

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

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SPRING 2021
PARENTING IN NZ





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Multiples with their pets from around New Zealand



multiplesnz

Cover photo

Danelle & Justine, pregnant with
their twin boy Archer and girl
Adaline. Palmerston North.

CONTENTS

02	Multiples NZ Information
03	Contents
04	Editorial
05	President's Report
06	Multiples are the Best Challenge
10	Same Sex Parents
12	Managing Time with Twins
13	KinderPod
16	Higher Needs Multiples
17	Te Ao Māori
18	Māori Language Week
19	Huggies
20	Screen Time Tips
23	TAPPS Info
24	Volunteer of the Month
25	Multiples NZ Facebook
26	Groups Discounters
28	Kids Corner
	Hosting a Fundraising
30	Dinner
31	DNA Diagnostics
	Club Contacts



4

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EDITORIAL

HE TIROHANGA ANAMATA

A glance into our future

He Tirohanga Anamata means a glance into our future. It recognises wellbeing principles and philosophies of past, present and future, and welcomes the notion of progressing forward, together. Multiples NZ is an ever evolving entity. Our Executive Board members commit to a three year term, but usually give much more than that. Our board members usually come from a club role, and bring much varied experiences and expertise in a range of areas. More recently, we have introduced micro projects and micro volunteering as a way of helping to reduce the workload on our team, as well as allowing others to contribute and give back to our community. This is enabling new volunteers to join us and to maintain the high standard of commitment and quality of care we strive for as a not for profit run entirely by volunteers. We are all parents, we work, we have other volunteer commitments ... but what is at the core of our mahi is we are all passionate about providing manaaki to our multiples whānau. We are always looking for other like minded people, so please do get in touch if this sounds like you.

This issue we are sharing stories of parenting in New Zealand, all those who are helping and supporting their whānau and raising fabulous little human beings in Aotearoa New Zealand and around the world. We are also on the countdown to our annual conference which was postponed last year! Check out the promotional material on our Facebook page of our plans for November 2021 in Christchurch. We would love to see you there!

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 'Childcare & Education in New Zealand' so if you have any thing to contribute, please get in touch!

Kirsty



Xavier & Lilian Saxon - Methven

PRESIDENT'S SPRING REPORT

We are well on our way to planning our Multiples NZ National Training Forum to be held in Christchurch 6-7 November. We are looking forward to welcoming our volunteers from around New Zealand for a fun and informative weekend. The highlight of the weekend will be our annual Gala Dinner and Volunteer Awards. Nominations are now open. The purpose of these awards is to highlight the volunteer effort required to support families with multiples in New Zealand. The awards recognise individual achievement, while publicly acknowledging all voluntary effort. These awards are an opportunity for members, clubs and Multiples NZ to publicly express thanks to our volunteers. For more information on how to nominate someone special please visit: <https://multiples.org.nz/mnz-volunteer-awards-2021-nominations-open/>



Micro Volunteering

New Zealand is a nation of avid volunteers, with 21.5% of New Zealanders undertaking volunteer work. Each year they volunteer for 159 million hours, contributing \$4 billion to New Zealand's Gross Domestic Product (GDP). Typically when we think of volunteering, we think of an opportunity that requires an ongoing commitment that can last for months or years. But if people cite having less time to offer these days to volunteering, how can they find ways to meaningfully contribute without committing long-term?

Enter micro volunteering. Micro volunteering is a small task or project, that is convenient, quick to undertake and often (thanks to the prevalence of smartphones and access to the internet) done online. It's a concept that's been around for years, and is referred to by various terms, including 'byte-sized volunteering', 'episodic volunteering' and 'virtual volunteering.' Any volunteer-involving organisation can incorporate micro volunteering into their organisation.

Multiples NZ has whole heartedly embraced micro volunteering, and have welcomed several new faces to lead small projects this year. As our community changes and grows in post-Covid times, this is a great way to enable new volunteers to contribute, paving the way for future volunteering opportunities. The Multiples NZ Executive invite you to consider how you could use micro volunteering in your own clubs and activities. Micro volunteering opportunities have the potential to attract a wider diversity and greater number of people, including those who would otherwise not have the time or inclination to get involved. How could you make this concept work for you!? We would love to hear your success stories or challenges!

As always you are welcome to contact me with your thoughts and feedback at president@multiples.org.nz.

Heather



MULTIPLES ARE THE BEST TYPE OF CHALLENGE

by Danelle Mercer

Photos by John Adams

Meet Danelle
and Justine,
raising twins in
Palmerston
North.

My twins turned two yesterday! Two! The saying: “the days are long, but the years are short”, really hits the nail on the head. Before kids, I was a roller derby playing, musical, marketing and communications generalist who liked to exercise a lot, sleep in, spend time with others, and change plans last minute because, well, I could. That feels like a lifetime ago. These days I’m more of a twin child wrestling referee, car singing loner, who doesn’t actually get any time to herself and is ecstatic with getting to sleep in past 6am!

It’s been two years since we’ve had a good night’s sleep, but it’s also been two years since my heart expanded more than I knew possible (as did other parts of my body) ... and as long as some of those days feel ... I wouldn’t change them for anything.

Our wee whānau doesn’t differ much from the next. We live on a four acre lifestyle property nicknamed ‘Noah’s Ark’ and enjoy all things in double: horses, alpacas, chickens, sheep, dogs (although our sweet border collie recently passed away so we’re down to one lovely lab), women, and our twins who were the icing on the cake. The odd one out is our 12 year old Bella and we can’t clone her... yet.

However, the way our family came about probably does differ quite a bit from the next. Justine and I met a little over ten years ago when a sport called roller derby arrived in Palmerston North and we both joined up. If you haven’t heard of it, I suggest checking it out if there is a local league near you. It’s a full contact sport played on quad roller skates on an oval track.

Think stock cars, rugby, roller skating, and an Oxford dictionary sized rule book (slight over exaggeration) all thrown into a blender.

We knew early on in our relationship that we wanted to expand our family but as two women, we were missing a vital baby-making ingredient. We got in touch with Fertility Associates to kick start our journey which started with some initial testing and being added to a two year wait list for a sperm donor. We got on with our lives over the next two years but the thought was never far away and the wait felt like forever. Once we hit the top of the waiting list it all happened so quickly and we were given three months to prepare for treatment. Cue numerous daily blood tests, a whole lot of nerves, one failed cycle and finally, one successful one. If you've been through fertility treatment, you'll know how much of a toll it can take and how the two week wait between treatment and pregnancy testing can feel just as long as the two year wait to hit the top of the list.

