WHEN IT BECOMES TWINS
A STUDY WITH QUALITATIVE METHOD DESCRIBING HOW THESE INTERVIEWED PARENTS OF TWINS WISH TO BE MET BY THE SPECIALIST NURSE AT CHILD HEALTH SERVICES

Author: Ann-Sofie Strandberg
Supervisor: Göran Holst
HAL 2010:18
Not for publication
TITLE
When it becomes twins
A study with qualitative method describing how these interviewed parents of twins’ wish to be met by the specialist nurse at Child Health Services

AUTHOR
Ann-Sofie Strandberg

ABSTRACT
The number of twins has increased over the last decades. It’s well described how twin parents have to face several difficulties such as high incidence of premature deliveries, sleep deprivation, social isolation and constant demands of infant twins. Competent care from nurses involved before, during and after birth can greatly improve the wellbeing of these families. The aim of this study was to deepen the understanding of twin parents’ wishes when meeting the specialist nurse at Child Health Services during the children’s first year in life. The study was based on eight interviews with mothers and/or fathers of twins. Questionnaires were used as preparation before the interviews to get reflective responses during the interviews. The analysis of this material was conducted with STC, Systematic Text Condensation. Results showed that when parents met the specialist nurse at Child Health Services they expressed a wish to be met with an open minded attitude, professional knowledge and experience of twins, and to share their lived experience by meeting other twin families.

KEY WORDS
Child Health Services, expectations, experiences, specialist nurse, twin parents, wish
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>4</td>
</tr>
<tr>
<td>BACKGROUND</td>
<td>4</td>
</tr>
<tr>
<td>Review of the literature</td>
<td>5</td>
</tr>
<tr>
<td>AIM</td>
<td>7</td>
</tr>
<tr>
<td>METHOD</td>
<td>7</td>
</tr>
<tr>
<td>Design</td>
<td>7</td>
</tr>
<tr>
<td>Selection</td>
<td>7</td>
</tr>
<tr>
<td>Participants</td>
<td>8</td>
</tr>
<tr>
<td>Data Collection</td>
<td>8</td>
</tr>
<tr>
<td>Ethical Considerations</td>
<td>8</td>
</tr>
<tr>
<td>Pre-understanding</td>
<td>8</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>9</td>
</tr>
<tr>
<td>RESULTS</td>
<td>11</td>
</tr>
<tr>
<td>Open minded attitude</td>
<td>12</td>
</tr>
<tr>
<td>Professional knowledge and experience</td>
<td>14</td>
</tr>
<tr>
<td>Share lived experience</td>
<td>15</td>
</tr>
<tr>
<td>DISCUSSION</td>
<td>15</td>
</tr>
<tr>
<td>Discussion of result</td>
<td>16</td>
</tr>
<tr>
<td>Discussion of method</td>
<td>17</td>
</tr>
<tr>
<td>Conclusions</td>
<td>19</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>20</td>
</tr>
<tr>
<td>APPENDIX</td>
<td></td>
</tr>
</tbody>
</table>
INTRODUCTION

The incidence of twin children has increased over the last decades. The reason is partly because woman today in the Western World often choose to wait having children and the treatment of assisted conduction. More complications occur in twin births such as prematurity and low birth weight which can lead to increased morbidity in the children, both in short and long term (National board of health and welfare, 2000; 2009). The situation as twin parent is shown to constitute a higher risk of depression in twin mothers (Beck, 2002; Thorpe, Golding, MacGillivray & Greenwood, 1991; Yoonjoung, Bishai & Minkovitz, 2009). With the escalation in incidence of multiple births it’s important for the specialist nurse involved in the care of such families to be aware of their needs through pregnancy, birth and afterwards. Competent care from professionals involved can greatly improve the well-being of these families (Anderson & Anderson, 1990; Beck, 2002; Spillman, 1999). To care for the family has always been an assignment for the nurse (Kirkevold & Stromsnes Ekern, 2003). The way the specialist nurse at the Child Health Services meets families with twins can be an important part of such competent care. This study aims at deepen the understanding of twin parents’ wishes when meeting the specialist nurse at the Child Health Services during the children’s first year in life.

BACKGROUND

In Sweden, specialist nurses at Child Health Services works in behalf of reducing injurious stress in parents and children. They shall also support and activate parents in their parenthood and through this contribute to favorable conditions for comprehensively development in children. Through contact with almost every family with young children the Child Health Services play an important role for child health promotion. The work of health promotion is a process which shall lead to increased control over different positive and negative health factors for children and parents. To achieve those goals the practical work demands increased individual adjustment to the unique needs of each child and its family (Hagelin, Magnusson & Sundelin, 2007). In Sweden twins are born once in every 70-80 birth which means that every 30-40 person today is a twin (Åkerman, 2008). Thus, a rather high proportion of visitors to the Child Health Services are expected to be twin children and their parents.

