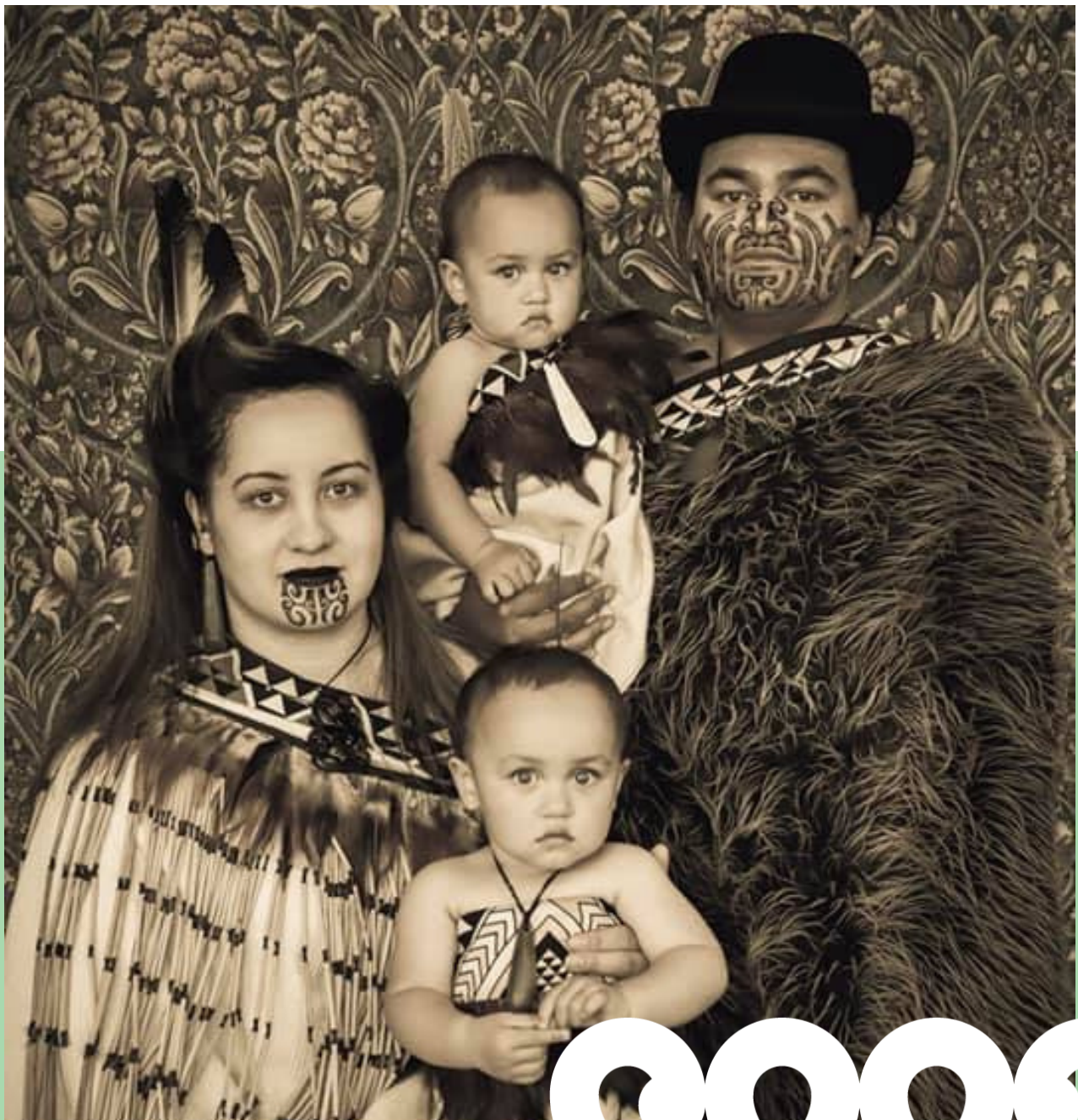


# M U L T I P L E S A O T E A R O A

T e T a k i t i n i o A o t e a r o a



**AUTUMN 2021**  
Modern Families







Whānau time with our multiples from around New Zealand



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# EDITORIAL

## Mā mua ka kite a muri; Mā muri ka ora a mua.

Those who lead give sight to those who follow; Those who follow give life to those who lead.

Your Multiples NZ Executive recently met for our annual kanohi ki te kanohi hui (face to face meeting) in Wellington. We had the bittersweet pleasure of farewelling Ainslee Jacobson and Michelle Kitney from their Executive positions, which we were unable to do at our postponed National Training Forum 2020. The above whakataukī is relevant to these wāhine toa who have given ten years to our Multiples whānau through their involvement at a club and national level. We know that this is not the end of their journey with us as they each have individual projects they will continue to help us with. Their leadership continues to inspire the current executive, and their expertise will continue to be called upon when needed.

This term our whānau have been settling back into school and our after school activities. I'm not sure about you, but somehow between three children, every day I am all over the place and trying to keep who is supposed to be where and when and with what is continually frustrating. I'm not sure what the answer is, but I am sure I could be managing this in a less stressful manner. If you have any successful multiples time management tips I would love to hear about them!

This summer, our exec team have been working on completing the premature multiples and the multiples pregnancy resources, and we hope to have these to you in the first half of this year. We appreciate your patience and know you all are aware of the time and whānau commitments of our volunteers.

As you can see our magazine has had a makeover for a fresh revitalised look, which has taken many hours of reformatting and design work. 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 'Childhood Illnesses' so if you have any thing to contribute, please get in touch!

### Kirsty



Xavier, Ruby & Lilian Saxon - Methven



# PRESIDENT'S REPORT

## Are you okay?

As we fluctuate between alert levels, have earthquakes and tsunami warnings and navigate the in's and outs of life raising multiples, sometimes it is good to stop, take a breath and check in on those around you.

Our community comes together through the shared journey of having and raising multiples, to help each other. Tired, stretched parents who often don't have spare time, but got through the tough days with a kind word or gesture from someone they didn't necessarily know particularly well but that person had been there before them.

As so much has changed in such a short space of time, we find our volunteers stretched thin, and less people have the time or inclination to be involved in volunteering.

So please next playgroup you attend, club event, newsletter or magazine you read. Stop, take a minute to thank the person greeting you, writing the article, answering the 0800 number - they probably had grocery shopping they needed to do but that came second to supporting our community.

Much of my time is often spent answering emails, helping people connect with their local club, finding solutions for families, working with other organisations to find better ways to make the funding we have go further. Often I find myself referring people to our website, our new website went live in 2020 and many hours of work went into making this an easy place to find as much information as possible on the basics of pregnancy, support, life with multiples. Please take a minute and have a look around [www.multiples.org.nz](http://www.multiples.org.nz)

So as we continue to navigate 2021, (which is looking to be just as challenging as 2020!) I personally am trying to find the balance between helping others in my volunteer roles and helping myself and my family, with growing children we often can't solve all their problems and my tween will tell you I am the cause of many of her problems, but we can be there - through thick and thin sometimes all we have is each other. Take care and be kind - we are all on a journey.

**Heather**







## WELCOME TO THE WORLD

# FLORENCE & DAISY

### Chloe Miller Multiples Canterbury

Where to start ... my pregnancy was tough, as most multiple pregnancies are, without any major health concerns. I was incredibly sick for the first 17 weeks, vomiting on average around five times per day. Always hungry, nauseous, exhausted, and sore. I had already become accustomed during pregnancy to losing sleep overnight, and frequently waking. Sometimes for several hours at a time. I actually lost weight while I was pregnant, weighing less at 20 weeks pregnant than I did pre-pregnancy. My babies certainly took everything out of me.

Despite this, we were absolutely ecstatic to discover we were having twins. Both my husband Gavin and I, had always wanted twins, and we were even more excited when we found out we were having girls. The girls were in their own sac each with their own placentas. We were scheduled for induction at 37 weeks plus two days. This would have been Monday 13th August 2018.