We found out we were having twins at our six week scan. We had joked about it because the blood HCG levels on our confirmation test were ridiculously high, but we didn't actually think that that would really be the case. I had no idea what I was looking for on the scan, it just looked like a blur of grey. However, Justine had a fair idea and could obviously see the two sacs straight away. She looked at the technician and exclaimed: "is that two!?", to which the woman confirmed, and then we both just looked at each other and said: "sh*t!"... We didn't say much else after that! It was a pretty silent car ride home as our minds were racing trying to process the news.

Quite quickly after the six week scan I was hit with severe morning sickness and a diagnosis of hyperemesis gravidarum. I spent my days lying in bed feeling sorry for myself, vomiting, whining, and trying to eat plain dry crackers to survive. If I never see another cracker it'll be too soon... I have quite a petite frame but I still managed to lose ten kilograms in the first trimester! Justine had to hold down the fort in all other aspects of our life while I just focused on getting through each hour. After a few weeks of it, a cocktail of nausea meds was able to keep things at bay most of the time. But I vividly remember going to a multiples antenatal class at about 20 weeks, realising I forgot to take my meds and not quite making it back to my car before spewing all through the car park. What a time!

I can't remember how we decided which one of us would get pregnant. At one stage we discussed possibly both proceeding with treatment at the same time which would have been an amazing journey, but after finding out we were expecting twins, and how bad my sickness was, we were glad we didn't go down that path. Not only did we have the choice of who would carry, but also choosing how to differentiate between our mum titles. We decided on Justine being Mum/Mummy as Bella calls her Mum, and I would be Mama. We have a same-sex friend couple who use these titles for their boys and there was never any confusion as they grew up.

Meanwhile, by 24 weeks my puku was growing rapidly and I was easily the size of a full term singleton. People would walk past me in the street and blurt out: "oh any day now!" But we weren't even close to being full term at that stage. So when I started getting some signs of labour at 27 weeks, we weren't necessarily surprised. I started getting regular braxton hicks type tightening, so we spent a couple of nights in hospital. We were lucky enough to have had time to get two shots of steroids to help with the twins development and slow down the onset of labour, before being sent home to keep everything crossed, including my legs, in hopes that they'd keep cooking a bit longer. We were trying not to worry but we were pretty nervous!

I was born at 28+6 weeks and alas, a couple of days later, history decided to repeat with the twins who made their way into the world at 28+5 via caesarean. To be perfectly honest, I was nervous for them and the long journey ahead but selfishly, I was so relieved that I was the only habitant of my body again. Growing two tiny humans had really taken its toll on me and I couldn't wait to get rid of the constant nausea.

We clung onto other prem success stories, knowing that we had a long journey in NICU ahead of us. We have twin nephews born at 24 weeks and another born at 27 weeks and with me being born prematurely as well, we had a general idea of what to expect. We also joined an amazing Facebook group called NZ NICU, SCBU and NNU parents support group. It is similar to the Multiples NZ online community and was such a valuable resource for us at the time.

I don't remember much from the birth. I got prepped for surgery, had the spinal, and then it all happened so fast. I remember watching the doctor's giant hands claw through my insides in the reflection of the stainless steel light shade above me. I don't remember seeing my babies after they whisked them out, but know that Justine got to cut the cords before they all headed off to neonates while I was sewn back together.

We're very lucky in that we haven't had to deal with too much discrimination during our relationship. We get the occasional passing comment, and more often than not it's by an assuming medical professional. Kudos to our surgeon and the care team who delivered our babies without fault, but he literally pulled out the first twin, our daughter Adaline and said "Congratulations Mum and Dad!", and we were like oh yep well that put a bit of a dampener on the moment. We still joke about it, obviously he had much more important things to worry about, and we appreciate that, but it's just something to be aware of.

The next eight weeks were spent in neonates. I remember only too well the overwhelming feelings of helplessness, guilt, worry, and the stress of trying to juggle home life, as well as being with the twins as much as possible. But alongside those negative feelings, came so many positives. Pride and love getting to watch our children grow, overcome hurdles and progress quickly. From cpap to optiflow to breathing on their own, from a tropical 32 degree incubator to being able to regulate their own temperature and move into a cot, it was a really eye opening journey. I remember them moving the twins next to each other in the same shared space, once they no longer required excessive medical equipment and it was so exciting! We could sit next to both of them at the same time and not feel like we had to split our time between the two cots.

In an amazing circle of life moment, three of the nurses involved with the twins were the very same nurses that had looked after me in the neonatal unit 26 years earlier. They were all really lovely and accepting and I think it strengthened the bond that we had with them as carers of our children, knowing that they had successfully done the same for me.

One of the great things about having two women in a relationship is that there are double the boobs which meant we both got to breastfeed the twins during the early days of their lives. Justine spent weeks pumping and taking domperidone which is a drug to help induce lactation, in the hopes of helping with the feeding. Her supply didn't quite take off as we'd hoped, but she was able to introduce them to breastfeeding at about 32 weeks and produce small amounts of milk to satisfy them until their appetites grew beyond her supply.

After a long eight weeks we finally got to go home at what would have been 37 weeks gestation. It didn't take too long for us to adjust to home life with the twins. They were on three hourly feeds over night, so by the time we got through feeding them both and then pumping I would get about 45 minutes sleep (if they slept), and then it would be time to wake up and feed again. It was exhausting, especially when Justine went back to work. After a while we quickly settled into a routine where we separated the twins into their own rooms and we would sleep with one baby each. This worked best for us to ensure that we both got enough sleep to function throughout the day, if you can call a few hours enough.

To be perfectly honest the next few months were a haze of long days blurring into long nights. They were quite unsettled babies, both had colic and ended up on medication to help manage it. It was hard to get them to sleep, I remember doing over 20,000 steps one day all within my house, just going between their rooms trying to settle them. There were plenty of times where the only way I could get them to sleep was to carry them both in the double front pack, I even recall one or two times putting them in the front pack and driving around the paddock on the quad bike as the vibrations would just settle them so easily and it gave me a break from walking. As time went on they got easier and once they could start moving by themselves they were much happier babies.

In April 2020 I secured a new job and made my transition from maternity leave back into the workforce during the first COVID lockdown. In terms of returning to the workforce, the timing worked out well as Justine and I both got to work from home which meant that I could ease into my new normal of being a working twin mama. I'm so grateful to have been able to secure a role in such a flexible and understanding organisation and it made the whole transition back so much easier. I'm lucky that the flexibility has continued, especially as winter bugs have hit us hard this year, so I've been able to work hours around often having sick kids at home.

