children might not perceive each other as in-built best buddies, and how to avoid the frankly bleak situation where they feel responsible for their co-multiples' happiness at all times.

Many parents will undoubtedly find comfort in reading about the life-sustaining bond many multiples enjoy (indeed, we live longer than singletons—and that would be the Bridget Jones-y term researchers have come up with for all non-multiples—due to our close social bonds), but only going on about the wonderful bits won't resolve the things that make it trickier than necessary to be a multiple. This book is therefore also my beef with the many myths surrounding twins and triplets, about pitfalls to steer clear of or hiccups to anticipate. Because I genuinely believe that if I can do my part in pointing out what's clearly and obviously not working, we can deal with that and then go back to belly laughs. And related to that, this is a book that gives some insight into a seeming twin and triplet conundrum: If we truly enjoy the closest bond between people on this planet, why do many of us opt for some geographical distance between ourselves and our fellow clones come adult life? For much of our adult lives, my triplet sisters and I have chosen to study, work and live in different countries. I once

made a triplet mother cry after telling her this, for she saw a broken bond looming on the horizon for her boys if they were to spend long periods apart. On the contrary, I told her: it might enable them to hold onto their closeness.

This book is also a triplet's quest to finding answers to all things multiple. Fellow identical twins, triplets and quads are likely to be just as baffled as I first was when I learnt that we indeed fit the very definition of a clone, that people mistake us because brains function like lazy archiving systems, pausing at whoever first fits most of the criteria, and how we really should have rooted for being either first born or first home from hospital as that multiple tends to become the parental favourite. I also hope you will enjoy hearing someone else discuss the many irks of sharing DNA, like having positively unhelpful siblings point out issues with your body because it's their body too, of people losing all common sense in their quest to find differences where they expect there to be none, and obviously, how tricky it is at times to be perceived as potayto, potahto. And for all fraternal multiples, who perhaps picked up this book to learn if the grass is in any way greener, I trust you will be relieved to learn that you in many ways pulled the longest straw. Researchers say your parents were more likely to let you go your own





ways when little and pushed less hard on your twin identity. You might be surprised nonetheless to learn of the 'couple's effect', of how nurture, that would be your environment, might have masked your true nature and that having some time apart from your co-multiple(s) as an adult might indeed have made you more like your twin. That said, whether we share 100% (identicals) or 50% of our DNA (fraternals, just like regular siblings) with someone else, fraternals and identicals are fellow team members. We face comparable challenges and growing up as a multiple is psychologically more challenging than growing up a singleton, whether you're of the identical or fraternal type. More so than typical siblings, we need additional help in figuring ourselves out as unique individuals. Also, the many myths about what makes up a twin makes it harder for all of us: many fraternals feel cheated of the status as 'proper twins' (no doubt this happens more in France where fraternals are tactlessly known as 'faux jumeaux', meaning false multiples) and most multiples face the challenge of being constantly compared with just the one or two. And, if you're a partner of a twin or triplet hoping for some input that will help you understand the bond between multiples, it's in here as well. You might like to jump directly to chapter 17 where I have tucked in anecdotes and research to make you immediately look more gently at your partner and where I also prove the Internet forum user 'Twinhell' wrong: the twin bond is not marriage kryptonite.

Worldwide there are more than 125 million living multiples. That is equivalent to the population of Mexico. So, who am I to tell you all of this? Obviously, I don't hold the answers to what it's like to be a multiple. Partly because of the statistics at hand, which hold that a pair of identical twins is born every 50 seconds and reveal that one in 30 pregnancies results in twins while one in 1000 ends up as triplets. Add to that the fact that it's not just down to whom you ask but also at what age they are when you ask them. The experience of being a multiple is not a constant, it's a scale. And in my life, I have slid up and down that scale.

If you'd met me at sixteen, when I was finally on my own—on the other side of the world as an exchange student in Costa Rica for a year—you would never have known I was a multiple. It was a

chance to be just me in the world—there was simply no way anything would be about the three of us unless I told people about my sisters. So I didn't. Halfway into the year, when my sister Mariann flew down from Guatemala, where she was an exchange student, for a two-week visit, people around me were startled.

"Whoa, I never knew!"

"What, there's two of you?"

No, just the one, I recall thinking. Yet, if you'd asked me about being a triplet at the ages of eight or ten, however, I wouldn't have known what to answer. Self-reflection hadn't kicked in.

"I've never known or been anything else," I would have protested at your silly question before, depending on the day, also telling you:

- It's so, so much fun. While Mum and Dad were out, we raided the cupboards and made six cakes. Two were actually edible.
- It's rubbish. They beat me to our shared underwear drawer and only the bad pants were left.
- They're both really stupid.

If you had asked the four-year-old me, I wouldn't have understood your question. I know that for a fact, because a family legend says we came running home from the playground one day to tell Mum and Dad the news: "Did you know that we're triplets?" - "Yes," they told us, "we knew that." But, between the ages of twelve and seventeen, I was hyper-aware of the fact that I was a triplet. This was the time of my life when I was trying the hardest to figure out who I was in the world, while everyone else seemed content filing me under "the triplet." I often thought of how much easier life would have been if I'd been a singleton, a fraternal twin, or someone else, anyone else, someone who wouldn't have been mistaken for my sisters. Someone who would be seen. Someone who wouldn't always be compared. And today? Today I believe I won life's jackpot.

Thankfully, my aim is not to speak on behalf of all multiples but to make you feel what it might be like to be a multiple, especially of the identical kind. Other books on twins and triplets,

prime contenders being those written by parents, will contain vast more advice on the practicalities of twins and triplets than this book. That's not my ballgame. I am here to shed some light on the psychology of growing up a multiple, and to do so from a child's perspective. In this book, you will find plenty of studies and facts, but I've carefully tucked in anecdotes as I believe you're more likely to remember the advice I seek to share if I tell stories rather than just letting you piece together statistics and academic studies.

Now, a little caveat before we properly begin: Most of the stories I'm told about my childhood starts with the words "one of you". Yet, this is entirely my story. And, just like life itself, being a multiple is a messy story, full of paradoxes we all happily live with. So, here's ours-mine.



Kari is an identical triplet, has two older brothers, from Norway, is 37 years old, married to a Brit with two kids and living in Oslo. Parent Like a Triplet is her first book.

Read more at:

<http://parentlikeatriplet.com/>

[Parent Like a Triplet](#) on Facebook

See our review of her new book on page 32.

## Our Instant Big Family!

Lucy Nicoll (Multiples North Shore Alumni, Triplets Plus) shares her triplet's journey from 25 weeks to thriving six year olds.

### The news

*My husband and I will never forget the reaction of our sonographer at the thirteen week scan of my second pregnancy... "I'm sorry, whatever I do I cannot make the third one go away!" We had just got used to the idea of twins after an early dating scan at seven weeks.*

We were petrified of all the practical and financial implications of triplets, but also extremely excited at the thought of having an instant "big family". However, within minutes of the news I started contemplating how risky my pregnancy was, as my first child Harry had arrived five weeks early due to my short cervix. I could not comprehend how I would be able to carry three babies to a viable gestation given that I could not even manage to carry Harry until he was full term.

### The wait

After being referred to the high-risk Auckland obstetric clinic, we were offered selective reduction out of the blue at 17 weeks, but we decided that if everyone continued to thrive, we would hope for the best outcome possible. I am glad that I have experienced a singleton pregnancy, as my multiple pregnancy was incomparable, even in the early stages. The crippling sickness, exhaustion, blood flow issues, and psychological effects seemed to be so intense with triplets, and with the continual fear of losing them I found it one of the most challenging periods of my life. It was also exhausting entertaining our two-year-old son when feeling like I just wanted to curl up in bed!

Our one and a half hour 19-week scan went well, and all babies appeared to be tracking on the large side and no issues were noted. At the end of my appointment I requested a cervix

length measurement due to my history, and to my horror it had reduced from 4.5cm at the previous scan to just over 1cm. This meant I could go into labour at any time. My worst fear appeared to be coming true. I remember breaking down in the waiting room whilst awaiting the advice of the specialists who were going to plan the next steps. I was taken to a room where a team of three obstetricians had reviewed my case within minutes of my scan, and now proposed that I had a surgical cerclage (stitch in my cervix) to attempt to assist my body and buy us more time. The goal was to get to legal viability – 25 weeks – or more if I could manage it. The minor operation happened the next day. Then I was advised to rest as much as possible and hope that I could hold onto all three babies for a while longer. It was a tough period as we had to move house, wrap up my work, and deal with so many day to day issues whilst trying desperately to relax. My parents extended a stay from the United Kingdom to assist as much as they could. We were all desperate to try and get the triplets to a viable gestation.

I was hospitalized after having received a positive fibronectin test at 24 weeks (this means that you are at higher risk of giving birth within the next two weeks). Everyone was growing so well that it was decided that if they were born any time after 24 weeks then they would attempt resuscitation. It was so hard to be away from Harry and my husband Steve, and only see them at visiting hours. I was also very fearful of the outcome of the impending birth. However, it was a slight relief to truly rest, as it is so hard to do this in practice at home. I was given steroids to support the babies' lungs if the birth occurred with little warning. I was also advised to be administered magnesium as soon as I knew that I was going into labour as the latest research showed that this helped to lower the risk of brain bleeds. Bleeds can cause multiple issues in premature babies and is linked to cerebral palsy. The lead paediatrician, Simon Rowley, advised me

to try hang on to them for as long as possible as Auckland NICU was full. It was not inconceivable that a child would have to be taken to another hospital.

### The birth

I lasted nearly a week in hospital in the high-risk maternity ward prior to the most horrifying couple of hours of my life. During the afternoon on 13<sup>th</sup> April 2014 I started having either pre-labour contractions or Braxton Hicks, and the nurses could not work out which. They settled down late in the afternoon after constant monitoring and everyone relaxed. Suddenly at around 6.45pm I experienced a large bleed, huge contractions and I realized I was in labour. I hit the emergency button called my husband who was forty kilometres away in Muriwai, and then my memories became surreal. Luckily it was handover time so there were many doctors and nurses able to assist. The pain was incredible as the contractions were causing my cervix to rip around the cerclage, so I needed to have an emergency caesarean as soon as possible. I can remember screaming for magnesium and my consent for the operation, as well as several expletives as I was being wheeled down a corridor at high speed! It was difficult to administer the epidural, but shortly after I had to sit up and give birth to my daughter naturally, who had burst through my stitches. I briefly saw a tiny baby and heard a cry but was told that she would be cared for and I needed to concentrate on the remaining triplets.

A caesarean was required straight away in order to cause as little harm to the other babies. It may have been partly due to me being in a state of heightened pain, but as the operation started the anaesthetic appeared not to have kicked in yet. My last birth memory was seeing the tubes to put me under a general anaesthetic as I could no longer cope. Steve arrived just as I was put under the general so was not allowed to witness the final



two births. A part of me is glad he did not have to witness such a challenging and emotional ordeal, and he was able to be an amazing support person as soon as I woke up in recovery.

Whilst I was still under anaesthetic, Auckland NICU was a hive of activity. My birth occurred over a public holiday and surgeons, paediatricians and nurses had to be called in to help with the birth, making room in Level 3 in NICU at high speed and to provide post birth care.