On Friday 10th August, we went into the hospital for another routine scan and obstetrician pre induction meeting. At that point I had been having weekly scans for the last month or so. We were told I was to be admitted straight into hospital and unable to leave. The girls' growth had both slowed dramatically. Florence, who was the leading twin A, was much smaller and her doppler blood flow results were becoming irregular and concerning. Daisy, twin B, was, and had been for almost the whole pregnancy, breech and quite a bit larger than Florence. I was given my first steroid injection once admitted to the ward, to help develop their lungs and was having regular CTG heart monitoring scans. The steroid injection caused me to only manage three hours sleep that night. I remember being really uncomfortable and it felt like I was having scans almost all night long. The following day, Saturday the 11th August, I was given a second steroid injection. Following this too came the news and opinion of my own midwife and obstetrician that it was no longer safe to proceed with the planned induction and we would be booked in for a caesarean section the following morning. This came as a relief to Gavin and I as we were starting to get worried for the girls safety and had always agreed that we were more than happy and open to proceeding with whatever was going to be the best and safest for them. We were given a tour of the NICU ward, in case the girls were to head there. I also successfully managed to hand express some colostrum ready for the girl's arrival. The remainder of that day and night involved a lot more scans and a lot of visitors, which kept me going. I started to have very mild contractions that evening, which cemented that things needed to get moving.



This brings us to Sunday the 12th August! The C-section was tentatively booked in for 8:00am, with the time 'to be flexible' as we weren't classed as an urgent emergency case. Gavin, our student midwife Sam, who was by our side for our entire journey and I were taken to a birthing suite to wait. The hours slowly started to pass, I was feeling nervous, tired thanks to the steroids, weak and extremely hungry. I was usually always eating, even overnight, to keep my energy levels up and I had been put on nil by mouth since dinner the evening before. When you're eating for 3 - the hunger is real! It also didn't help with our nerves as the birthing suite we were waiting in just so happened to be right beside another full on active labour - we heard everything and I really mean everything!! The day was really dragging and then finally I was prepped for surgery - yay. I was dressed in a hospital gown, I chose to do a vaginal seeding for the girls, an IV drip was inserted into my hand and more CTGs and OBs were done, checking on all of the vitals. Our midwife Molly arrived, then everyone else was scrubbed up in blue, including Gavin.

At 4:00pm we were collected for surgery and taken through to the operating theatre. I remember I was wearing pink, slide-on slippers with gold stars on them and everyone was commenting on them. The room was very brightly lit, large and had a lot of little stations set up. There was equipment everywhere and a bed in the centre of the room with more lights and monitors over top. Gavin had to wait outside while I had my spinal done. I was asked to sit on the edge of the bed and tuck my chin to my chest, curve my spine and stay as still as possible. Sticky cold plastic was stuck to my entire back and the first injections were put in to start numbing my back and lower body. These hurt a little, like a sting, uncomfortable but quick, lasting only a few seconds. I remember it made me flinch slightly and squeezed Sam's hand really hard and that my whole body was uncontrollably shaking at this point. Everyone was really bubbly, upbeat and reassuring, chatting and working away. I was asked if I wanted music on - I said yes. By now there were 15 - 20 people milling around the room. We received confirmation that the NICU staff were ready on standby in the room and then the larger spinal injection was inserted into my back. I could still feel every part of it, it was very uncomfortable but not as painful as I had been preparing for. Enough to grit my teeth and jaw tightly and completely tense up but no more. After this was done and a wait of what felt like 10 minutes at a guess, Gavin was finally let in with us. I was laid down flat on my back and could feel warmth spreading through my legs and stomach. They used a little mini ice pack on my body to check if I could feel it. The spinal allows you to feel touch but no pain or temperature variations, sort of like a numb feeling. Once I had lost it from up to the bra line and down, my lower stomach and pelvic bones and hips were painted. The curtain then went up in front of me from my bra line and I couldn't see anymore. Gavin stayed by my left side at my head from this point.




Everyone was working away, chatting as they normally would, it was a surreal, strange feeling and environment to be in, being completely awake while undergoing major surgery. Our incredible student midwife, Sam was taking photos and videos throughout, catching everything that was going on over the curtain for us. I could feel pulling and tugging around my middle, it was a weird feeling, like it was happening to me but I couldn't process the enormity of exactly what was happening.

Florence came out first at 4:19pm but they didn't drop the curtain for me to see her, thankfully though everyone was telling me about her. The head surgeon popped her head over the curtain right after Florence was out and told me that it is so fortunate we went with this birthing route, as Daisy's foot was first down the birthing canal ahead of Florence, so a natural labour would have resulted in an emergency c-section anyhow. Then just moments later, the curtain was dropped and Daisy was held up for me to see. I struggled to lift my head up but I saw her for the first time and it was beyond amazing. She had the cutest little face. She was a purple-ish colour and covered in a white residue and was being rubbed down her chest and body with towels. Then she was gone and as quick as the curtain dropped it was back up again. Everything from this point on became a bit of a blur but it was around this point that my chest started to feel cold and heavy. As though there was a huge weight pushing down on it. I started to feel like I couldn't breathe. I was moving my head backwards and side to side to find someone to tell but everyone was gone.

I started to panic more and more as my breathing got shallower and I still couldn't see anyone. By now I was incredibly scared and felt like something was really wrong with me, I tried to call out and only cries came out. Then I felt tears streaming down my face and then nothing. Suddenly there was the anesthesiologist at my head and then Gavin and my midwives. My head was being stroked and everyone was telling me to breathe. An oxygen mask was on my face and very slowly everything calmed again.

Gavin was distracting me talking about our cat Paddington when beautiful tiny Florence was brought to me. Her little face was put right up to mine. All I remember is her perfect little face, little open eyes, her lips making kissing movements on my face and her wee pink hat. She even breastfed for a little or tried to, naturally suckling and moving in to place all on her own, it was so beautiful. Gavin had cut both of the girls cords, which he was really proud of. I never got to see Daisy again in the theatre, she was whisked up to NICU all on her own not long after she was born. I have no memory of this but I was told later that everything was okay, she was very briefly in intensive care as she was breathing too fast after she was born then moved into room 6. Gavin went along with Florence up to NICU to join Daisy while I went through to the postoperative care unit (PACU).


Later that evening we were incredibly lucky to be wheeled up in a bed to NICU on the way to the ward to see the girls together. They were both in incubators and were taken out and put on my chest for some skin to skin. It was the first time I touched Daisy and looking back now one of the most incredibly special moments of my entire life. I will never forget the gift we were given being able to do that as it wasn't something they usually allow. We just couldn't be happier to have that precious moment together. We were changed, we had become parents. Florence was 2.28 kg and Daisy was 2.67 kg. There ended up being one very large placenta which we were advised had likely fused. We spent a total of 16 days in NICU, effectively just getting the girls feeding well enough to come home. Florence and Daisy are now just over two - cheeky, happy, always smiling and giggling, loads of fun, adventurous, animal obsessed, super busy and fast!! They are our world!





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## Website Login - Members only area


Did you know that Multiples NZ is specifically designed to help you on your journey to raising multiples? It is bursting with information from the early stages of pregnancy to parenting teenagers and beyond. Through our affiliated membership with Multiples NZ you are able to access and download our quarterly magazine, and browse our wide range of nationwide discounts via this login.

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FROM A MUM OF TWINS

# SELF CARE

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Melina Ubada Browne

AUCKLAND

I am a solo mother of two beautiful 16 month old twins, Thomas and Lili-Rose, living in Blockhouse Bay. We have immediate and extended family living both locally in Auckland and overseas in various places including France and Samoa. Prior to becoming a mother, I was a social worker for over ten years specialising in working alongside high risk/high needs families and youth in the Auckland area. I was half way through a Master's Degree in social policy when I became pregnant, which was both awesome and scary. It had been my dream to be a mum for some time, so there were some big adjustments.

