ternational Council of Multiple Birth Organizations OMBO MEDIA RELEASE

PROFESSIONALS AND FAMILIES UNITE TO PROMOTE THE RIGHTS AND NEEDS OF TWINS AND HIGHER ORDER MULTIPLES

FOR IMMEDIATE RELEASE - The International Council of Multiple Birth Organizations (ICOMBO) is advocating for worldwide endorsement and promotion of an important document during its first International Multiple Births Awareness Week, November 1-7, 2010.

The document is the newly updated Declaration of Rights and Statement of Needs of Twins and Higher Order Multiples featuring over 40 statements relating to the human, civil and constitutional rights and fundamental needs of twins and higher order multiples. These statements identify such issues as culturally sanctioned banishment and/or infanticide of twins, lack of proper prenatal care for mothers and their fetuses, a need for breastfeeding support, the importance of placing multiples together in adoptive environments, addressing the multiple bond when making classroom placement decisions, the balancing of individuality within the comultiple relationship, and ongoing myths and practices that endanger the lives of twins and higher order multiples. "A pledge card was distributed to members of ICOMBO and the International Society on Twin Studies (ISTS), along with other national organizations supporting multiple births this week asking them to endorse and promote the Declaration so we can collectively identify the gaps and shortfalls and address the need for improvements in some countries and/or regions," said Kimberley Weatherall, Chair of ICOMBO.

At the 1992, ISTS Congress in Japan, multiple-birth organizations worked together to begin compiling a —Declaration of Rights and Statement of Needs for Twins and Higher Order Multiples. This declaration was formally adopted by ICOMBO (formerly COMBO) members at the 1995 ISTS Congress, held in Richmond, VA. The Declaration was more recently updated in 2007 and again in June 2010. Endorsed at the 2010 ISTS Congress in Seoul, South Korea; it includes current research citations to support the rights and needs expressed in the document. The Declaration can be found online at the following link:

http://www.multiplebirthscanada.org/english/declarerightsmb.php

ICOMBO is a global collaboration of over a dozen national multiple-birth organizations with the objective of promoting the principles detailed in the Declaration of Rights and Statement of Twins and Higher Order Multiples. ICOMBO provides a structure to enable individuals and multiple-birth organizations to share and develop resources, promoting and conducting projects and research regarding multiple birth development, care, and education, disseminating information and results of ICOMBO research projects and recruiting multiple-birth organizations worldwide. ISTS is an international, nonprofit multidisciplinary organization furthering research and public education in fields related to multiple birth development and care including health, psychology and education.

International Council of Multiple Birth Organizations

ICOMBO PLEDGE FORM FOR:

International Multiple Births Awareness Week – November 1-7, 2010

- Coordinate translations of the newly updated *Declaration of Rights and Statement of Needs of Twins* and Higher Order Multiples to the national language(s) of our country.

 YES
 NO
 - o If yes, please note which language(s):
- Post the attached Declaration of Rights and Statement of Needs of Twins and Higher Order Multiples
 on our website. YES NO
 - If yes, please note URL address:
- Distribute and promote the Declaration of Rights and Statement of Needs of Twins and Higher Order
 Multiples to other agencies and organizations working in our country.
 YES
 NO
- Encourage other agencies and organizations in our country to post the Declaration of Rights and
 Statement of Needs of Twins and Higher Order Multiples on their websites.

Name of respondent:
Name of organization representing:
Country assessed:
Email address:
SIGNED.
SIGNED:
DATED:

Completed pledge forms and report cards should be sent to:
Kimberley Weatherall, ICOMBO Chair at kimberley.weatherall@multiplebirthscanada.org

International Council of Multiple Birth Organizations ICOMBO BACKGROUNDER

While the newly updated **Declaration of Rights and Statement of Needs of Twins and Higher Order Multiples** seems fundamental to those involved with the world's multiple-birth community — the importance of promoting and supporting this document was recently highlighted by author Alessandra Piontelli in her book **Twins in the World.** In her travels throughout Africa, Asia, South America, and the Pacific rim, Piontelli observed how some cultures deify twins while other cultures attribute evil spirits to them and others outright destroy all multiple siblings. When asked to endorse the newly updated **Declaration of Rights and Statement of Needs of Twins and Higher Order Multiples** Ms. Piontelli offered these words and the following pictorial documentary as evidence of the importance of the focus of International Multiple Births Awareness Week.

"I hereby declare to be fully in agreement with the Declaration of Rights and Statement of Needs of Twins and Higher Order Multiples approved on June 5, 2010 and Adopted by the International Council of Multiple Birth Organizations (ICOMBO) and the International Society of Twin Studies (ISTS), May 1995 (updated 2007 and 2010).

I also find the initiative to celebrate an International Multiple Births Awareness Week - on behalf of the International Council of Multiple Birth Organizations (ICOMBO) - very laudable and necessary for spreading knowledge about the unique needs of twins, thus improving their condition.

The week will be celebrated for the first time ever this fall November 1-7, 2010 and I wish the organizers a great success."

Alessandra Piontelli, M.D. University of Milano Email: <u>alessandra.piontelli@fastwebnet.it</u>



Copyright Alessandra Piontelli

Brought up by the Elderly (Laos)

In this region twins are thought to affect negatively the fertility of the soil, and consequently of the crops. Further north they are killed. Here only all those past reproductive age are allowed to bring them up. These twins will never see their parents.



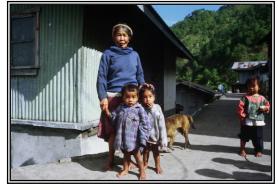
Copyright Alessandra Piontelli

Orphanage (Central-Southern Madagascar)

So-called 'orphanages' filled with twins abound in the region. Twins are almost invariably killed at birth for superstitious reasons. Some religious groups try to rescue them. Knowing the mothers go and deliver in special places considered to be free from evil spirits, they snatch the twins and put them in shelters. This is no guarantee of survival. As seen in the picture, the shelters are frequently filthy, unhealthy, and look like prisons. Besides often-severe physical problems, none of the twins in this orphanage could walk or talk.

Fate (The Philippines)

In this remote, mountainous region twins were usually disposed of. However even living few kilometres apart made all the difference. This village offered slightly better living conditions. These twins were spared.



Copyright Alessandra Piontelli

Copyright Alessandra Piontelli

Abuse and Neglect (Northern Paraguay)

The mother of these twins abandoned them at birth. Their grandmother rescued them unwillingly. Being married to the chief of the a community of Indios, she was blackmailed, and tormented by the corrupt police. Though the twins were not killed, their condition was one of extreme neglect. Abuse was also present: both twins had several burns on their skinny bodies as well as numerous bone fractures.

Marginalized (Guinea Bissau)

Twins are almost inevitably killed by the two main ethnic groups living near the capital. Superstitious reasons lay at the basis of this conduct. This woman rebelled. However she was heavily marginalized. Nobody spoke to her, she was obliged to go around bare breasted, had to scrape for a living, and was given no shelter. Some children can be seen laughing at her in the background.



Copyright Alessandra Piontelli



Copyright Alessandra Piontelli

The Good and the Bad Use of Ultrasounds (Assam, India)

These two proud female twin doctors were the living proof that sex discrimination is punishable under the law and not practiced in hospitals. However portable ultrasounds were used to by-pass the law as indicated by the massive number of females missing 'to the call' (Amartya Sen, 1990). Twin females were almost inevitably doomed.

Copyright Alessandra Piontelli

Poverty (Northern Uganda)

A devastating war has been raging in the region for more than 24 years. These parents had to walk for 4 days and nights in order to carry their 5 months old twins suffering from malaria to the only 'hospital' in the region. The parents are wearing their 'best clothes', and the mother is transporting all their possessions in a bag on her head.