Steve described me as looking like a shadow of myself when I woke in recovery. I felt as if I had been in an emotional and physical war. The morphine helped a lot. Steve had been able to see our babies in NICU and confirmed that we had a girl and two boys, and that they were tiny but beautiful. We had agreed on the names of Molly and Joshua during the prior week, but only decided on Cameron in the recovery room. I was wheeled down in my bed late at night and saw Molly, Joshua and Cameron in their incubators for the first time. Even through the morphine, I can remember every moment. It felt glorious that they had all made it through and were alive and stable. But I was petrified over the potential internal issues that could have occurred at the birth, including brain bleeds. All the staff in the hospital were amazing that night, from the surgeons to the nurses and midwives. We will always be grateful that they managed to save our babies' lives under challenging circumstances.

## The honeymoon days

We were warned that the first few days after birth are relatively quiet. This was true of our children and I spent the following days trying to recover physically from the birth. I also would visit NICU as frequently as possible, and introduce close family to Molly Joshua and Cameron. After being advised that the biggest difference I could make was to try and produce as much milk as I could, I started expressing at least 9 times a day with the hospital grade pump in order to start building reserves. After a very short period of nil by mouth I was amazed that Molly, Joshua and Cameron started being fed my milk, even though it was literally a few millilitres at a time via a tube. It was a great way to feel useful as it is such a strange start to parenting. The babies needed to be moved as little as possible in order to preserve their health. On day three I started helping a little with "Cares" which comprises of feeding, changing of tiny nappies, washing and changing monitors. However, I was very nervous when doing this as I knew that too much movement at an early stage is linked to brain bleeds in extremely premature babies. Steve and I started reading children's books aloud outside each child's incubator as much as we could so that our voices would start to be familiar. We carried this on throughout the whole of our NICU experience. Everyone looked fairly peaceful during the first couple of days, but this is mainly due to being on full respiratory assistance which caus-

es the most long-term damage to babies' lungs. We were given beautifully decorated books so that we could write messages to our children each day and record memories of their time in NICU. These included a glossary of frequently used medical terms and warning of the emotional impact of having a child in NICU. Both of these became very useful. We were advised to attend as many ward rounds as possible which occurred twice a day. I rarely missed a ward round during our entire time at NICU. If I removed the emotional aspect, they were a fascinating insight into the state of our babies' health and the best way of learning about the key medical decisions being made. It was also a great way to be an advocate for our children. At times I felt like I was back at university studying for a new subject.

My cervix had to be repaired after the birth due to the nature of Molly's arrival, so I was in a significant amount of pain for over a week. I am usually someone who deals with pain quite well and dislike painkillers, so I was very surprised at the long recovery time and my extended reliance on drugs. I was confined to a wheelchair for a few days and found the pain restricted my ability to rest and recover. I also found it very hard to talk about my birth. On reflection I think I was traumatized by the experience for quite a while but was too busy with looking after everyone to have time to reflect on it. My advice to anyone who is pregnant with multiples is to be kind to yourself before, during and after the birth. Do not compare yourself to other mothers in hospital. I was walking around loving every moment within hours after having my first child, but after giving birth to triplets I felt wiped out for a few weeks.

On Day 4 or 5 Molly, Joshua and Cameron had their first brain scan and we received the amazing news that no bleeds had occurred during or after birth. We considered ourselves very lucky. They would have two more scans during their time at hospital. At this time the frequent apnoeas started (part of the prem journey and frequently occurs from birth to around 32 weeks although starts easing after around 29 weeks). We will never forget the continually nerve-wracking desaturation monitor alarms for dropping heart beats or oxygen levels, and anxiously waiting for them to bounce back up. All babies were on full strength caffeine to assist with their heart function.



**Little Cameron**

# Our Instant Big Family! (continued)

## Accommodation

After being discharged from hospital I was fortunate to be given a small room in the bottom of Starship that is funded by Ronald MacDonald House. This was life changing as it meant I could dedicate all my time to expressing and staying with Molly, Joshua and Cam, whilst Steve stayed at home with Harry. My mother in law resigned from her job and flew out from the United Kingdom for four months in order to look after Harry. This allowed Steve to return to work. Although we were so lucky to be able to spend so much time to NICU, I remember crying for about an hour in my little room thinking about the long journey ahead being away from Steve and Harry, and not being able to be a mother to my eldest son. With hindsight, Harry cannot remember the period, everyone coped well, and I feel it was very beneficial to spend as much time in hospital as possible. The Family Rooms also provided food so not having to plan meals was amazing.

## Life in NICU

Life in Auckland NICU and Starship was a complete rollercoaster of emotions and experiences. We were so inspired by the expertise, dedication and thoughtfulness of the medical teams. Their ability to care for such tiny babies amazed us. The families of other children in Starship were also an inspiration and taught me that life is relative. My children were in a precarious position in NICU, but there were so many families in Starship battling with long term issues and after a few weeks I started to feel fortunate. My heart went out to those kids who had literally grown up in hospital. Inside of NICU Level 3, there was a very fine line between life and death, particularly in the early weeks. The little girl who was Cam's first roommate and a twin boy across the corridor passed away within a couple of weeks of our arrival. However many babies had few complications. Once in Level 2 our children's main focus switched to putting on weight, breastfeeding, dealing with reflux, and breathing without assis-

tance. Each of my children had different NICU experiences.

## Molly & Joshua's journey

Molly is the eldest triplet and was also the heaviest at birth weighing 780g. Molly arrived fighting and thriving and did not stop throughout her whole NICU / SCBU experience. Other than a suspected mild infection in her first week which did not eventuate, and some worrying blood in a couple of bowel movements, Molly's first weeks consisted of growing and building her lung strength via moving from full respiratory assistance to CPAP (partial assistance), to just oxygen within weeks. Statistically girls fair better than boys in NICU and our family was no exception. As she did so well, we were able to have kangaroo cuddles with Molly very early on. These cuddles allow prem babies to have physical skin to skin contact and bond with the parents whilst still hooked up to monitors and both Steve and I loved every moment. There were times when there were issues with the boys that I would have a cuddle with Molly and would always emotionally get myself back on track as a result. Molly proved that having an extremely premature baby does not necessarily mean that there will be endless complications if the right care is received in hospital.

Joshua weighed 740g at birth and also encountered relatively few complications. He had an open heart valve, but it closed relatively quickly. His main issue was that he stopped breathing when faced with any little interruption to his day... a feed, a bowel movement or any little change seemed to be a little too much for him. In order to assist him he was given the drug Doxopram which helps prevent frequent apnoea. He got a bit addicted to this and had to be weaned off after a few days! These apnoea continued less frequently until he was discharged from hospital. However, other than this Joshua's NICU journey was similar to Molly's. Even though Molly and



Little Josh



Joshua's NICU time was relatively straightforward, they still had to undergo multiple blood transfusions, X-Rays scans as well as constant monitoring for weeks.

## Cameron's journey

We were warned that as the last baby to be born Cam would be mostly likely to encounter complications. Cam was our smallest baby at 720g and seemed the most delicate baby from the start. He had an open heart valve that did not close naturally. He was given Indomethacin to help close off the valve. This drug has side effects and may have affected the function of other organs, including the kidneys. A couple of days later, Cam had a failed attempt at extubating, and had a routine blood test which showed a worrying left shift. He was required to have a lumbar puncture, which confirmed bacteria in the spinal cord, and Cam was treated as having Bacterial Meningitis. He was administered four types of antibiotics via a long line, was back to nil by mouth and remained on full ventilation. We were so worried that Cam would not survive as he was only a few days old and now weighed under 700g. The doctors seemed quite positive though, due to his fighting spirit during the lumbar puncture and the ordeal of putting a long line in place.

At the end of the course of antibiotics, Cam started looking better and had his first kangaroo cuddle and started taking milk again. It was decided to try him on CPAP (Continuous Positive Airway Pressure – is a type of therapy that applies mild air pressure to keep the airway open so that they can breathe normally while they sleep). But there was clearly something wrong and he required reintubation and resuscitation within a very short time. A blood test showed another infection, ironically likely to be from the long line used to administer the antibiotics for the bacterial meningitis. Cam was then back on another course of strong antibiotics, and back to nil by mouth. It was so sad to see Cam struggling away whilst in the next room Molly and Josh had started thriving and growing. However, I am so glad that I had the others to keep myself busy.

Cam recovered from the long line infection after a further 10 days, and we were really hopeful for a peaceful period where Cam could grow and start

catching up with the others. A couple of x rays of his bowels showed some concern but he presented no other symptoms. Steve had his first cuddle with Cam weeks after his birth, and it was an emotional moment. Unfortunately, the next day Cam appeared to be very unsettled, had blood in a bowel movement and then suddenly went downhill extremely quickly and was back on full ventilation. We were devastated the next day when it was confirmed that Cam had necrotizing enterocolitis, which according to one of the paediatricians is Auckland NICU's "biggest killer". It is an infection that destroys the lining of the bowel, and in many cases a part of the bowel has to be removed surgically. This can have permanent physical and psychological effects, which are severe. Poor Cameron's body had been subject to so many tests and lines that no new long line was able to be administered. After a nine hour ordeal a smaller line called a prem cath was inserted near his ankle, and he has a cool scar to this day to remind us all of his bravery.

More antibiotics and strong painkillers were required. It was heart breaking to see Cam in so much pain. The nurses kept reminding me that Cam would not remember the pain, but I will never forget how helpless I felt watching him struggle in the incubator.

Each time Cam became sick I felt like someone had punched me, and then felt so guilty as blamed myself for the premature birth. Our NICU introduction booklet mentioned that we would experience grief regardless of whether we personally suffered from the loss of a baby. I thought this was strange at the time but now realise that many of my emotional moments throughout NICU were likely to be symptoms of grief.

I asked the nurses to call me at any time of the night if something was wrong so I could walk up to NICU quickly, and I already had received a few calls relating to Cam. However I now started wondering if Cam would survive each night.



Little Molly

## Our Instant Big Family! (continued)

Cam was assessed by surgeons up to three times a day. One evening he was given a blood transfusion in anticipation of an operation the next day to assess the condition of his bowels, and see if a part needed to be removed. Miraculously the next morning Cam seemed very slightly better, and continued to improve slowly during the next few days. We cannot believe what a fighter Cam was. Within a couple of weeks, Cam had recovered fully and was able to join Molly and Josh in Level 2, and was breastfeeding too!

It was at this point we were moved to our local hospital Waitakere SCBU via three ambulance trips. This was unsettling for me as the level of care was very different to Level 3 NICU and I had become quite institutionalized within a few short weeks. Cam was always slightly more prone to reflux than the others, but appeared to be feeding well. I remember my first night breastfeeding all three round the clock and realizing how exhausting it was going to be! By 39 weeks it was clear that Molly and Josh could be discharged, but Cam was borderline. We were moved into the parent room for a night prior to discharge, but Cam started becoming very distressed. He had a suspected ruptured hernia in his testicles and had to be sent by ambu-

lance back to Auckland NICU. He had an operation the next day. I spent two surreal days driving backwards and forwards between Cam in Auckland hospital, and Molly and Joshua. They were discharged in the Waitakere parent rooms, with Steve trying to juggle all the other feeds with expressed milk. We ended up being allowed a special arrangement where Molly and Josh were allowed into the Auckland Parent Room to avoid all the travel for feeding and cares until Cam could recover and be discharged.

