

## Original Article

## Supporting Multiple Birth Families at Home

**Kristiina Heinonen, PhD, MNSc, RN**

Teacher of Nursing, Public Health Nurse, Department of Nursing Science, University of Eastern Finland  
Savo Vocational College, Kuopio, Finland

**Correspondence:** Heinonen Kristiina, Raviradantie 15, 70100 Kuopio, Finland  
E-mail: kristiina.heinonen@sakky.fi

**Abstract**

**Background:** Literature review shows there is no study of this subject and phenomenon is strange how professionals work in multiple birth families home.

**Objective:** The aim of this study is to describe family care workers' experiences of supporting multiple birth families with twins under five and to contribute to the understanding of working with such families.

**Methodology:** The phenomenological hermeneutic study using van Manen's method and the concept of lifeworld. The data consist of interviews, the document sent in writing thereafter, and the researcher's notes.

**Results** The phenomena consist of three core essential themes. "Support with coping" had two essential themes, strengthening parenthood and arranging rest time. "Making use of special information" comprised care guidance, taking into account the special challenges of having twins, and guidance on spending. "Bringing security" had easing the burden of daily life, trust to share responsibility, and effective support network, as components.

**Conclusions:** Multiple birth families have a special status with special needs. It is evident that the ideal location for the care worker's meeting with parents is the latter's home because it gives these workers an overview of everyday life in such families. It would be interesting to explore how professionals prepare multiple birth parents for parenting, how they use evidence-based research practice and how they plan their teamwork and how they disseminate existing knowledge in multiprofessional teams.

**Keywords** phenomenology, hermeneutic, van Manen, lifeworld, multiple birth offspring, family nursing

**Introduction**

What do we know about how social and health care professionals work in multiple birth families home? Most of the qualitative research on multiple birth families research has concentrated on parenthood transition (e.g Leonard & Denton, 2006) or parenthood (e.g Damato & Burant, 2008, Heinonen, 2004, 2015), pregnancy and mothering (e.g Bolch Davis, Umstad & Fisher, 2012, Harvey, Athi & Denny, 2014) and care giving (e.g Beck, 2002, Heinonen, 2004, Jahanafar, 2012.) Other foci included interaction and relationship between mother and twins and between twins themselves (e.g Moilanen, Kunelius, Tirkkonen & McKinsey Grittenden, 2003, Penninkilampi-Kerola, 2006, Trias, 2006). Many of these areas naturally brought up several related topics. However, paternal aspects have rarely been studied (Holditch- Davis, Roberts &

Sandelowski, 1990, Heinonen, 2004, Damato, & Burant, 2008, Heinonen, 2015). Research on professionals working with such families is also rather rare.

**Background**

Parenting multiple birth children involves both the sense of having a special status and being aware of the risks of such pregnancy and childbirth. (Moilanen, 1996, Bryan, 2003, Moilanen *et al.*, 2003.) Goshen-Gottstein (1980) states that mothers of multiple infants need not only emotional support in their ambivalence and advice on how to care for several infants who need the mothers' attention simultaneously but also people to help them physically with their inordinate tasks and workload. In Holditch-Davis *et al.* (1995), in the early weeks after delivery, parents of multiple birth infants were found to

express three general themes in their experiences: specialness of multiples both positively and negatively, the difficulties involved in managing more than one infant, and general attachment concerns. The situation is further complicated if the children are premature, born through a Cesarean section, or are taken into hospital care. (Moilanen, 1996, Bolch *et al.*, 2012.)

Bolch *et al.* (2012) found that having more than one newborn created practical and psychological problems during the neonatal period, particularly when the infants were separated due to differences in medical status. Parents of twins have general difficulties in managing with more children of the same age. (e.g. Goshen-Gottstein, 1980, Garel & Blondel, 1992, Beck, 2002, 2003, Heinonen, 2004, 2013, Harvey *et al.*, 2014.) One specific aspect mothers had a problem with was feeding more than one child (Hattori & Hattori, 1999, Leonard, 2000, Heinonen, 2004, 2013, Harvey *et al.*, 2014.)

Parents of multiples have problems later also, related to individualization and equality treatment. (Robin *et al.*, 1996, Anderson & Anderson, 1990, Heinonen, 2004, Harvey *et al.*, 2014.) Beck's (2002) meta-synthesis of six qualitative reviews increases our understanding of the experience of mothering multiples during the first year after delivery. Themes included bearing the burden of child care 24/7, riding the emotional roller coaster, lifesaving support, striving for maternal justice and acknowledging individuality.