What a surprise it was when I learned that I was going to have twins! What could be cooler! I was able to get all of what I needed before their birth myself, and through the kindness of friends and family. I felt prepared (other than my accommodation), which I succeeded in organising just a month before their birth. It was as if everything was going too smoothly! Of course life never goes completely smoothly.



The twins are half Samoan and a quarter French, and it's my goal to have them tri-lingual eventually. I envisage having them attend a Samoan daycare, and a French unit at a mainstream school, so that when they're seven or eight years old they can slot back into mainstream while having a good head start with their languages. Right now we do swimming each week, a twin play group, a wee-chat' group of twin mums, regular visits to our local family, and daily outings - which can be as boring as the supermarket or as cool as the zoo. Covid has made it a bit boring for us (as I'm being cautious), but we're managing through with a good playlist and good food.

My newfound understanding and respect for the role, demands and challenges of being a mother (which I already had immense respect for, but has now increased 100 fold). Even with my professional expertise, training, family-based values, and love of kids in general ... experiencing motherhood myself has taught me so much, including that I'm stronger than I thought. This is something that every mother has probably experienced - learning more about themselves and what they will and won't accept pre and post motherhood. I cannot stress enough the importance and benefits of self care (which by the way - looks different for us all). Self care could be a chat with trusted people, a walk alone somewhere nice, a marathon of your favourite reality television programme, a glass of rosé (I'm not encouraging, I'm being real), or maybe seeing a professional for support. Whatever methods, self care is all about the recognition of a need or an issue you have - and the implementation of a solution or way to feel better or resolve it that works for YOU. I have recently realised that since becoming a mother, my self care has deteriorated (I gave it a score of 7/10 prior to motherhood, and it is now about 5/10). I have struggled through various issues since becoming a mother and have had to create new boundaries. Some things seem more important or cause me more stress or worry than before, mainly because I am prioritising and considering my two little humans before everything else. I would die before "allowing" harm or poor choices to affect my kids. My level of concern and the time and energy I need to do what is best for them can be intense at times. When they were about four months old, I recall asking other twin mums: "When does it get easier?" They all had their answers, but the best I've been given is: "It doesn't," The mother then said, "it's a never ending adjustment and it just gets different." This Yoda-mum's wise words about never ending adjustments have helped me through many rough patches.

My self care included getting professional reassurance and guidance, and I did this as soon as I felt the need or when I knew a challenge was coming up. I did not leave it until when things were feeling out of control. I really benefited from 'going hard and going early', and I am keen to re engage shortly - it's good for me. Asking for help. I know we all say we know (and we do) - but we don't. We're polite and tell others we're okay and managing, but sometimes it's good to say "I'm having a crap day, or today's been tough, or I could really use a few hours of rest away from the kids." Even ... "Could you bring me some food ...and possibly clean the kitchen?" Ok the last one is pushing it, but if you need help it's worth asking.

Complimentary to the skill of asking for help, is having to learn to go without help. Surprisingly, this has benefits such as allowing me to grasp and manage what is my reality. It didn't break me, but instead empowered me. I have my good and bad days like everybody, however it seems like I only get a tough one every week or two - those aren't bad stats for a solo mum of twins.

Everything is preparation and being practical. It makes each day run smoother. It's not so much a set routine (I hate those) but an "almost routine" (the ability to do anything different during the day as long as certain things are taken care of). If the kids are happy, I'm happy and vice versa. From the way I set things up - in particular your home. Being open to options with their Dad (tried some different arrangements, but had a clear idea of what kind of home I wanted to create which helped me decide who was welcome and who wasn't). This also included friends and family - who can sometimes bring stress instead of support, and also professionals (I fired my first wellchild person politely - which is called self advocating - and am currently on my second and satisfied I did so)

## Yes, I am superwoman!

Self praise - yes I'm doing a good job, yes my kids are doing great, yes I am managing way better than I imagined, yes I'm a fun, capable and loving mum who will continue to be so, regardless of what comes my way. I literally can't imagine what it would be like with just one, and feel bad for mothers of one (if I'm honest). They entertain me and each other, they learn from each other and they are never lonely. I also know the love and support of family and friends is critical (when and if I choose to reach out, or when they see I need help and just show up). Because I know I will always find a way through. I know I'm stronger than I thought. I know that it's super fun having twins, and the rewards far outway the hardships.



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# STEP FAMILIES

EMILY ANDERSON  
CHILD & FAMILY PSYCHOLOGIST

How a family is defined in today's society certainly differs to that of past times when mum, dad and 2.5 children was the norm. Divorce rates were low and step- or blended families were a rare phenomena. Nowadays divorce rates are high, and parents are remarrying or living in defacto relationships which results in step-mums and dads, step-siblings, step-aunts and uncles, and even step-grandparents!

The blending of one or more families can certainly be a challenge, especially as each family comes with their own set of values, beliefs and ways of dealing with situations. Some parents feel guilty when their child expresses sadness about not living with both parents, and at times can compensate or try making it up to their children. Parents have tried to buy their child's love and affection, or have showered their children with extra attention and gifts, or given in to their whims. Unfortunately, these responses are not particularly helpful.

*Below are some suggestions to support families in becoming unified, and making their family unit work for them:*

- Spend time getting to know your step-children. All children are different and depending on when you entered their life will depend on how much you know about them. Take time to find out what interests your step-children. Find time to engage them in conversations and activities they like, and remember that children are good at detecting our level of genuineness and authenticity, so be yourself!
  - Resolve past hurts. Most of us have been wounded or hurt at some point in our lives, but what is important is whether or not we have resolved that hurt. Unresolved grief, pain and anger can have damaging effects on our relationships, especially with our partners and children, the ones we love the most. If you need help, visit your family doctor or call a telephone helpline to speak with someone who can offer professional assistance.
  - Back one another up. Parenting your own children can be tough enough, but taking on the role of parenting another persons' child, now that can be a challenge! However, if you both agree on some basic household rules and are supportive of each other, as well as encouraging respect for authority in the home, when it comes time to enforce boundaries or implement consequences, things should go relatively smoothly. Remember that children feel secure and know their limits when parents stand united.
  - Make time to check-in with each family member. The process of blending families takes time, energy and a lot of patience! Make time to ask each family member how they are coping within the family. Hold family meetings. One suggestion is to provide a box for family members to post anonymous notes outlining the things they would like addressed at the family meeting. Anonymity reduces the likelihood of siblings picking on each other or someone being singled out.
  - Don't talk negatively about your ex-spouse in front of children. It is important that children are not privy to conversations that could become heated between parents, as this can leave children questioning their sense of security. Try to talk positively about the child's other parent for their sake. If children hear you disrespecting another adult, this can in turn lead to children disrespecting other adults in their lives.
  - Agree on household rules, consequences and rewards. It is important to establish a few household rules for all members to abide by (yes, even the adults!). Stick to less than five rules and decide in advance the rewards and consequences for following, or not following, household rules. Be consistent in enforcing consequences and rewards. Consequences can be such things as no television that night, no dessert, no computer time, or no pocket money if the behaviour continues. Rewards could be an extra story at bedtime, a trip to the park, a chance to earn extra money or 10 mins playtime with Mum or Dad.
-



- Remember that transitioning takes time. There is no manual on how to blend families, only a list of possible strategies to pick and choose from to support healthy family functioning from one day to the next. All good things take time. Blending families is a journey like any other and comes with its own highs and lows.
- Validate the way your child feels. It takes time for children to adjust to new surroundings, especially if they are not used to sharing you with someone else. It is common for children to experience an array of emotions ranging from anger, jealousy, guilt, sadness and fear when faced with new situations. It is important to respect how your child feels about being part of a step-family. Provide lots of opportunities for children to express how they feel. Help them to regulate their emotions by problem solving with them. Provide prompts such as; how do you think we should handle this situation? Or what else can you do to calm down when you feel angry?
- Some level of fighting is inevitable! As humans we make mistakes. At times we will say the wrong thing, or look the wrong way, upsetting another person. Children are especially good at finding someone's buttons to push! Therefore, fighting amongst siblings, be it biological siblings or step- siblings, is not uncommon. Be confident in setting limits and boundaries. Be consistent at backing-up instructions with consequences. Remain calm and act promptly when fighting occurs.
- Have fun. Laughter really is the best medicine! It helps to break down all sorts of barriers. Make time to tell jokes, watch funny movies and to talk to one another.
- Respect your partners' relationship with their own children. There will be times when you may not agree with the method your partner takes in dealing with a particular situation with his/her own children. However, it is important that you respect the relationship he/she has with their children. If you have concerns talk with your partner, express how you feel to avoid unnecessary conflict where necessary.