Cam was discharged the day before the triplets' due date and we made it home! The parting advice from Simon Rowley was that if we could dedicate as much time as possible to Molly, Josh and Cam in the early years', particularly the first two, this could make a major difference to the rest of their lives. We decided that I would take two years off work and just deal with the financial consequences. Our paid maternity leave had run out before leaving hospital, but we were entitled to a disability allowance and the hospital was very proactive in guiding us through the forms.

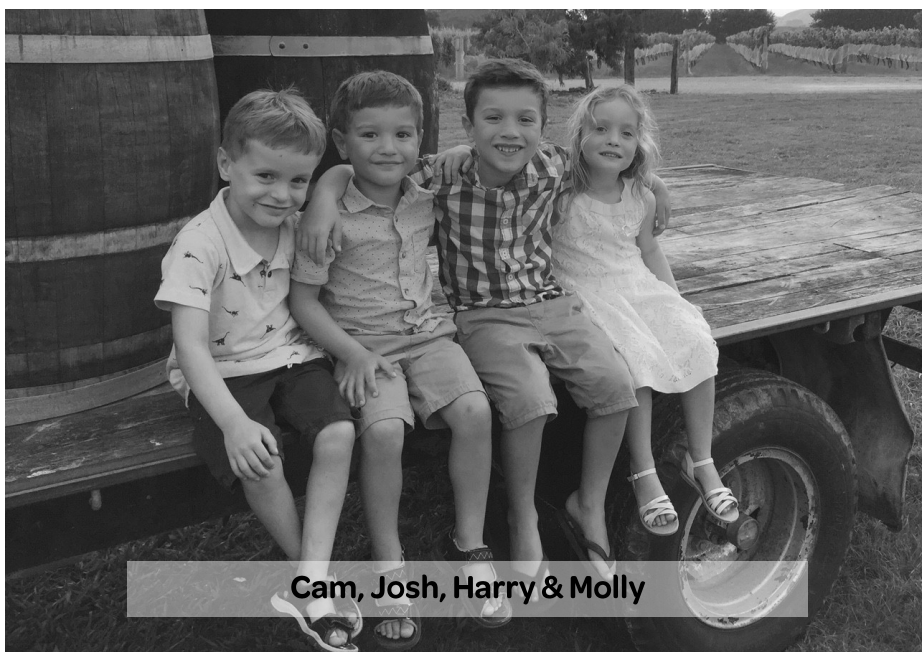
I was very appreciative of the support I received from our club and others. I had hospital visits just before birth

from other NICU Mums, then my family, had wonderful dinners from the club and Bellyful whilst I was in hospital. I was also lent the hospital grade breast pump which allowed me to express and breastfeed for about a year (mixed with formula). It was great.

### Life after hospital

The months following NICU are another story, but even though they were crazy, we have always felt extremely lucky that our children all survived NICU and thrived. Other than a few bouts of bronchiolitis and asthma for Cam in the first couple of years, there have been no long lasting effects noted by the amazing post hospital care teams that monitored our children in the two years following birth. They are now five years old and loving life along with their older brother. They enjoy school and a range of sports, and their teachers have all been extremely surprised when they find out about their precarious start in life. I wish I had a crystal ball when in NICU and I could have seen how positive our life is now.

I would advise any mother who is about to embark on a NICU journey to: hang in there, accept that life is going to be a rollercoaster for a while, but to never give up hope on the future. Whilst I would far rather have had a much longer pregnancy and avoided Level 3 NICU, it has made me a far more resilient person and I now appreciate life in a way that I could never have done before.



Cam, Josh, Harry & Molly

Lucy and Steve are alumni members of Multiples North Shore, and now live in Hawke's Bay. They are parents to Harry (8) and triplets Molly, Joshua and Cameron (6).



# Pregophilia Warning

Carolyn Lister (Multiples Canterbury, ICOMBO) reminds of us of a creepy, but relevant topic—have your bump photos been stolen?

*Stars like Beyonce and the Kardashians have made an art form out of baring their bumps for pregnant photo shoots and selfies. And the glowing pregnant form is one worth celebrating – to whom you choose.*

Unfortunately, in the past and probably still now ... pregnancy photo-sharing has just taken an icky twist. And the bigger your bump, the more you seem to be a target. At least two New Zealand multiples affiliated clubs and a number of international clubs, including the Australian Multiple Birth Association, have been targeted in the past by online predators. Requests have been made to join private Facebook pages of multiples clubs to steal bump pics for a pregnancy fetish site.

Former Multiples NZ president Carolyn Lister issued a warning: "I was first alerted to something suspicious as 'he' joined two different clubs' pages at the same time in different parts of the country. It was also odd he [posing as a 'she'] actually asked for photos rather than just posting one. People often share pictures of their own accord rather than being asked. There are lots of clubs around the world that have been hit.

Australia Multiple Birth Association communications director Ali Mountfield said: "We have been informed of a bogus person joining or attempting to join private Facebook groups, and our club leaders are now on high alert. Pregnancy photos should be shared with whom you choose, in the way that you wish, not stolen for the sexual gratification of others."

Melbourne mum-of-twins Renee says the infertility support group she is a member of was also hit – an individual 'got past the gatekeepers after satisfactorily answering a list of questions posed by the admins. "Earlier this

week, he posted a photo of a pregnant tummy and told everyone that he (or his pseudonym, she) was nearing the end of her pregnancy and wanted to show her tummy. Then the request came for others to share. I found this a little strange as, because it is an infertility support group, people don't usually just post pics like that as it is not fair to those in the group who are unable to conceive."

Renee continues: "I checked on this person's post and they were from Italy – another red flag – and there was very little distinguishing information. Sometimes [such predators] even change their locations to the areas of the groups they want to enter. Lots of people brought it to the admins' attention and I am not sure whether he left the group or whether he was deleted as all traces disappeared overnight. There were a couple, who shared their bellies, who are now very upset about it."

Counteracting the issue wasn't as easy as restricting the private Facebook groups to paid-up members either. "Many clubs allow expectant mothers to join ahead of their membership, especially those at an early stage who are not always ready to do so financially in case they suffer a loss (multiple births are considered higher risk pregnancies)."

This situation also alerts to the need for members to be mindful of what they post and where. Make sure to watch for anyone asking for you to post pictures of baby bumps or making odd requests. This appears to be a ruse that gets used from time to time. There are also other kinds of fakers who join multiples Facebook groups and other discussion forums, to tell attention-seeking stories and create drama. It's sad but as admins/minders on our club pages it is something we need to be mindful of. For the most part admins do an amazing job of protecting our club pages but there is occasionally an individual who fools the gatekeepers (it isn't an easy job). As members of groups make sure you report posts to the admins that you

think may be suspicious. We need to protect our very special community.

## Tips for screening those asking to join private Facebook groups:

- Look at their profile. Just because they have twins in their profile pic doesn't mean they are legitimate as sometimes these photos have been stolen. Also look to see if there are personal comments about the shots.
- Check how long they have been on Facebook. Often spammers have very new profiles.
- Check the number of friends and who their friends are. Small numbers of friends can ring alarm bells or a very random group of people that don't appear to have any connections.
- Check the location (and do more than once as sometimes people change their location to join a page then change back).
- See what groups they belong to (particular alarm bells are lots of groups and especially those starting with same letter or in a raft of different locations). In some cases, I also have a look to see if they have posted anything in those groups.
- If in doubt don't add them. Send a PM – I find the spammers don't tend to reply, although the odd one does, but I find in a very vague way. If in doubt, ask some further questions to check. Unfortunately, it may mean a few legitimate people don't get accepted as not everyone checks their others folder, but it is better to be safe than sorry.

## It Takes a Village

Desiree Morgan (Multiples Counties-Manukau) shares her journey with her family of six.

Hi everyone. I am Desiree. My partner Damien and I have four amazing children. Our eldest, Cheyenne, is sixteen. After a rather large gap we had our duo, Dante and Roxas, who are four (but not for much longer as my partner loves pointing out) and we also have our surprise baby, Vincent, who is two. In a previous life I was a hairdresser and an optical assistant. Now and the foreseeable future I am a stay at home mum, which I kind of love. Damien is an optical technician which, in a family of people who wear glasses, saves us a ton!

In this article, where I share some of our story and offer suggestions based on our experience, I use the term special needs. I know some people don't like it, but the consensus is that at this time there's no other term that we all like better.

Special needs parenting wasn't entirely new to us when our twins were born as our eldest daughter Cheyenne is autistic and has attention deficit hyperactivity disorder (ADHD). So, when our beautiful Baby B Roxas had a hypoxic ischemic encephalopathy grade 2 event (HIE II) at birth (he was without oxygen for a significant period before and after birth), we knew we were bringing home one baby who (at the time) we thought was typical and one

baby who had brain damage and was likely to have significant delays. Roxas was also pretty fragile as the procedures he underwent allowed him to come home affected his immune system.

We were pretty confident we'd have this parenting of another special needs child thing covered – that we'd go home and see what he did and didn't do and work from there. We were a little mistaken. Our first few weeks post discharge were a blur of tests and appointments. While it was great they were keeping a close eye on things it was a bit of a rollercoaster. Every milestone that he missed or was late for was examined in detail and mulled over. The ones he made we totally celebrated but to the doctors, what he missed was more interesting. In the doctors' eyes his brother Dante effectively became the barometer for gauging how Roxas was doing. After the first 10 weeks the appointments became less, which was great as all the back and forth was draining our finances and Damien's annual leave.

As time wore on new things presented, so by the time Roxas was two his diagnoses had expanded to HIE II, global developmental delay and autism, with the likelihood that other things may crop up over time. He was still blowing

everyone away though with how much more he was doing than ever expected. He was and is our little thinker.

So we thought we were getting a handle on things and had a good team behind us. This amazing team then asked me if I had thought that some of Dante's behaviours may be more than the usual sibling rivalry and vying for attention. Being completely honest, I had. However, I did not mentally want to deal with the implications. I preferred to think of him as our little free spirit. As his beautiful, manic, slightly feral aura became more unsafe for him, we had to admit that he needed help to regulate and we needed help to know how to help him. Consequently, in November last year, my little free spirit was diagnosed with global developmental delay and ADHD, which isn't usually diagnosed until after six years old. We have now embarked on a new cycle of lots of appointments and medication tweaks, for the next year or so.

Therapies-wise there are so many options out there for kiddies with needs. Finding what works for them is far more important than pushing them in therapies to reach the goals we'd like to see. I let my guys be my guide. We've taken breaks before when it has all been too much for them and have actually been surprised at the progress made when it's just us at home making learning play vs intensive work that they would do with the therapies.

I've found advocacy is definitely the biggest part of being parents to our amazing kiddos. I've learnt to not be afraid to say no, to push for something that I know will help the children and to be their voice in expressing their needs. We are about to go through the ongoing resource scheme (ORS) funding process in the next month or so and we are so lucky that we have an amazing early intervention team behind us.