National goal descriptions for specialist nurses working at Child Health Services in Sweden (2007) describe the nurse as a key person at the centre, because the main part of the work there is done by the nurse. There are demands that the nurse has competence of pediatric care from United Nations Convention on the rights of the child. The nurse shall have knowledge which give her opportunity to meet the child’s family and understand how the conditions under which the child lives and life environment affect the child’s health. During the last decades the work assignments has change character from over all physical to a perspective of public health and psychosocial work. The goal at the Child Health Services is to promote the child’s health, security and development. According to the description of competence for professional nurse with specialist examination in primary health care (2010) the work shall be based on an ethical and holistic health promotion attitude, be built on scientific and clinical experience and done according to existing laws. Also, a patient-centered way of working is indispensable to integrate health promotion nursing, medical choices, support, and empower the individual, family and group.
During the last years, person-centered care has often been used in the literature. This care is characterized by nurses using person-centeredness as a way to develop relationships and plans of care. The concept of person-centered care involve among other things to confirm personality, create a therapeutic relationship between the nurse and the other person, respect individuality, confirm the person’s life world and give opportunity for the person to make own decisions about health (Slater, 2006). Person-centered care has got most attention within the care of elderly people and persons with dementia. However person-centered care is god and ethical, and derives from a humanistic foundation and should be used widely within nursing (Edvardsson, 2010). Further, expectations have shown to effect the psychological and physiological health and to the work of health professionals providing care and its outcomes (Janzen, Silvius, Jacobs, Slaughter, Dalziel & Drummond, 1996). Therefore it’s positive for the specialist nurse at the Child Health Services to be aware and work with parents wishes, hopes and desires. One could also think that the twin child have a right to be a unique individual instead of just being one part in a pair of twins.

Review of the literature

Different aspects of twin parents’ experiences are today well described in the literature. Anderson and Anderson (1990) were probably one of the first on the subject. By interviews with ten mothers they worked toward a substantive theory of mother – twin attachment. They developed a framework that explained necessary strategies for the mothers to build a relationship with twins. The core category was individuation. This was central and influenced by the other four categories; polarization and differentiation, maternal justice, and support. During the first months of the twins’ lives it was essential to compare the twins to be able to differentiate their identities. All mothers expressed a concern to treat the twins’ with fair and equal attention. Two parenting styles were identified; cooperative and assisted parenting. During the postpartum period pediatric and community health nurses are in unique positions to facilitate successful attachment with twins. Mothers need nurses’ professional support, because they don’t generally have role models to assist them with the special concerns of parenting twins. Nurses can provide concrete, relevant information to help parents develop a healthy attachment with their twin children.

In the year 2006, Trias, Ebeling, Penninkilampi-Kerola, Kunelius, Tirkkonen and Miolanen published their study investigating how long consequences of parental preference last, a study of twins from pregnancy to young adulthood, sample size 419. Twins reported the preference in two directions; experienced parental preference toward either twin, and twins own preference towards either parent. About half of the twins were from pairs where both twins experienced having been equally close to both parents. These, who had an equal close relationship with both parents, had the least depressiveness, nervousness and lack of ability to feel joy. As the authors state, one may assume that cooperative parenting make the situation easier and has positive effect on young and adult twins wellbeing.

Beck (2002) conducted a grounded theory study with the purpose to investigate the basic social psychological problem mothers of twins experienced during the first year after delivery and the process they use to resolve this fundamental problem. Life on hold was the basic social psychological problem that mothers of twins experienced during the first year of their twins’ lives. The most vulnerable period for mothers of twins was the first 3 month postpartum. Intensive interventions need to be in place to support women during this time. Nurses, however, must first have knowledge of the unique problems and needs of multiple-birth families before they can design and implement interventions specific to these unique
situations. As evidenced by Beck’s cross-cultural literature review mothering multiples and stress go hand in hand. Depression and anxiety disorders can affect more than 25% of multiple-birth parents during the prenatal and postpartum period. Contributing to depression in multiple-birth families are such factors as a high incidence of premature deliveries, sleep deprivation, social isolation and the constant demands of the infant twins (Beck, 2002).

Damato and Burant (2008) conducted a pilot study about sleep patterns and fatigue in parents of twins in eight pairs of twin parents. Results showed that fathers had significantly less night sleep (5.4 hours) and less 24 hour sleep (5.8 hours) than mothers (6.2 and 6.9 hours, respectively) at two weeks after coming home with their infant children. Significant improvement in sleep efficiency for both parents was seen after the twin children had been home for 20 weeks. The authors implications for practice is that nurses who encounter these parents should advise them to resist the urge to clean house or catch up on chores when the babies are asleep but instead use that time to rest or sleep. Also, limiting visitors who expect to be entertained and accept help from family and friends and use that time for rest.

Thorpe et al (1991) reported in their British study of women 5 years after delivering twins, 34% of mothers who had two living twins and 53% of women who had delivered twins but one had died were clinically depressed (sample size 13135). Yoonjoung et al (2009) found in their study that mothers of multiple births had 43% greater odds having depressive symptoms nine month postpartum, compared to mothers of singletons (sample size 8069). Bryan (1994) claim in his article “Paediatric Care of Twins” that the pediatric care of parents expecting multiple births should start from the time of diagnosis with ultrasound. Prenatal preparations are essential and all maternity units should hold special classes for parents expecting multiple births. In Orebro’s directions for child health care Krantz and Ekholm (2000) has described how the first month’s at home is a great adjustment period. For the expectant parents the time to delivery is an emotional and practical adjustment to having two infants. How the start becomes for the newly become twin family heavily depends on how the preparations has been made. The support and attention from the nurse at the Child Health Services are valuable for the twin family. As an example additional home visits can be of great value.