© Emily Anderson, Truth in Action Psychology Centre

*Emily was born in Christchurch and now lives in Australia. She presented this paper at our MNZ conference in 2014.*







FROM THE ARCHIVES:  
PREVIOUSLY PUBLISHED  
MULTIPLE MATTERS WINTER 2017

# NANA LIVES HERE



Kirsty Saxon  
Multiples Canterbury



Since the birth of our first daughter, my mum had lived around the corner from us, providing support, love and help whenever she could. Fast forward three years and our twins arrived. My son, Xavier, was and is still, my paua baby, he wouldn't go to anyone except myself. So my daughter, Lilian, was happy to have lots of cuddles and love from Nana as well as me. They forged a beautiful connection. Two years ago my husband, Jack, accepted a Principalship at Kaitaia College, in the Far North of New Zealand. Through the application process we knew that it would be extremely hard for us to move our young family across the country from Picton, without any whanau support.

It seemed a logical move to ask Nana to come and join us on our new adventure, as she was living alone, and was also our closest support. Thankfully, mum was keen to join us! So our family of five, turned into six. The movers packed up everything and we drove in a three car convoy on a 1000 kilometre journey from the top of the South Island to the top of the North Island. We have now bought a four bedroom house on the beach at 90 Mile Beach, and have converted the double garage into a studio room for mum. It is a long wide garage, so we have used wide/tall bookshelves as room dividers, to create a bedroom space, a lounge area, and we upgraded the laundry inside with lots of kitchen cupboards and a new sink. After adding some carpet, the transformation was complete.

I encouraged mum to get out and about to meet people and join a few groups, which she has done. This gives her time away from us, as well as other adults to talk to. Ensuring she has her own physical and emotional space is really important to make this situation work. She is entirely self-sufficient in her studio, with a bathroom across the hall. Occasionally she will eat with us, but usually prefers to eat by herself without the madness of three children all trying to get everyone's attention. The kids also take turns having 'sleepovers' at Nanas, just as they would if she lived in another house. They go backwards and forwards from both living spaces, though there are times when Nana just needs a break so she can lock her door if she needs to.

A report released last year found multi-generation living had "risen sharply" in New Zealand since 2001. Its authors, Dr Penny Lysnar from Auckland University and associate professor Ann Dupuis at Massey University, said numbers had risen by "an astonishing 57 per cent" and were now a significant demographic (Stuff, 2017). This does not come as a surprise to me as I know several families trying a multi-generational living approach. Luckily, we were able to search for and purchase a large family home to enable everyone access to both private and shared spaces, which is the cornerstone of harmonious family life. We need to be flexible and honest, some days work and some don't. We just take one day at a time. So how do we make it work?

Honest communication is the key. It started with a talk about expectations and parameters, including how we divide up food, bills and responsibilities. Another important question to ask is whether the situation is permanent or temporary. For us it is permanent now, however if we moved back closer to where our home was (and most of our family are), we would re-evaluate if Mum still wanted to be living with us. We each look after our own spaces, and share the laundry between us. Mum's very passionate about gardening so I leave her to do as she likes with ours. For us, it's about finding balance.

Then there is the financial side of things. Mum recently lent us some money to top up the deposit on our new property, so her contribution to household expenses goes straight back into that loan. This works well for us, as we know we are starting to repay her, and it's good for her as she doesn't need to worry about separate bills like power, internet, etc. It's quite handy too when I need something from the supermarket and she's going, mum can grab a few bits and pieces for me - then I will do the same for her when I go. I also try to pick up the tab when we have a lunch or dinner out, or when grabbing coffee - just as a little thank you, I appreciate all you do.

Although it can sometimes be hard, we all have to respect each other's different parenting approaches. While we are usually on the same page, we do need to be careful about undermining another adult - just as you would between parents. Having mum here gives me flexibility with afterschool activities and pick up and drop offs. I can leave her with the younger two, while I take the eldest to gym or netball. We can also 'divide and conquer' for town trips, with each of us taking one or two children and splitting up. Thankfully her most helpful role is as babysitter for nights out and a very occasional night away. It's just so nice to enjoy my husband's company and being completely relaxed knowing my children are well taken care of and happy.

I hope that she reaps as many benefits as we do, getting that amazing close bond with all three of our children is such a luxury. Especially considering the distance away of the rest of the family. There are days we laugh and enjoy, and then there are the days you just want to hide in the bathroom with the door locked and a glass of wine. I still think my mum is young, though she is now 66. I need to remember she doesn't have the energy or the need to keep up with our little people all of the time - sometimes she just needs to be quiet and by herself. It's a delicate balance, though I think we are making it work! One day at a time.



# TE AO MĀORI

## A Te Ao Māori understanding of raising children

### TĀ TE TAMARIKI TĀNA MAHI WĀWĀHI TAHĀ

#### It is the job of the children to smash the calabash

*This whakataukī speaks of the calabash or gourd, which held precious liquids and were valued. The gourd stands for rules, methods or beliefs. So children have to test everything. That is our reality as parents and caregivers, and we can learn to manage this.*

#### Tamariki are wairua

Children are spirit. Wai is water or stream. Rua means two. Children are spirit. They are both male and female. Both sides need developing to be in balance. Boys have a tender and nurturing side, and girls have a strong and directional side.

#### Tamariki need aroha

Children need love. They need adults who are committed to them. Aroha is love and it is commitment. This is vital to children. They need love, and they need adults who will commit to them totally and always.

#### Tamariki need hinengaro

Hinengaro is the mind – the place where problems and conflicts are solved. We can teach them strategies to reflect on actions and behaviour (and our own).

#### Tamariki are tapu

Tapu is special, sacred. Children are special because they come from the ones who have gone before – the tipuna – and they are the parents of the ones to come. They are sacred because they whakapapa to the atua; the gods.

#### Tamariki have mana

Children have status and power. Respect them. Children have their own power. This gives them mana.

#### Tamariki need turangawaewae

Children need to belong. They must trust their whanau and friends. Turangawaewae is a secure and safe place where tamariki know everyone. It means whakapapa and whanaungatanga; family relationships and connections.

# MODERN FAMILIES

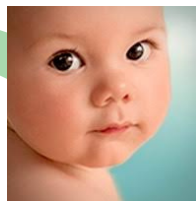
## What apps are available to help me manage my multiples?

*Having multiples changes everything, starting with the moment you realise you're pregnant. Combating morning sickness, scheduling doctor's visits, remembering to take your vitamins, tracking your quickly growing babies – there's so much to keep tabs on. And then all that comes after they are born. We asked our Multiples NZ community what their favourite apps were.*



### Baby Tracker

Baby Tracker offers a simple, streamlined way to track your baby's daily habits, health, and exciting "firsts" of those precious early days and months. Record feedings, nappy changes, and sleep patterns with a quick one-handed tap, then feel free to go back later and add details and even photos.



### Baby +

New baby? Track your baby's development and save those special moments forever. This app also has a dedicated twin mode.