Professionals in hospitals, health care centres, and in the community at large, have a vital role in supporting multiple birth families. Many researches state that social and health professionals need special knowledge to support such families. (e.g. Denton, 2005, Bryan, 2008, Harvey *et al.* 2014.) McKenzie's (2006) study of twin baby feeding narrates how pregnant women describe the helpfulness and authoritativeness of baby-feeding information. Professionals have to provide more sensitive support for mothers' individual needs and understandings. Harvey *et al.* (2014) state the need for advice, guidance, support, and tips, on all aspects of childcare, especially for preterm infants, and ways to minimize negative impacts on other children in the family. Damato & Burant (2008) note the need for advice in the prenatal or postpartum

period to support parents of twins in sleeping strategies. Ball (2007) observes that parents of twins need the guidance of midwives regarding the pros and cons of co-bedding for healthy twin babies. Bryan (2008) states professionals are vital to assessing the needs of multiple birth families, coordinating various services and providing ongoing support. Parents of twins require more information from professionals about situation of their own, pregnancy and childbirth, breastfeeding, supporting the growth and development of twins, intimate relationships, and coping with everyday life. (Heinonen *et al.*, 2007, Heinonen, 2013.) McKenzie (2006) recognizes that multiple birth mothers may perceive different needs than mothers of singletons. In previous studies there is hardly any empirical knowledge of social and health care professional work with multiple birth families at home.

## **The study**

### **Aim**

This study aims to describe family care workers' experiences of supporting families with twins under five and to contribute to the understanding of working with such families.

### **Methodology**

The study adopts a hermeneutic phenomenological stance using van Manen's conceptual structure, where the experiences of participants are main point and which needs experimental material. The concept of lifeworld consists of lived space (spatiality), lived body (corporeality), lived time (temporality) and lived human relations (relationality). (van Manen, 2006, van Manen & Adams, 2010, van Manen, 2014.)

### **Data Collection**

Eleven family care workers, aged 34 to 60, participated in the present study. Their work experience ranged between 4 to 22 years. Most of these workers were trained in social and health care; some only social education; many of them also had special education for family care. The duration of interaction was either short term, with only a couple of visits, or for a longer period of up to three years.

The workplace was informed, and participants volunteered. The open-form interviews began with these professionals describing support for

multiple-birth families; during the interview, they provided examples. Family care workers' permission was obtained, the one- to two-hour interviews were tape-recorded, and later transcribed verbatim. The data (350 pages) consist of these workers' (n=11) open-form interviews, the documents they sent in writing thereafter, and the researcher's notes.

### Ethics

Doing a literature review and knowledge search led to the discovery of the gap in this research area, which ethically justifies the current study. Family care workers were recruited to the study on obtaining the positive statement of the University Hospital's Ethics Committee and that of the respective clinics. Those initially recruited were encouraged to suggest those they knew had experience in this area. Only professionals with a minimum experience of working at the home of one multiple birth family were included. This snowballing yielded a pool of participants for this study. Participants were provided with all requisite information, including possibility to withdraw from the study any time, and their oral and written informed consent obtained. Their anonymity was guaranteed; only the researcher knows the real names and which data belongs to which participant.

### Data analysis

The wholistic approach depended on understanding the research material and family care workers' experiences. I read and listened to

the tapes of each interview several times and discovered some significant participant experiences. Different kinds of theme arose from the interviews; examples are taking care of twins, strengthening parenthood, giving advice at home. I reflected on each sentence uttered by each participant and reported how s/he felt during the narration. An example is "feels that it is important to give advice and tips during taking care of twins to the parents and share this moment with them." In the selective and detailed phase, I chose the best examples, in the form of participants' direct quotations. I re-wrote every experience of each participant. The analysis process then proceeded to the identification of the family care workers' unique essential themes, classified into eight. I combined family care workers' unique essential themes and progressed to the essential core level, identifying the three core essential themes into disciplinary understanding: "support with coping", "making use of special information" and "bringing security". (van Manen, 2007, 2014, Heinonen, 2015 bc)