Robin, Corroyer and Casati (1996) investigated childcare patterns of mothers of twins during the first year. Their study was based on 51 pairs of twin children. They distinguished three classes of mothers. Class one was the largest (47%) and contained mothers who tended to be flexible and individualizing. In most families help from a second parent allowed simultaneous and individualized feeding. In class two, mothers tended to be organized and regulating. A one-to-one relationship was still possible because of help from a second parent. In class three the mothers used collective child-raising practices. The children were fed together and left alone in their bedroom more often than others. There were no significant link to class and type of twin-ship, physical and psychological state of the mother, family and social support. However, the average profile of each class indicated certain similar tendencies. Class one included many mothers who was not fatigue or depressed. Class three included the highest number of long-lasting fatigue and long-lasting depressed mothers. Class two and three included the lowest frequencies of mothers who received help.

Boivin, Pérusse, Dionne, Saysset, Zoccolillo, Tarabulsy, Tremblay and Tremblay (2005) conducted a large study investigating the genetic-environmental etiology of parents’ perceptions and self-assessed behaviors towards their five month old infants. The sample was 2122 mothers and 1829 fathers of single born children and 510 mothers and fathers of twins. The result showed that parents of twins felt less effective as parents, were more likely to use
hostile-reactive behaviors and showed less concern about the health and safety of their infants compared to parents of singletons.

Education of twin parents about the issues of caring for multiples and information about how other families have dealt with these issues may be beneficial, especially when the teaching is initiated before birth. Nurses can also play an integral role in assisting twin families by developing therapeutic relationships with them in order to provide emotional support. If parents understand the many issues involving in caring for more than one infant and feel supported, they can become more confident parents and be more effective (Holditch-Davis, Roberts & Sandelowski, 1999). The literature describes different physical and psychological issues which twin parents could be confronted with. With considerations to the risk of complications in the twin pregnancy, the twin mother is not only likely to have a more difficult than average pregnancy and delivery. The twin parents are then required to look after two babies instead of one each of whom is likely to be frailer than the average singleton.

Accordingly, research within the area describes that it’s beneficial for the children if the parents attach to each twin child as a unique and independent individuals and how twin parents need professional support in their role of parenthood because they often lack such role models. The specialist nurse at Child Health Services ought to have an important role in given parent such support. However, there is a lack of research that closer have studied which wishes parents could have in the meeting with the specialist nurse. Such deepen understanding is essential if the goal is to achieve a person-centered care. Thus, the importance of preparation before birth and competent care after birth from all involved is described to be important for the wellbeing of families with multiple born children, and a deepened understanding about twin parent’s situation and wishes is therefore needed.

**AIM**

The aim of the study was to deepen the understanding of twin parents’ wishes when meeting the specialist nurse at the Child Health Services during the children’s first year in life.

**METHOD**

**Design**

The study design was retrospective using both questionnaires and interviews as methods for data collection. The interviews were based on the answers given in the questionnaires.

**Selection**

The people of interest for this study were parents of twins. The children should be between 0-4 years old. The parents were found by contact with nurses at different Child Health Services, both within cities and in smaller communities in south of Sweden. The nurses contacted the parents asking them for interest and consent before their names and phone numbers were given to the author.
Participants
Twelve families were asked to participate in the study. Two families answered no because they felt stress that the study would take too much time and one family discontinued after have read the questions. Six fathers and eight mothers were interviewed within nine interviews. One family is excluded because they didn’t describe their wishes in the questionnaire or interview. One interview took place only with the father, three with only the mother and five with both the father and mother together. While interviewing both parents the children were also present.

Eight pair of twin parents was included in this study. Four families were experienced parents who had children before the twin children and four families were first-time parents to the twins of which one family had a child after the twins. They lived in small communities or in the countryside.

Data Collection
The questions written in the questionnaire (distributed in Swedish) and for the twin parents to answer during the interview were: Do you have needs when you meet the specialist nurse at the Child Health Services, and how would you like her to respond? Since the experience of both mother and father were of interest the parents were given information by telephone that they should reflect on the questions together and write down the answers. Dates for interviews were also decided by conversation over the telephone. When a date was decided the parents were given information to send the answers back the day before the interview as latest and seven were returned.

The interviews were conducted from six month to four years after birth. They took place in the twin families’ homes and were documented with tape recorder. The interviews took between 15 to 60 minutes. By way of introduction the interviewed parent/s was asked to describe who the members of their family were (not by name). Otherwise there were no new questions during the interview. The interview then started from the answers given in the questionnaire in which the parents had reflected and written down their experiences together. Attendant questions were asked for clarification and deeper answers. The interviews were transcribed within its whole by the author within a few days after each interview. After written down the whole text it was listened to and controlled that nothing was missed.

Ethical considerations
All participators were asked for informed consent verbal, before and after the information about the method. The written consent was documented with name and date by the author. Information was given to all participators that they were free to discontinue at any time without explaining why. Further, information was given about professional secrecy and that the collected material would be handled confidential. Since the questions could awake positive and negative feelings, all interviewed parents were called back one week after the interview. This follow-up call gave opportunity for the parents to ask questions or converse about thoughts from the interview. Consulting application form was sent to The Committee for Research Ethics in Southeast Sweden.