### WebMD Pregnancy

Though not designed exclusively for twins, the WebMD Pregnancy app allows you to customize settings and tailor your experience specifically for multiples. This is a feature MUCH appreciated by expecting twin mothers craving information about fetal development that is not written for singletons.



### Huckleberry

Get the parenting guidance you want from our pediatric experts and track your child's day-to-day to learn their natural habits.

Huckleberry is a baby sleep, pumping, feeding, nappy change and growth tracker all in one!



### Sprout

Sprout is actually a brand of apps that truly encompasses the entire baby-making experience. There are three apps: A Fertility and Period Tracker, a Pregnancy app, and a Baby app.



### Jumelle Twin and Baby Tracker

As one of few apps designed specifically for twins, the Jumelle Twin and Baby Tracker allows you to keep track of feeding, diapering, sleeping, milestones, and health notes for up to ten babies!





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# HIGHER NEEDS MULTIPLES

## From the Archives - Higher needs multiples - making us richer

A farewell report from Raewyn Alexander, outgoing Special Needs Coordinator, previously published Multiple Matters Summer 2015

It is really hard to believe that I have been involved with the NZMBA, now Multiples NZ, for over 27 years. During that time I have been honoured to be made a Life Member of an association that serves its members in so many positive and life-changing ways.

When our son was born with Down Syndrome just over 25 years ago, I saw a gap in what we were offering families of multiples when one or more was born with needs beyond what is considered the norm. Back then we were in an era where large 'homes' specially designed for people with special needs were closing and our community was struggling to place special needs people back into the community. Schools were struggling to close down their 'units' and place all children in the mainstream. Little support was given for children with special needs within the education system, and we can argue that there is still not sufficient support for many young people.

I decided, that because I was going to be an advocate for my son, and because I was already involved in education, I would become a spokesperson to ensure our special kids got a good deal at the school of their choice. I also knew we needed to have a support group for parents, somewhere they could speak openly about their frustrations and their successes, and someone they could turn to, to get well-researched advice.

Becoming a principal of a special(ist) school allowed me to indulge even further in supporting the rights of special needs children and their families: the right to choose where and how their children are educated, the right to ask questions and seek advice that is factual and well-informed and, the right to know that all children are celebrated no matter when, how or if, they meet their expected milestones.

Having a child with special needs forces you to re-evaluate your goals for your child and your goals as a family-so does having multiples. So imagine how much more stress is placed on a family when a child needs specialised care, dozens of hospital appointments and stays, and paediatricians, therapists, specialists all having an input into the child's life. Our dreams have to change, and may constantly do so over time.

I often say to people 'once a parent of a special needs child, always a parent'. By this I mean, most of our kids grow up, leave home and do all the things we did as young adults and we are just in the background, always as parents, but as hands-off parents. My twins are both married, are regularly in touch but I don't have to make decisions for them anymore.

With our special needs kids, we never cease being their advocate, their helper, their supporter, and the one who ensures their health and well-being are being taken care of. We are still very much 'hands-on'. Caleb has just appointed his dad and I as his Attorneys through Enduring Power of Attorney, so we are definitely being asked to be hands-on.

I have been amazed at the diverse group of parents who have so openly and honestly contributed to discussions over the years. There have been those in tears at Conference because they have recently received a diagnosis and now just want to talk, those who ask questions through the Facebook pages, and those who answer many of those questions. You are all inspirational people, dedicated to making sure that our children, whatever their needs, get the very best the world can offer them. Don't let up. New Zealand still has a very long way to go before it becomes a society of inclusive practice, and we must be part of the group who helps make this a reality.

Even though I have retired from the Special Needs Co-ordinator position, I have not retired as an advocate for people with special needs, especially young people with their whole lives in front of them. I will continue to challenge schools, and the various Government Ministries that work alongside our families, to ensure that our kids are treated with respect, that families are listened to and acknowledged as the experts in their child's care, and that people with special needs can be successful in whatever they choose to do.

Thankyou to everyone with whom I have had an interaction over the years. You have all helped shape me into the person I am today-a person much richer in many aspects of my life and someone who will not let go of advocacy for people with special needs, be they just starting their journey through life, or nearing the end of it.

*A child with  
special needs  
will inspire you  
to be special  
kind of person.*







# **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**



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# ICOMBO NEWS

## Twin Anemia Polycythemia Sequence (TAPS)

### Carolyn Lister with the support of Stephanie Ernst-Milner at the TAPS Support Foundation

Did you know that in March 2006, the first papers on Twin Anemia Polycythemia Sequence (TAPS) were published within days of each other? A new, controversial diagnosis, TAPS, has taken the research world by storm.

This year on March 3rd, we acknowledged International TAPS Day. Focused on raising awareness of this rare disease and raising the profile of the vital research that is done into TAPS, TAPS day is about ensuring the whole world knows about it.

Here are some of the facts about TAPS:

- TAPS is a rare disease affecting only a small number of identical twins. Between 3-5% of identical twins will develop it spontaneously, and even more rarely, it affects twins after TTTS laser surgery.
- TAPS is caused by tiny connections in the placenta. Unlike TTTS, which happens rapidly, TAPS is a slow transfer of red blood cells from the donor to the recipient. This causes one twin to become chronically anemic and the other to have blood as thick as ketchup.
- TAPS has several treatment options, including laser surgery, intrauterine blood transfusions/exchanges, expectant management (a watch and wait approach), and early delivery. The best treatment isn't known yet, but this is where the TAPS trial's fantastic research work comes in. You can find out more about the TAPS trial at [www.en.thetapstrial.com/](http://www.en.thetapstrial.com/)
- TAPS isn't a form of TTTS. They have different diagnostic criteria, treatment options, and long-term outcomes. In both forms of TAPS, the donor twins are heavily affected, with post-laser TAPS donors in danger in the short term with a high risk of passing, and spontaneous TAPS donors in the long term with an increased risk of deafness (1 in 8 chance), and a 44% chance of overall neurodevelopmental impairment.
- It used to be thought that most of the time in post-laser TAPS, donors and recipients would "switch places". Thanks to the TAPS Registry, we actually know this happens only in around 55% of cases. It's also a common myth that post-laser TAPS is more common. It only happens in a small portion of an already small group, meaning it's actually rarer than spontaneous TAPS.
- TAPS is an underreported and often unrecognized complication of monochorionicity. The problem with TAPS is that it is relatively "silent." It does not lead to massive increases in the fluid that would alert the pregnant person to seek care.
- There are huge differences in the number and positions of connections in TAPS placentas when it comes to comparing spontaneous and post-laser TAPS. Post-laser TAPS is often small residual anastomoses (1-2) on the outer edge of the placenta, emphasizing the need to perform laser surgery all the way to the edges. But for spontaneous TAPS, there are often double that number of connections, and they can be located anywhere in the placenta. The most important thing is that after birth, pathology is done on the placentas!

- One of the more recent findings into the long term effects of TAPS is that in spontaneous TAPS donors, there's a 1 in 8 chance of a type of deafness known as Auditory Neuropathy Spectrum Disorder (ANSD). ANSD is reported as a possible complication of prematurity, this is true. But the rate is significantly higher in spontaneous TAPS donors, and them alone. It is not recorded in post-laser TAPS cases, or in spontaneous TAPS recipients.

TAPS is a rare disease, needing a lot more research. To do this, we need to update guidelines to include routine screening for TAPS. The most reliable way to see TAPS is via MCA dopplers, which check the speed blood goes through the babies' brains. If one is too fast and the other too slow, this is a sign of TAPS. What is just as important is to know the other symptoms of TAPS, like a starry sky liver in recipients, or a bright placenta, or enlarged hearts for donor twins. When we screen for TAPS, we can get more data about it and get more information.

Most importantly, we need to recognize that there have been 15 years of research into this disease and that there are amazing men and women out there who are dedicating their lives to researching the best treatments, the long and short term outcomes, and the causes of TAPS.