I actually didn't mind lockdown with the twins as they weren't yet walking so it wasn't too chaotic and we were all at home so we could tag team and support each other during the day. We also managed to find ways to keep fit and active. Squats with 20 odd kilograms of baby weight in a front pack, who needs a gym? Life ticked along and soon enough our babies transitioned to toddlers and even though they were born prematurely, they have kept up with all their milestones.

Sometimes I look at them now and question how we managed to make these little humans that are so phenomenal? How did we get lucky enough to have twins? The bond they have with each other is amazing... They fight all the time and they test physical boundaries (we've just started a pushing phase), but it's so rewarding to see how much they love each other. As soon as they aren't together they ask for each other, they love riding their bikes together, exploring, chasing each other, and they've just started learning to kiss but will only kiss each other (much to their Mama's disappointment). All of these little things make us forget the hard times.

We often get asked questions like "how tall is the dad" or "do they get so and so from their dad" etc. The word 'dad' will mean something different to everyone but to me, 'dad' implies a father or father figure who is active in a child's life. Our children have a biological father. We went through a fertility clinic and selected him from about five options of donors after reading a couple of pages of information on each one. We are very open and don't mind answering these questions; however to us, our children have a donor, not a dad. It is an odd thing to select half the genetics of your child off a few pieces of paper. We know that we're incredibly lucky that he chose to donate to help those like us grow their family. One day our children might like to meet him and the great thing about the system is that the donors need to be open to meeting any children conceived from their donation

We hope to raise our children in an open and honest home where they feel free to ask any questions and we will answer them to the best of our ability. Our relationship and our fertility journey has only made us more aware of how incredibly diverse we all are as humans. Our children have so much love surrounding them and we are so proud to be their Mamas. We think we hit the jackpot with our donor choice and parenting journey. Multiples are the best type of challenge, and we're all in it together. He waka eke noa.





SAME-SEX PARENTS OF TWINS, TRIPLETS OR MORE

Reprinted with thanks from
Twinstrust.org

TWINSTRUST.ORG.UK
GUEST CONTRIBUTOR

Becoming a parent is a time of excitement and joy, often accompanied by feelings of worry and uncertainty. Discovering that you are to be a parent to twins, triplets or more may magnify these feelings. It is also possible that being a parent in a same-sex relationship may make the challenge seem isolating and overwhelming.

Tamba carried out a survey of same-sex parents of multiples. We asked what the most useful piece of advice was that they were given during pregnancy. A huge 50% of respondents said that they had received no useful advice at all! This is one reason why this factsheet was created, in the hope of getting valuable help and advice from same-sex parents to share with other same-sex parents who may need it.

Tamba's survey asked same-sex parents what help they had received after the birth of their multiples: 82% had help from family members in caring for their babies, 39% had help caring for their babies from friends, 36% had help from friends with housework.

Tip 1 - We are the same as other parents

A parent of multiples is a parent of multiples, regardless of what other identities and variations in family dynamic, you may or may not, share with others. Many of the parents we spoke to reiterated this as a top tip to remember. They then placed their focus on the same struggles and needs for support, experienced by all parents of multiples.

Tip 2 - Ask for help and accept support

A multiple birth pregnancy can be very tiring both physically and mentally. Some people find it hard to ask for help, but asking for help is a sign of strength. Remember friends and family may be nervous about offering help but are keen to do what they can to support you. A strong support network within the immediate family, extended family and friends can make a huge difference. Learning to ask for help, as well as accepting help when it's offered, was the second most useful tip from both our same-sex couples and all parents of multiples. A lack of sleep in the early days can really put a strain on relationships. Caring for newborn multiples is physically demanding on both parents but especially the birth parent who is recovering from the birth. Working together and supporting each other is key to parenting multiples especially in the early days.

Tip 3 - Find a routine that works for you and your babies

Establishing a routine once your babies arrive can really help to reduce the feelings of overwhelm and being overloaded. Discuss and decide upon the roles and responsibilities of each parent before the arrival of the babies if you can. Try to make sure both parents are as involved as they would like to be. For some parents this routine may be established during time in the special care baby unit, as many twins and triplets arrive early. For others it starts once you are home. In the very early days that routine can be as simple as going with the flow of feeding, changing, cuddling, and sleeping. Remember that all families are different so what works for one family, might not be what works for yours. In fact what works for one of your own babies, may not work for the other(s).

Tip 4 - Be open honest and proud of your family

In addition to the usual challenges facing multiple birth families, same-sex parents may have some unique challenges that heterosexual parents do not have to consider. These concerns range from worries over public reactions and prejudice, to whether non-birthing parent(s) will be treated appropriately by healthcare staff. Society continues to be fascinated by twins, triplets and more and many parents have found that as soon as you leave the house with that double pushchair (or more), it is as if the general public are magnetised to you! It can be hard to avoid it and may at times feel unwelcome, but most of our families find that they do enjoy sharing the joy of their multiples with others! Attitudes in the UK are changing in a positive manner. The top tip offered by over 26% of same-sex couples in our survey was to be open, honest and proud of your family.

Tip 5 - Anticipate unhelpful comments and questions

When you are out and about with twins, triplets and more it is not uncommon to be asked questions such as whether the babies were conceived naturally, whether you gave birth vaginally or by c-section, and whether your twins are identical or not. There are a variety of unique questions often faced by same-sex parents specifically. When you are out and about holding one baby each, the question 'are they twins?' is nearly always followed by 'who is the mother (or father)?' Like 80% of our respondents to our same-sex parents' survey, it is common for same-sex parents to conceive with the help of fertility treatment. Same sex parents might also face further questioning about the use of donor eggs, sperm or surrogacy and even the involvement of the donor in the children's future. Whilst your curious audience probably means no harm, it may help you to feel more comfortable and in control, to have prepared answers ready and decide how much you are happy to disclose. Remember you don't have to answer peoples' questions if you don't wish to.

Tip 6 - Stay calm and stay positive

Going through a multiple birth pregnancy and raising twins, triplets or more is an incredible experience. Sometimes it will be challenging especially when you are sleep deprived, when staying calm and positive can be even more of a challenge. Lack of sleep can make it hard to focus and concentrate and it can make you clumsy, prone to mood swings and also forgetful. It's important to remember the early days of feeding every 2-3 hours do pass and looking for the little positives each day such as 'I fed both babies', or 'they were loved' and 'they are dressed' is invaluable in helping you cope with the demands of twins, triplets or more.