Pre-understanding
The author of this study is a nurse and mother of twin boys, five years old (no other children). It was important to be aware of this fact throughout the work process. Study participators were not given information about the researcher being a twin parent. Since the education in
primary health care took place rather recently the researcher has not yet worked in Child Health Services. The professional experience as a nurse comes from a Dept. of Medicine. While working with this study and interact with the study participators the researcher has worked active with bridling. The term bridling covers an understanding as a whole, not only a pre-understanding. The work with bridling aims to direct the energy into the open and respectful attitude that allows the phenomenon to present itself (Dahlberg, Dahlberg & Nystöm, 2008). As for support in the process a supervisor working at Blekinge Institute of Technology, School of Health Science, has read and discussed the work thoroughly during the whole process. Since the aim was to deepen the understanding for twin parents wishes of the specialist nurse at the Child Health Services, it’s their stories which were the foundation for the result. The study is not making claims on generalization for all twin parents or to be a comparison between parents of single born children and parents of twins.

Data Analysis
The qualitative analysis has been made by Systematic Text Condensation, STC, which is inspired by Giorgis phenomenological method of analysis and modified by Malterud (2009). The method was chosen because of it plainness and easiness for a beginner to follow within the phenomenological research. The aim of phenomenological psychological research is to clarify situations lived through by peoples in their everyday life and it’s important to remain as faithful as possible to the phenomenon and to the context in which it appears in the world (Giorgi & Giorgi, 2003).

The method of analysis, STC, by Malterud (2009) consists of four steps:

1. Read the entire set of protocols to get a holistic perspective of the descriptions, identify intuitive themes.
2. Constitution of parts (meaning units) by discriminating units from participants’ description of the phenomenon being studied.
3. Abstract the knowledge and articulate the psychological insight in with each code group represent by articulating an artificial quotation.
4. Synthesize all of the transformed meaning units into a consistent statement regarding participants’ experiences, the structure of the experience. It can be expressed on a specific or general level (Malterud, 2009).

Step 1
For a holistic perspective the whole text were read again after the transcription. While reading the focus was on the whole and not any details. The reading was characterized by openness and critical reflection about one’s own pre-understanding.

Picture of overall impression
Several stories are characterized by the fact that the twin children have had medical issues after birth. More than half the children were born too early and had to stay at the hospital at a Neonatal Intensive Care Unit for different time periods. Low weight and prematurity could cause worry in the parents and they had an increased need of support from the nurse at the Child Health Services. Half of the parents described their concern for the children’s health, for example low weight and language development. Families without or with only little social support also seemed to have more need of support from the nurse compared to families with a large social network. Even the parents, who had children before the twin children were born, had to enter a new role as twin parents. Both practical and emotional issues were described,
but different by the parents. Parents who had children before the twin children were born mainly focused on practical issues while parents who had the twin children at first described both practical and emotional issues. Almost all parents described a need to meet other twin families and listen to their experiences and discuss questions about twins. It was told that most literature focus on separating the twin children for them to develop into individuals and several parents expressed a need to discuss this with someone with knowledge and experience. Some parents were disappointed at the nurse at the Child Health Services for not being able to answer their questions. Some couples described a wish to get information and meet other twin parents before the children were born, this could reduce their worry and help the preparations.

Intuitive themes which caught the attention during the reading were noted. For example; children’s health / medical issues after birth, social support, practical and emotional support, meet other twin families, have one’s question answered by someone with knowledge and experience and early information before the children are born.

**Step 2**
In the second phase the material was organized by systematic work with the text, line by line to sort out and identify meaning units. All text pieces which said something about one or more themes from the first phase were sorted out as meaning units. The meaning units were given names, a code, from the first intuitive themes. In this phase the material was organized in a table (table 1) that visually showed where the different text pieces belonged. By this work one could see how the different participators contributed to the different codes and you got a picture showing where the content for each code came from. This table was also used during validation in the end of the analysis (see under step four, next page). As validation in this phase the answers given during interviews were controlled with the answers given earlier in the questionnaire looking for influence of the author during interviews.

**Table 1.** How the text pieces were organized in the second phase of analysis.

<table>
<thead>
<tr>
<th>Code</th>
<th>Informant →</th>
<th>1 mother</th>
<th>2 father</th>
<th>3 mo &amp; fa</th>
<th>4 mo &amp; fa</th>
<th>5 mo &amp; fa</th>
<th>6 mo &amp; fa</th>
<th>7 mother</th>
<th>8 mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practical</td>
<td></td>
<td>XX</td>
<td></td>
<td>X (fa)</td>
<td>X (mo)</td>
<td>XXXX</td>
<td>X</td>
<td>XXX</td>
<td></td>
</tr>
<tr>
<td>Extra home</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>XXX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td></td>
<td></td>
<td>X (mo)</td>
<td>X (mo)</td>
<td>X (mo)</td>
<td></td>
<td></td>
<td>XXX</td>
<td></td>
</tr>
<tr>
<td>support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meet other</td>
<td></td>
<td></td>
<td>X (mo)</td>
<td>X (mo&amp;fa)</td>
<td></td>
<td>X (fa)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>twin families</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Questions</td>
<td>XXX</td>
<td>X (mo)</td>
<td>X (mo)</td>
<td>X (fa)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>XXX</td>
</tr>
<tr>
<td>answered</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>XXX</td>
</tr>
<tr>
<td>Information</td>
<td>X</td>
<td>X (mo)</td>
<td>X (mo)</td>
<td>X (mo)</td>
<td>X (fa)</td>
<td></td>
<td></td>
<td>XXX</td>
<td></td>
</tr>
</tbody>
</table>

X = every time the code is mentioned in the text
Step 3
By text condensation the psychological insight of each group of code were articulated in an artificial quotation. It was not a quotation made by the study participants but a way to summarize the meaning units within each code group.