Copyright Alessandra Piontelli

Being Venerated Can Be a Burden (Northern Togo)

Twins are generally venerated in all west African countries where Voodoo is practiced. However being venerated can carry disadvantages. These twins will be obliged to move about at all times holding the same oblong object symbolizing their perennial, sacred union. Only when the twins will reach the age of 7, the object will be broken and the twins be allowed to move separately.

An Unjust Reputation (Middle Sepik Region, Papua)

In several books the inhabitants of both sides of Papua are described with an aura of ferociousness. Twin infanticide is declared to live on only amongst the Papua. As this photo shows twins are very much loved by most. Possibly aided by a largely matrilineal structure of the society, besides their mothers, most fathers take tender care of them.



Copyright Alessandra Piontelli

International Council of Multiple Birth Organizations (ICOMBO) International Society of Twin Studies (ISTS)

Declaration of Rights and Statement of Needs of Twins and Higher Order Multiples

Introduction: The mission of the Council of Multiple Birth Organizations (COMBO) of the International Society for Twin Studies is to promote awareness of the unique needs of multiple-birth infants, children, and adults. The multinational membership of COMBO has developed this Declaration of Rights and Statement of Needs of Twins and Higher Order Multiples as benchmarks by which to evaluate and stimulate the development of resources to meet their unique needs.

Declaration of Rights

WHEREAS myths and superstitions about the origins of multiples have resulted in the culturally sanctioned banishment and/or infanticide of multiples in some countries:

I. Multiples and their families, as any other individuals, have a right to full protection, under the law, and freedom from discrimination of any kind.

WHEREAS the conception and care of multiples increase the health and psychosocial risks of their families, and whereas genetic factors, fertility drugs, and in vitro fertilization techniques are known to promote multifetal pregnancies:

II.

- A. Individuals or couples planning their families and/or seeking infertility treatment have a right to be fully informed about:
 - 1. factors which influence the conception of multiples;
 - 2. the associated pregnancy risks and treatments;
 - 3. the associated risks to one, more or all of the fetuses/infants;
 - 4. facts regarding parenting multiples; and
 - 5. the option of multifetal pregnancy reduction along with its associated risks and profound emotional consequences.
- B. Infertility treatment should intend to prevent multiple pregnancies, in particular high order multiples.
- C. Fertility services should disclose their number of multiple pregnancies, both intentional and unintentional.

WHEREAS the zygosity of same sex multiples cannot be reliably determined by their appearances; and whereas 1) the heritability of dizygotic (two-egg) twinning increases the rate of conception of multiples; 2) the similar biology and inheritance of monozygotic (one-egg) multiples profoundly affect similarities in their development; 3) monozygotic multiples are blood, organ and umbilical blood stem cells donors of choice for their co-multiples; and 4) the availability of the placenta and optimal conditions for determining zygosity are present at birth:

III.

- A. Parents have a right to expect accurate recording of placentation, determination of chorionicity and amnionicity via ultrasound, and the diagnosis of zygosity of same sex multiples at birth.
- B. Older, same sex multiples of undetermined zygosity have a right to testing to ascertain their zygosity. Furthermore, involvement in registries of multiple-birth individuals should be absolutely voluntary on the part of the multiples.
- C. Zygosity should be respected as any other human trait and deserves the same privacy rules.

WHEREAS during World War II twins were incarcerated in Nazi concentration camps and submitted by force to experiments which caused disease and/or death:

IV. Any research incorporating multiples must be subordinated to the informed consent of the multiples and/or their parents and must comply with international codes of ethics governing human experimentation and other types of research.

WHEREAS ignorance, misconceptions and inadequate documentation regarding multiples and multiple births increase the risk of misdiagnosis and/or inappropriate treatment of multiples:

٧.

- A. Pregnant women, parents and their multiples have a right to care by professionals who are knowledgeable regarding the management of multiple gestation and/or the lifelong unique needs of multiples; and
- B. Multiple births, perinatal and infant deaths, and singleton births that started out as a multiple gestation, must be accurately recorded.

WHEREAS the bond between co-multiples is a vital aspect of their normal development:

VI. Co-multiples have the right to be placed together in foster care, adoptive families, custody agreements, and educational settings.

WHEREAS multiple-birth individuals are sometimes treated as a unit by parents, professionals, and the general public: VII. Multiples, as any other human being, have the right to be respected and treated as individuals with their own needs, preferences and dislikes.

Statement of Needs

Summary: Twins, and higher order multiples have unique conception, gestation and birth processes; health risks; impacts on the family system; developmental environments; and individuation processes. Therefore, in order to insure their optimal development, multiples and their families need access to health care, social services, and education which respect and address their differences from single born children.

WHEREAS the needs of multiple birth individuals and families during pregnancy, after the births and beyond are complex and diverse:

I.

- A. Individuals and families require information about, and need access to, a wide variety of disciplines and services such as health professionals, social services, employment services, education, and the multiple birth community;
- B. Individuals and families require care from health and other professionals who are informed about multiple birth issues and possess the necessary skills; and
- C. Coordination and continuity of care among disciplines and services are essential for care effectiveness.
- D. Training and professional development to support the learning needs of health, social services and education professionals are necessary to ensure they can provide the multiple-birth community with the best possible health care and educational experience.

(See References, Section I).

WHEREAS mothers are at high risk of maternal stress and pre and postnatal complications, and twins and higher order multiple births are at high risk of low birth weight (<2500 grams), and very low birth weight (< 1500 grams), disability, and infant death:

II. Parents who are expecting multiples have a need for:

- A. Education about evidence-based self-care strategies that foster maternal health and optimal fetal development;
- B. Education regarding the prevention and recognition of pre-term labor; and
- C. Prenatal resources and care designed to avert the pre-term birth of multiples, and foster maternal health and optimal fetal development including:
 - 1. diagnosis of a multiple pregnancy, ideally by the fourth month, which is communicated tactfully, with respect for the privacy of the parents;
 - 2. chorionicity and amnionicity established by ultrasound as accurately and early as possible as this information is critical for antenatal care.
 - nutrition counselling and dietary resources to support a weight gain of 18-27 kilos (40-60 pounds)
 - 4. prenatal care which follows protocols of best practice for multiple birth; and when the health of the mother or family circumstances warrant:
 - a. extended work leave;
 - b. bed rest support; and
 - c. child care for siblings.

- heightened diligence toward diagnosis and treatment (when needed) for the conditions to which multiples are uniquely at risk, including but not limited to twin-to-twin transfusion syndrome (TTTS).
- 6. attention to the timing and mode of delivery of multiples.

(See References, Section II).

WHEREAS breastfeeding provides optimal nutrition, nurture and brain development for pre-term and full-term multiples; and whereas the process of breastfeeding and/or bottle feeding of multiples is complex and demanding:

III. Families expecting and rearing multiples need the following:

- A. Education regarding the nutritional, immunological, psychological, and financial benefits of breastfeeding for pre-term and full-term infants;
- B. Encouragement and coaching in breastfeeding techniques;
- C. Education and coached practice in simultaneous feeding of co-multiples; and,
- D. Adequate resources, support systems, and family work leave to facilitate the breastfeeding and/or bottle feeding process.

(See References, Section III).

WHEREAS 60% of multiples are born before 37 weeks gestation and/or at low birth weight and experience a high rate of hospitalization both which endangers the attachment process and breastfeeding; and whereas newborn multiples are comforted by their fetal position together:

IV. Families with multiples need specialized education and assistance to promote and encourage bonding and breastfeeding. Hospital placement of multiples and hospital protocols should facilitate family access, including co-multiples' access to each other.

(See References, Section IV).

WHEREAS multiple birth infants suffer elevated rates of birth defects and infant death:

V. Families experiencing the disability and/or death of co-multiples need:

- A. Care and counseling by professionals who are sensitive to the dynamics of grief associated with disability and/or death in co-multiples, and emotional attachment to surviving co-multiples;
- B. Access to therapies, counseling and resources when one or more multiples is affected by a disability or disorder in order to help them manage the discordance of needs and abilities among co-multiples.
- C. Policies which facilitate appropriate mourning of a deceased multiple or multiples

(See References, Section V).