My advice to other special needs parents would be to get a really good







team behind you as soon as you can, be that early intervention, ministry of education, speech therapist, occupational therapist, early childhood education teachers or teachers in general. Funding in this area is so tight. That's why advocating is so important and having backup behind you while you go in to bat for your child(ren) helps. It's definitely not impossible without backup but it is harder and pretty draining. If the team behind you isn't working for you or you aren't being listened to, then ask for someone else. You don't have to be stuck with someone who isn't on your kiddos team and rooting for them.

Parenting our children is our greatest privilege and brings us so much joy and laughter. At times it has also tested our relationship, our finances and our mental health. After the boys were born I had rather bad cases of post traumatic stress and postnatal depression. Both are very common in parents of children with special needs where a traumatic birth has occurred, or when babies have spent time in NICU because of prematurity or other difficulties. They are even more common in parents of multiples who have spent time in NICU, regardless of whether the child(ren) have a long-term disability or delay or not.

I'm a big advocate of not just toughing it out. Go and get any help you may need. Parents of multiples with special needs are more likely to need help as a couple at some point, as the balancing act of maintaining work, play, leisure, therapies and finding time together

can be hard, especially if you don't have a strong support network to lean on. Not everyone will need help, but if you feel the need it's well worth seeking it out.

For single parents parenting multiples where one or more have special needs, getting some form of time out and having your strong village behind you is even more imperative. Not having that other parent to tag out to on a hard day is draining, no matter how much you love your children. No man or woman is an island. Building your village, even if it is an online village, is so, so important. It helps to have people to share your milestones and major successes with who will cheer on your children as much as you do and share in your struggles on the hard days.

I guess that brings me to my major point: that while there are struggles and worry, parenting my children has always held way more joy. The joy in how beautiful their souls are and how they see the world in such inspiring ways. How they make you smile more than frown. How they put up with tests and doctors with a grace I could never muster even on my best day. They live their life in a way that I envy. The way they see their world is so different from the way I do and I'm thankful they let me into theirs. I am truly lucky to be their mum. They have made me a much more patient and caring person and they've taught me more than I could ever teach them.

If there's anything specific you'd like me to write about in future articles or any questions you'd like me to answer, feel free to email me at [whydoyoukeeptouchingme@gmail.com](mailto:whydoyoukeeptouchingme@gmail.com). (I bet you are having a laugh at that one, everyone does. Imagine the reaction I get at the bank! In my defence, I do have SO many children haha.) Until the next issue, I hope you all enjoy Autumn. It's my favourite season.

Desiree lives in Golflands (East Auckland), and is current president of Multiples Counties Manukau and the special needs coordinator for Multiples NZ.



**Did you know there is a Special Needs Multiples Facebook Group?**

<https://bit.ly/37Jxjhn>

# Meal Planning Tips & Tricks

Laura MacDonald (Guest Contributor) shares her meal planning tricks. *(Previously published on thekiwicountrygirl.com)*

*A few handy meal planning tips, tricks and ideas to get you started on the path to being more organised and feeding your family healthy and easy meals on a budget.*

I thought I would share with you a few meal planning tips and tricks to help get you off on the right foot this year. And guess what...we are starting slow! There is no point in starting with a bang, only to fizzle out in a week or two. What I want to talk about here is how to make small, simple changes that are easy to implement and easy to maintain so that you can eat delicious home cooked meals all year long! Being organised with kids is tough enough, let alone with multiples!

Meal planning is something that I only got on board with last year. Having a small child around means that dinnertime is chaotic and even if I'm cooking after she has gone to bed, the last thing I want to be doing is a) panicking about what's for dinner at 5pm and b) spending hours in the kitchen cooking a meal that we won't be eating until 10pm.

Since I've started making a plan at the beginning of the week I have found that I feel so much more in control come dinnertime – it's one thing taken care of already. We are better at eating what we have and I am shopping smarter as I know exactly what we need for the week.



## How to meal plan:

### 1—Pick your plan

There are a few ways you can plan your meals for the week:

- Based on meat – mince, pork, chicken, steak, sausages, fish, etc
- Based on grains/carbs – rice, pasta, bread, potatoes, lentils, tortillas, etc
- Based on cuisine/meal type – Italian, Mexican, slow cooker, pizza night, BBQ, sheet pan dinner, etc

As we have a freezer full of home-kill meat, I base our meals around meat. For instance, I try to not cook the same meat 2 nights in a row but I also try to use a mix of different types and cuts of meat throughout the week.

### 2—Make master lists

Keep a list (handwritten or in a google document or spreadsheet – my favourite!) of all your families favourites. Then you can refer back to these if you are stuck for ideas.

I find it helpful to have the lists broken down into the categories I plan my meals under, so for me I have a list of things I do with mince, with chicken, with pork etc. Here are a few ideas based on creating a meal plan around type of meat.

### 3—Write your weekly plan

Once you have decided what you are going to eat for the week, allocate each meal to a night! You might have a piece of paper on the fridge, a list on your phone or a blackboard to write it on. I have a large blackboard on the kitchen door so at the start of each week, I erase it and start again. And if for some reason we haven't eaten one of the meals the previous week or if

we are loving one particular meal at that time, I'll usually leave it there!

If you have a weekly planner with after school activities, meetings and other things written on it, have this handy as you write your meal plan. That way you will be able to see which nights are already going to be busy (and you may want to plan a slow cooker or freezer meal for this night) and which nights you will have a little more time to prepare and cook dinner.

## Meal planning tips:

**Make the plan before you go to the supermarket** – this way you can look at the plan and work out exactly what you need to buy. And don't be trapped by the day you shop! If you shop on a Thursday, start your meal plan from Thursday. And remember that if you get to the supermarket and there are great deals on something that's not on your meal plan, you can change it! Or stock up for the next week – this is also where the freezer comes in handy!

**Don't feel like you have to cook a recipe every night.** Some of our favourite dinners are simple – sausages and mashed potatoes with veggies, steak, chips and salad or plain old pork chops with rice and salad.

**Plan a sheet pan or stir-fry dinner for the last night of the week** – these are great ways to use up whatever veggies you have left sitting in the veggie bin

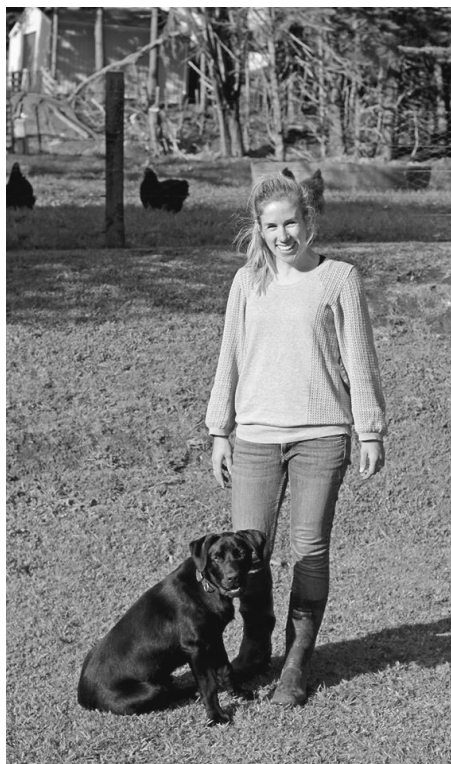
**Leave the weekend free** – this can mean leftovers or everybody fend for themselves! It takes the pressure off you to be cooking something every single night and it also means that if something crops up during the week, you've got something else to make over the weekend.



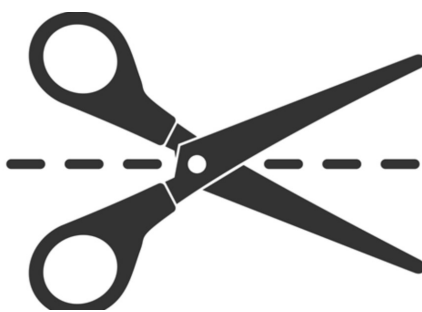
Utilise your slow cooker – I'm not very good at this but I've gotten better in the last few months. Now if I know I'm going to have a busy day (or a town day) I'll plan to have something in the slow cooker that day that will be ready when I get home.

Utilise your freezer – Some people don't like using the freezer for meals but I'm telling you – it's a sanity and a money saver! If you are going to all the effort of making a lasagne or mac and cheese, make 2 and freeze one! Those tinfoil BBQ trays are the perfect thing for freezing meals in and it also means no dishes! And then if someone you know has a baby or needs a meal, they are the perfect thing to drop off to them.

And if you need more inspiration, come on over to Facebook and join my group "[The Kiwi Country Girl – Made From Scratch](#)" where I share our weekly meal plan each Monday and so do other members of the group! There are so many great ideas in there!



**Laura** lives on a farm in rural New Zealand with husband Josh, daughters Sadie & Macey, our black Labrador Sage, pigs (on occasion) and too many chickens to count.



### Cut out and keep!

*All of these recipes are on Laura's webpage but this also makes a handy list to keep on the fridge.*

### Mince recipes:

- One Pan Cheesy Mince Pasta
- Beef burritos/nachos
- Spaghetti Bolognese
- Lasagne
- Mozzarella stuffed meatballs
- Homemade Burger Patties
- Chili con carne

### Chicken recipes:

- Chicken burrito bowls
- Butter chicken
- Chicken & sausage gumbo
- Yellow chicken curry
- Slow cooker chicken enchiladas
- Crispy chicken burritos
- Chicken alfredo
- Roast chicken

### Beef/sausage recipes:

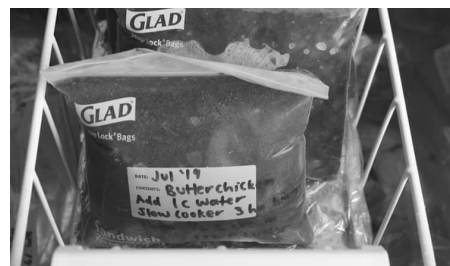
- Sheet pan sausage & veggies
- Steak fajitas
- Devilled sausages
- Sausages, eggs and chips
- One Pan Sausage Rice and Peas

### Pork recipes:

- Parmesan Pork Chops
- BBQ pork strips
- Sweet & sour pork
- Oven baked BBQ pork ribs

### Meat free:

- Easy baked mac & cheese (bacon optional!)
- Tomato soup
- Creamy sundried tomato & spinach pasta
- Spinach, mushroom & feta quiche
- Simple mushroom pasta
- Easy Roast Veggie Salad



### Website Link:

[www.thekiwicountrygirl.com/](http://www.thekiwicountrygirl.com/)

## If you can dream it ...

Trudy Price (Multiples Canterbury–Nelson Satellite) shares the story from her miraculous fertility journey to being the mum of twins.

Well, the beginning of our twin story actually started close to four years ago now when my partner, Si, and I boarded what was proven to be a long and emotional rollercoaster ride.

Although I had always thought that having children would be a given for me when I was growing up, I just never found that "Mr Right" until I was 42 years old. Si had been previously married and already had a grown daughter, but knew how much it meant for me to become a Mum, so was totally supportive of trying for a child.