As an example this was the artificial quotation for the wish of emotional support:
It was hard to come home with two small children at the same time. I wished for more advice which could have been helpful when we came home, especially since this is our first children. For us who spent several weeks at the hospital it was quite hard when we came home, I could have used more support. Even if I had children before the twins came I felt unsecure. In a way it was like when you have your first children, not knowing what to expect. I want the nurse at the Child Health Services to listen and support me and not neglect my questions and insecurity.

Quotations made by the study participators which illustrate the abstract text were selected for each group of codes.

Step 4
In the fourth phase the pieces were put together. By the condensed texts and selected quotations a description of the content for each group of codes was conducted. Each code group (practical, emotional, information, questions answered and meet other twin families) had its own part in the text. The headings under which the results are being presented were developed in this phase. As the last step of the analysis the results were validated. The descriptions of content were compared to the context in which they came from, ie the origin transcribed interviews. The table used in the beginning of the analysis (step two) was cross read to judge if the descriptions were correct. The work was systematic gone through looking for contradictions against the results and to see if all participators contributed equal.

RESULTS
The result is presented by an overview (table 2) and afterwards by a deeper text. Table 2 show the interviewed participators expressed wishes in different levels; individual, general and universal. On individual level the concrete wishes, expressed by the parents is described. The codes within the data material were organized and describe on a general level. These abstracted codes constitute the main headings, described on a universal level – open minded attitude, professional knowledge and experience, and share lived experience.

The presented quotations are quotations made by study participants but translated by the author from Swedish into English.
Table 2. Overview of parents described wishes when meeting the specialist nurse at the Child Health Services.

Open minded attitude
Some parents expressed their wishes based on their positive experiences. The specialist nurse had qualities such as openness towards the family and asked them how things were and if they managed at home. She had enough time spared for the family when they visited the Child Health Services, and she acted calmly. In one case the children were frail the first time home and needed extra nursing from the parents. The nurse offered extra home visits and put in a lot of work trying to get help for the family from the community. The mother expressed gratitude towards the nurse for the engagement in their family. Another parent, a first time mother, described it as really hard to come home from the hospital with two small children. She asked the nurse at the Child Health Services for practical advice. The nurse met her with positive and encouraging comments and the mother felt her need for support being neglected.

If the parent wanted to have more time to sleep at night or do housework at day the children had to be synchronized and do the same things in the same time. One parent described how it took her several hours to get everything ready in the morning. Parents expressed a wish for the community to have larger understanding and to see each family’s unique situation. For some families it was important to have elderly siblings more hours than allowed in day care or at least flexibility in how to distribute the hours. If one child’s or both children’s physical health were very demanding the parents could need support from the community some hours a week.

The practical needs appeared when one parent was alone with two small children. It could be about easy things as permission to take the wagon in to the nurse’s room since you can’t carry two children and all the things one need. It was appreciated when the nurse was flexible about which time the family would come to the Child Health Services. Most often one or both parents went with both children at the same time since it was most convenient. One family
experienced it as unfair when their children were older because one child got most attention. One mother experienced the situation with vaccination or different controls as stressful because she was alone and didn’t feel as she was sufficient as a parent. At situations with vaccination it was important for her that someone who knew the children gave them comfort when they cried after the injection. She was worried not having enough time to comfort them herself in those situations. At visits with control of the children one child most often sit in the parents knee and the other one is on the floor. She experienced it stressful since she both wanted to focus on the examined child and was worried about the child she couldn’t see.

One practical need which was appreciated by most was extra home visits during the first time home, especially if one parent was home alone. If one or both children have special needs and one parent alone nursed them it was expressed that extra home visits could be necessary for the wellbeing of those families. As told by one parent, it could also be a problem if the parent home with the children don’t get any sleep and feels too tired and can’t drive to the Child Health Services.

Another practical need is enough time when visit the Child Health Services. It was positive if there were time to sit down and ask questions after the controls. One family told that they thought their nurse had extra time with them because there usually were unforeseen incidents with the children when they visited her. It was also pointed out that the children should have the same conditions as one child, with peace and quiet when the situation requires the child to focus its attention on the nurse.

Translated quotation
“So this test at eight month, at that time they had just began to crawl and so, then I was alone also. I had to sit and hold one and you don’t know what the other is doing. At that time they overturn and fall and those hard concrete floors and so. Then you don’t feel that you have as much time to concentrate on that child you… Right then and so, everything went well but it’s such things I experience all the time as a twin parent, not quite sufficing and not the care you want to give your child when you have two whom need the same thing at the same time.”

Those parents who had children before their twins were born described it as positive to be experienced and felt confident with nursing small children. The role as twin parent was new to everyone. The experienced parents could also feel unsecure and need advice since much were new as a twin parent. One parent described the situation like when you have your first child, not knowing what to expect. Many parents described the situation when you come home from the hospital with two infants as quite hard. The children had both the same needs at the same time and in addition different needs in different times. It was a big difference if you were both parents or alone during the first time home. Several parents have described how demanding breast feeding or other feeding methods could be and how tired they felt during this period.

Some mothers told how they looked forward to have a nice and cozy time with their children since they heard much about the first time after birth and compared with their friends who had one child. They were not ready for all the screaming, the tiredness and the feelings of insufficiency to meet the children’s instant needs. They described how difficult it was when both children cried at the same time and you as a parent had to choose who you would comfort first and why. In those cases when you always had to give priority to one frail child this was described as very hard. One parent told how she read a lot on the internet about how
to nurse the children and practical issues but the emotional, the chaos and the feeling of
insufficiency were not mentioned. As she told, it would have saved her a lot of stomach ache
if she had been confirmed that it was normal to have those feelings and it didn’t make her a
worse mother. Several parents, mostly mothers expressed a need for emotionally support. In
one case the nurse had asked how things were and if she managed and this was experienced as
positive by the mother.