DAD'S GUIDE TO TWINS

MANAGING TIME WITH TWINS

Joe Rawlinson
Guest Contributor

Time is always a challenge with twins, especially when you have twins and other children in the house.

Make Time for Your Twins

If you're lucky because you've got family close by, you need to be able to tap into those helpers to assist you with your family. Talk with your family that live close by and have frank discussions on how they can help you now, and once the twins arrive. We lined up helpers for the first two months after our twins were born, but we definitely would've taken them for longer if we could have.

These were helpers that would help out during the day, but also family members that would stay with us for several days. They would stay overnight and they would help with the night shift, changing and feeding the twins during the night. This was a lifesaver for us, because we were able to get into a good rotation where at least one adult in the house was able to sleep through the night every couple of nights.

Another thing you can do is make sure that you schedule one on one time with your other kids after the twins are born. Because if you don't have a schedule or a time set aside, then you may neglect your twins' older brother or sister, and you definitely don't want that to happen.

Other Things Can Wait

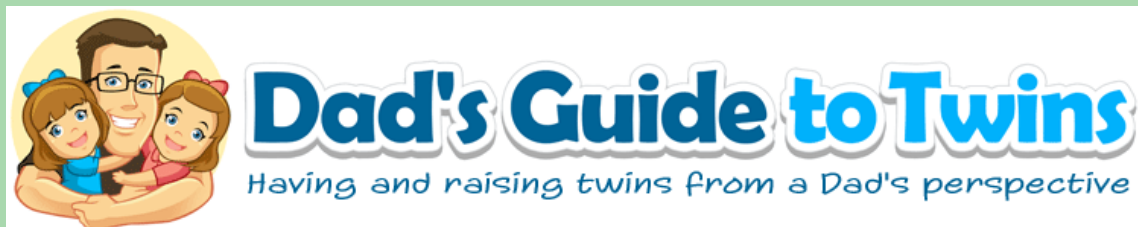
Make sure you talk about what you will stop doing and what can wait so you'll free up time for child care and for bonding. A lot of things around the house on your to-do list or for work can wait or are not as important as taking care of your twins and taking care of your older children. By making arrangements and plans now, you'll have some peace of mind that you've got things lined up for when the twins arrive.



My Favorite Expectant Twin Dad Tip: Get Helpers

I'm often asked what advice I'd give parents expecting twins. My answer is always this: get helpers. After the birth of our girls, we were so overwhelmed with the logistics of nighttime feedings and sleep deprivation that we truly needed an extra pair of hands. You'll use helpers to do everything you do:

- feed the twins
- change diapers
- soothe babies
- do the dishes
- play with your other kids
- clean the bathroom
- go grocery shopping
- make dinner
- and more ...



You'll notice that in the early days of twins, they don't need much. They just need food, a change of diapers/clothes, and sleep. The problem is that they need those things all the time. Your constant care for your newborn twins will wear you out and preclude you from doing other tasks around the house.

This is where helpers are so great. Anything you are doing, they can substitute for you and relieve your burden. Sign up helpers early and often during the pregnancy so that when your twins arrive, your helpers will be ready to jump in and assist. Ideally, you'd have a family member or friend stay with you in your home to help with the twins. This will allow you to take turns waking up with the babies at night and allow you more sleep.

You know your situation and resources best. Don't be afraid to ask for help and be as creative as you can in utilizing it.

Joe Rawlinson is the dad behind Dad's Guide to Twins where he has helped thousands of twin parents like you prepare for and raise twins through helpful articles, books, podcasts, videos, and more since 2009. dadsguidetotwins.com



Expecting multiples or already have multiples?

and...

Already have a toddler/s or you don't

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Completely modular, completely adaptable, completely safe.

KinderPod grows with your family.

HIGHER NEEDS MULTIPLES

This issue, I thought it would be interesting to look at the rates of disability in multiples.

Desiree Morgan (Special Needs Contributor) - Multiples Counties Manukau

Carolyn Lister kindly got this information on the rates of disability in multiples (mainly monochorionic as a lot of the contributing factors are higher in these pregnancies). This information came from Stephanie Ernst-Milner. I will continue to look at studies to see if there are more statistics on all forms of multiples because research is my jam. And whilst I love that there is a lot available on identical multiples, it would be nice to know the fraternal statistics as well!

Twin Anemia Polycythemia Sequence Spontaneous (TAPS)

1 in 8 (around 15%) of spontaneous donor twins are born with bilateral deafness. 31% of TAPS twins are born with Neurodevelopmental Impairment (NDI), with donor twins 4 times more likely to be affected. (NDI is defined as at least one of the following: CP, severe motor and/or cognitive developmental delay, bilateral blindness, or deafness requiring amplification with hearing aids).

Source: <https://bit.ly/3rLfjiy>

Post-laser TAPS

Overall there is a 9% chance of severe neurodevelopmental impairment, with this positioned equally between donors and recipients (as opposed to spontaneous TAPS). Twins treated with Intrauterine Transfusion (IUT)/Partial Exchange Transfusion (PET) had the highest risk.

Source: <https://bit.ly/3xgJrne>

Twin-Twin Transfusion Syndrome

Approximately 9-11% of TTTS survivors will have some degree of neurodevelopmental impairment, with no difference in risk between donors and recipients after laser surgery. This number increases to 20% when TTTS is treated by amnioreduction only.

Source: <https://bit.ly/3xhYrBk>

Selective Fetal Growth Restriction

The overall incidence of neurodevelopmental impairment in birthweight discordant monochorionic twins is disputed and not very well studied. Prematurity and complications play a large role, as does the type of SFGR. (Sorry, this one is still being studied).

Source: <https://bit.ly/2VkkbKG>

Monochorionic Twins in General

In combination with a high risk of prematurity, and complications like TTTS, TAPS, and SFGR, otherwise uncomplicated monochorionic twins are at a 7% risk of neurodevelopmental impairment.

Source: <https://bit.ly/3ypLRkU>

Factors to consider

Children who are born prematurely may have impairments later on, but early normal/mild abnormal outcomes should be watched closely. Prematurity doesn't end at age two like the popular myth, as some complications come at school age due to the change in pressures and learning.