Si had had a vasectomy well over 20 years ago, so our first step was for him to undergo a vasectomy reversal. Unfortunately he was in the 3% of unsuccessful males to have it done, so our options of having a child was then limited to going through IVF or adopting. We felt the adoption route was going to be a lot more difficult, so hence, our introduction to IVF began. In vitro fertilisation is a process of fertilisation where an egg is combined with sperm outside the body, in vitro.

I guess I was pretty naive back then, as I thought I would have no problem getting pregnant, being that I was fit and healthy. Little did I realise that the older you get, the poorer the quality of your eggs are, and therefore the lower the chance of becoming pregnant. In

fact, I think the odds were as little as 6% for someone of my age.

Still, we pursued three rounds of IVF treatment, always with great optimism that we could defy the odds. After the third round, it was obvious that sadly we would never have success with my eggs. It was a difficult time and although a lot of people would probably have stopped there, I just couldn't give up this desire to be a Mum. So with the support of Si, we decided to look into finding an egg donor. It wasn't how we had envisaged it, as the child wouldn't have my DNA, however, we realised that it was to be our only hope of becoming parents, and afterall, they would be loved no less.

We quickly discovered that our opportunity of finding a donor were pretty slim, especially as the waiting list for donors was higher than that of donors itself. We felt our chances would be even less, considering our ages. However, after several months of going through the motions, we were fortunate to be chosen by a young lady living in Christchurch. All of a sudden our hopes had been raised and the dream of becoming parents a possibility once again.

Our donor went through the treatment process and 14 eggs were retrieved. Si had his own medical proce-

dure to go through to retrieve his sperm, and as a result, we were informed that there were two embryos for which we could use. We had two chances. The first embryo was transferred into me, which sadly did not take, however I managed to get pregnant with the second one. I can't explain the jubilation that this news brought. It was a dream come true and we couldn't have been happier. You can imagine how quickly that all changed when at an eight week scan, we were informed there was no heartbeat. Utter devastation hit. I couldn't believe it ... how could this be? There was no explanation as to why this had happened and it was hard not to blame myself. I found myself in a very dark place and it was extremely difficult to pull myself out from there. I was shattered.

We spoke to our fertility doctor, as a conclusion to yet another failed IVF attempt. We had been informed that our chances of getting another donor so quickly through the fertility clinic were pretty much slim, considering there were still first time people waiting for a donor. We just didn't have time on our hands unfortunately. The doctor then proceeded to inform us of a clinic they had an affiliation with in San Diego, who although were quite expensive, had very high success results, and that a number of their cli-







ents had decided to pursue that avenue as an alternative. This option just seemed so unrealistic for us and initially we both dismissed it as an option. However, it's hard to explain how your mind starts working when there is still a small glimmer of hope ... and I felt that dark place I had found myself in begin to fade, as new hope for what would definitely be our very last chance surfaced.

My biggest concern was raising the suggestion with Si, because at this point, we had totally dismissed the idea of going to America. How could I be so selfish after all the financial struggle we had been through to get to this point? That thought was foremost in my mind, yet I knew I just had to put it to him, as the void I was feeling was growing by the day. I will always remember that conversation to this day, and although I know Si was obviously deeply concerned about how we would cope financially, he could see how much it meant to me and was prepared to do whatever it took to explore every possible option. I always consider myself extremely lucky to have such a caring and supportive partner.

So our pursuit of a donor in America began. The process is totally different over there, in that their donors get

paid a compensation for donating their eggs. The higher the success rate of each cycle, the higher compensation they receive. It's almost like online shopping when searching for a donor. You can select from eye colour, hair colour, age, right down to race. The selection is vast. Of course, each donor goes through a very thorough selection process before they are put on the register. In fact, we were quite blown away as to how extremely well managed the whole IVF process was, and although we were on the other side of the world, the constant personal contact we had with the clinic was reassuring that we had made the right decision.

After being on medication to get my body ready for the embryo transfer, we had our seats booked to head to San Diego at the end of last October. We got all of the way over there though, only to discover after having blood tests done, that I had ovulated, which apparently meant the transfer could not take place as the embryo would not stick to the lining of the uterus. We couldn't believe it. Yet once again we had hit another road block. So we had to come home and wait another month. We were booked to head back over early December, but found out three days prior to flying out, that blood test results I'd had tak-

en here showed I had ovulated yet again! At this point I was beginning to think that it was a sign and that it was just not meant to be. It was a pretty low moment. Thankfully with the ongoing support and encouragement of Si, I picked up my chin and continued on. My medication was reviewed and we returned to San Diego towards the end of January where the transfer of two embryos took place.

In the first week of February we discovered with great jubilation that we were pregnant!!! The joy continued on from there when we were told at our eight week scan that both embryos had taken and that we were to have twins ... and for the absolute icing on the cake to then learn at our 20 week scan that we were to be blessed with a boy and a girl.. Wow, life just couldn't get much better. I must confess that throughout the pregnancy I would still have the occasional concerned thought arise, but I guess it was to be expected with all of the lows we had endured up to then.

Overall, my pregnancy went extremely smoothly however, and apart from a bit of heartburn and swollen feet right at the latter stages, I was the picture of health. We went right through to 38 weeks and three days before I was induced, and delivered two very healthy babies by natural birth on 3 October 2019. Millie Rose arrived first at 9.07pm, weighing 6lb 5oz, followed an hour later (10.05pm) by her brother, Beau Michael, who weighed a close 6lb 6oz. We had finally made it - our wee family was now complete!

Si bought me a bangle for Christmas three years ago, which has the inscription, "If you can dream it ... you can achieve it". I truly believe that if you want something badly, anything is possible.

**Trudy** and partner (Simon Kneebone - aka "Si"), are parents to newly born twins, Millie Rose and Beau Michael Kneebone (now six months old). They live in Upper Moutere, Tasman, in the Nelson region.

## Pūrākau (myths & legends)

**Liz Harte M.A.** (Guest Contributor) shares parenting lessons from Rangī and Papa. *Previously published December 2018—see below.*

### Pēpi Penapena Cherish Babie

#### Our Tūpuna (ancestors) followed lessons from Pūrākau

Pūrākau, or Māori 'myths and legends', as they're commonly known, are an important part of Māori oral histories – stories of our past, handed down from generation to generation through story-telling.

#### Why are Pūrākau important?

Pūrākau talk about the first beings, gods, their lives and their relationships as a model for tangata Māori (Māori people). Through these stories, we learn about love, marriage, healthy and unhealthy relationships and, of course, parenting, all in the spiritual world. Tangata (people) would copy in their own lives what they were told from these pūrākau.

#### Ranginui and Papatūānuku

Ranginui and Papatūānuku is the most well known pūrākau. They kept their tamariki close while they were young and they grew up in between their embrace. When the tamariki were old enough to leave their parents, they had to create the space they needed to go into the universe and forge their own lives. Different hapu and iwi tell this story slightly differently, as with all pūrākau, but this is the core part of the story.



#### The struggle with Te Wehenga (the Separation)

Ranginui and Papatūānuku didn't want to be separated from each other or their tamariki. In this crisis time of separation, te wehenga, the tamariki spoke with care and respect to their parents while helping Tane push them apart. Rangī and Papa wept for each other rather than being angry with their tamariki. They still weep today. After the separation, their mokopuna/grandchildren were given to them for their care, as with every generation after.

#### What do we learn about parenting here?

From this one pūrākau, we learn:

- That it's best if pēpi and tamariki are kept close to Mum, Dad or the primary caregiver when they're young.
- Being close builds a strong and loving relationship between pēpi and parents, as shown by the behaviour at the difficulty of the separation
- The closeness of the parents while their tamariki grew meant that the tamariki would learn different life skills to copy. For example
- How to be parents
- What a loving relationship between adults looks like
- How adults talk to each other and their tamariki,
- How to deal with troubles and challenges
- When they're ready, they will ask for space to do things themselves or try new things
- And though you might be reluctant, you need to let them go and grow. If it's safe and appropriate, of course.

#### What you can do – your pēpi and tamariki need your time

Keeping your pēpi or tamariki close means spending time with them. You can do this by:

- Pīkau – Wearing your pēpi in a baby carrier
- Kiri-ki-te-kiri (skin-to-skin) and cuddling are good for their brain development
- By carrying them with you, they also see and learn about the world

#### Help them learn about the world by:

- Talking to them, singing to them, reading books with them
- Be aware when you talk and act in front of your pēpi/tamariki
- They are watching and learning how to behave from you
- This pūrākau talks about spending all your time with your tamariki
- Sometimes it's not how much time you spend, but the quality of the time.

#### Read more at:

[www.pepipenapena.co.nz/](http://www.pepipenapena.co.nz/)

Liz Harte is co-founder of Pēpi Penapena Cherish Babies, with mum Helen; which is working on a way to give easier access to primarily parents-to-be, young parents, grandparents as new parents and caregivers of Māori tamariki the best information about raising children.





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## National Presidents 2020

Introducing our Multiples NZ Club Presidents from around New Zealand.

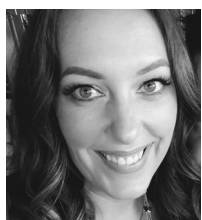
*Our organisation could not run without the amazing leadership of these President's and their teams around our country.*



**Hayley Lavender**—I have been the current president of Multiples Auckland Central since 2018 and have also been the equipment coordinator for the club. I have identical twin boys that are turning five in 2020 and have just had our third boy in October 2019. We live in Mt Eden with my partner, Brodie. Before Mum life I worked in marketing and we now own a distribution business. When my twins were born we received great support from the twin community and it was so reassuring to talk to others who had either been there or going through a similar thing. This experience really made me want to help others on their journey with multiples and being part of our club committee has meant I have got to do that which is awesome. Our committee has recently had some fabulous new members join who are dedicated to breathing new life into our club by introducing new communication channels as well as increasing the number of events/activities we offer. We are looking forward to a busy and fulfilling year ahead.



**Desiree Morgan**—I am the current President of Multiples Counties Manukau. My partner Damien and I have four amazing children Cheyenne 16, Dante and Roxas 4.5 and Vincent 2. I have been a hairdresser and an optical technician, but have been a stay at home mum since the duo were born as they have special needs so needed mummy at home that bit longer! I love volunteering for my local club as I love helping people, it's been a driving force both in my professional and volunteering life. Our amazing committee is small but go above and beyond to keep the club running smoothly and always on the lookout for ways we can improve. I'm passionate about our members knowing that we are always there to be an ear or advocate when needed.



**Kim Metahysa**—I am the current president for Multiples Auckland North. I am married to hubby Elfrik (also our wonderful website coordinator!) and we have three children, Gracie (6) and twins Hazel and Bodhi (3.) I have been a full time at home mum for six years but have a background in Event Management - something that has served me well as a busy mum of three! I have been volunteering as president for our club for two years and have found it to be incredibly rewarding. It has been helped hugely by the fact that we have a very strong committee of 17 volunteers who all contribute to the smooth running of our club. We are very excited as a team, to introduce some new and exciting ideas to our club in 2020.