WHEREAS the unassisted care of newborn, infant, toddler and preschool multiples elevates their families' potential for illness, postpartum depression/anxiety, substance abuse, child abuse, spouse abuse, and relationship discord:

VI. Families caring for multiples need timely access to adequate services and resources in order to:

- A. Insure access to necessary quantities of infant and child clothing and equipment;
- B. Enable adequate parental rest and sleep;
- C. Facilitate healthy nutrition;
- D. Facilitate the care of siblings;
- E. Facilitate child safety;

- F. Facilitate transportation;
- G. Facilitate pediatric care; and
- H. Protect parental mental health.

(See References, Section VI).

WHEREAS families with multiples have the unique challenge of promoting the healthy individuation process of each co-multiple and of encouraging and supporting a healthy relationship between the co-multiples; and, whereas the circumstance of multiple birth affects developmental patterns:

VII. Families expecting and rearing multiples need:

- A. Access to information and guidance in optimal parenting practices regarding the unique developmental aspects of multiple birth children, including the processes of: socialization, individuation, and language acquisition; and
- B. Access to appropriate testing, evaluation, and schooling for co-multiples with developmental delays and/or behavior problems.

(See References, Section VII).

WHEREAS twins and higher order multiples are the subjects of myths and legends and media exploitation which depict multiples as depersonalized stereotypes:

VIII. Public education, with emphasis upon the training of professional health and family service providers, and educators, is needed to dispel mythology and disseminate the facts of multiple birth and the developmental processes in twins and higher order multiples.

(See References, Section VIII).

WHEREAS twins and higher order multiples suffer discrimination from public ignorance about their biological makeup and inflexible policies which fail to accommodate their unique needs:

IX. Twins and higher order multiples need:

- A. Information and education about the biology of twinning; and
- B. Health care, education, counseling, and flexible public policies which address their unique developmental norms, individuation processes, and relationship. For example by permitting and/or fostering:
 - 1. the treatment of medically fragile co-multiples in the same hospital;
 - 2. the neonatal placement together of co-multiples in isolettes and cribs to extend the benefits of their fetal position together;
 - medical, developmental, and educational assessment and treatment which is respectful of the relationship between co-multiples;
 - 4. avoidance of staggered hospital discharge of the co-multiples whenever possible
 - the annual review of the classroom placement of co-multiples, and facilitation of their coplacement or separate placement according to the particular needs of multiple birth children and their families;
 - to pursue their own and unique interests including simultaneously participating on sports teams and in other group activities and/or to pursue individual sports, group or hobby interests.
 - 7. specialized grief counseling for multiples at the death of a co-multiple;
 - 8. counseling services addressing the unique needs of adult multiples.

WHEREAS the participation by multiple birth infants, children, and adults as research subjects has made important contributions to scientific understanding of the heritability of disease, personality variables, and the relative influence of nature and nurture on human development; and, WHEREAS relatively little is known about optimal management of plural pregnancy and the unique developmental patterns of multiples:

X. Scientists must be encouraged to investigate:

- A. The optimal management of plural pregnancies;
- B. Norms for developmental processes which are affected by multiple birth such as: individuation, socialization, and language acquisition;
- C. Benchmarks of healthy psychological development, and relevant therapeutic interventions for multiples of all ages and at the death of a co-multiple;
- D. Strategies and interventions that are effective in promoting the health of multiple birth families during the parenting period such as: breastfeeding, employment policies, prevention of postpartum mood disorders;
- E. Management of ethical issues by health professionals and multiple birth families such as: assisted reproduction, multifetal and selective pregnancy reduction; and
- F. Medical, developmental and educational assessment/treatment respectful of the relationships between co-multiples.

STATEMENT OF NEEDS - REFERENCES

Statement I: Professional Services, Support & Development

- 1. Leonard, L.G., Denton, J. (2006). Preparation for parenting multiple birth children. Early Human Development 82, 371—378.
- 2. Malmstrom, P. M., & Biale, R. (1990). An agenda for meeting the special needs of multiple birth families. *Acta Geneticae Medicae et Gemellologiae*, 39(4), 507-514.
- 3. Malmstrom, P.E.M., & Biale, R. (1996). Twincare Protocols for health and parenting education and psychosocial services for families with multiples. Berkeley: Twin Services, Inc
- 4. Cleary-Goldman J, Morgan MA, Robinson JN, D'Alton ME, & Schulkin J. (2004). Multiple pregnancy: Knowledge and practice patterns of obstetricians and gynecologists. Obstetrics and Gynecology, 104 (2), 232-237.
- 5. Elliott, J. P. (2005). Reply to: "Multiple pregnancy: knowledge and practice patterns of obstetricians and gynecologists". *Obstetrics and Gynecology*, 105 (1), 215-216.
- 6. Malmstrom, P. (2001). A regional approach to promoting improved care of multiples. *Twin Research, 4* (2), 67-70.
- 7. Bowers, N., Gromada,, K. K., Wieczorek, R. (Ed.) and Freda, M. C. (Ed.) (2006). Care of the Multiple-Birth Family: Pregnancy and Birth. White Plains, NY: March of Dimes.
- 8. Gromada, K. K., Bowers, N., Wieczorek, R. (Ed.) and Freda, M. C. (Ed.) (2005). Care of the Multiple-Birth Family: Postpartum Through Infancy. White Plains, NY: March of Dimes.
- 9. Barrett, J. & Bocking A. (2000). Management of twin pregnancies (Part 2). *Journal of Obstetrics and Gynaecology Canada, 93* (22), 607-610.
- 10. Keith, L., Papiernik, E., Oleszczuk, O. (1998). How should the efficacy of prenatal care be tested in twin gestations? *Clinical Obstetrics and Gynecology*, 41 (1), 85-93.
- 11. Leonard, L. G. & Denton, J. (2006) Preparation for parenting multiple birth children. *Early Human Development, 82* (6), 371-378.
- 12. Luke, B., Brown, M., Misiunas, R., Anderson, E., Nugent, C., de Ven, C., Burpee, B., & Gogliotti. (2003). Specialized prenatal care and maternal and infant outcomes in twin pregnancy. *American Journal of Obstetrics and Gynecology*, 189 (4). 934-938.
- 13. Malmstrom, P., & Biale, R. (1990). An agenda for meeting the special needs of multiple birth families. Acta Geneticae Medicae et Gemellologiae, 39 (4), 507-514
- 14. Ruiz, R. J., Brown, C., Peters, M., Johnston, A. (2001). Specialized care for twin gestations: Improving newborn outcomes and reducing costs. *JOGNN (Journal of Obstetric, Gynecologic and Neonatal Nursing)*, 30 (1), 52-60.
- 15. Watson-Blasioli, J. (2001). Defining the need for specialized prenatal care for women expecting twins: A Canadian perspective. *AWHONN Lifelines*, *5* (2), 35-42.

Statement II: Prenatal Care

- 1. Alhamdan, D., Bora, S., & Condous, G. (2009). Diagnosing twins in early pregnancy. Best Practice & Research in Clinical Obstetrics & Gynaecology, 23(4), 453-461.
- American College of Obstetricians and Gynecologists and Society for Maternal-Fetal Medicine. (2004--reaffirmed 2009.) Multiple gestation: Complicated twin, triplet, and high-order multifetal pregnancy: ACOG Practice Bulletin No. 56. Obstetrics and Gynecology, 104(4), 869-883.