Translated quotation
”So I searched a lot before on the internet, forum and such. But what they discussed there
were most if you should put them in separate beds or separate them in day care or such things,
not the emotional and not the chaos and not the insufficiency. I can feel that I would have, it
would have saved me much stomach ache if I had or someone had brought it up. That it isn’t
abnormal. That you don’t have to be good partly because you have much in your head and
partly because you don’t have to feel like a worse mother because you don’t always feel that
it’s easy, right.”

Professional knowledge and experience
It was important to get information based on professional knowledge and experience. Both
first time parents and experienced parents had a need for information and to get their
questions answered. Several families expressed a need for early information during pregnancy
but also after the children’s birth. They experienced that there was a lot of information about
one child but not much worked when it was two. Since the expectant parents didn’t get
information from the staff at the Maternal Health Services they all search much information
by library or internet. The information parents found raised new questions which they needed
someone with professional knowledge and experience to discuss with. When the nurse
couldn’t answer any questions specific to the children being twins the parents were
disappointed and stopped asking further. The parents described a wish for information about
practical issues, for example how you manage when the father is back at work and you must
nurse the children alone. There were also questions about breast feeding and how the children
should sleep (together or separated). They thought it was difficult to know which information
one needed at the time. One parent pointed out that information about twin children’s
development should be given for the interest of the children’s wellbeing in the long term. At
larger Child Health Services there usually work more than one nurse. One parent suggested
that one nurse at a centre could search knowledge about twins and meet twin families, and by
that increase her experience of twin families. One family was quite worried about their
children’s low weight. They wished for a special book for those children who were born
premature so that they as parents didn’t have to compare with the standard curve every time
the children were weighted.

Translated quotation
“My spontaneous thought when I heard the question was no, not at the Child Health Services
but at the Maternal Health Services, that is to say before. I thought we had our questions
there. How do you do with breast feeding? With the nights, all sorts of those questions. I
didn’t feel we got much answers there.”

“In some way we feel that you should have got some information at least before. But it’s
difficult to know what. Then we thought that there are so many twins born and the experience
at just Child Health Services is quite limited compared to how many twins are born. That they
could educate themselves or I don’t know, that they knew anything.”
Share lived experience
To meet other twin families and share lived experiences was an important wish for these families. If the expecting twin parents could meet another twin family during pregnancy and a few times after birth this would be much appreciated and calm eventual worry. Some families had been invited to specific meetings just for twin families and some had not. Most parents who had been to these meeting thought it was very positive. If the experience was positive or not depended on who lead the meeting. It was important that the leader had professional knowledge and experience of twin children to be able to give information and answer questions. Several parents wished for these twin meetings to start when the children were just a few weeks and not several months old. There was a wish both for specific twin meetings with information by someone professional and to meet other twin families by themselves. However, it was difficult to find other twin families, therefore they wished that the contact could be made by the specialist nurse at the Child Health Services since they meet almost all families after birth.

Translated quotations
“Then it didn’t become relevant but when the twins came I could have felt that you should have had a group that met two times before and then didn’t wait as long as you often do with parent groups before they start.”

“So it feels very good to meet other whom are in the same situation as yourself. I hope it will continue to be, that there is opportunity to have it, it was our nurse at the Child Health Services who arrange that contact when we wanted to be in such twin group.”

Summary
The synthesized picture of the phenomenon – the parents’ wishes when they met the specialist nurse at Child Health Services were to be met with an open-minded attitude, professional knowledge and experience, and to share their lived experience. Depending on the families unique situation they expressed different wishes. For some parents different practical issues were important such as extra home visits and enough time spared when they visited the Child Health Services. Emotional support such as confirmation and understanding were inquired by some. For other parents, information and opportunity to discuss questions with someone professional were most important. There was also a wish that the specialist nurse could offer contact with other twin families, however this contact should be offered as early as during pregnancy.

DISCUSSION
The aim of this study was to deepen the understanding of twin parents’ wishes when meeting the specialist nurse at the Child Health Services during the children’s first year in life. Several studies have been found that investigated and described twin parents’ experiences of the first time after birth (Beck, 2002; Glazebrook, Sheard, Cox, Oates, Psych & Ndukwe, 2004; Holditch-Davis et al, 1999; Robin et al., 1996). No studies who described twin parents’ wishes, experiences or expectations in Child Health Services were found; therefore can this study make a valuable contribution.
Discussion of results
Study participants have given different pictures of the phenomenon and the situation within the meeting between parents and nurse is always unique. The result presented in this study is the synthesized picture of the phenomenon, in which every participant contributed with a part of the picture. The results of this study contribute with a deeper understanding for twin parents’ experiences and their wish for an open-minded attitude, professional knowledge and experience and opportunity to share lived experience and how knowledge about these issues can be beneficial for twin families’ wellbeing. These finding go along with earlier statement that optimum care from professional caregivers involved greatly can improve the wellbeing of these families, however, this optimum care isn’t defined (Beck, 2002; Holditch-Davis et al, 1999; Malmström & Biale, 1990; Spillman, 1999). One city in Sweden, Orebro, have guidelines for how professional staff at their Child Health Services should work with twin families, both children and parents. For example encourage their handbook that Child Health Services should offer specific meetings for twin parents. The group-leader could for example talk about and ask how the parents felt when it became twins, the infant time, fatigue and isolation, asking for help and the children’s development – similar and different (Krantz & Ekholm, 2000.) The content of the handbook isn’t evidence-based nor refer to specific studies.

