

MOST (Mothers of Supertwins) Member Profile/Support Services Form

ID # _____

Date Received: _____

____/____/____

Thank you for joining MOST! In addition to our standard member application, MOST collects the following information about members to provide specific support services based on the individual needs of each family. All the information collected below is kept strictly confidential and only used to provide member support. Member information is never sold to third-parties. All questions are optional, and you are welcome to answer some and not others.

Member Information

Member Name: _____ Email: _____
Phone #: _____ Zip Code: _____

Yearly Household Income:

___ Less than \$25,000 ___ \$25,000-\$40,000 ___ \$40,001-\$75,000
___ \$75,001-\$100,000 ___ \$100,001-\$150,000 ___ More than \$150,000

Ethnic Background (circle one for each parent if applicable):

Mother: African American Native American Asian Hispanic Caucasian Multi-Racial Other: _____
Father: African American Native American Asian Hispanic Caucasian Multi-Racial Other: _____

Type of Conception: ___ Spontaneous ___ Fertility Treatments (please describe) _____

Children (please list multiple births as well as all siblings):

Name	Date of Birth	Type (singleton, twin, triplet, etc)	Gender (male/female)	Zygoty (identical, fraternal, unknown, N/A)	Gestation at Birth

Breastfeeding and Outside Help Information

Did you breastfeed or pump for your multiples?

Please describe:

For how long?

Did you breastfeed while working? ___ yes ___ no

Do or did you have any help outside your family before delivery? ___ yes ___ no

Do or did you have any help outside your family after delivery? ___ yes ___ no

Your extra help was provided by (check all that apply):

___ Friends ___ Parents ___ Church ___ Paid Help ___ Other relatives ___ Other: _____



Support Services Needed (Check any topics that apply to your situation.)

Parenting Topics	Our family has experienced the following:	I am willing to be a support volunteer for this topic
• 8 or more years between pregnancies		
• Addiction/dependency issues		
• Bilingual		
• Childcare Issues		
• Depression (before pregnancy or PPD)		
• Say-at-home dad of multiples		
• Say-at-home mom of multiples		
• Gastric bypass		
• Military families		
• Moms attending college after multiples		
• Moving with multiples		
• Obesity		
• Semi-retired professionals		
• Traveling with multiples		
• Tummy tucks (abdominoplasty)		
• Home-schooling		
• Night terrors		
• School issues		

Pregnancy/Delivery Topics	Our family has experienced the following:	I am willing to be a support volunteer for this topic
• Anti-partum hospital stay over 30 days		
• Baby in crisis in utero		
• Bacterial vaginosis (BV)		
• Bells palsy		
• Cholestastis/PUPPPS		
• Delivered multiples outside a hospital		
• Gestational diabetes		
• Group B strep		
• HELLP Syndrome		
• Severe morning sickness		
• Hysterectomy soon after delivery		
• Incompetent cervix		
• Intra-uterine growth retardation		
• Living in remote areas		
• Mono-amniotic multiples		
• Moms in crisis after delivery		
• Ovarian hyperstimulation		
• Peripartum cardiomyopathy		
• Placenta previa		
• Placing a baby in foster care/adoption		
• Polycystic ovarian syndrome (PCOS)		
• Long-term Preterm Labor		
• Prolonged rupture of membranes		
• Relocation for prenatal care		
• Subcutaneous terbutaline pump		
• Surgery during pregnancy		
• Toxemia/pre-eclampsia		
• Trendelenburg bed		
• Twin-to-twin transfusion syndrome		



Support Services Needed (Check any topics that apply to your situation.)		
Bereavement Topics	Our family has experienced the following:	I am willing to be a support volunteer for this topic
• Loss(s) before multiples		
• Reabsorption(s)/miscarriage(s)		
• Loss of baby just to delivery		
• Loss of an infant multiple(s)		
• Loss of a multiple(s) after infancy		
• Loss(es) after multiple pregnancy		
• Pregnant with multiples after loss(es)		
• Expecting multiples after loss of multiples		
• Selective reduction		
• Sudden infant death syndrome (SIDS)		