- American College of Obstetricians and Gynecologists: Committee on Ethics (2007). Multifetal pregnancy reduction. ACOG Committee Opinion No. 369. Obstetrics and Gynecology, 109 (6), 1511-1515.
- 4. Anand, D., Platt, M. J., & Pharoah, P. O. D. (2007). Comparative development of surviving co-twins of vanishing twin conceptions, twins and singletons. *Twin Research and Human Genetics*, 10(1), 210-215.
- 5. Ballabh, P., Kumari, J., AlKouatly, H. B., Yih, M., Arevalo, R., Rosenwaks, Z., et al. (2003). Neonatal outcome of triplet versus twin and singleton pregnancies: a matched case control study. *European Journal of Obstetrics Gynecology and Reproductive Biology*, 107(1), 28-36.
- 6. Barkehall-Thomas, A., Woodward, L., & Wallace, E. M. (2004). Maternal and neonatal outcomes in 54 triplet pregnancies managed in an Australian tertiary centre. *Australian & New Zealand Journal of Obstetrics & Gynaecology*, 44(3), 222-227.
- 7. Blickstein, I., & Keith, L. G. (2003). Outcome of triplets and high-order multiple pregnancies. *Current Opinion in Obstetrics & Gynecology*, 15(2), 113-117.
- 8. Blickstein, I., & Keith, L. (Eds.) (2007). Prenatal assessment of multiple pregnancy. London, UK: Informa Health Care
- 9. Ayres, A., & Johnson, T. R. B. (2005a). Management of multiple pregnancy: Labor and delivery. *Obstetrical & Gynecological Survey, 60*(8), 550-554.
- 10. Ayres, A., & Johnson, T. R. B. (2005b). Management of multiple pregnancy: Prenatal care Part I. Obstetrical & Gynecological Survey, 60(8), 527-537.
- 11. Ayres, A., & Johnson, T. R. B. (2005c). Management of multiple pregnancy: Prenatal care Part II. *Obstetrical & Gynecological Survey, 60*(8), 538-549.
- 12. Ballabh, P., Kumari, J., AlKouatly, H. B., Yih, M., Arevalo, R., Rosenwaks, Z., et al. (2003). Neonatal outcome of triplet versus twin and singleton pregnancies: A matched case control study. *European Journal of Obstetrics Gynecology and Reproductive Biology*, 107(1), 28-36.
- 13. Bryan, E. (2005). Psychological aspects of prenatal diagnosis and its implications in multiple pregnancies. *Prenatal Diagnosis*, 25(9), 827-834.
- 14. Brown, J.E., & Scholesser, P.T. (1990). Prepregnancy weight status, prenatal weight gain, and the outcome of term twin gestations. Am J Obstet Gynecol 162, 182-186.
- 15. Bryan, E., Higgins, R., & Harvey, D. (1991) Ethical Dilemmas. In D. Harvey, & E. Bryan (Eds.) The Stress of Multiple Birth (pp. 35-42). London: Multiple Births Foundation.
- 16. Callahan, T.L., Hall, J.E., Ettner, S.L., Christiansen, C.L., Greene, M.F., & Crowley, W.F. (1994). The Economic Impact of Multiple Gestation Pregnancies and the Contribution of Assisted Reproduction Techniques to their Incidence. New England Journal of Medicine, 331 244-9.
- 17. Carvalho, B., Saxena, A., Butwick, A., & Macario, A. (2008). Vaginal twin delivery: a survey and review of location, anesthesia coverage and interventions. *International Journal of Obstetric Anesthesia*, 17(3), 212-216.
- 18. Chu, S. Y., & D'Angelo, D. V. (2009). Gestational weight gain among US women who deliver twins, 2001-2006. *American Journal of Obstetrics and Gynecology*, 200(4), 6.
- 19. Dimperio, D.L. (Fall 1994). Nutritional Management of Multiple Pregnancy. The American Dietetics Association- The Perinatal Nutrition Report.
- 20. Dickens, B., & Cook, R. (2008). Multiple pregnancy: Legal and ethical issues. *International Journal of Obstetrics and Gynecology*, 103 (3), 270-
- 21. Dodd, J., & Crowther, C. (2005) Evidence-based care of women with a multiple pregnancy. Best Practice & Research Clinical Obstetrics and Gynaecology, 18 (1), 131-153.
- 22. Dubois, S., Dougherty, C., Duquette, M., Hanley, J., & Moutquin, J. (1991). Twin Pregnancy: the Impact of the Higgins Nutrition Intervention Program on Maternal and Neonatal Outcomes. American Journal of Clinical Nutrition, 53, 1397-1403.
- 23. Ellings, J.M., Newman, R.B., Hulsey, T., Bivins, H.A., & Keenan, A. (1993). Reduction in Very Low Birth Weight Deliveries and Perinatal Mortality in a Specialized, Multidisciplinary Twin Clinic. Obstetrics & Gynecology, 81(3), 387-391
- 24. Evans, M., & Britt, D. (2008). Fetal reduction 2008. Current Opinion in Obstetrics and Gynecology, 20 (4), 386-393.
- 25. Flidel-Rimon, O., Rhea, D. J., Keith, L. G., Shinwell, E. S., & Blickstein, I. (2005). Early adequate maternal weight gain is associated with fewer small for gestational age triplets. *Journal of Perinatal Medicine*, *33*(5), 379-382.
- 26. Gleicher, N., & Barad, D. (2009). Twin pregnancy, contrary to consensus, is a desirable outcome in infertility. *Fertility and Sterility*, 91(6), 2426-2431.
- Goodnight, W., & Newman, R. (2009). Optimal nutrition for improved twin pregnancy outcome. Obstetrics and Gynecology, 114(5), 1121-1134.
- 28. Graham, G. M., & Gaddipati, S. (2005). Diagnosis and management of obstetrical complications unique to multiple gestations. Seminars in Perinatology, 29(5), 282-295.
- 29. Grether, J.K., & Schulman, J. (1989). Sudden infant death syndrome and birth weight. The Journal of Pediatrics 114: 4, 561-567.
- 30. Habli, M., Lim, F. Y., & Crombleholme, T. (2009). Twin-to-Twin Transfusion Syndrome: comprehensive update. *Clinics in Perinatology*, 36(2), 391-+.
- 31. Helmerhorst, F. M., Perquin, D. A. M., Donker, D., & Keirse, M. (2004). Perinatal outcome of singletons and twins after assisted conception: a systematic review of controlled studies. *British Medical Journal*, 328(7434), 261-264B.
- 32. Jewell, S.E., & Yip, R. (1995). Increasing Trends in Plural Births in the United States. Obstetrics & Gynecology, 85(2), 229-232.
- 33. Kiely, J.L. (1990). The Epidemiology of Perinatal Mortality in Multiple Births. Bulletin of the New York Academy of Medicine, second series, 66:6, 618-637.
- 34. Keith, L., Papiernik, E., Keith, D. & Luke, B. (Eds). (1995). Multiple Pregnancy. New York: Parthenon Publishing Group.
- 35. Landy, H. J., & Nies, B. M. (1995). The vanishing twin. In L. G. Keith, E. Papiernik, D. M. Keith & B. Luke (Eds.), *Multiple pregnancy: Epidemiology, gestation and perinatal outcome* (pp. 25-40). New York: Parthenon.
- 36. Li, S. J., Ford, N., Meister, K., & Bodurtha, J. (2003). Increased risk of birth defects among children from multiple births. *Birth Defects Research Part a-Clinical and Molecular Teratology*, 67(10), 879-885.
- 37. Luke, B. (2004). Improving multiple pregnancy outcomes with nutritional interventions. *Clinical Obstetrics and Gynecology*, 47(1), 146-162.
- 38. Luke, B. (2005). Nutrition and multiple gestation. Seminars in Perinatology, 29(5), 349-354.
- 39. Luke, B., Brown, M. B., Misiunas, R., Anderson, E., Nugent, C., van de Ven, C., et al. (2003). Specialized prenatal care and maternal and infant outcomes in twin pregnancy. *American Journal of Obstetrics and Gynecology*, 189(4), 934-938.