The one parent who expressed having been asked how things were at home and if she managed experienced it as positive. Some parents described not being prepared for the screaming, tiredness and instant demands of two children. Several parents told that the first time home was difficult; especially when the other parent, most often the father, returned to work. The triadic relationship, mother and twin children, is well described in the literature and can cause feelings of frustration and guilt. Modern literature recommends both parents to develop an equally close attachment with each child and treat them as individuals rather than a pair (Anderson & Anderson, 1990; Damato, 2004; Robin et al 1996, Trias et al, 2006; Åkerman, 2009). However, there is a dilemma between individualized care and mothers strove to achieve maternal justice which is the mothers need to give each child fair and equal attention (Anderson & Anderson, 1990). With the interest of both parents and children’s wellbeing it seems reasonable that the nurse pay attention to how parents cope with the demands of parenting twins.

The findings indicate that parents sometime are unable to individualize. Parents described how they tried to synchronize the children as a strategy to cope with their everyday life. If they did the same thing with both children at the same time they got more time over for example sleeping at night and do housework at daytime. This childcare strategy is described by Robin et al (1996) who investigated childcare patterns of mothers of twins during the first year. They identified three different classes. Class one included many mothers who was not fatigue or depressed. Class three included the highest number of long-lasting fatigue and long-lasting depressed mothers. Class two and three included the lowest frequencies of mothers who received help. On the contrary Krantz and Ekholm (2000) describe how parents with synchronized children became less worn out and therefore have more capacity to meet the children’s need of contact by cuddling and playing. However, there advice isn’t based on scientific knowledge. Also, Boivin et al (2005) conducted a large study investigating the genetic-environmental etiology of parents’ perceptions and self-assessed behaviors towards their five month old infants showed that parents of twins felt less effective as parents, were more likely to use hostile-reactive behaviors and showed less concern about the health and safety of their infants compared to parents of singletons. Thus, it might be that parents who
are unable to individualize and uses collective child–raising practices, are those having the largest need for support from for example the specialist nurse at the Child Health Services in order to prevent parents from being exhausted and also to support an individualized child–raise.

The parents who were interviewed in this study, expressed that they had read literature from the library and information about twins on the internet. This is a modern phenomenon since knowledge today is available for everyone and not unique for twin parents. Peoples own search for information is positive since patient empowerment is based on information and lead to health benefits (D’Alessandro & Dosa, 2001; Gustafson, McTavish, Boberg, Owens, Sherbeck, Wise, Pingree, & Hawkins, 1999). During the interviews the parents expressed a need to discuss what they read with someone with professional knowledge and experience. The specialist nurse at Child Health Services is the professional person closest to the family with small children and therefore an available person to ask questions and discuss issues about the children and parenthood with. Hagelin et al (2007) wrote that in Sweden, modern staff at the Child Health Services works in behalf of reducing injurious stress in parents and children. To achieve those goals the practical work demands increased individual adjustment to the unique needs of each child and its family. When Strandberg, Ovhed, Borgqvist and Wilhelmsson (2007) investigated the perceived meaning of (w)holistic view among general practitioners and district nurses in Swedish primary care the concept of knowledge were also expressed as one of three categories within the (w)holistic care. The other two categories found were attitude, and circumstances which can be either barriers or facilitators. These finding of nurses perceptions and twin parents wishes agree with each other. Further research concerning barriers and facilitators would be valuable for an optimal care of, in this case, twin families within child health care. One could discuss if it’s reasonable demands that the specialist nurse at Child Health Services has ability to answer and discuss twin parents’ questions. In this study twin parents wishes were investigated, that doesn’t necessary have to be the same as real expectations. Janzen et al (2006) exclude ideal expectations such as hopes, desires, wants and needs from actual health expectations. The specialist nurse should have professional ability to meet parents’ sometimes unrealistic wishes and find what is possible, realistic and best in the unique situation. One way to handle the questions could be to offer the parents contact with a professional person with knowledge and experience of twins and ability to answer their questions. A resource saving method could be that the contact with the expert takes place on an internet forum where parents have opportunity to discuss issues concerning them.

Discussion of method
The material for this study was collected through interviews with twin parents. Some had children before the twins and could compare the experience from when they had one child. First-time parents were included in this study because the aim was to deepen the understanding for twin parents and receive different experiences. The purpose has never been to compare ordinary parents to twin parents. If there was an interest of comparing these two groups with each other one would have to exclude all first-time parents. The results reflect the experiences of both parents of fully developed and premature children. The parents’ experiences differed from each other and gave a varied picture of the studied phenomenon. The interviews differed in time from fifteen to sixty minutes which lead to participators contributed with different amount of data material. This was adjusted in the analysis, partly because of the result, partly to guaranty all participators confidentiality, with a result of the participators contributing with approximately the same amount of data.
The sample size was rather small and the findings in the study are not applicable to all twin parents. However, a qualitative study can be a valuable way to learn about a group of people or a phenomenon especially if, as in the case of twin-parents wishes on the specialist nurse at the Child Health Service, there is a lack of research in the area (Polit & Beck, 2008). The transferability of findings from qualitative data is not determined by sample size but whether the findings make sense to people, i.e. twin parents, outside the specific study.