### Results

The phenomena consist of the three core essential themes mentioned above. (Table 1.) To illuminate the findings, the core themes are exemplified with brief quotes from participants' experiences. Table 2 later provides some examples of family care workers' support at home

**Table 1. The lifeworld of multiple birth families as described by family care workers**

Core essential theme	Essential themes
<b>Support with coping</b>	<i>Strengthening parenthood</i> <i>Arranging rest time</i>
Making use of special information	<i>Care guidance</i> <i>Taking into account the special challenges of having twins</i> <i>Guidance on spending</i>
Bringing security	<i>Easing the burden of daily life</i> <i>Trust to share responsibility</i> <i>Effective support network</i>

## Support with coping

### *Strengthening parenthood*

The experience of lived body, for family care workers aiding parents in their everyday management, means not only strengthening their parenthood by supporting and guiding their everyday life but providing them opportunities to rest. Family care workers listened to and shared with parents their situation. Their experience of lived body and time meant they also had much empathy for parents concerning, for example, the situation at night when babies slept little and parents had to carry them the whole night. Family care workers also encouraged parents in their parenthood, advising them to choose different kinds of approaches to take care of children and try them out. For example, they could feed twins together or one child first and then the other. In their experience of temporality, they always looked forward to the next day and next week, enabling parents to cope with their own life as a family.

*...It is important to wake up parenthood to be a mother and father, learn the practice of taking care of two babies and organising daily life because they have not even taken care of one baby...*

*...When one parent feeds one baby and another parent another baby, we can discuss then together. They need an extra pair of hands, discussion, a model of how to manage feeding and bathing two babies and coping through the night to the next day...*

### *Arranging rest time*

In their experience of lived relations and body, parents liked to have professional educated workers' help; multiple birth families have their special needs, and a relationship of trust was easily developed. In their experience of lived body, they gave mothers opportunities to rest, go to the shower, read, do shopping, give time to the twins' siblings and generally have a little time of her own, with the family care worker taking care of twins and siblings as well. Regarding the relational aspect, parents could have time to themselves to be together, discuss and make decisions. Mothers could also concentrate on taking care of and getting to know one baby better while the family care worker took care of the other. Family care workers and parents were

worried about parent-child interaction and spending time with only one baby.

*They cannot enjoy with their twins, although they were so happy about them and about having them. But when you have to take care of them all the time, day and night, without rest of your own.*

*A lot of our work goes into discussing with parents intimate relationships and normal daily subjects. If they can find time to go for a movie, two hours, it will create a lot of positive feelings.*

*I feel satisfied also seeing mothers' faces shining and feeling positive because she had some hours only to herself.*

## Making use of special information

### *Care guidance*

These workers start with general advice that applies to bringing up all children. In this professional relationship, it was also a question of sharing their work experiences with parents without revealing client details. Working at home, they try to focus on multiples with advice tailored to meet their specific needs. In the lived body aspect, it helps parents to better understand and cope with this special situation at home by organizing twin care and daily life. Regarding spatiality, working in real contexts with parents gave family care workers a holistic overview of the everyday life and needs for support of multiple birth families. In her corporeal aspect, the versatile mother can take care of her twins resiliently and does not lose her resources.

*We discuss how important breastfeeding is to the babies and how to do it, so that the mother does not become fatigued and because of it stop breastfeeding.*

*When I am there, I can teach her how to take care of twins, feeding one at first and then another.*

*Taking care of children is different in multiple birth families, and one of the babies has to await its turn. It is impossible to manually carry and care for them at the same time... you have to choose which of the babies needs more care, which one to take first and you can help the other baby to await its turn passing the time with a toy...*

*Taking into account the special challenges of having twins*

From the relationality perspective, these professionals focused their attention on twinhood and supporting the management of daily life as a professional. Check-ups related to pregnancy and the follow-up of the children's normal growth and development were experienced as significant and important. However, parents expected further support in the form of information on twins and bringing up twins, on the language development of twins, and on issues related to problematic stages. These family care workers were able to lend support to the parents also on fostering the individuality of either twin. Children could differ in their communication skills. What follows are some brief examples from the narration of family care workers' experiences.