- 40. Luke, B. (1995). Maternal Characteristics and Prenatal Nutrition. In L. Keith, E. Papiernik, D. Keith, B. Luke (Eds.), Multiple Pregnancy: Epidemiology, Gestation & Perinatal Outcome (pp. 299-307). New York: The Parthenon Publishing Group.
- 41. Luke, B. (1994). The Changing Pattern of Multiple Births in the United States: Maternal and Infant Characteristics, 1973 and 1990. Obstetrics & Gynecology 84(1), 101-106.
- 42. Luke, B., Minogue, J., Abbey, H., Keith, L., Witter, F.R., Feng, T.I., Johnson T.R.B. (1992). The Association Between Maternal Weight Gain and the Birthweight of Twins. Journal of Maternal and Fetal Medicine 1, 267-76.
- 43. Luke, B., Minogue, J., Witter, F., Keith, L., Johnson, T. (1993). The Ideal Twin Pregnancy: Patterns of Weight Gain, Discordancy, and Length of Gestation. American Journal of Obstetrics and Gynecology 169(3), 588-597.
- 44. Malmstrom, P.M., Faherty, T.J., & Wagner, P. (1988). Essential Nonmedical Perinatal Services for Multiple Birth Families. Acta Genet 37:2, 193-197.
- 45. Malmstrom, P.M., Wedge, M.W., Faherty, T.F., & Wagner, P. (1986, September). Respite Care -- A Lifeline for Low-Income Families. Paper presented at the meeting of the International Society for Twin Studies Congress, Amsterdam, Netherlands.
- 46. Norwitz, E. R., Edusa, V., & Park, J. S. (2005). Maternal physiology and complications of multiple pregnancy. *Seminars in Perinatology*, 29(5), 338-348.
- 47. National Academy of Sciences (1990). Nutrition During Pregnancy. Washington: National Academy Press.
- 48. Ombelet, W., Martens, G., De Sutter, P., Gerris, J., Bosmans, E., Ruyssinck, G., et al. (2006). Perinatal outcome of 12 021 singleton and 3108 twin births after non-IVF-assisted reproduction: a cohort study. *Human Reproduction*, 21(4), 1025-1032.
- 49. Papiernik, E., & Keith, L.G. (1990). The cost effectiveness of preventing preterm delivery in twin pregnancies. Acta Genet 39, 361-369.
- 50. Papiernik, E. (1995). Reducing the Risk of Preterm Delivery. In L. Keith, E. Papiernik, D. Keith, & B. Luke (Eds.), Multiple Pregnancy (pp. 437-451). New York: The Parthenon Publishing Group.
- 51. Papiernik, E. (1983). Social Cost of Twin Births. Acta Genet 32, 105-111.
- 52. Papiernik, E., Mussy, M.A., Vial, M., & Richard, A. (1985). A Low Rate of Perinatal Deaths for Twin Births. ActaGenet 34, 201-206.
- 53. Powers, W.F., Kiely, J.L., & Fowler, M.G. (1995). The Role of Birth Weight, Gestational Age, Race and other Infant Characteristics in Twin Intrauterine Growth and Infant Mortality. In L. Keith, E. Papiernik, D. Keith, B. Luke (Eds.) Multiple Pregnancy: Epidemiology, Gestation & Perinatal Outcome (pp.163-174). New York: The Parthenon Publishing Group.
- 54. Powers, W.F., & Kiely, J.L. (1994). The Risks Confronting Twins: A National Perspective. American Journal of Obstetrics and Gynecology 170(2), 456-461.
- 55. Raj, S., & Morely, R. (2007). 'Are you asking me if we had sex to conceive?' To whom do parents of twins disclose mode of conception and what do they feel about being asked? *Twin Research and Human Genetics*, 10 (6), 886-891.
- 56. Samanich, J. (2009). Health Care Supervision for Twin Pairs. *American Journal of Medical Genetics Part C-Seminars in Medical Genetics*, 151C (2), 162-166.
- 57. Shinwell, E. S., & Blickstein, I. (2007). The risks for very low birth weight infants from multiple pregnancies. *Clinics in Perinatology*, 34(4), 587-+.
- 58. Shinwell, E. S., Haklai, T., & Eventov-Friedman, S. (2009). Outcomes of Multiplets. Neonatology, 95(1), 6-14.
- 59. Stone, J., Ferrara, L., Kamrath, J., Getrajdman, J., Berkowitz, R., Moshier, M., \$ Eddleman, K. (2008) Contemporary outcomes with the latest 1000 cases of multifetal pregnancy reduction (MPR). *American Journal of Obstetrics and Gynecology, 199* (406 .e1-.e4)
- 60. Worthington-Roberts, B. (1988). Weight Gain Patterns in Twin Pregnancies with Desirable Outcomes. Clinical Nutrition 7(5), 191-196.

Statement III: Infant Feeding

- 1. Damato, E. G., Dowling, D. A., Madigan, E. A., & Thanattherakul, C. (2005). Duration of breast feeding for mothers of twins. JOGNN-Journal of Obstetric Gynecologic and Neonatal Nursing, 34(2), 201-209.
- 2. Flidel-Rimon, O., & Shinwell, E. S. (2006). Breast feeding twins and high multiples. *Archives of Disease in Childhood-Fetal and Neonatal Edition*, 91(5), 377-380.
- 3. Geraghty, S. R., Khoury, J. C., & Kalkwarf, H. J. (2004). Comparison of feeding among multiple birth infants. *Twin Research*, 7(6), 542-547.
- Goodnight, W., & Newman, R. (2009). Optimal Nutrition for Improved Twin Pregnancy Outcome. Obstetrics and Gynecology, 114(5), 1121-1134.
- 5. Gromada, K.K. (1985). Mothering Multiples. Franklin Park, IL: La Leche League International, Inc.
- 6. Gromada, K.K. (1991). Breastfeeding Multiples. Doubletalk 11 (pp. 18-21).
- 7. Keith, D., McInnes, S. & Keith, L., (Eds.) (1982). Breastfeeding Twins, Triplets and Quadruplets: 195 Hints for Success. Chicago: The Center for the Study of Multiple Birth.
- 8. Leonard, L. G. (2000). Breastfeeding triplets: The at-home experience. Public Health Nursing, 17(3), 211-221.
- 9. Leonard, L. G. (2003). Breastfeeding rights of multiple birth families and guidelines for health professionals. *Twin Research*, 6(1), 34-45.
- 10. Malmstrom, P.M., & Biale, R. (1990). An agenda for meeting the special needs of multiple birth families. Acta Genet 39, 507-514.
- 11. Malmstrom, P.M., Faherty, T.J., & Wagner, P. (1988). Essential Nonmedical Perinatal Services for Multiple Birth Families. Acta Genet 37:2, 193-197.
- 12. Malmstrom, P.M., Wedge, M.W., Faherty, T.F., & Wagner, P. (1986, September). Respite Care -- A Lifeline for Low-Income Families. Paper presented at the meeting of the International Society for Twin Studies Congress, Amsterdam, Netherlands.
- 13. Östlund, A., Nordström, M., Dykes, F., Flacking, R. (2010) Breastfeeding in preterm and term twins--Maternal factors association with early cessation: A population-based study. *Journal of Human Lactation*, pub. February 5, 2010 online doi:10.1177/0890334409359627
- 14. Sollid, D., Evans, B., McClowry, S., & Garrett, A. (1989, July). Breastfeeding Multiples. Journal of Perinatal and Neonatal Nursing, 47-85.