Before each interview parents filled out a questionnaire with the same questions as during the interviews. The aim was to get both mothers and fathers reflected thoughts. In the questionnaire the question were asked if the participators had needs when they met the specialist nurse at the Child Health Services. One problem with the question was that needs wasn’t defined which lead to different interpretations of the question. Some described experiences, what had been positive or negative. Overall the answers given were expressed wishes, therefore these are described. Two interviews took place without a filled out questionnaire. In one case both parents were present during the interview, in the other case both parents were home but only the mother were participating in the interview. The questionnaires worked well in all cases they were sent back before the interview. The parents had short written down their most important thoughts and developed them during the interview. Since some parents and their children were tired after work and daycare the questionnaire helped as a reminder for the parents during the interview. However the procedure could have been experienced as stressful for the parents and explain why two families didn’t want to participate in the study.

Analysis was conducted with systematic text condensation, STC, by Malterud (2009) which is inspired by Giorgi (Giorgi & Giorgi, 2003). Phenomenology was used as a foundation to present the essential meaning of the studied phenomenon without interpreting the results mainly because the authors pre-understanding could affect the interpretation. It was important that the presented result was based only upon the interviewed study participants. As described by Malterud (2009) STC is a well utilized method and has presented reliable results.

As described earlier the author of this study is a twin parent. It’s positive and negative, positive in the way that the study was done. However, the authors’ knowledge and pre-understanding hasn’t consciously been used during interviews or the following work. The questions asked during interviews were to receive deeper understanding about answers given by the interviewed parents. The interview started by parents told who were members of their family and then from the answers given in the questionnaires. This way of work gave reflective answers and was used by the parents as a form of reminder during interview, that they didn’t forget things they wanted to tell during interview. This structure was especially useful when the children were present and wanted attention. As one form of validation it was controlled if the interview agreed with the answers given in the questionnaires. Three families asked why the study was done and if the author knew anybody or had twins oneself. Honest answers were then given. While working with this study and interact with the study participators the author has worked active with bridling. To be able to do this only one interview was done in one day and transcribed afterwards. There were openness for every family’s experiences and wishes; and that families had different amount to tell. The analysis was done only by the author. The supervisor had read the transcribed material and discussed the analysis and result. However, it’s possible that the authors experience has affected the material.
Schools of phenomenology have developed different ways of data analysis. Giorgis analysis to validate results relies only on the researcher. Colaizzi is the name of another phenomenologist who calls for returning to the participants (Polit & Beck, 2008; p519). Malterud (2009) structured method for analysis worked well on the material and had a specific method for validation. By following a clear method without changing this, was one way to handle the risk of influence of pre-understanding. Another way was to active work with bridling and also as Malterud (2001) points out with the term reflexivity, having an attitude of attending systematically to the effect of the researcher at every step of the research process. However, it’s possible that Colaizzis method (Polit & Beck, 2008) to return to the participants could have been beneficial when validating the findings and minimizes the influence of pre-understanding.

**Conclusions**

*Implications for practice*
This study can be of help for the specialist nurse meeting these families to be open for important areas within the encounter and develop knowledge to meet difficult questions.

*Implications for research*
Further research, explorative as well as intervention studies, is required to develop evidence-based methods for how professionals’ best meet twin families within available resources.
REFERENCES


Nationella nätverket för Vårdutvecklare/Barnhälsovårdssamordnare (The National Network for Development of Care/Child Health Services Coordinator). Nationell målbeskrivning för sjukskötersketjänstgöring inom barnhälsovården 2007.[National goal description for nurses work within Child Health Services 2007].


For you who are parents of twins

Inquiry to participate in a study.

My name is Ann-Sofie Strandberg and I work as a registered nurse. I recently studied further education to district nurse at School of Health Science, Blekinge Institute of Technology and got interested in the work with child health care. This study which my degree project will be based on, aims to deepen my knowledge of twin parents needs in the contact with the nurse at the Child Health Services.

It’s voluntary to participate in the study. The collected material based on the interviews will be handled confidential, which means that no outsider will be able to get information about who participated in this study and what he or she said. The answers won’t be given to the participators district nurses. Eventual denied participation won’t affect how your district nurse meets you. The participators are guaranteed opportunity to deny answer questions or discontinue at any time without explaining why. To get everything that’s been sad during the interview I will use a tape recorder during the interview. The interview is estimated to take maximum 30 minutes.

I’m interested in both the mothers and fathers experiences but know that in real life it can be difficult to find time to sit down and talk without interruptions during an interview. Therefore I ask you to reflect over the questions together and write down your experiences. When we meet at the interview we start from your written answers.

I’m grateful for your cooperation and look forward to take part of your thoughts and experiences. If you have further questions about the study you are welcome to contact me or my supervisor.

Kristianstad 090817
Ann-Sofie Strandberg
Tel: 044-10 04 26, 0734-29 91 92
ann-sofie.strandberg@hotmail.com

Supervisor
Senior Lecturer of University Göran Holst
Blekinge Institute of Technology
0709-543895, Goran.holst@bth.se
Question to reflect over together:

1) Do you as twin parents have any needs when you meet the nurse at the Child Health Services, related to the children being twins?
2) If so, how would you like her to respond to your needs?
Thank you for your time!