*Join whānau of
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Multiples on
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**Special Needs
Multiples NZ**



HIGHER NEEDS MULTIPLES

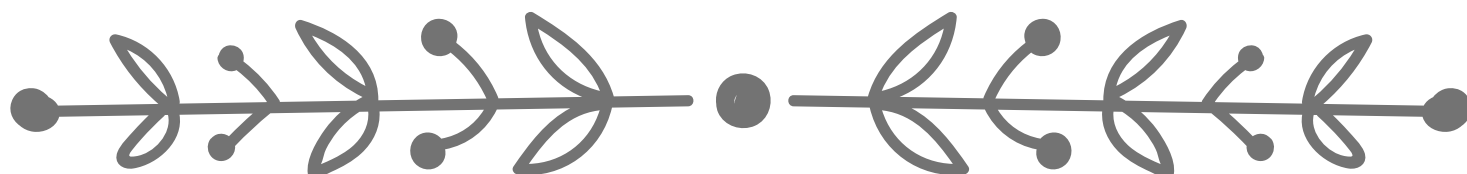
Having children with higher needs gives an even greater challenge to families with multiples. The following information has been shared by a parent of special needs multiples:

Tips for Diagnosis

- Have someone with you for meetings in case you need extra support, or help to get home
- Access grief counselling as soon as possible – face to face is best
- Request a sit down appointment to be told the diagnosis, and ask for all the ins and outs of it all in more detail
- Your child will still be the same precious wee thing that he/she was the day before his/her diagnosis, as he/she is the day after. Labels can be scary, but I have also found it quite liberating, and I would far rather my son has an understanding of how his brain is wired differently, than continued to be called 'naughty'. He was simply misunderstood, and life has taken on a very different, and much more positive turn since his diagnosis. People want to understand him now.
- My best sources of support were and are other mums going through the same situation
- Free marriage/relationship counselling. Why pay a fortune for working through grief?
- Online support groups are amazing
- It can be a really isolating experience when your child has extra needs. Sometimes friends don't understand and with all the appointments you can get really busy
- Join a support group and make sure you take time for yourself regularly
- It can be really overwhelming and stressful but also it can be really beautiful bonding with your child and seeing the changes in them through therapy
- Keep other children in the family in the loop, communicating with your partner and taking the time to listen to them
- If you need help for depression get it, the sooner the better
- Find your people, you learn pretty quickly who will listen and who won't. I found a group for parents of children with Hypoxic-Ischemic Encephalopathy (HIE) and they were amazing!
- My multiple birth club were wonderful too
- Keep pushing and advocating for your child. You are their voice
- Need to continually talk to partner when facing life with a behaviorally challenged child and other children
- Keep pushing the doctor – I found the squeaky wheel gets more results and help than just waiting for it to happen

Tips for accessing funding:

- There are disability advocates available, and generally free of charge, if you need assistance
- Most government assistance is means tested which as a single parent servicing an Auckland mortgage I have found exceptionally frustrating. The Needs Assessment and Service Coordination service (NASC) was very long, and not something I could have done with my son present. (NASCs allocate Ministry-funded disability support services and help with accessing other supports. These services are then delivered by their respective service providers.)
- Where possible, have a copy of previously presented information available. It can be frustrating answering the same questions three or four times, with three or four different people, over a short space of time
- You can seek and get a lot of information from Facebook groups and mums groups
- A disability family advocate would be good. We had to fill in screeds of paperwork over the last eleven years. We have five kids so do find these things time consuming



TE AO MĀORI

Learning health lessons from our ancestors

The lives many of us lead today are distant from those that our ancestors led. Even reflecting back three to four generations will highlight the many differences we experience in our day to day lives now in comparison. In a relatively short space of time, we've radically changed our lifestyles and environments. Much of this change and advancement has been for the better; however, there is growing evidence to support that some of these changes are in part to blame for many modern illnesses that are affecting such a large proportion of our population. Let's take a look at a few examples of these changes in lifestyle and the habits we can create to overcome the negative impacts.

MOVE SLOWLY LOTS

Early Māori couldn't just pop down to the shops if they ran out of ingredients for dinner. Making sure they had plenty of food to survive on took a lot of hard work. Moving a lot during the day was just a part of life, and much of their strength was gained from simply carrying out their day-to-day tasks. Planting, hunting and fishing were the only options they had if they wanted to eat—harvesting and storing food needed to be completed before the cold winter set in. Going about our day-to-day tasks now couldn't be more different. We often spend 30+ minutes sitting in a car, bus or train commuting to work, followed by eight hours of sitting in front of a screen, only to commute home again and then sit in front of the TV all night to unwind from the day. Regular movement protects us from disease by preventing oxidative damage and inflammation. Find ways to move more, especially on the days that you don't exercise. Long periods of low intensity movement are best.

MAKE YOUR LIFE SIMPLER

Our ancestors didn't have the same level of daily stress we have today in the form of deadlines, the hustle-bustle of commutes and business travel, and corporate ladder competition that has so many people trying to climb to impossible heights. They also did not live in a 24-7 technology driven world. While technology makes our lives better in many ways, we need to know when to pull the plug. As with all things in life, there is a balance between our ancestors' healthy lifestyle and how we live today. And so hopefully by taking advantage of the best of both worlds we can become a healthier version of ourselves.

GET ADEQUATE SLEEP

For our ancestors, long winter nights were a signal to rest more. Something that is important to help our immune systems to deal with the impacts of winter and the colder weather. In our modern environments, we pay less attention to what the seasons are telling us, staying up late staring at our blue-lit screens (think phones, tablets, computers, and TVs) and not allowing our circadian rhythm to tell our bodies' when to rest.

EAT REAL FOOD

If there is one thing that our ancestors did not have access to, it's all of the processed foods we have today. Looking back at our ancestral diets provides us with some simple insights into how we should perhaps be eating today. Basing our meals on foods that grow from the land is great for our health. You wouldn't have found processed food with a list of unrecognisable ingredients within the meals of our forefathers. And whilst we don't necessarily need to plant our own crops anymore, if you do, you will have access to cheap, fresh, and seasonal real food right outside your door.

**Thank you Health Care Plus
for this article.**

healthcareplus.org.nz

MĀORI LANGUAGE WEEK

In 2021 Te Wiki o te Reo Māori will be 13-19 September. Māori Language Week has been celebrated each year from 1975.

'Kia kaha' is well understood in New Zealand English with its meaning of 'be strong'. We often talk about languages as if they are people – talking about language health, strength and revitalisation. So when we say 'Kia kaha te reo Māori' we're saying - 'Let's make the Māori language strong'.

People who are opposed to te reo Māori are part of a minority that is growing smaller every day the Māori Language Commission said as it announced the dates for this year's Māori Language Week.

"While some New Zealanders remain bitterly opposed to change, the reality is they are a minority that is growing smaller by the day," said Māori Language Commissioner, Professor Rawinia Higgins.