TAPS is a real diagnosis with real long term consequences. It's time to raise awareness of TAPS and let the world know that TAPS is real. If you have been diagnosed with TAPS or want more information contact Stephanie at the TAPS Support Foundation on [stephanie@tapssupport.com](mailto:stephanie@tapssupport.com)

#### Useful Links:

TAPS Support Foundation Website:  
[www.tapssupport.com/](http://www.tapssupport.com/)

TAPS Support Foundation Facebook:  
[www.facebook.com/tapssupport](https://www.facebook.com/tapssupport)  
[www.youtube.com/watch?v=tqWEWvn7dd0](https://www.youtube.com/watch?v=tqWEWvn7dd0)

Born red and white:  
[www.youtube.be/BM-Mtzrs\\_NQ](https://www.youtube.be/BM-Mtzrs_NQ)

TAPS day website:  
[www.tapsday.com](http://www.tapsday.com)

The TAPS trial:  
[www.en.thetapstrial.com](http://www.en.thetapstrial.com)







# multiplesnz

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# VOLUNTEER OF THE MONTH

**WINNER FEBRUARY 2021**

**Lizzie Stephenson – Southland Multiples**

Nominated by Sarah Miller – Southland Multiples

Lizzie has been in the co-president role since our 2016 AGM. Lizzie puts her hand up for anything that needs doing, she is a fundraising guru and runs these very successfully. She has recruited some great volunteers and filled all our vacancies for the past couple of years. Lizzie happily hosts the bi-monthly face-to-face committee meetings in her home. She hand delivers birth packs wherever possible to give our club a friendly face, and to meet with our new mums before they leave the hospital. She also does house calls! For Lizzie, nothing seems an issue. She problem solves like a boss and is always upbeat about it. In summary, Lizzie has helped make this club amazing and has ensured it continues to be.



*"For Lizzie,  
nothing seems  
an issue, she  
problem  
solves like a  
boss and is  
always upbeat  
about it."*





# KIDS' CORNER



## Whānau Wordfind

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

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

FAMILY	EXTENDED	LOVE	GENEALOGY
WHĀNAU	DIVERSE	AROHA	WHAKAPAPA
CAREGIVERS	FRIEND	SUPPORT	SAFE

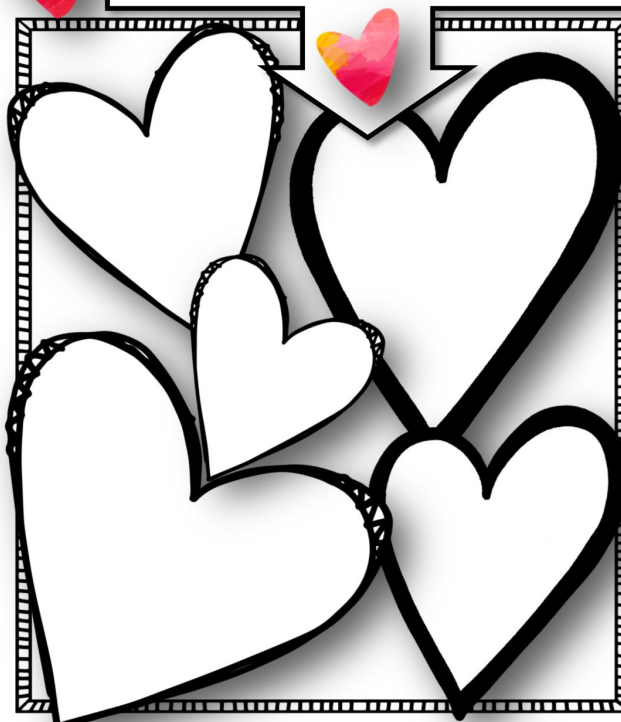
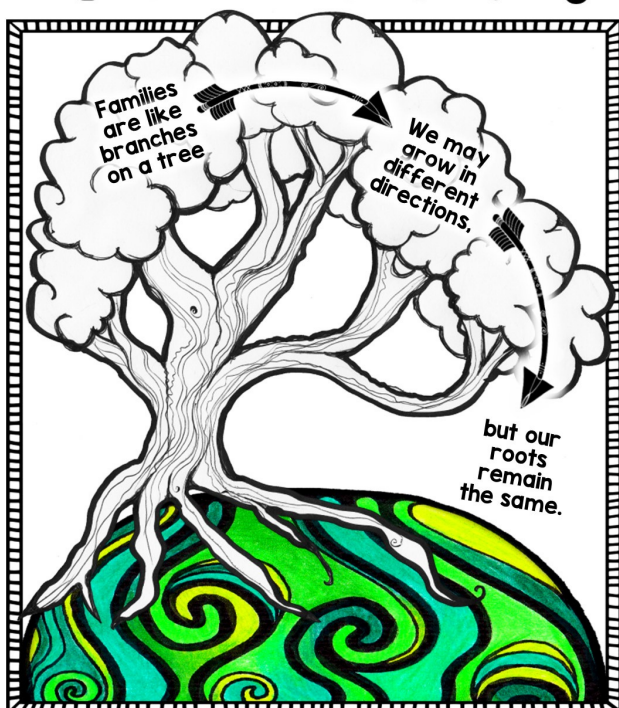
## 10 Whānau & Autumn challenges!

How many can you tick off?

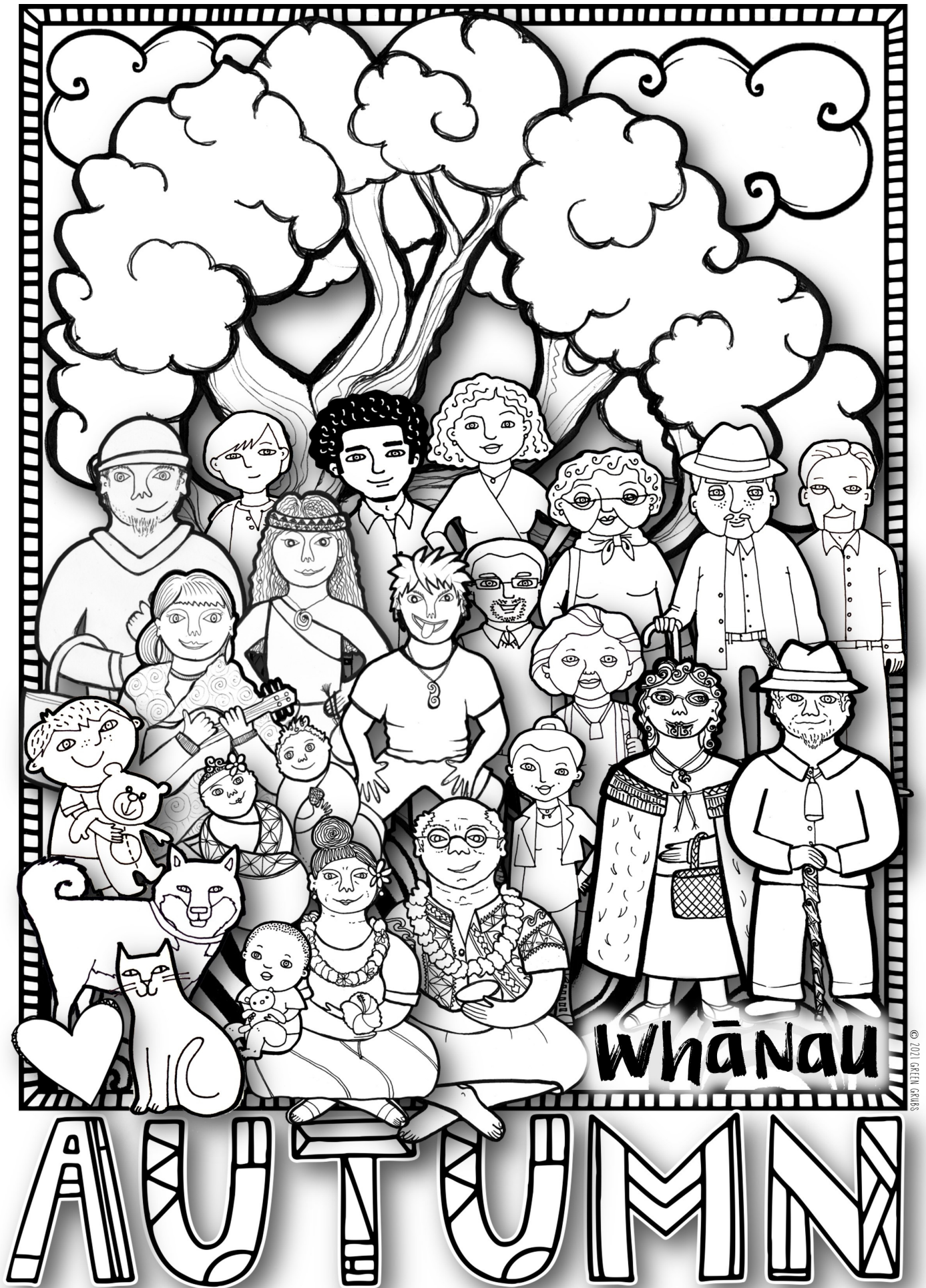
- Who is the keeper of family trees & whakapapa in your whānau? Ask them to talk with you about your family history.
- Are there any other Multiple births in the history of your whānau? Who could you ask to find out more?
- Ask an older family member to share a photo album with you. Ask questions & listen to family stories...
- Family can be a mix of people that we're related to, close friends & people we love! Who do you count as family?
- What do you know about the ROOTS part of your family tree?
- Autumn (Ngahuru) is here! What changes have you noticed outside as summer fades into autumn?
- Make a family visit to your local library. Issue a big bag of books & snuggle up for some reading together.
- What's going on in your garden? What's ready to harvest? What could you plant?
- Collect some autumn leaves. Can you arrange them into a colour gradient?
- Learn how to make a warming dinner with seasonal roast vegetables. Share it with your family.

