

COMBO

A W O R K I N G G R O U P O F I S T S

COMBO

*Council of Multiple Birth Organizations,
a working group of the International Society for Twin Studies*

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

INTRODUCTION

The mission of the Council of Multiple Birth Organisations (COMBO) of the International Society for Twin Studies is to promote awareness of the special needs of multiple birth infants, children and adults. The multi-national 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 special needs.

DECLARATION OF RIGHTS

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

- 1. Multiples and their families 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:



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

Adopted by the Council
of Multiple Birth
Organisations of the
International Society
for Twin Studies (ISTS)
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COMBO DECLARATION OF RIGHTS

2. Couples planning their families and/or seeking infertility treatment have a right to information and education about factors which influence the conception of multiples, the associated pregnancy risks and treatments, and facts regarding parenting multiples.

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 and organ donors of choice for their co-multiples; and*
- 4) the availability of the placenta and optimal conditions for determining zygosity are present at birth:*

3. A) Parents have a right to expect accurate recording of placentation and the diagnosis of the zygosity of same sex multiples at birth. B) Older, same sex multiples of undetermined zygosity have a right to testing to ascertain their zygosity.



Couples planning their families and/or seeking infertility treatment have a right to information and education about factors which influence the conception of multiples, the associated pregnancy risks and treatments, and facts regarding parenting multiples.



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



4. 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.

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

COMBO DECLARATION OF RIGHTS

- 5. A) Multiple births and deaths must be accurately recorded, including any fetal losses during the duration of the pregnancy and infant deaths in the first year following delivery.**
- B) Parents and multiples have a right to care by professionals who are knowledgeable regarding the management of multiple gestation and/or the lifelong special needs of multiples.**

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

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

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 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:

I. Women who are expecting multiples have a need for:

- A) education regarding the prevention and symptoms of pre-term labour.**
- B) prenatal resources and care designed to avert the pre-term birth of Multiples, including:**
- 1. diagnosis of a multiple pregnancy, ideally by the fifth month, which is communicated tactfully, with respect for the privacy of the parents;**
 - 2. nutrition counseling and dietary resources to support weight gain of 18 – 27 kilos (40 – 60 pounds).**
 - 3. obstetrical 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.**



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.



COMBO STATEMENT OF NEEDS



4. 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).

5. attention to the timing and mode of delivery of multiples.

(See References, Section I)

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

II. Families expecting and rearing multiples need the following:

A) education regarding the nutritional, 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 bottle feeding of co-multiples.

D) adequate resources, support systems and family work leave to facilitate breastfeeding and/or bottle feeding process.

(See References, Section II)

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



COMBO STATEMENT OF NEEDS

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

(See References, Section III)

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

IV. 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.

B) policies which facilitate appropriate mourning of a deceased multiple or multiples.

(See References Section IV)

WHEREAS the unassisted care of newborn, infant and toddler multiples elevates their families' risk of illness, substance abuse, child abuse, spouse abuse, divorce and potential for child abuse and WHEREAS having and raising multiples in developing countries can be a special challenge due to poor infrastructure, health provision, and socio-economic conditions:

V. Families caring for multiples need timely access to adequate services 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, including healthy co-multiples discharged home when other children remain in the hospital.

E) facilitate child safety.

F) facilitate transportation.

G) facilitate pediatric care.

(See References, Section V)



Families experiencing the disability and/or death of a co-multiple need: ...a) care and counseling by professionals who are sensitive to the dynamics of grief...b) policies which facilitate appropriate mourning of a deceased multiple or multiples.

COMBO STATEMENT OF NEEDS

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 circumstances of multiple birth affects developmental patterns:

VI. Families expecting and rearing multiples need:

A) access to information and guidance in optimal parenting practices regarding the unique developmental, psychosocial, and medical challenges of multiple birth children, including the process of: socialization, individuation and language acquisition.

B) access to information concerning the unique needs of multiples in the school setting, particularly in reference to classroom placement.