**Jo Carswell**—Hi all, I am Jo and have had the honour of being president for Multiples Bay of Plenty (MBOP) for the past two years and before taking on this role I was the New Parent Coordinator. I am a full-time wife to Micheal (who is our unofficial IT guy) and stay at home mother to six amazing children, Alexis (11), Ezra (9), Jedidiah (4), twins Ada and Honor (3) and Solomon (1), and a part-time Nurse. During my time as one of the many volunteers for this charity, I am continuously overwhelmed and humbled by the great work and level of support provided to our families and community. Being a part of the MBOP team is rewarding in many ways and as a committee, we look forward to an other year filled with new adventures, ideas, growth and changes as we continue to strive to best meet the needs of our community while partnering with our families on their journey of life with multiples.

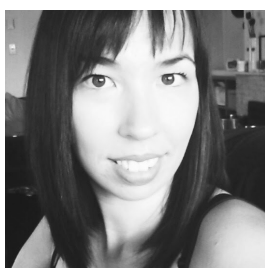


♥Multipleshawke'sbay



**Katherine Russ**—Heya I am Katherine and I'm the president of Multiples Hawke's Bay I've only been in this role for a few months. I live in Napier right by the beach with my partner Riwai, and our beautiful twin girls Mila and Indie who are three. I am a full time mum to our girls currently, and I have a background in real estate administration. I have been on the committee for nearly two years helping support new mums and helping with events. I'm a few months into my presidency and loving it. We have a small tight knit committee who help run our club and slowly with the help of my fellow committee members we are introducing new ideas into our club to be able to help more multiples families in 2020. Life with multiples is incredible and I can't wait to help and support many more families whilst I'm in this role.

Manawatu Multiples



**Zelia Boyd**—My name is Zelia and I am the president of Manawatu Multiples. I live in Dannevirke with my husband, Ricky, our BBG Triplets - Zander, Xavier and Harper (4) and new addition, baby girl - Kira. We moved from Nelson two years ago and have been enjoying the Manawatu a lot! I am a Registered Nurse with a passion for health and raising families naturally too. I have a qualification in Integrative Nutrition. Volunteering gives me the warm fuzzies and I love to come up with new ideas and initiatives to support our Multiple Birth families. We have a small but growing committee and we cover a large area in the central north island from Levin to Palmerston North, Whanganui and Tararua district.

MULTIPLES  
HUTT VALLEY



**Claire Sumner-Lawry**—I am President of Multiples Hutt Valley, this is my third year on the committee and my first year as President. I'm married to Turei and we're first time parents to identical girls, Freyja and Raena who are four. I'm lucky to have a strong group of volunteers on our committee who give their time to the club, we're all dedicated to supporting our local families as best we can as volunteers and on a shoestring budget. I am passionate about making sure our members feel like they are part of a community that cares and understands their journey.

KapiManamultiples



**Stacey Petkov**—Kia ora koutou, ko Stacey ahau, and the new president at the wonderful KapiMana Multiples club. I am originally from Whangarei, but have been in Titahi Bay, Porirua for four years now. My husband Nick is from Bulgaria, but been here long enough to call NZ home. We have three beautiful kids, Norah (4), and twins Poppy and Teo (2), and I'm lucky enough to be their full time mum. One day we hope to live aboard our yacht and cruise the seas as a family. I'm so stoked to be apart of the multiples community where there is so much understanding, positivity, craziness, support and friendship. We have an amazing dedicated team of volunteers who give their precious time and energy to create an awesome club for our members. Looking forward to rockin' on in 2020.

Wellington  
Multiples



**Natalie James**—I have the pleasure of being President of Wellington Multiples. I'm in my second year of being the president, and before that I was the Antenatal Coordinator for the wellington region for almost two years. Rob and I have identical girls (8.5 years) who are called Ruby and Lexi (Alexis). I am also in my spare time (haha) a tier four manager in a government department here in Wellington. We also have twin matchy matchy cats called Frankie and Lola and twin matchy matchy fish, goldy and ginger. Everything seems to come in pairs in our house. I love the sense of community volunteering provides and having the opportunity to lead an awesome group of women (men always welcome!) is an added bonus. The best way to describe why I volunteer is in the words of Ghandi: "The best way to find yourself is to lose yourself in the service of others."

## National Presidents 2020 (continued)

Introducing our Multiples NZ Club Presidents from around New Zealand.



**MULTIPLES CANTERBURY**



**Meredith Macdonald & Sophie McInnes**—Sophie and Meredith are Co Presidents for Multiples Canterbury.

Meredith: I have been on the committee for a year, helping with fundraising, coordinating Ilam playgroup, and assisting with events. I am married to Simon and we have two rambunctious identical boys (aged 3.5yrs), Morgan and Bryn. This year I'm excited about working with an awesome team of volunteers who are passionate about helping others and sharing their knowledge. We are all very excited about hosting the 40th anniversary for Multiples clubs in Christchurch.

Sophie: I've been on the committee for 3 years, which kind of snowballed from being the Selwyn regional contact, to running South Chch playgroup and under 5s events, then on to website and grants. I'm married to Rob, with three kids: Katelyn (12), and our three year old twins Jack and Chloe. Volunteering has kept me busy and my brain active while at home with the littlies, and I'm looking forward to helping more parents be active participants over the coming year. We have a great committee with a wide range of skills and experience, all striving to identify and meet members' needs across the upper South Island - so if you're reading this in Nelson and want to know more about satellite branches, get in touch!



**Hannah Harrex, Jaime Winklemann & Liz Campbell**—We all take a role in helping run Multiples Otago. We all have been on the committee for varying amount of time. Jaime is now in her eighth year, and we are appreciative of her sticking around. We all enjoy volunteering for Multiples Otago because we love sharing in the amazing journey of becoming a parent of multiples. We have a lot of initiatives lined up for 2020, which is very exciting. We have a couple more lovely mum's who wish to help us out so we can achieve our goal of supporting those parents who need us most.



**Kelly Gentle & Lizzie Stephenson**—Kelly and Lizzie are Co Presidents for Southland Multiples. We have shared our co-presidency roles since 2016. Both Kelly and I have held multiple roles within the club. We have made some amazing changes within the club including a new look website and monthly member events, which are available to the whole family to encourage families to connect with others in similar situations. We have an awesome volunteer team who are happy to help anywhere that is needed. We have established a focus plan for 2020 and look forward to an exciting year ahead!



**Multiples Taranaki** is a group of people sharing the very special experience of parenting multiples. Taranaki are trialling a new leadership style following their 2019 AGM, with a revolving chairperson role. They have a committee of six new volunteers ready to take on 2020.



# **multiplesnz**

## **Facebook Support Groups**

**Along with our Multiples NZ Facebook page we also support the following specific needs groups:**

- Multiples NZ
- Triplets Plus NZ
- School Aged Multiples NZ
- Special Needs Multiples NZ
- Multiples NZ Bereaved Whānau Group
- Multiples NZ Public Page
- Multiples NZ National Training Forum Event Page

### **We support these externally administrated groups:**

- Single Parents of Multiples
- Dads of Multiples
- Twins NZ Buy & Sell
- Multiple Birth PND Support NZ
- NZ NICU, SCBU and NNU Parents Support Group

### **We support our committees through these specific groups:**

- Multiples NZ for Committees
- Multiples NZ Presidents Only
- Multiples NZ Newsletter Editors
- Multiples NZ Discount Coordinators
- Multiples NZ Treasurers Only



**Multiples NZ**



**@multiplesnz**



**@multiplesnz**



## Covid-19 Information

Kirsty Saxon (Multiples NZ) shares Ministry of Health Information about the pandemic currently affecting New Zealand.

*There are currently outbreaks overseas and within New Zealand of a new disease called COVID-19. This information provides Multiples clubs with the advice on COVID-19 from the New Zealand Ministry of Health.*

### Symptoms

Symptoms of COVID-19 are similar to a range of other illnesses such as influenza. Having any of these symptoms does not necessarily mean that you have COVID-19. Symptoms include:

- fever
- coughing
- difficulty breathing

Difficulty breathing is a sign of possible pneumonia and requires immediate medical attention. We don't yet know how long symptoms take to show after a person has been infected, but current World Health Organization assessments suggest that it is 2–10 days. If you have these symptoms and have recently been to a country or area of concern, or have been in close contact with someone confirmed with COVID-19, please telephone Healthline (for free) on 0800 358 5453 or your doctor immediately.

### How it spreads

Like the flu, COVID-19 can be transmitted from person to person. The scientific evidence confirms that coronavirus is spread by droplets. This means that when an infected person coughs, sneezes or talks, they may generate droplets containing the virus. These droplets are too large

to stay in the air for long, so they quickly settle on surrounding surfaces. That's why it's really important to practice good hygiene, regularly wash and thoroughly dry your hands and practice good cough etiquette. Droplet-spread diseases can be spread by:

- coughing and sneezing
- close personal contact
- contact with an object or surface with viral particles on it and then touching your mouth, nose or eyes

### Prevention - how to protect yourself and others

You can take some simple steps to help stop the spread of diseases like COVID-19.

- Avoid close contact with people with cold or flu-like illnesses
- Cover coughs and sneezes with disposable tissues or clothing
- Wash hands for at least 20 seconds with water and soap and dry them thoroughly—before eating or handling food, after using the toilet, after coughing, sneezing, blowing your nose or wiping children's noses, after caring for sick people

### Review and model basic hygiene and healthy lifestyle practices

- Talk about what you and your children can do to help prevent infection
- Wash hands multiple times a day for at least 20 seconds each time (singing Twinkle,

Twinkle Little Star slowly takes about 20 seconds) and dry hands thoroughly

- Cover their mouths with a tissue when they sneeze or cough, and throw away the tissue immediately; or have them sneeze or cough into the bend of their elbow
- Do not share food or drinks
- Discourage the child from touching their eyes, nose, and mouth
- Encourage your child to eat a balanced diet, get enough sleep, and exercise regularly to develop a strong immune system for fighting off illness
- Discuss the new rules or practices at the child's school or early learning service
- Keep in contact with your child's school or service and let them know if there have been any changes within your family

### Explaining the situation to children

Here is a quick video and experiment you might like to try, which will help explain what we currently know to your little ones from Dr Michelle Dickinson aka Nanogirl.

<https://www.youtube.com/watch?v=OPsY-jLqaXM>

<https://www.nanogirllive.co.nz/coronavirus-soap-experiment>

## Social Distancing

Historical lessons and experiences of countries worldwide have shown us that taking action early can have a dramatic impact on the magnitude of an outbreak. There are many vulnerable members in our community, including premature multiples, so we need to make sure we are looking after each other by taking precautions. Here are some steps you can start taking now to keep your family safe and do your part to avoid a worsening crisis:

### No playdates, parties, sleepovers, or families and friends visiting

This sounds extreme because it is. We are trying to create distance between family units and between individuals. It may be particularly uncomfortable for families with small children, kids with differential abilities or challenges, and for kids who simply love to play with their friends. But even if you choose only one friend to have over, you are creating new links and possibilities for the type of transmission that closures are trying to prevent. The symptoms of coronavirus take four to five days to manifest themselves. Someone who comes over looking well can transmit the virus. Sharing food is particularly risky.