Statement IV: Attachment and Relationships

- 1. Anderson, A., & Anderson, B. (1987). Mother's Beginning Relationship with Twins. Birth 14 (pp. 94-8).
- 2. Bryan, E., Higgins, R., & Harvey, D. (1991). Ethical Dilemmas. In D. Harvey, & E. Bryan (Eds.) The Stress of Multiple Birth (pp. 35-42). London: Multiple Births Foundation.
 - Bryan, E. (1984). Twins in the Family: A Parent's Guide. London: Constable & Company, Ltd.
- 3. Choi, Y., Bishai, D., & Minkovitz, C. S. (2009). Multiple births are a risk factor for postpartum maternal depressive symptoms. *Pediatrics*, 123(4), 1147-1154.
- 4. Damato, E. G. (2004). Predictors of prenatal attachment in mothers of twins. *JOGNN-Journal of Obstetric Gynecologic and Neonatal Nursing*, 33(4), 436-445.
- 5. Lutes, L. (in press). Bedding Twins/Multiples Together. Neonatal Network.
- 6. Lutes, L. (1995, November). Bedding Twins Together: Fostering Co-Regulation. Paper presented at Developmental Interventions In Neonatal Care Conference, Chicago, IL
- 7. Malmstrom, P.M., Faherty, T.J., & Wagner, P. (1988). Essential Nonmedical Perinatal Services for Multiple Birth Families. Acta Genet 37:2, 193-197.
- Neyer, F. J. (2002). Twin relationships in old age: A developmental perspective. Journal of Social and Personal Relationships, 19(2), 155-177.
- 9. Noble, E. (1991). Having Twins. Boston: Houghton Mifflin Co.
- 10. O'Connor, T. G., & Croft, C. M. (2001). A twin study of attachment in preschool children. Child Development, 72(5), 1501-1511.
- 11. Segal, N. L., & Hershberger, S. L. (1999). Cooperation and competition between twins: Findings from a Prisoner's Dilemma game. *Evolution and Human Behavior*, 20(1), 29-51.
- 12. Segal, N. L., Seghers, J. P., Marelich, W. D., Mechanic, M. B., & Castillo, R. R. (2007). Social closeness of MZ and DZ twin parents towards nieces and nephews. *European Journal of Personality*, 21(4), 487-506.
- 13. Tancredy, C. M., & Fraley, R. C. (2006). The nature of adult twin relationships: An attachment-theoretical perspective. *Journal of Personality and Social Psychology*, 90(1), 78-93.

Statement V: Loss

- 1. Biale, R. (1989). Counseling Families of Disabled Twins. Social Work 34:6, 531-536.
- 2. Bryan, E. (1991). But there should have been two. In D. Harvey & E. Bryan (Eds.), The Stress of Multiple Births (pp. 49-58). London: Multiple Births Foundation.
- 3. Bryan, E. (1986, September). Support for Parents Who Lose a Newborn Twin. Paper presented at the International Society for Twin Studies Congress, Amsterdam, Netherlands.
- 4. Bryan, E. M. (1995). The death of a twin. Palliative Medicine, 9(3), 187-192.
- Dickens, B., & Cook, R. (2008). Multiple pregnancy: Legal and ethical issues. International Journal of Obstetrics and Gynecology, 103 (3), 270-274.
- Glinianaia, S. V., Pharoah, P. O. D., Wright, C., & Rankin, J. M. (2002). Fetal or infant death in twin pregnancy: Neurodevelopmental consequence for the survivor. Archives of Disease in Childhood, 86(1), F9-F15.
- 7. Macdonald, A. M. (2002). Bereavement in twin relationships: An exploration of themes from a study of twinship. Twin Research, 5(3), 218-226.
- 8. Ong, S. S. C., Zamora, J., Khan, K. S., & Kilby, M. D. (2006). Prognosis for the co-twin following single-twin death: A systematic review. BJOG-an International Journal of Obstetrics and Gynaecology, 113(9), 992-998.
- 9. Pector, E. A. (2002). Twin death and mourning worldwide: A review of the literature. Twin Research, 5(3), 196-205.
- 10. Sainsbury, M.K. (1988). Grief in Multifetal Death. Acta Genet 37:2, 181-186.
- 11. Segal, N. L., Wilson, S. M., Bouchard, T. J., & Gitlin, D. G. (1995). Comparative grief experiences of bereaved twins and other bereaved relatives. Personality and Individual Differences, 18(4), 511-524.
- 12. Stauffer, A., et al. (1988). Early Developmental Progress of Preterm Twins Discordant for Birthweight and Risk. Acta Genet 37, 81-87
- 13. Swanson, P. B., Kane, R. T., Pearsall-Jones, J. G., Swanson, C. F., & Croft, M. L. (2009). How couples cope with the death of a twin or higher order multiple. Twin Research and Human Genetics, 12(4), 392-402.
- 14. Withrow, R., & Schwiebert, V. L. (2005). Twin loss: Implications for counselors working with surviving twins. Journal of Counseling and Development, 83(1), 21-28.

Statement VI: Psychosocial Risk

- Beck, C.T. (2002). Releasing the pause button: mothering twins during the first year of life. Qualitative Health Research, (5), 593-608.
- 2. Bryan, E. (2003). The impact of multiple preterm births on the family. Hospital Medicine, 64(11), 648-650.
- 3. Ellison, M. A., & Hall, J. E. (2003). Social stigma and compounded losses: quality-of-life issues for multiple-birth families. *Fertility and Sterility*, 80(2), 405-414.
- 4. Ellison, M. A., Hotamisligil, S., Lee, H., Rich-Edwards, J. W., Pang, S. C., & Hall, J. E. (2005). Psychosocial risks associated with multiple births resulting from assisted reproduction. *Fertility and Sterility*, 83(5), 1422-1428.
- 5. Fisher, J., Hammarberg, M., & Baker, HWG. (2005). Assisted conception is a risk factor for postnatal disturbance and early parenting difficulties. Fertility and Sterility, 84(2), 426-430.
- Golombok, S., Olivennes, F., Ramogida, C., Rust, J., Freeman, T. & The Follow-up Team (2007). Parenting and the psychological development of a representative sample of triplets conceived by assisted reproduction. *Human Reproduction*, 22(11), 2896-2902.

- 7. Groothius, J.R., Altemeier, W.A., & Robarge, J.P., et al. (1982). Increased Child Abuse in Families with Twins. Pediatrics 70, 769.
- 8. Luke, B., & Brown, M. B. (2007). Maternal risk factors for potential maltreatment deaths among healthy singleton and twin infants. *Twin Research and Human Genetics*, 10(5), 778-785.
- 9. Nasseri, F., & Azhir, A. (2009). The neonatal outcome in twin versus triplet and quadruplet pregnancies. *Journal of Research in Medical Sciences*, 14(1), 7-12.
- 10. McInnes, S. (1979). The Impact of a Multiple Birth on the Family in Home Help and Social Services. Alberta, Canada: Parents of Multiple Birth Association.
- 11. Nelson, H., & Martin, C. (1985). Child Abuse and Neglect. The International Journal 9, 501-505.
- 12. Nelson, H., & Martin, C. (1985). Increased Child Abuse in Twins. Report from the Department of Psychiatry, Lexington, KY: University of Kentucky Medical Center.
- 13. O'Brien, P.J. & Hay, D.A. (1983). Is Rearing Twins Different? The Development and Needs of Multiple Birth Children and Their Families from Birth to School Age. [Pamphlet]. Melbourne, Australia: LaTrobe Twin Study, University of LaTrobe.
- 14. Ostfeld B.M., Smith, R.H., Hiatt, M. Hegyi, T. (2000) . Maternal behaviour toward premature twins: Implications for development. *Twin Research* 3(4):234-41.
- 15. Robin, M., Josse, D., & Tourrette, C. (1991). Forms of family reorganization following the birth of twins. Acta Genet, 39, 53-61.
- 16. Robin, M., Josse, D., & Tourrette, C. (1988). Mother-Twin Interaction During Early Childhood. Acta Genet 37:2, 151-160.
- 17. Sheard, C., Cox, M., Oates, G., Ndukwe, G., & Glazebrook, C. (2007). Impact of a multiple, IVF birth on post-partum mental health: A composite analysis. *Human Reproduction*, 22, (7), 2058-2065.
- 18. Shinwell, E. S., Haklai, T., & Eventov-Friedman, S. (2009). Outcomes of multiplets. Neonatology, 95(1), 6-14.
- 19. Strauss, A., Winkler, D., Middendorf, K., Kumper, C., Herber-Jonat, S., & Schulze, A. (2008). Higher order multiples Socioeconomic impact on family life. *European Journal of Medical Research*, 13(4), 147-153.
- 20. Taubman-Ben-Ari, O., Findler, L., Bendet, C., Stanger, V., Ben-Shlomo, S., & Kuint, J. (2008). Mothers' marital adaptation following the birth of twins or singletons: Empirical evidence and practical insights. *Health & Social Work, 33*(3), 189-197.
- Vilska, S., Unkila-Kallio, L., Punama, R.-L., Poikkeus, P., Repokari, L., Sinkkonen, J., Tiitinen, A., & Tulppala, M. (2009). Mental health of mothers and fathers of twins conceived via assisted reproduction: A 1-year prospective study. *Human Reproduction*, 24 (2), 367-377.