"Last year New Zealanders created the biggest te reo event in history as one fifth of our entire population, more than 1 million of us, stopped and celebrated te reo as part of our Māori Language Moment.

Commissioner Higgins confirmed the dates for this year's Māori Language Week would be from the 13th to the 19th September 2021. This year marks 49 years since the Māori Language petition calling for te reo to be taught in our schools was presented to parliament.

The past fortnight has seen public and private sector leaders support te reo publicly: from Vodafone CEO Jason Paris, media outlet NZME, the BSA, Broadcasting Standards Association and the Media Council.

"Our Colmar Brunton polling last December showed us that more than 8 in 10 New Zealanders see te reo as part of their national identity and something to be proud of."

"We welcome the response from business and government leaders to those who would seek to once again, banish our country's first language." She said it is puzzling that opponents fail to recognise that te reo brings New Zealanders together in a peaceful way. "We are not perfect but when you compare us to other countries that struggle with race relations, we are doing better than we have in the past and te reo is part of that change."

Kia kaha te reo Māori!

Kia kaha hoki ngā iwi o Aotearoa!

There are plenty of resources online to support your journey.

A great starting point is:

<https://bit.ly/3xhd7jZ>





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You pay the bills, you're in charge!
Passwords are your friend & so is turning off the internet or removing devices entirely.

Every family & child is different.
Don't compare your use of technology to other family members or friends – work to find what's best for your family and be intentional with your use of technology.

Create & enforce screen free areas in your home. (Bedrooms are a good place to start)

Decide on some family UNPLUGGED TIMES where all devices go off (before school, dinner time etc)

Look at technology use in your home as a whole.
There's not much point in cracking down on the children's use of tech if you're still glued to your screen & scrolling.

Consider that the amount of time your kids spend on technology is often in direct proportion to your own stress levels & need for a break.

Use screen time intentionally—if you're aware that cooking dinner is a stressful time in your home, then pre-plan what can or can't be watched, or use this for a tech-time slot.

Use apps for managing time & setting boundaries.

- Keep your kids safe. No one wants their children stumbling into something completely inappropriate or harmful online
- Set your devices up with time limits, filters & controls. If you're not sure how to do this, check in with a techy minded friend or do some research. This is too important to let slide.

Is this balanced?

Ask your family: "is technology time balanced with sleep, physical activities and hobbies in our home?"

KEEP TALKING

Talk to your kids about your own tech use, their tech use, why you're setting limits, what they're watching & playing and who they're chatting to...

Be educated.
Is your child into TikTok? Snapchat? Instagram?

Set up your own account & explore. How do the messaging systems work? What types of things could they find if they were to search for inappropriate content? Who can find your child? Search & check for yourself.

YOUNG CHILDREN



YOUNG ADULTS

Have a routine/schedule/system & stick to it. Some ideas for this could be:

- Techy T-days (technology only on days that start with T!)
- Use the "if _____, then _____" model (e.g. If you've put away your school bag, laid out your reading book and put your lunch box on the bench then we can start the timer for technology. Or: If you've played outside for an hour, have read 2 chapters of your book and helped with dinner preparation then we can set the timer for technology time.
- Have some general rules about technology use that you stick to – e.g. "in our house we don't use technology after bath time / before school / before karate / whatever suits your personal family situation"
- Use tokens or chips to manage time—they could have 4 chips (each worth 15 minutes) to 'cash in' at a time of their choosing throughout the day (handy if you're also juggling after school clubs and a set routine is difficult)

Avoid auto-play features & back-to-back shows that flow from one to the other—especially in YouTube & Netflix.

Use the inbuilt parental controls & automated timers on your device as much as possible to give time warnings & then close the session after the set time limit. This takes the pressure off you being the one to shut down the end of the session.

Expect melt downs & prepare for them. Sometimes having something else to move directly on to can buffer this (dinner, lego etc.)

Use the block feature liberally. Entirely remove inappropriate games or apps & block their ability search for specific terms.

Educate them on how to better manage their time. What would be some concrete examples of too much technology in their lives? Talk about what works and doesn't work for you. Discuss the difference between mindful & mindless use of technology.

Set boundaries and create rules WITH THEIR INPUT. Review these regularly.

Talk with them about which apps they're using and why—what are they enjoying? Why do they use them?

Do they know what to do if they stumble onto something upsetting?
Do they know what to do if they get caught up in an online bullying/grooming situation?

More in depth info at:
www.common sense media.org
www.netsafe.org.nz



TWIN ANEMIA POLYCYTHEMIA SEQUENCE

What You Need To Know

Stephanie Ernst, Guest Contributor

In 2006, a new, rare disease affecting monochorionic twins was identified and named. Twin Anemia Polycythemia Sequence (TAPS) changed the perception of the complications of monochorionic twins. It started redefining what we knew about shared placentas.

A Little TTTS History

To understand more about a TAPS diagnosis, we need to go back a little way and talk about TTTS. In the 1800s, there was already a basic understanding of how complicated monochorionic twins are. The shared placenta and the shared circulations of the babies meant that there were dangerous complications and potential imbalances that could cause big problems. The most commonly known -Twin to Twin Transfusion Syndrome has been described throughout history; there are many references to it in literature and paintings.

Untreated TTTS is nearly always fatal or results in serious injury to the babies. In the 1980s, experimental laser surgery was introduced, providing effective treatment and increasing survival rates for babies.

Over the last decades, this surgery has been refined to an art form bringing a lot of hope to families. The pioneering work of Dr Emma Parry, who brought laser surgery to New Zealand, has also given access to this incredible treatment to families within New Zealand.

Research has always continued, meaning that as technology developed, we understood how the disease progressed and the outcomes and best treatments. But until the last decade, any size discordances or colour differences were always called TTTS. It wasn't until the early 2000's that researchers discovered that there was actually more than one disease affecting shared placentas.

A New Diagnosis – Twin Anemia Polycythemia Sequence

In 2006, two papers were published within days of each other, creating a wave of controversy in the world of twins. The first paper talked about a rare complication of laser surgery. Sometimes, small connections are left in the placenta, either missed or incompletely sealed, causing one baby to become slowly anemic and the other polycythemic. This seemed to occur in around 16% of TTTS cases after laser surgery.

The second paper described the same disease but happening spontaneously – without laser surgery. It also gave this new disease a name – Twin Anemia Polycythemia Sequence, or TAPS. TAPS is recorded in around 3-5% of monochorionic twin pregnancies in its spontaneous form. However, due to a lack of screening worldwide, we don't know how accurate this number is.