C) access to appropriate testing, evaluation and schooling for co-multiples with developmental delays and/or behaviour problems.

[\(See References Section VI\)](#)

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

VII. 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.

[\(See References VII\)](#)

WHEREAS twins and higher order multiples suffer discrimination from public ignorance about their biological make-up and inflexible policies which fail to accommodate their special needs:

VIII. Twins and higher order multiples need:

A) information and education about the biology of twinning.

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.**
- 3. medical, developmental and educational assessment and treatment which is respectful of the relationship between co-multiples.**
- 4. the annual review of the classroom placement of multiples and facilitation of their co-placement or separate placement according to the particular needs of each set of co-multiples.**
- 5. the simultaneous participation of co-multiples on sports teams and other group activities.**
- 6. specialized grief counseling for multiples at the death of a co-multiple.**
- 7. counseling services addressing the special needs of adult multiples.**

COMBO STATEMENT OF NEEDS

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 pattern of multiples:

IX. Scientists must be encouraged to investigate:

A) the optimal management of plural pregnancies.

B) medical, developmental and educational assessment/treatment respectful of the relationship between co-multiples.

C) norms for developmental processes which are affected by multiple birth such as: individuation, socialization and language acquisition.

D) benchmarks of healthy psychological development and relevant therapeutic interventions for multiples of all ages and at the death of a co-multiple.

E) specialized grief counseling for surviving multiples.

Adopted by the Council Of Multiple Birth Organisations (COMBO) (comprised of representatives of 16 organizations from ten countries: Australia, Belgium, Canada, Germany, Indonesia, Japan, Sweden, Taipei, United Kingdom, United States) 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 Organisations

Endorsed by the Board of the International Society for Twin Studies, May 31,1995

Lindon Eaves, President, International Society for Twin Studies



Declaration of Rights and Statement of Needs

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



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Statement of Needs References



SECTION I -

Prenatal Care

1. Brown, J.E., & Schoessler, P.T. (1990).

Prepregnancy weight status, prenatal weight gain, and the outcome of term twin gestations. Am J Obstet

Gynecol 162, 182-186.

2. Bryan, E., Higgings, R., & Harvey, D.

(1991) *Ethical Dilemmas*. In D. Harvey, & E. Bryan (Eds.) *The Stress of Multiple Birth* (pp. 35-42). London: Multiple Births Foundation.

3. 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.

4. Cirello, P., Cohn, B., & Malmstrom, P. (1993). "Twinshock: a statistical profile of multiple births in California 1986-1989," Berkeley: Twin Services, Inc.

5. Dimperio, D.L. (Fall 1994). *Nutritional Management of Multiple Pregnancy. The American Dietetics Association- The Perinatal Nutrition Report.*

6. Dubois, S., Dougherty, C., Duquette, M., Hanley, J., & Moutquin, J. (1991). *Twin Pregnancy: the Impact of Higgins Nutrition Intervention Program on Maternal and Neonatal Outcomes.* American Journal of Clinical Nutrition, 53, 1397-1403.

7. 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*

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 Moskwiniski and Marion Meyer

The Twins Foundation - Kay Cassill

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

Twin Services, Inc. - Patricia Maxwell Malmstrom

June 2007

U.S.A.

MOST (Mothers of Supertwins) - Maureen A. Doolan Boyle

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Clinic. Obstetrics & Gynecology, 81(3), 387-391.