Newborn/Infancy Topics (including siblings)	Our family has experienced the following:	I am willing to be a support volunteer for this topic
• Ambiguous gender		
• Apnea monitors after discharge		
• Brain bleeds (IVH)		
• Colic		
• Colostomy care		
• Conjoined twins		
• Feeding disorders (NG Tubes)		
• Failure to thrive (FTT)		
• Hernia(s) in infants		
• Infant massage		
• Lazy eye/strabismus		
• Meningitis		
• Multiple hospitalizations of infant(s)		
• Necrotizing enterocolitis (NEC)		
• NICU out of state		
• NICU stay over 30 days		
• O2 therapy		
• PDA (heart valve open)		
• Respiratory distress syndrome (RDS)		
• Respiratory syncytial virus under 1 yr		
• Retinopathy (ROP)		
• Reflux		
• Sepsis/septic shock		
• Skin-to-skin (Kangaroo Care)		
• Staph infection(s)		
• Post-partum exercise		
• Synagis treatments (now or prior)		

Family Planning Topics	Our family has experienced the following:	I am willing to be a support volunteer for this topic
• Assisted reproduction after multiples (i.e. IVF)		
• Embryo decisions after multiples		
• High-risk pregnancy after multiples		
• Preconception concerns after a loss of multiples		
• Siblings born in same year as multiples		
• Spontaneous pregnancy after multiples		
• Subsequent pregnancy complications		
• Surprise baby at delivery		

MOST (Mothers of Supertwins)
P.O. Box 306; East Islip, NY 11730-0306
www.mostonline.org



(631) 859-1110
(631) 859-3580 (fax)
info@mostonline.org

Support Services Needed (Check any topics that apply to your situation.)

Development Topics	Our family has experienced the following:	I am willing to be a support volunteer for this topic
• Infants/children with glasses		
• Early intervention		
• Growth hormone therapy		
• Hearing impaired		
• Long-term learning disabilities		
• OT (occupational therapy)		
• Premies with ongoing issues		
• PT (physical therapy)Sensory integration		
• Sensory integration		
• Speech services beyond EI		
Please include other topics not listed above or provide details about any of the topics checked:		
Would you consider writing a story about your multiple birth experience(s)?	Contact me at: ___ yes ___ no _____	
Would you consider becoming a trained area coordinator for MOST (now or in the future)?	For area code(s) or zip code(s): ___ yes ___ no _____	
Do you have any hobbies or specific professional skills you would maybe one day like to share with MOST as a volunteer (specify):		

Professional Contacts

If you would like MOST to send information about our organization to the medical professionals who worked with your family, please provide the following information.

Professional	Name	Phone	Mailing Address
Reproductive Endocrinologist		() -	
Fertility Center		() -	
Obstetrician		() -	
High-risk MD (Perinatologist)		() -	
Hospital		() -	
Early Intervention Provider		() -	
Pediatrician		() -	
Insurance Co.		() -	



Share Your Suggestions with MOST

How did you hear about MOST? (MOST website, Facebook/Twitter or other social media channel, friend or family member, MOST eNews, physician, local or other support group, etc.)	
Were you in contact with one or more MOST resource volunteers or a Local Area Coordinator during or after your pregnancy?	___ yes ___ no
	Name(s):
Were they helpful?	___ yes ___ no
What suggestions do you have for other expectant or new parents:	
Do you have any bed rest suggestions or tips:	
Do you have any suggestions for parents with other children (siblings):	
What recommendations do you have for making breastfeeding more successful:	
Do you know any helpful online resources:	
Did you read any helpful books or print resources:	
What equipment or items helped make your pregnancy more comfortable or were useful for infant care (i.e. shower chair):	
How would you rate your experience with MOST so far (circle one):	
5 – Excellent 4 – Good 3 – Fair 2 – Poor 1 – Very Poor	
What suggestions do you have for improving MOST? (Changes to the magazine, website, parenting resources, volunteer programs, etc.)	

Thank you for your input!

Completed form should be returned to:

**MOST (Mothers of Supertwins)
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East Islip, NY 11730-0306**

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