### Take care of yourself and your family, but maintain social distance

Exercise, take walks/runs outside, and stay connected through phone, video, and other social media. But when you go outside, do your best to maintain at least six feet between you and non-family members. If you have kids, try not to use public facilities like playground structures, as coronavirus can live on plastic and metal for up to nine days, and these structures aren't getting regularly cleaned. Going outside will be important during these strange times. Go outside every day if you are able, but stay physically away from people outside your family. If you have kids, try playing a family soccer game instead of having your kids play with other kids, since sports often mean direct physical contact with others. And though we may wish to

visit elders in our community in person, I would not visit nursing homes or other areas where large numbers of the elderly reside, as they are at highest risk for complications and mortality from coronavirus.

### Reduce the frequency of going to stores, restaurants, and cafes

Trips to the supermarket will be necessary, but try to limit them and go at times when they are less busy, or shop online. Remember to wash your hands thoroughly before and after your trip. And leave the medical masks and gloves for the medical professionals – we need them to care for those who are sick. Maintain distance from others while shopping – and remember that hoarding supplies negatively impacts others so buy what you need and leave some for everyone else. Take-out meals and food are riskier than making food at home given the links between the people who prepare food, transport the food, and you. It is hard to know how much that risk is, but it is certainly higher than making it at home.

### If you are sick, isolate yourself, stay home, and contact a medical professional

If you are sick, you should try to isolate yourself from the rest of your family within your residence as best as you can. Doctors and the Ministry of Health are telling people who have symptoms not to just turn up at the GP or hospital emergency department, but to phone ahead or ring Healthline on 0800 358 5453.

Free health advice  
when you need it

  
**Healthline**  
0800 611 116  
[www.healthline.govt.nz](http://www.healthline.govt.nz)

### For further information

With continued vigilance the chance of widespread community outbreak is expected to remain low. The government has also set up a dedicated Covid 19 website:



# Standing up for volunteers and volunteering

Volunteering NZ's Chair Helga Wientjes shares her speech from the VNZ Pivot Conference 2019. *This was previously published online 21 October 2019.*

## Life is about making an impact.

Recently I attended the investiture of Professor Karen Smith, previous Chair of Volunteering New Zealand, who was made a member of the Order of Merits for her contribution to volunteering through her research, leadership and local action. It was an awe-inspiring event, mainly because most recipients were recognised for their volunteer effort. People like Pat Dance who joined the NZ Kennel Club in 1971 and has since held various leadership roles, and Ian Coard who has been a volunteer with Coastguard for 31 years or Jan Elizabeth, one of IHC's life members or Marie Fitzpatrick and Nicole Murray, the co-founders of Good Bitches Baking. It highlighted for me that as a country we can't do enough to ensure that the volunteer effort that is the glue to our society is noticed.

*It won't come as a surprise that the first strategic priority of Volunteering New Zealand is to recognise the value of volunteering.*

That means:

- Nurturing and championing the mana of volunteering in its many forms
- Recognising, supporting and measuring the contribution of mahi aroha

We do that by organising events such as National Volunteer Week and Student Volunteer Week and by celebrating International Volunteer Day. These opportunities are vehicles for you to recognise the impact of the volunteers you work with and by combining our voice we can make sure that the value of volunteering impact does not go unnoticed.

## Measuring the value of volunteering

When we say value, how do we measure that? You have probably all heard before that the contribution of the volunteering sector to our GDP is the same as the contribution of the construction industry. But we rely on sketchy data to measure volunteer impact:

- While the new mandatory reporting standards for charities have been in place for a while, Charities Services still hasn't come up with meaningful ways to measure the volunteer contribution. Charities need to specify in great detail their finances. But when it comes to the time contribution the guidelines say no more than "just take an average of your number of volunteers and the numbers they contribute".
- It took nine years before the 2004 Non-profit Organisations Satellite Account was repeated. And that was five years ago.
- The results of the 2013 Satellite Account show that the value of volunteer labour to GDP through non-profit organisations was calculated at \$3.5 billion. We all know that volunteering through an organisation is only part of the picture. It doesn't take into account the mahi aroha at a marae, someone helping on a Saturday morning or the effort it takes to organise a street party for Neighbours Day.

And measuring the economic value of the goods and services that volunteers produce is only part of the picture. As Robert F. Kennedy said in 1968: "[GDP] measures neither our wit nor our courage, neither our wisdom nor our learning, neither our compassion nor our

devotion to our country, it measures everything in short, except that which makes life worthwhile."

And whilst volunteering is now a wellbeing indicator (partly through advocacy effort by Volunteering New Zealand), the value of volunteering as a wellbeing measure is not known.

## The social impact

So, I am a bit of a fan of Andrew Haldane, Chief Economist of the Bank of England. He is also founder of Pro Bono Economics, a matchmaker between volunteer economics and charities to work on measuring the social impact of charities' activities. In 2014 he gave a speech titled "In giving, how much do we receive? The social value of volunteering". In that speech he clearly laid out that the value of volunteering is not just to the recipient but also to the provider and to wider society.

He starts off with measuring the economic value of volunteering (basically the value of the goods and services delivered through volunteering). Then he discusses the personal benefits of people volunteering, for example increasing skills and employability or the impact it has on a person's health and wellbeing (did you know that volunteering contributes as much to someone's wellbeing as playing sports?). And finally he addresses the society impact of volunteering, the money saved to society by addressing issues.

Let me give you an example of that. I might be a driver with an organisation such as Red Cross or Cancer Society and my job is to take people, who don't have access to transport, to hospital appointments. Or for that matter, I might take my neighbour to such an appointment. The economic value of this activity would be equivalent to what it would cost if this service was delivered for example through a taxi company, i.e. the value of the service (which is different than calculating my hourly



rate at a minimum wage rate and a bit of fuel).

Through this activity I may be able to demonstrate to prospect employers that I am reliable, have good people skills and know how to deal with confidentiality. In other words, this activity could increase my employability and at the same time improves my health and wellbeing, sense of worth and purpose. This would be the personal value (to the provider of the service).

The society impact of this activity could be calculated by measuring the financial benefit because the 'did-not attend' rates at the hospital are reduced. It would also include things such as the saving on health care because the person actually received treatment and therefore doesn't require more invasive treatment as his condition was managed rather than becoming worse if he hadn't been able to complete his treatment. I am not an economist, so other people are probably way better at demonstrating the value of this activity.

Haldane explains that most charities are not good at demonstrating the true societal value of their activity as it requires a lot of expertise and time – aka money – to properly calculate this, and most charities would rather use this money to actually deliver services!

So why is this important? Civil society or the 'community glue' is something that traditionally used to be strong in New Zealand. But society is changing. Whilst according to the World Giving Index, we are still in the top five for volunteering, we dropped from 44% of the population volunteering in 2016 (ranking number four) to 40% of the population volunteering in 2018.

And it is only a few months since the horrific terrorist attack in Christchurch showed us that our sense of unity and sense of belonging that used to be a given is now something that we can't take for granted but actively needs protection. Now more than ever we need to weave people together and volunteering can play a role.

### Demonstrating value

But we structurally underinvest in volunteering and civil society. It is not taken seriously like the private sector, or even the public sector, because we

don't measure it and therefore we need to make the sector more visible and prominent.

It will be hard, if not impossible, to leave it to the volunteering sector to demonstrate its worth so we need agencies such as Statistics NZ to measure the social contribution of the sector as a whole to highlight the value of its social contribution.

It's up to each of us to stand up for volunteers and volunteering in our own environments to ensure volunteering is impactful. For larger organisations this could mean ensuring that paid professionals work in partnership with the volunteers that come from the communities they serve, for informal settings it could mean that it is inclusive, for Volunteering New Zealand this could mean engaging with government agencies to ensure that policies support rather than hinder volunteering. For the Government this could mean developing volunteering strategy that underpins the aspiration of a country where people are working, caring, learning or volunteering.

At Volunteering New Zealand, our aspiration is that volunteering defines who we are as a nation. We thrive and are enriched by the goodwill of volunteers in every community, and we undertake mahi aroha because of our whanaungatanga, we build new connections and relationships because we volunteer.

Whatever it is what drives us, our mahi is for the benefit of our marae, our school, our environment, our community, for Aotearoa New Zealand.



Helga is Chairperson of Volunteering New Zealand. She is also Capacity and Development Manager at the Cancer Society of New Zealand. Helga has 10 years of experience of establishing supportive environments for volunteering in the not-for-profit and government sectors and is also on the advisory committee of her local time-bank.

Read more at:

<https://www.volunteeringnz.org.nz/>

### State of volunteering 2020

Volunteering New Zealand is surveying volunteers and volunteer involving organisations to get feedback on the state of volunteering in New Zealand. We will publish a report on our findings in 2020. Your feedback is important. To complete the survey (as an individual or as a club) go to:

<https://www.volunteeringnz.org.nz/vnz-surveys/>



## Parent like a Triplet

Kari Ertresvåg from Norway has written a new book from her own perspective of being raised as one of three identical triplet girls.

*This summer I was given the privilege of reading an advance copy of Kari Ertresvåg's wonderful book: 'Parent like a Triplet'. Kari is an identical triplet from Norway, born in 1982, along with sisters Trude and Mariann.*



What sets this book apart from others on multiples, is it is written from a triplet child's perspective (albeit a now adult one), and provides a refreshingly new approach to understanding the sometimes fascinating, often challenging world, of being born as a multiple.

*"This book is everything I have learned from being an identical triplet, everything I've ever wondered about and everything I wish my parents had read before my sisters and I came into the world."*

Reading Kari's book was, at times, like having a conversation with an old friend. Her honest and often hilarious anecdotes and stories are of growing up, and also go through the psychology as a multiple, and are backed up with academic studies and relevant data. But the real beauty in Kari's words are her snippets of actual events throughout her life, and how these helped carve out her own experiences and those of her family. Including that of little brother Stig, just under two, coming to take his sisters home from the hospital for the first time - "Are we going to take all the hospital's babies?"

A parent's first thought when finding out they are expecting two or more babies at an ultrasound, is usually going to be, how am I going to do it? Kari's mother's response later was, "stubborn with lots of optimism," while her father was focused on, "routine, routine, routine." As families of multiples, it is so often a cause for intense worry and stress during the pregnancy, but as Kari simply puts it, as parents, we "just do it.", as what would be the alternative? "You knuckle through the first weeks, or months of sleeplessness, exhaustion, and bewilderment, and then, as with anything, do something often enough and you figure it out." Kari also champions the saying, it takes a village to raise a child, so don't be afraid to reach out for some help when you need it, which we also champion within Multiples NZ.

Kari explores an abundance of personal experiences of growing up and suggestions to parents of how they can meet the challenges of their own children. Think ... mixing up your babies and how to avoid doing so (Kari's mum confessed that her babies could possibly have been mixed up, as most likely their name tags fell off at some point); navigating birthdays while ensuring each child feels special (unless you're thinking of digging them a pool in the garden, skip the shared gift); build a bond with each child (one of my own personal favourites - one on one time with each child, multiple or

singleton). Throughout the book, the recurring theme of developing each child's own unique sense of self is highly regarded and explored, which aligns with current theory on raising multiples. Kari also explores navigating the world as a teenage and adult triplet, and the effect that has had on her relationships with her siblings, partners and friends.