8. Grether, J.K., & Schulman, J. (1989). *Sudden infant death syndrome and birth weight*. *The Journal of Pediatrics* 114: 4, 561-567.
9. Jewell, S.E., & Yip, R. (1995). *Increasing Trends in Plural Births in the United States*. *Obstetrics & Gynecology*, 85(2), 229-232.
10. 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.
11. Keith, L., Papiernik, E., Keith, D. & Luke, B. (Eds.). (1995). *Multiple Pregnancy*. New York: Parthenon Publishing Group.
12. 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.
13. 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.
14. 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.
15. 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.
16. Malmstrom, P.M., & Biale, R. (1990). *An agenda for meeting the special needs of multiple birth families*. *Acta Genet* 39, 507-514.
17. Malmstrom, P.M., Faherty, T.J., & Wagner, P. (1988). *Essential Nonmedical Perinatal Services for Multiple Birth Families*. *Acta Genet* 37:2, 193-197.
18. 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.
19. National Academy of Sciences (1990). *Nutrition During Pregnancy*. Washington: National Academy Press.
20. Papiernik, E., & Keith, L.G. (1990). *The cost effectiveness of preventing preterm delivery in twin pregnancies*. *Acta Genet* 39, 361-369.
21. 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.
22. Papiernik, E. (1983). *Social Cost of Twin Births*. *Acta Genet* 32, 105-111.
23. Papiernik, E., Mussy, M.A., Vial, M., & Richard, A. (1985). *A Low Rate of Perinatal Deaths for Twin Births*. *Acta Genet* 34, 201-206.
24. 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.
25. Powers, W.F., & Kiely, J.L. (1994). *The Risks Confronting Twins: A National Perspective*. *American Journal of Obstetrics and Gynecology* 170(2), 456-461.
26. Worthington-Roberts, B. (1988). *Weight Gain Patterns in Twin Pregnancies with Desirable Outcomes*. *Clinical Nutrition* 7(5), 191-196.



SECTION II - Breastfeeding and Bottle Feeding

27. Gromada, K.K. (1991). *Breastfeeding Multiples*. *Doubletalk* 11 (pp. 18-21).
28. Gromada, K.K. (1985). *Mothering Multiples*. Franklin Park, IL: La Leche League International, Inc.
29. 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.
30. Malmstrom, P.M., & Biale, R. (1990). *An agenda for meeting the special needs of multiple birth families*. *Acta Genet* 39, 507-514.
31. Malmstrom, P.M., Faherty, T.J., & Wagner, P. (1988). *Essential Nonmedical Perinatal Services for Multiple Birth Families*. *Acta*

COMBO STATEMENT OF NEEDS

Genet 37:2, 193-197.

32. 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.

33. Sollid, D., Evans, B., McClowry, S., & Garrett, A. (1989, July). *Breastfeeding Multiples*. *Journal of Perinatal and Neonatal Nursing*, 47-85.

SECTION III - Bonding

34. Anderson, A., & Anderson, B. (1987). *Mother's Beginning Relationship with Twins*. *Birth* 14 (pp. 94-8).

35. Bryan, E., Higgings, R., & Harvey, D. (1991). *Ethical Dilemmas*. In D. Harvey, & E. Bryan (Eds.) *The Stress of Multiple Birth* (pp. 35-42). London: Multiple Births Foundation.

36. Bryan, E. (1984). *Twins in the Family: A Parent's Guide*. London: Constable & Company, Ltd.

37. Lutes, L. (in press). *Bedding Twins/Multiples Together*. Neonatal Network.

38. Lutes, L. (1995, November). *Bedding Twins Together: Fostering Co-Regulation*. Paper presented at Developmental Interventions In Neonatal Care Conference, Chicago, IL.

39. Malmstrom, P.M., Faherty, T.J., & Wagner, P. (1988). *Essential Nonmedical Perinatal Services for Multiple Birth Families*. *Acta Genet* 37:2, 193-197.

40. Noble, E. (1991). *Having Twins*. Boston: Houghton Mifflin Co.

SECTION IV - Loss

41. Biale, R. (1989). *Counseling Families of Disabled Twins*. *Social Work* 34:6, 531-536.

42. 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.

43. Bryan, E. (1986, September). *Support for Parents Who Lose a Newborn Twin*. Paper presented at the International Society for Twin Studies Congress, Amsterdam, Netherlands.