Statement VII: Development of Multiple Birth Children

- 1. Ainslie, R. (1985). The Psychology of Twinship. Lincoln, NE: University of Nebraska Press.
- 2. Beauchamp, H. M., & Brooks, L. J. (2003). The perceptions, policy, and practice of educating twins: A review. *Psychology in the Schools*, 40(4), 429-438.
- 3. Buckler, J. M. H., & Green, M. (2008). The growth of twins between the ages of 2 and 9 years. *Annals of Human Biology*, 35(1), 75-92.
- Christensen, K., Petersen, I., Skytthe, A., Herskind, A. M., McGue, M., & Bingley, P. (2006). Comparison of academic performance of twins and singletons in adolescence: Follow-up study. British Medical Journal, 333(7578), 1095-1097.
- Feldman, R., & Eidelman, A. I. (2005). Does a triplet birth pose a special risk for infant development? Assessing cognitive development in relation to intrauterine growth and mother-infant interaction across the first 2 years. *Pediatrics*, 115(2), 443-452.
- Feldman, R., & Eidelman, A. I. (2005). Does a triplet birth pose a special risk for infant development? Assessing cognitive development in relation to intrauterine growth and mother-infant interaction across the first 2 years. *Pediatrics*, 115(2), 443-452.
- Feldman, R., Eidelman, A. I., & Rotenberg, N. (2004). Parenting stress, infant emotion regulation, maternal sensitivity, and the cognitive development of triplets: A model for parent and child influences in a unique ecology. Child Development, 75(6), 1774-1791.
- 8. Feldman, R., & Eidelman, A. I. (2009). Triplets across the first 5 years: The discordant infant at birth remains at developmental risk. *Pediatrics*, 124(1), 316-323.
- 9. Garitte, C., Almodovar, J. P., Benjamin, E., & Canhao, C. (2002). Speech in same- and different-sex twins 4 and 5 years old. Twin Research, 5(6), 538-543.
- 10. Hall, J. G. (2003). Twinning, Lancet, 362(9385), 735-743.
- 11. Hay, D. A., & Preedy, P. (2006). Meeting the educational needs of multiple birth children. *Early Human Development, 82*(6), 397-403.
- 12. Hay, D.A., et al. (1987). Speech and Language Development in Preschool Twins. Acta Genet 36, 213-223.
- 13. Hay, D.A., O'Brien, P.J. (1986, September). Early Influence on the School Adjustment of Twins. Paper presented at International Society of Twin Studies Congress, Amsterdam, Netherlands.
- 14. Hay, D.A., et al. (1984). The Role of Parental Attitudes in the Development of Temperament in Twins at Home, School and in Test Situations. Acta Genet 33, 191-204.
- 15. Helmerhorst, F. M., Perquin, D. A. M., Donker, D., & Keirse, M. (2004). Perinatal outcome of singletons and twins after assisted conception: A systematic review of controlled studies. *British Medical Journal*, 328(7434), 261-264B.
- 16. Johnson, W., Krueger, R. F., Bouchard, T. J., & McGue, M. (2002). The personalities of twins: Just ordinary folks. *Twin Research*, 5(2), 125-131.
- 17. Levy, F., Hay, D., McLaughlin, M., Wood, C., & Waldman, I. (1996). Twin-sibling differences in parental reports of ADHD, speech, reading and behaviour problems. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 37(5), 569-578.
- 18. Lytton, H. (1980). Parent Child-Interaction: The Socialization Process Observed in Twin and Singleton Families. New York: Plenum Press.
- 19. Ludwig, A. K., Sutcliffe, A. G., Diedrich, K., & Ludwig, M. (2006). Post-neonatal health and development of children born after assisted reproduction: A systematic review of controlled studies. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 127(1), 3-25.
- 20. Malmstrom, P.M., & Biale, R. (1990). An agenda for meeting the special needs of multiple birth families. Acta Genet 39, 507-514.

- 21. Malmstrom, P.M., Faherty, T.J., & Wagner, P. (1988). Essential Nonmedical Perinatal Services for Multiple Birth Families. Acta Genet 37:2, 193-197.
- 22. Malmstrom, P.M., & Silva, M.N. (1986). Twin Talk: Manifestations of Twinship in the Speech of Toddlers. Journal of Child Language 13, 293-304.
- 23. Matheny, A.P. (1987). Development Research of Twins' Temperament. Acta Genet 36, 135-143.
- 24. Matheny, A.P., et al. (1981). Behavioral Contrasts in Twinship: Stability and Patterns of Difference in Childhood. Child Development 52, 579-588.
- 25. Novotny, P.P. (1988). The Joy of Twins. New York: Crown Publishers, Inc.
- 26. O'Brien, P.J. & Hay, D.A. (1987). Early Influences on the School Social Adjustment of Twins. Acta Genet 36, 239-248.
- 27. O'Brien, P.J., & Hay, D.A. (1983). Is Rearing Twins Different? The Development and Needs of Multiple Birth Children and Their Families from Birth to School Age. [Pamphlet]. Melbourne, Australia: LaTrobe Twin Study, University of LaTrobe.
- 28. Ooki, S., & Yokoyama, Y. (2003). Reference birth weight, length, chest circumference, and head circumference by gestational age in Japanese twins. *Journal of Epidemiology*, 13(6), 333-341.
- 29. Pearlman, E.M. (1990). Separation-individuation, self-concept, and object relations in fraternal twins, identical twins and singletons. Journal of Psychology 124:6, 619-628.
- 30. Piontelli, A. (2002). Twins: From fetus to child. London, UK: Routledge.
- 31. Polderman, T. J. C., Bartels, M., Verhulst, F. C., Huizink, A. C., van Beijsterveldt, C. E. M., & Boomsma, D. I. (2010). No effect of classroom sharing on educational achievement in twins: A prospective, longitudinal cohort study. *Journal of Epidemiology and Community Health*, 64(1), 36-40.
- 32. Rothbart, B. (1994). Multiple Blessings. New York: Hearst Books.
- 33. Rowland, C. (1991). Family Relationships. In D. Harvey & E. Bryan (Eds.) The Stress of Multiple Births (pp. 59-67). London: Multiple Births Foundation.
- 34. Samanich, J. (2009). Health Care Supervision for Twin Pairs. *American Journal of Medical Genetics Part C-Seminars in Medical Genetics*, 151C(2), 162-166.
- 35. Sandbank, A.C. (1988). The Effect of Twins on Family Relationships. Acta Genet 37:2, 161-172. Savic, S. (1980). How Twins Learn to Talk. New York: Academic Press, Inc.
- 36. Scheinfeld, A. (1967). Twins and Supertwins. Baltimore: J.B. Lippincott Co./Pelican Books.
- Segal, N.L. (1987, May/June). Jealousy: Does It Put Twins in Double Jeopardy? Twins Magazine 36, 36-59.
- 38. Segal, N. L. (2000). Entwined lives: twins and what they tell us about human behavior. New York: Dutton.
- 39. Segal, N. L. (2007). Indivisible by two: Lives of extraordinary twins. Cambridge, MA: Harvard University Press.
- 40. Shinwell, E. S., Haklai, T., & Eventov-Friedman, S. (2009). Outcomes of multiplets. Neonatology, 95(1), 6-14.
- 41. Shur, N. (2009). The genetics of twinning: From splitting eggs to breaking paradigms. American Journal of Medical Genetics Part C (Seminars in Medical Genetics), 151 C: 105-109.
- 42. Staton, S., K. Thorpe, et al. (2010). "To separate or not to separate? Parental decision making regarding the separation of twins in the early years of schooling". Early Childhood Research Quarterly (accepted with revisions)
- 43. Sutcliffe, A. G., & Derom, C. (2006). Follow-up of twins: Health, behaviour, speech, language outcomes and implications for parents. Early Human Development, 82(6), 379-386.
- 44. Thorpe, K. (2006). Twin children's language development. Early Human Development, 82, 387-395.
- 45. Thorpe, K. (2003). Twins and friendship. *Twin Research*, 6(6), 532-535.
- 46. Thorpe, K., Rutter, M., & Greenwood, R. (2003). Twins as a natural experiment to study the causes of mild language delay: II: Family interaction risk factors. *Journal of Child Psychology & Psychiatry & Allied Disciplines, 44*(3), 342-355.
- 47. Thorpe, K., Greenwood, R., Eivers, A., & Rutter, M. (2001). Prevalence and developmental course of 'secret language'. *International Journal of Language and Communication Disorders*, 36, 43-62.
- 48. Thorpe, K., Golding, J., MacGillivray, I., & Greenwood, R. (1991). Comparison and prevalence of depression in mothers of twins and mothers of singletons. *British Medical Journal*, 302, 875-878.
- 49. Tully, L., Moffit, T., Caspi, A., Taylor, A., Kierman, H., & Andreou, P. (2004). What effect does classroom separation have on twins' behavior, progress at school, and reading abilities? *Twin Research*, 7 (2), 115-124.
- 50. Wallace, M.(1986). The Silent Twins. New York: Prentice Hall Press.
- 51. Wright, L. (1997). Twins and what they tell us about who we are. New York: Wiley.