## THE PEOPLE I LOVE

(and the people who love & care about me!)









# THE 14TH ANNUAL REPORT OF PERINATAL AND MATERNAL MORTALITY

**Ki ngā pēpi kua ngaro ki te pō, moe mai koutou**

**To our precious ones who have disappeared into the night, rest in peace**

*Lisa Paraku, bereaved parent representative PMMRC member*

**The following information is about the babies and mothers who died in Aotearoa New Zealand during pregnancy, or shortly after childbirth, in 2018, and is published in the 14th annual report of the Perinatal and Maternal Mortality Review Committee (the PMMRC).**

Every loss of life is mourned and acknowledged and the PMMRC continues to work towards its vision: Te mahi tahi puta noa i te pūnaha kia kore rawa ai e mate, e whara ngā māmā me ā rātau pēpi, whānau hoki mai i ngā mate, wharanga rānei ka taea te ārai. Working together across the system towards zero preventable deaths or harm for all mothers and babies, families and whānau.

## About the Perinatal and Maternal Mortality Review Committee

Since 2007 The PMMRC has reported on the deaths of babies and mothers in Aotearoa New Zealand. The PMMRC is appointed by the Health Quality & Safety Commission. The PMM reviews :

- the deaths of babies born from 20 weeks of pregnancy up until 28 days after birth
  - the deaths of all mothers who die at any stage during pregnancy, or in the six weeks after childbirth
  - looks at information about the pregnancy and birth, and findings of medical tests to try and understand why a baby or mother died.
- This incredibly important work is needed to support and improve how the maternity system works and the way things are done

## Babies who died during pregnancy or childbirth in 2018

There were 59,258 births in Aotearoa New Zealand. Of those, 604 babies died after 20 weeks of pregnancy or within the first four weeks after birth. This means that 10 babies died for every 1,000 registered births. This rate is very similar for babies born in the UK and Australia. This rate has gone down since 2007 when the PMMRC started reviewing these deaths. While it is encouraging that the rate has gone down, it has not decreased equally for everyone. The rates of deaths of babies of Māori, Pacific, Indian, Other Asian and Middle Eastern, Latin American, or African (MELAA) ethnic groups have not decreased. It is unacceptable that no significant progress has been made to reduce these deaths and that this inequity of outcomes continues. These inequitable outcomes mirror the same inequities across other areas of our health system. Urgent action, centered in equity, is required to help reduce the loss and grief that families and whānau are experiencing as a result of preventable death in Aotearoa New Zealand.

## The causes of deaths of babies

Congenital anomalies - Congenital anomalies continue to be the most common cause of death for babies. Congenital anomalies are caused by the baby's genetics or something in the baby's environment that has caused a difference in the typical development of the baby. The exact cause is not always known. Congenital anomalies are the most common cause of death for babies during pregnancy or in the first month of life. In 2018, 162 babies died because of congenital anomalies. This accounts for over a quarter of deaths of babies. Last year the PMMRC recommended that all bread should contain folic acid, which evidence shows is proven to support babies' development in early pregnancy, reducing the number of babies with congenital anomalies. The Ministry for Primary Industries has begun reviewing the voluntary approach to adding folic acid to bread. However, this work was put on hold during the COVID-19 pandemic response and a decision is yet to be made whether there will be a change to the current law.

**Premature labour** - Premature labour was the second most common cause of death for babies in 2018. Premature labour is when a woman goes into labour or her waters break more than three weeks before the estimated due date. If a baby is born too early, their lungs and other parts of their body may not yet be fully developed. In 2018, 100 babies died due to premature labour. Māori, Pacific and Indian babies are more likely to die from premature labour than any other ethnicity, which is an unacceptable outcome.

**Bleeding** - Bleeding (also known as haemorrhage) from the vagina can sometimes be a sign that there is a problem with the pregnancy. Bleeding from the vagina was common among women who lost a baby, even if the bleeding was not the direct cause of death. In 2018, 59 babies died because of bleeding from the vagina in pregnancy or labour. It is important that women seek medical guidance from their lead maternity carer (LMC), GP or any other health care provider if they are bleeding during pregnancy.

### Potentially avoidable deaths in 2018

79 deaths of babies were considered potentially avoidable. This is where one or more things were identified as contributing to the death. In the absence of these factors, these deaths could likely have been avoided. The most common factor was barriers to the woman getting the care she needed.

### Do you always know why babies die during pregnancy?

Sometimes there is no explanation for why a baby died. In the PMMRC 14th report the terms used for this are unexplained antepartum death and no obstetric antecedent. For these babies there was no obvious medical problems with the baby or the mother that could explain why the baby died and/or there were no investigations done to try and find a cause of death. In 2018, just under 80 babies died from unexplained causes.

Around 30 percent of babies who died in 2018 had a full post-mortem (autopsy) examination afterwards. This investigation provides the fullest possible information for families and whānau about why their baby died. There are other options available to parents who would like to investigate the reason their baby has died, including a partial autopsy and/or investigation of the placenta. A study of decision-making by mothers after their baby had died found that no woman who chose for their baby to have a full post-mortem regretted her decision. Ten percent of women who declined, later regretted the loss of opportunity to understand more about their baby's death..



### Why mothers die during pregnancy and childbirth

The risk of death for mothers during pregnancy is low. As the risk is so low, it can be difficult to measure whether there have been any changes over time. Each and every maternal death is a significant tragedy. On average, 10 women die every year in pregnancy or within 42 days of the end of pregnancy. Often these women had pre-existing medical issues that were made worse by pregnancy. It is important that these women receive early and regular antenatal care. In 2018, there were 10 women who died. Deaths of women from unrelated causes that happen to occur in pregnancy, such as a car accident, are not counted in these deaths. Since the PMMRC began its reviews:

- 50 women have died from non-pregnancy related medical problems that were either pre-existing or begun during pregnancy, made worse by pregnancy.
- 30 women have died from suicide
- 14 women have died from an amniotic fluid embolism around the time of childbirth. This is a rare pregnancy complication that occurs when the fluid that surrounded the baby during pregnancy enters the mother's bloodstream and causes an allergic reaction.