44. Sainsbury, M.K. (1988). *Grief in Multifetal Death*. *Acta Genet* 37:2, 181-186.

45. Stauffer, A., et al. (1988). *Early Developmental Progress of Preterm Twins Discordant for Birthweight and Risk*. *Acta Genet* 37, 81-87.

SECTION V - Psychosocial Risk

46. Groothuis, J.R., Altemeier, W.A., & Robarge, J.P., et al. (1982). *Increased Child Abuse in Families with Twins*. *Pediatrics* 70, 769.

47. 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.

48. Nelson, H., & Martin, C. (1985). *Child Abuse and Neglect*. *The International Journal* 9, 501-505.

49. Nelson, H., & Martin, C. (1985). *Increased Child Abuse in Twins*. Report from the Department of Psychiatry, Lexington, KY: University of Kentucky Medical Center.

50. 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.



COMBO STATEMENT OF NEEDS



51. Robin, M., Josse, D., & Tourrette, C. (1991). *Forms of family reorganization following the birth of twins*. Acta Genet, 39, 53-61.

52. Robin, M., Josse, D., & Tourrette, C. (1988). *Mother-Twin Interaction During Early Childhood*. Acta Genet 37:2, 151-160.

SECTION VI - Multiple Birth Development

53. Ainslie, R. (1985). *The Psychology of Twinship*. Lincoln, NE: University of Nebraska Press.

54. Hay, D.A., et al. (1987). *Speech and Language Development in Preschool Twins*. Acta Genet 36, 213-223.

55. 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.

56. 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.

57. Lytton, H. (1980). *Parent Child-Interaction: The Socialization Process Observed in Twin and Singleton Families*. New York: Plenum Press.

58. Malmstrom, P.M., & Biale, R. (1990). *An agenda for meeting the special needs of multiple birth families*. Acta Genet 39, 507-514.

59. Malmstrom, P.M., Faherty, T.J., & Wagner, P. (1988). *Essential Nonmedical Perinatal Services for Multiple Birth Families*. Acta Genet 37:2, 193-197.

60. Malmstrom, P.M., & Silva, M.N. (1986). *Twin Talk: Manifestations of Twinship in the Speech of Toddlers*. Journal of Child Language 13, 293-304.

61. Matheny, A.P. (1987). *Development Research of Twins' Temperament*. Acta Genet 36, 135-143.

62. Matheny, A.P., et al. (1981). *Behavioral Contrasts in Twinship: Stability and Patterns of Difference in Childhood*. Child Development 52, 579-588.

63. Novotny, P.P. (1988). *The Joy of Twins*. New York: Crown Publishers, Inc.

64. O'Brien, P.J. & Hay, D.A. (1987). *Early Influences on the School Social Adjustment of Twins*. Acta Genet 36, 239-248.

65. 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.

66. 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.

67. Rothbart, B. (1994). *Multiple Blessings*. New York: Hearst Books.

68. Rowland, C. (1991). *Family Relationships*. In D. Harvey & E. Bryan (Eds.) *The Stress of Multiple Births* (pp. 59-67). London: Multiple Births Foundation.

69. Sandbank, A.C. (1988). *The Effect of Twins on Family Relationships*. Acta Genet 37:2, 161-172.

70. Savic, S. (1980). *How Twins Learn to Talk*. New York: Academic Press, Inc.

71. Scheinfeld, A. (1967). *Twins and Supertwins*. Baltimore: J.B. Lippincott Co./Pelican Books.

72. Segal, N.L. (1987, May/June). *Jealousy: Does It Put Twins in Double Jeopardy?* Twins Magazine 36, 36-59.

73. Wallace, M. (1986). *The Silent Twins*. New York: Prentice Hall Press.

SECTION VII - Training

74. Bryan, E. (1983). *The Nature and Nurture of Twins*. London: Bailiere Tindall.

COMBO STATEMENT OF NEEDS

75. Bryan, E., & Harvey, D. (Eds.) (1991). *The Stress of Multiple Birth*. London: Multiple Births Foundation.
76. 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.
77. 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.
78. 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.