I would recommend 'Parent like a triplet' to families expecting or parenting twins, triplets or more; as well as professionals who work to support these families. Kari is honest and charming in sharing her experiences and advice, and her book is a valuable contribution with a unique perspective to the literature available on raising multiples.

Kari is an identical triplet from Norway, this is her first book which she has been working on for many years..

You can buy an e-book at Amazon for around US\$12:

<https://amzn.to/2v7hxj1>





**multiplesnz**

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**[www.multiples.org.nz](http://www.multiples.org.nz)**



# Better outcomes for families

Carolyn Lister (ICOMBO & Multiples Canterbury) shares what is happening internationally.

*It has been a busy and challenging few months for ICOMBO. (International Council of Multiple Birth Organisations.) We are a voluntary organisation whose aim is to raise awareness of the unique needs of multiple-birth infants, children, adults and their families promoting their health, education and welfare.*

We were preparing for our congress, that was to be held in Hong Kong in late November. Unfortunately due to the unrest in Hong Kong, it was considered unsafe for us to travel there. After much discussion, the meeting was postponed and was being planned to be held in Beijing July 2020. Of course now with the Coronavirus that is looking unlikely to happen. ISTS are in discussion regarding a possible meeting in Europe in 2021 so that may be the next chance the board gets to meet. In the meantime we have been updating our Declaration of Rights and Statement of Needs of Twins and Higher Order Multiples and planning our awareness week which happens every second year.

International Multiple Birth Awareness Week will happen from 9<sup>th</sup> to 15<sup>th</sup> November 2020. The theme is Building a Global Community: Championing the rights of multiples. The results of our school survey that was conducted last year are currently being written up and hopefully may be available for the next magazine. Make sure you follow our Facebook page to keep up with details of our various activities as well as other articles and a bit of humour:

**Facebook Page:**

<https://bit.ly/2TnUwBX>

**Website:**

[icombo.org](http://icombo.org)

The following article was written for the December ICOMBO newsletter by Monica Rankin. Although Australian the content is very much relevant for New Zealand. Hopefully learning and actions from Australia will be able to be shared more widely and applied here in due course.

## Better outcomes for families of multiples—Monica Rankin

I recently attended a national agenda-setting workshop on this topic, for the Australian multiple birth community. Two years ago, Twins Research Australia (TRA) hosted a forum of people with an interest in multiples – researchers, clinicians, parents and multiples themselves. Here we discussed various issues regarding multiple birth families in Australia. Many of the themes are relevant to families in our wider ICOMBO community too. I was involved in this forum, and speakers included Ashlee Tenberge from AMBA and Keith Reed from Twins Trust (formerly Tamba). From this forum a number of priorities for multiple birth families were identified, and we collaborated to write a discussion paper –

*Multiple Perspectives: What support do multiple birth families need to live happy and healthy lives? This paper provided recommendations for research, education, policy and practice.*

A number of research gaps and priorities emerged. The next step has been to facilitate a workshop on setting a national agenda to commence the work required in providing happy and healthy lives for multiples.

There were four main priority areas identified from the paper, and these were the foci for the recent workshop:

- To develop educational resources for allied health professionals specific for the needs of multiple birth families.
- Support further research on the financial disadvantage experienced by multiple birth families, to lobby government support.
- Advocate for further research to more precisely understand the unique mental health concerns of multiple birth families.
- Advocate for research to reduce pregnancy and complications.

Clearly, these themes are also very relevant to every organisational member of ICOMBO. We hope to share our experiences with all ICOMBO members, and also to learn from you, where you have already achieved success.

## Current international issues for multiple families:

- There are very few resources available in Australia for professionals working with multiple birth families.
- The Elizabeth Bryan Centre for Multiple Births Centre in UK, offers online courses for professionals. This appears to be a good model for other countries to adopt.
- In Australia, 3.6% of IVF treatments result in multiple births. Australia and New Zealand have some of the lowest rates in the world.
- The average length of a twin pregnancy in Australia is 36 weeks for twins,

and 33 weeks for triplets. The international recommendation for twins is that the optimal delivery should be by 37 weeks at the latest, earlier if there are other complications.

- Multiples are 2.7% of the total Australian population, and 1.4% of all pregnancies in Australia, but have the following outcomes: there is four times the number of perinatal deaths for twins, and 11 times the number for HOM's.

### Risk for pregnancy and birth complications:

	Singleton	Twin	Higher Order
<b>Preterm Birth</b>	7%	64%	98.7%
<b>Low Birth Weight</b>	5%	56%	95%
<b>Caesarean Birth</b>	33%	70%	94%

- A health economist has recently completed some studies on comparative health costs for multiples vs singletons (in Australia). The table below shows the mean costs for services that are included in our medical rebates scheme. Services such as physiotherapy and other allied and alternative health services are not included:

	Singleton Family	Multiples Family
<b>During pregnancy</b>	\$1300	\$1315
<b>Health Services Costs for Children up to One Year Old</b>	\$188	\$1024

- Positive mental health outcomes are much more challenging for parents of multiples than parents of singletons. The rate of Postnatal depression (PND, PPMD) is approx. 10% generally for mothers. There has been very little quantitative research completed for parents of multiples, particularly in the Australian context. ICOMBO conducted an international study in 2014, which appears to be the main study that has a significant cohort of Australian multiple birth parents. The rate of PND in the international group was approx. 33%, with the Australian rate being approx. 35%. This means that more than 1 in 3 of the parents who responded to the study had been given a diagnosis of PND, from a total of 5200 respondents.
- There are many stressors for PND, and until these are adequately addressed, the multiple birth community will continue to struggle with this serious mental health issue.
- Chorionicity can be determined from 9 – 14 weeks gestation. It is important to get accurate chorionicity at this stage, as monochorionic twins have increased risks compared to dichorionic twins. (e.g. TTTS).
- There is an increased risk of a congenital abnormality in monozygotic twins, compared to dizygotic (fraternal) twins.
- Parents have shown that continuity of care is very important in a healthy mental outcome for the family; having the same clinicians, or at least the same small group of clinicians. The familiarity is very important to the parents as they build trust with their clinicians.
- In Victoria, Australia, recent studies have documented the increase in caesarean deliveries vs vaginal deliveries for all babies, not just multiples. There has been a 10fold increase in the caesarean rate for twin deliveries from 1983 – 2015. In up to 20% of deliveries, the sole reason for choosing a planned caesarean was “they are twins”.

### Outcomes from the workshop

After listening to the speakers about the four priority areas, the participants worked in groups based on these priorities and discussed some more specific details about what to do and how to do it. For example: conduct research in a particular area, produce literature for a professional group, etc. I am hopeful that many of these outcomes will be applicable to our international ICOMBO membership.



# KIDS CORNER



## Autumn WORDFIND

Can you read & understand all the words?  
•WATCH OUT, the words in this word find go forwards, backwards & diagonally!

Q	M	A	H	A	N	G	A	T	I
U	U	S	Y	F	X	E	O	H	D
A	S	A	T	O	U	W	N	R	E
D	R	T	D	U	N	I	V	E	N
Z	I	W	P	R	W	C	O	E	T
B	Q	O	H	T	U	M	F	L	I
I	M	U	L	T	I	P	L	E	C
K	T	R	I	C	Y	C	L	E	A
E	B	J	D	G	E	I	K	E	L
F	R	A	T	E	R	N	A	L	T

MĀHANGA	MULTIPLE	THREE	FOUR
FRATERNAL	TWO	TRIPLT	QUADRUPLET
IDENTICAL	TWIN	TRICYCLE	QUAD BIKE



## 10 Autumn challenges!

How many can you tick off?

- 1 See a deciduous tree changing colour.
- 2 Ask a family member to tell you the story of your birth (& maybe how they felt when they first found out it was a 'multiple' pregnancy!)
- 3 Learn how to make a warming autumn soup with seasonal vegetables. Share it with your family.
- 4 What do you think is the best thing about having Multiples in the family? What's the most challenging?
- 5 Collect some coloured autumn leaves. See if you can find purple, red, orange, yellow, brown & green!
- 6 Did you know that most of Aotearoa's native trees are evergreen? Find a deciduous tree, make a leaf pile & have a leaf fight!
- 7 Find a cosy spot to snuggle up with a good book.
- 8 What's going on in your garden? What's ready to harvest? What could you plant?
- 9 Are you are fraternal twin? Or identical? What are the differences?
- 10 Look back at some photos of yourself as a baby & talk with your family about how life was at that time. Take some new family photos to add to your albums!

Did you know that Māhanga is the Māori word for twins or multiples? Traditionally, there were no separate words for a triplets or quadruplets, which is probably due to their rareness...

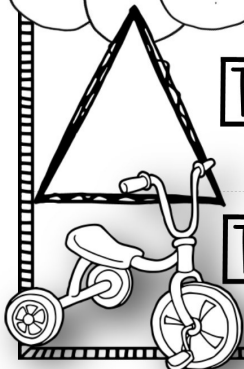
Did you know that the prefix **TRI** means 3?  
Use the picture clues to complete these TRI words!



Tri \_ \_ \_

Tri \_ \_ \_

Tri \_ \_ \_



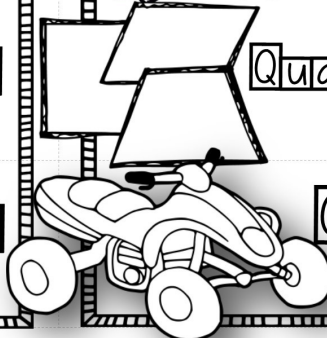
Did you know that the prefix **QUAD** means 4?  
Use the picture clues to complete these QUAD words!



Quad \_ \_ \_

Quad \_ \_ \_

Quad \_ \_ \_



From left, Katie Felt and Shelly Hand = ADRIAN ILLIUS © 2020 GREEN CROSS



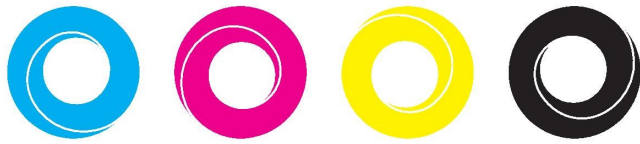


Illustration: Kate Ford and Sarah Harris - Artistic Minds © 2020 Green Games

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 <p>Supporting parents of multiples <b>0800 4 TWINS etc</b></p>	
<p>Our free phone number 0800 4 TWINS ETC (0800 489 467) is provided by Multiples NZ to assist people to contact their local multiples club. Manned by volunteers throughout the country, this number prevents clubs needing to reissue all their flyers when committee members move on. It is your number for your clubs, so please use it as often as you like!</p>	



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## Multiples NZ Mission Statement

To address the diverse needs of families with multiples through networking, education, support and advocacy. Working in partnership with local Multiple Clubs, community groups, health care providers and educators to ensure our values are upheld.

### Triplets Plus from around New Zealand