TAPS is not a form of TTTS but rather a separate, distinct form of feto-fetal transfusion. Its arrival shook the fetal therapy world because of its controversial nature and a lack of consensus on the best treatment for it.

Unfortunately, this new, rare disease has also created many issues introducing routine screening for spontaneous TAPS. Many believe it should not be screened for without an established therapy. Research shows that spontaneous TAPS has severe complications for donor twins, with high chances of developmental delays and deafness. However, there are still objectors to routine screening.

TAPS is screened for after laser surgery, but there is a significant risk for donor twins. Some centres will not repeat laser surgery if post-laser TAPS happens. Because there isn't a best treatment for TAPS, families are often left with difficult decisions without any clear answers.

How Is TAPS Diagnosed? What Are The Long-Term Consequences?

TAPS is diagnosed using MCA dopplers, a reading on the brain of the babies. It's almost like a speeding test, where soundwaves are bounced off the blood travelling through the mid-cerebral artery of the baby. If the blood is moving too fast, it's a sign of anemia, and if it's too slow, a symbol of polycythemia. Your doctor should be monitoring you every 2 weeks and tracking this, as TAPS is about establishing patterns.



There are also other signs on ultrasound, like a bright and enlarged look to the donor's share of the placenta (called echogenic), also an enlarged heart for donors. Recipients can also have a starry sky liver – with bright markers on it, much like van Gogh's Starry Night painting. It's important to remember that 14% of TAPS cases will present with no other signs other than discordant MCA dopplers – so they're vital!

After birth, it is diagnosed using blood testing – hemoglobin and also reticulocytes. These are young, mature red blood cells, and it's essential to check the difference between the donor and recipient, as this is how TAPS is different from acute TTTS. In TAPS babies, donors have high numbers of reticulocytes and recipients low numbers. In acute TTTS, these numbers are very similar between the babies. You can also flip the placenta over as with TAPS; there's a difference in colour between the donor and recipient.

The long-term effects of TAPS are still being researched, so we don't know everything yet. We know that spontaneous TAPS donors babies will be born with a high risk of neurodevelopmental impairment or deafness. In post-laser TAPS, there is an increased risk of donor twins dying before birth. With up to 63% of TAPS cases going undetected until delivery, we need to continue research into TAPS and establish treatment protocols. This is why it's so important to screen to collect as much data as possible.

Treating TAPS

In 2008, a new laser therapy technique was trialed to treat TTTS. This new technique drew a line across the vascular equator of the placenta, effectively separating it into two. It was called the Solomon Technique (which stands for Selective Or complete Laser Occlusion in MONOchorionic twins) and does have a biblical reference to the story of King Solomon. It drastically reduced the incidence of post-laser TAPS from 16% to just 3%. Since 2014, this form of laser therapy is also used to treat spontaneous TAPS. It can be done between 16 and 28 weeks (depending on your doctor's policies and procedures). Other treatments really depend on what stage of TAPS and how far along in your pregnancy you are. Later in pregnancy, partial exchange transfusions and intrauterine transfusions for the babies are used to buy extra time, or premature delivery is also an option. You can also just "watch and wait" to see what happens. Unfortunately, some cases are caught too late, and selective reduction is an option, although a last resort.

What Does Research Say?

Unfortunately, out of the 5 established treatments for TAPS, we don't know if laser surgery, expectant management, transfusions/exchanges, early delivery, or reduction are the best treatment yet. This is being researched, and here's a little information about what is known.

In 2014, the TAPS Registry was established to collect as much data as possible about TAPS. 370 cases, spread across 17 fetal therapy centres worldwide, collated and collected data on treatments, management, and outcomes for both types of TAPS. 164 cases were post-laser TAPS, and 249 cases were spontaneous in the registry.

The registry was practical and highlighted some important discoveries, like huge risks to donor twins. It did also, unfortunately, highlight that worldwide, there is no agreement on the best treatment, nor was there any difference in outcome between the treatments. Not all centres collected the same data, either, and some cases were lost in follow up. Then in 2019, the TAPS Trial was established to determine the best treatment for TAPS. Parents between 20 and 28 weeks gestation, with stage 2 TAPS or higher, are eligible to participate and will be followed extensively. The most important thing to remember, though, is that even though there is no best treatment for TAPS, there are treatment options available to you, which should be discussed.

And Finally...

The most important thing to remember is that twins and multiples who share a placenta need extra screening. It's not only because of TAPS but also complications like TTTS and SFGR (Selective Fetal Growth Restriction). There are screening protocols put into place by the New Zealand Ministry of Health, which are so essential to follow. If you need help – reach out to Multiples NZ or the TAPS Support Facebook group, and we can help you advocate.

For more information see:
<https://bit.ly/2TOv5fY>





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VOLUNTEER OF THE MONTH

WINNER JUNE 2021

Nicole Jane Bartlett – Multiples Hawkes Bay

"From my perspective she has held the club together the past 12 months by calling for committee meetings, running the Facebook page, making and distributing welcome packs to the new parent team. I am still learning everything about Nicole and her roles for Multiples Hawke's Bay but I know she has held many roles on the committee for at least five years. I would be lost without her guidance."



"From my perspective she has held the club together the past 12 months. I would be lost without her guidance."

WINNER JULY 2021 - Joint Winners

Simon Taylor - Multiples Counties Manukau

Laura King - Multiples Canterbury

"Simon took on the role of Equipment Officer last year. He goes above and beyond for the club members, and juggles the role with his very busy real life job so I think he deserves an amazing amount of kudos and we appreciate all his efforts for the club."



"Laura is one of those highly valuable volunteers without an official title or committee role, but makes sure that everyone is ok and finds solutions when they're not. She goes out of her way to help, particularly with mums who are struggling, respects families' boundaries, is a playgroup regular, and offers great advice on all kinds of topics via our Facebook group. Laura is a wonderful mum and human being, and the club wouldn't function half as well without people like her."





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Facebook Support Groups

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

- Multiples NZ
- Multiples NZ Neonatal Support
- 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



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Can you read & understand all the words?

•WATCH OUT, the words in this word find go forwards, backwards & diagonally!

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

HERO	BRAVE	ENCOURAGE	MINDSET
ROLE MODEL	CHANGE	OVERCOME	GOALS
INSPIRE	POSITIVE	STRENGTH	INFLUENCE

8 Role Model Challenges!

How many can you tick off?