Statement VIII: Public Education and Professional Development

- 1. Bowers, N., Gromada,, K. K., Wieczorek, R. (Ed.) and Freda, M. C. (Ed.) (2006). Care of the Multiple-Birth Family: Pregnancy and Birth. White Plains, NY: March of Dimes.
- 2. Bryan, E. (1995). Twins, triplets and more: their nature, development and care. London: Multiple Births Foundation.
- 3. Bryan, E., & Harvey, D. (Eds.) (1991). The Stress of Multiple Birth. London: Multiple Births Foundation.
- 4. Elliott, J. P. (2005). Reply to: "Multiple pregnancy: knowledge and practice patterns of obstetricians and gynecologists". Obstetrics and Gynecology, 105 (1), 215-216.
- 5. Gromada, K. K., Bowers, N., Wieczorek, R. (Ed.) and Freda, M. C. (Ed.) (2005). Care of the Multiple-Birth Family: Postpartum Through Infancy. White Plains, NY: March of Dimes.
- 6. Malmstrom, P.M. (1995, May). The Influences of Popular Mythology Upon Multiple Birth Parenting Practices. Presentation at International Society for Twin Studies Congress, Richmond, Virginia.
- 7. Malmstrom, P.E.M., (Ed.) (1996). Trainings in Twincare Promoting Preventive Care of Twins and Higher Order Multiples in County-based Health and Social Service Organizations. Berkeley: Twin Services, Inc.
- 8. Malmstrom, P.E.M., & Biale, R. (1996). Twincare Protocols for Health and Parenting Education and Psychosocial Services for Families With Multiples. Berkeley: Twin Services, Inc.
- 9. Malmstrom, P. (2001). A regional approach to promoting improved care of multiples. Twin Research, 4 (2), 67-70.
- 10. Cleary-Goldman J, Morgan MA, Robinson JN, D'Alton ME, & Schulkin J. (2004). Multiple pregnancy: Knowledge and practice patterns of obstetricians and gynecologists. Obstetrics and Gynecology, 104 (2), 232-237.

Update adopted by the Council of Multiple Birth Organizations (COMBO) comprised of 11 representatives of 9 organizations from seven countries: Australia, Canada, Finland, Germany, Japan, Switzerland, United States at the 13th International Congress on Twin Studies, Seoul, South Korea – June 5, 2010

Update coordinated by: Donna Launslager

As requested by: COMBO Chair Kimberley Weatherall and Vice Chair Gail Moore Endorsed by: the Board of the International Society for Twin Studies, June 5, 2010

Matt McGue, President - International Society for Twin Studies

Endorsing organizations and representatives, June 2010:

Country/Organization/Name

Australia

Australian Multiple Births Association (AMBA) - Monica Rankin

Canada

Multiple Births Canada (MBC) - Kim Weatherall and Gail Moore

Finland

Finnish Multiple Birth Association (FMBA) – Ulla Kumpula and Mari Kaihovaara Finnish Triplet Organization –Mari Kaihovaara

Germany

ABC Club - Christine Disselkamp

Japan

Japan Multiple Births Association (JAMBA) –Teniko Tanka Japanese Association of Twins' Mothers (JATM) –Yoko Sugiuna

Switzerland

Association Jumeaux -Sabine Herbener

U.S.A.

The Center for the Study of Multiple Birth - Donald Keith and Louis Keith

Amendment adopted by the Council of Multiple Birth Organizations (COMBO) at the 12th International Congress on Twin Studies, Ghent, Belgium – June 2007

Amendment coordinated by: Mary Adcock

Endorsed by Most (Mother of Supertwins) - Maureen A. Doolan Boyle

Adopted by the Council of Multiple Birth Organizations (COMBO) (comprised of representatives of 16 organizations from ten countries: Australia, Belgium, Canada, China, Germany, Indonesia, Japan, Sweden, United Kingdom, United States) (COMBO) of the International Society for Twin Studies at the Eighth International Twin Congress, Richmond, Virginia - May 31, 1995.

Patricia Malmstrom, Chair Council of Multiple Birth Organization Endorsed by the Board of the International Society for Twin Studies, May 31, 1995

Lindon Eaves, President
International Society for Twin Studies

Adopted at the Eighth International Twin Congress, Richmond, Virginia - May 31, 1995 by the Council of Multiple Birth Organizations (COMBO), International Society for Twin Studies.

Endorsing organizations and representatives, May 1995:

Country/Organization/Name

Australia

LaTrobe Twin Study - David Hay

Australian Multiple Births Association - Maureen Copeland

Belgium

Association for Research in Multiple Births - Robert Derom

Canada

Parents of Multiple Births Association of Canada - Kim Johnson (known today as Multiple Births Canada)

China

Taipei Twins Association - Cheh Chang

Germany

ABC Club - Ute Grutzner

Indonesia

Twins Foundation - Seto Mulyadi

Japan

The Japanese Association of Twins' Mothers - Yukiko Amau

Sweden

The Swedish Twin Society - Margareta Olwe

United Kingdom

Twins and Multiple Births Association - Rachel Hudson and Audrey Sandbank

Multiple Births Foundation - Elizabeth Bryan

U.S.A.

The Center for Loss in Multiple Birth - Jean Kollantai

The Center for the Study of Multiple Birth - Donald Keith

Illinois Mothers of Twins Clubs - Jean Herr

National Organization of Mothers of Twins Clubs - Rebecca Moskwinski and Marion Meyer

The Twins Foundation - Kay Cassill

The Twin to Twin Transfusion Syndrome Foundation - Mary Slaman-Forsythe

Twin Services, Inc. - Patricia Maxwell Malmstrom