**What needs to change**

The most urgent area where greater priority and improvement are needed, is reducing the deaths for the families and whānau for whom deaths are not reducing. This includes whānau Māori, Pacific families, Indian families, mothers under the age of 20 years old, and those living in areas of high deprivation. Improvements to systems and services must be decided and developed alongside groups and communities of people for whom the death rates have not changed to ensure the right decisions and changes are being made.

**More information**

- Sands New Zealand ([www.sands.org.nz](http://www.sands.org.nz)) is an organisation that offers support for families and whānau whose baby has died. It has a lot of helpful information on its website.
- Wheturangitia (<https://wheturangitia.services.govt.nz>) is a website that has been created to have a single collection of up-to-date information and resources for people who have experienced the loss of a baby or child.
- PMMRC member Lisa Paraku and former member Dr Vicki Culling have created a short Postmortem for Babies in Aotearoa NZ video to explain post-mortem (autopsy) to families and whānau. The PMMRC has developed a pānui for post-mortem which includes information for parents who have had a baby die.
- If you had a miscarriage before 20 weeks there is useful information about miscarriage on the Ministry of Health’s website.

**If you are pregnant, what can you expect?**

There are multiple ways that health practitioners can support you and your baby during your pregnancy. Firstly, [www.findyourmidwife.co.nz](http://www.findyourmidwife.co.nz) is a good place to start to find an LMC. Your doctor or local district health board can also provide support for you to find an LMC quickly. Your LMC will be able to answer your questions and help you through your pregnancy and birth of your child. Your LMC should also:

- offer tests that can check your baby and you are well. This includes screening for health conditions such as gestational diabetes, sexually transmitted infections and urinary tract infections
- arrange medical care if you already have a health condition or have had problems in a previous pregnancy. This will reduce the risks to your baby and you
- facilitate regular catch-ups. It is important that your LMC sees you regularly so any problems can be identified early
- provide stopping smoking advice and referral to stopping smoking groups if needed
- be on call for emergencies. Talk to your LMC, doctor or nurse straight away if you have any bleeding from your vagina, you notice your baby does not move as much or if you feel unwell
- provide information to keep you and your baby healthy, such as information on groups in your area that can support your nutrition or physical activity like the maternal green prescription
- ensure you have a safe sleep space for your baby, such as a bassinet, cot, wahakura or Pēpi Pod. District health boards can help with providing safe sleep spaces for those in need.

**An infographic is included on the next page which you may wish to use in your club newsletters and magazines.**

## Key findings for the maternity sector from the PMMRC's 14th annual report

**Ngā kitenga matua** e pā ana ki te rāngai whakawhānau i te pūrongo ā-tau 14 o te PMMRC

### Our Vision

Te mahi tahi puta noa i te pūnaha kia kore rawa ai e mate, e whara ngā māmā me ā rātau pēpi, whānau hoki mai i ngā mate, wharanga rānei ka taea te ārai.

Working together across the system towards zero preventable deaths or harm for all mothers and babies, families and whānau.

### Perinatal death prevention

**Congenital abnormalities are the leading cause of death in babies.**



Sadly, in 2018

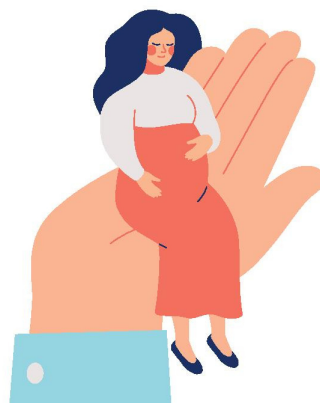
**604**

babies died

from 20 weeks of pregnancy until 27 days of age



The PMMRC continues to ask for bread and flour to be supplemented with **follic acid**, as this has been shown to reduce the number of neural tube defects (a type of congenital anomaly).



**District health boards (DHBs) and primary care providers** to provide active navigational support for women to find and register with their lead maternity carer with minimal delay.<sup>1</sup>

**Routine early antenatal care should meet clinical and cultural needs** and should include attention to modifiable risk factors such as supporting whānau to become smokefree and screening for other health conditions such as diabetes, sexually transmitted infections and urinary tract infections.

### After-death care

Around 30% of precious babies who died had a full post-mortem (autopsy) examination afterwards, which is the investigation that provides the fullest possible information for whānau/family about why their baby died.

**No woman who chose a full post-mortem examination regretted her decision.** 10% of women who declined later regretted the loss of opportunity to understand more about their baby's death.<sup>2</sup>



### Neonatal encephalopathy

Around three-quarters of babies with neonatal encephalopathy are cooled to help reduce brain damage. To be most effective, **cooling should start with 6 hours of birth** – this only happened for 80% of babies who received cooling.



### To address the social and cultural determinants of health, the PMMRC supports:

- cultural safety education for clinicians, which is essential
- the recommendations of *He Mana Kōmihana Whakae Tino Rangatiratanga Pou Tarawhao / Māori Commissioning – An alternate view of the New Zealand Health and Disability System Review* final report<sup>3</sup>
- the recommendations of the Welfare Expert Advisory Group report, *Whakamana Tāngata*.<sup>4</sup>

### The PMMRC insists that:

- Government should fund the provision of specific maternal mental health services
- the Ministry of Health should resource the co-design of a national perinatal bereavement pathway.

### Maternal death



**Tragically, on average nearly 10 women die each year** either during pregnancy, or soon after the baby is born. Post-mortem helps us to understand how we can improve care in the future.

**The PMMRC recommends** that a Maternal and Infant Mental Health Network is funded by the Ministry of Health and includes these areas of priority:

- a **stocktake of current mental health services** available across Aotearoa New Zealand for pregnant and recently pregnant women to identify both the strengths of services and gaps or inequity in current services and skills in the workforce
- a **national pathway for accessing maternal mental health services**, including:
  - culturally safe services, including access to kaupapa Māori mental health and maternity services and the provision of appropriate screening
  - care for wāhine/women who are or have been in the mental health system
  - communication and coordination.

1. Makowharemahini C, Lawton BA, Cram F, et al. 2014. Initiation of maternity care for young Maori women under 20 years of age. *NZMJ* 127(1393): 52–61.

2. Cronin RS, Li M, Wise M, et al. 2018. Late stillbirth post mortem examination in New Zealand: Maternal decision-making. *ANZJOG* 58(6): 667–73. URL: <https://obgyn.onlinelibrary.wiley.com/doi/10.1111/ajog.12790>.

3. See pp 173–6 of <https://systemreview.health.govt.nz/assets/Uploads/hdsr/health-disability-system-review-final-report.pdf>.

4. Welfare Expert Advisory Group Report. 2019. *Whakamana Tāngata: Restoring dignity to social security in New Zealand*. Wellington: Welfare Expert Advisory Group Report. URL: [www.waeg.govt.nz/waeg-report](http://www.waeg.govt.nz/waeg-report).





**ARE YOUR MULTIPLES IDENTICAL?**

# **MULTIPLES ZYGOSITY TESTING**

A simple, easy to use collection kit is sent to you on request. Please contact us to request your kit:

(09) 571 0474 or email [dna@dnadiagnostics.co.nz](mailto:dna@dnadiagnostics.co.nz)

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Results are reported within seven days of receipt of payment and samples, and sent to you by email. Cost of twin zygosity testing: \$250  
For more information please see our website: [www.dnadiagnostics.co.nz](http://www.dnadiagnostics.co.nz)

## **DNA**Diagnostics

*NZ Owned and Operated*

# Local Club Contacts

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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. 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!



## MULTIPLES NZ MISSION STATEMENT

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

# Multiples Aotearoa

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