- 1 Who is your favourite FICTIONAL hero? Who is your favourite 'real-life' one?
- 2 Does your whānau have stories from the past of the challenges overcome by previous generations? What were the challenges?
- 3 Chat with someone older than you. What did they find most challenging when they were your age? Who helped them overcome these challenges?
- 4 Did you watch the Olympic games? Which athletes were the best role models for perseverance or positive mindset?
- 5 Could you be a role model for someone else? Who might be looking up to you?
- 6 Send a letter, message or email to someone you look up to. Explain what it is that's made an impact on your life.
- 7 Choose a quote or inspirational saying from a role model you respect. Type it up (or use some fancy handwriting) decorate it and display!
- 8 Chat with an older member of your whānau. Who were their role models or heroes when growing up? Do you know who those people are?

WHO ARE YOUR HEROES & ROLE MODELS?

Can you think of someone to fit each category below?



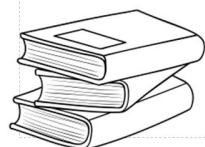
Sporting



Cultural



Education



Exploration



Activist



Change maker



Entertainment



PĀPĀ DAD



SHOUT OUT TO OUR DADS & ALL THE OTHER MEN & ROLE MODELS WHO NURTURE & SUPPORT OUR KIDS!



SO YOU WANT TO HOST A FUNDRAISING DINNER?

Courtney Smith, Guest Contributor, Exult, February 2020

Fundraising dinners are a fantastic one-time event that has the potential to raise a lot of funds! However, in order for your dinner to be a success, you need to put in the necessary time and effort. This article briefly outlines the in's and out's of planning and organising a fundraising dinner.

Create a Plan

Whatever you do, don't try and hold a fundraising dinner WITHOUT a plan. You will need to consider things such as:

- Theme
- Date/Time
- Venue
- Ticketing
- Catering
- Seating
- Entertainment
- Activities
- Sponsorship
- Attendees
- Speakers
- Advertising



The Chronicle of Philanthropy (www.philanthropy.com) has created an excellent resource to help guide your planning. While it is aimed at American organisations, most of the content is relevant and adaptable to meet your needs here in New Zealand. Check it out here <https://tinyurl.com/s5gfxkq>

Set a Budget

This is super important! You need to have a budget for a number of reasons, but most importantly to ensure you are not spending more than you will gain through the event. Make sure you not only set an overall budget, but also a budget for each component of your event. E.g. a specific budget for venue hire, catering per person, entertainment etc. Don't forget about advertising! To help you, there are a number of sites you can visit to download adaptable event budget templates to meet your needs. Here are a few:

- Microsoft Word Templates <https://tinyurl.com/qtnzloy>
- The Chronicle of Philanthropy <https://tinyurl.com/uhzaaur>
- Endless Events <https://tinyurl.com/wlzmtdkx>

Promote, Promote, Promote

You could have planned the best fundraising dinner ever but if you don't promote it, your tables will be looking pretty empty. Share your event on social media or traditional media (radio, newspapers etc.). Pound the pavement and post flyers in letterboxes. Ask local businesses to place a poster in their windows or on their counter. Think big so that you can achieve big results.

Create a Programme

Provide your guests with an outline of how the night will play out. This will not only help you and your MC run the dinner, but it will also keep your guests in the loop. There are plenty of online tools you can use to create a stylish programme, including:

- Snapfish www.snapfish.com
- Canva www.canva.com
- Vistaprint www.vistaprint.com

Evaluate and Assess

After everything is over, take the time to evaluate and assess the outcomes of your fundraising dinner. Ask yourself important questions like:

- Did we meet our budget?
- How much did we raise?
- Did our guests enjoy their night? (consider sending a survey out after the event)
- What worked well?
- What didn't work so well?
- What would we change next time?
- Did the venue meet our needs?
- Was the catering up to standard?

Spend the necessary time looking into each aspect of your event. It will help you when planning and organising future events. Read more at www.exult.co.nz





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Local Club Contacts

Northland & Whangarei • Rosie Ponifasio-Hughes • 0211653885 • northland@multiplesaucklandnorth.org.nz (Satellite Club)

Multiples Auckland North • Thérèse Ellitts • 021 0462398 • president@multiplesaucklandnorth.org.nz • www.multiplesaucklandnorth.org.nz

Multiples Auckland Central • Anna Winn • president@multiples-ac.org.nz • www.multiples-ac.org.nz

Multiples Counties Manukau • Desiree Morgan • 0210778062 • president.multiplescm@gmail.com • www.multiplescm.org

Waitakere • please refer to Auckland Central & Auckland North Clubs

Hamilton Multiple Birth Club • Michelle Ericksen • 078550373 • michelleericksen@extra.co.nz • Fiona Stokes-Rouse • 078563330 • hamiltonmultiplebirthclub@gmail.com • www.hamiltonmbc.co.nz

Multiples Bay of Plenty • Jo Carswell • president@multiplesbop.org • www.multiplesbop.org.nz

Rotorua & Taupo • please refer to Multiples Bay of Plenty

Multiples Hawkes Bay • Katherine Russ • president@multipleshb.org.nz • www.multipleshb.org.nz

Gisborne • please refer to Multiples Hawkes Bay

Multiples Taranaki • Sarah Cash • multiplestaranaki@gmail.com

Manawatu Multiples • Zelia Boyd • manawatu.mutiples@gmail.com • Manawatutwins.org.nz

Whanganui • please refer to Manawatu Multiples

Multiples Hutt Valley • Claire Sumner Lawry • hvmbcpresident@gmail.com

Kapi-Mana Multiples • Stacey Petkov • president@kapimanamultiples.org.nz • www.kapimanamultiples.org.nz

Wellington Multiples • Georgie Manning • president@wellingtonmultiples.org.nz • www.wmbc.org.nz

Nelson, Marlborough, Kaikoura, South Canterbury, West Coast • please refer to Multiples Canterbury

Multiples Canterbury • Sophie McInnes • president@multiplescanterbury.org.nz • www.multiplescanterbury.org.nz

Multiples Otago • Elyse Blacow • president.multiplesotago@gmail.com • www.multiplesotago.org.nz

North Otago, Central Otago (Wanaka), South Otago (Balclutha) & Oamaru - please refer to Multiples Otago

Southland Multiples • Lizzie Stephenson & Sarah Miller • southlandmbc@gmail.com • www.southlandmultiples.org.nz

Triplets Plus • Sarah Miller • tripletsplus@multiples.org.nz

North Island Regional Contact • Ainslee Jacobson

South Island Regional Contact • Jacqui Newell

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

Te Takitini o Aotearoa
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0800 4 TWINS ETC
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