*The mother learns that one child interacts differently than the other. They are not alike, they are individual. Initially, a baby can be well-behaved while the other needs more attention. However, the former may later start exhibiting problematic behaviour while the latter poses fewer problems.*

*We notice that the other is never answering, and that is because the first is so fast to talk and answer, parents also need support in the twins' problematic stages. At first, they have resources. But when the next twin is in this problematic stage, parents may already be too tired.*

### **Guidance on spending**

When viewed from the angle of their experience of lived relation and body, family care workers also discuss many situations with parents and give information on making healthy food at home and recycling old clothes and other items with other families. Family care workers were sure that having many problems in such families meant also that parents lost some bodily resources, compounding problems of fatigue. Temporality is one way to influence the family situation to prevent problems.

*We urged them to make food by themselves instead of buying convenience food. We advised them to prepare larger quantities of food at a time and for a longer period and preserve them in the freezer. Public health*

*nurses also guide, but we really make food together with the mother.*

### **Bringing security**

#### ***Easing the burden of daily life***

In their experience of lived body and human relations, family care workers found it important to forge a safe and confidential professional relationship with the parents, concentrating on multiple birth family situations. When mothers entrusted one of the babies to the worker albeit temporally, the worker felt proud in having earned her confidence. Mere bodily presence was deemed important. In their experience of lived space, maintaining confidential relationships gave family care workers opportunities to accompany mothers to the health care centre to meet public health nurses. With these mothers, they listened to the nurse's advice and helped them recollect the information at home. Mothers tended to forget items because of tiredness and situations in the public health office.

*I think one big thing was just being present there. They derive a feeling of security from that.*

*When the mother went to the health care centre with twins, I went there also to help her taking care of babies, helping the mother to concentrate on listening, making it possible for her to discuss with the public health nurse. I myself listened to their advice and later recapitulated and discussed them at home.*

### **Trust to share responsibility**

The feeling of security the presence of a family care worker brought with it facilitated daily life. In their bodily experience, there was mutual trust and sharing responsibility in raising the twins and siblings and doing household jobs. The family care workers worried especially about a lack of time to the twins' siblings. The experience of relationality meant the worker was present, listening and helping as another adult person in a time when needed.

*I release the mother from her charge and suggest that she go to the shower, often I feed the twins when one of the parents is asleep. The mother who had stayed awake all night, taking care of twins, was able to put on earplugs and go to another room to sleep.*

*But when you have twin babies, parents feel that they haven't enough time with their siblings. These siblings were also jealous of the twin babies. When the babies needed care, at the same moment, the siblings solicited undivided attention. I took a nursing student with me...*

### **Effective support network**

Organizing an effective network strengthens multiple birth family life. Others around them were important to parents. Grandparents mattered, but it was equally important that they could bodily fulfil their own requirements. In their experience of relationships, small groups for parents and peer support could facilitate daily life and make it possible to discuss and share daily life. It is important to have opportunities to meet other people and move outside the house while the family care worker helps at home.

*Some mothers form a support circle for one another, which they can access after fighting off tiredness. Net Cafe is not the best option because you are still alone, and the children do not get to meet others.*

*Help from family care workers comes with no obligations. You do not have to be or feel indebted to anyone later.*

### **Discussion**

The aim of this study was to describe family care workers' experiences of supporting Finnish multiple birth families with twins under five and to contribute to the understanding of working with such families. Eleven family care workers narrated their experiences in open-form interviews. van Manen's phenomenological hermeneutic method was useful and made it possible to arrive at a new understanding of the multiple birth lifeworld based on the descriptions by family care workers. The study provided new information on family nursing regarding multiple birth families, especially the need for support in everyday life. We are now in a position to see how family care workers interact with such families in a home setting. Previous research reveals not only many challenges in managing daily life after having multiple children (Garel & Blondel, 1992, Beck, 2002, 2003, McKenzie, 2006, Heinonen 2004, 2013, Jahanafar 2012, Harvey *et al.*, 2014) but also the need for supporting the health of parents, especially

mothers (Goshen-Gottstein 1980, Garel & Blondel 1992, Beck 2002, Heinonen 2013, Harvey *et al.* 2014).

In the current study working with multiple birth families in their home gave the family care workers a comprehensive understanding of the daily life and need for support of such families. This is important because the problems are intertwined in daily life. In order to alleviate situations in the life of such families, it was necessary to have the help of family care workers. For them, aiding parents' day-to-day management meant not only strengthening their parenthood by supporting and guiding their everyday life but also arranging for them some spells of rest. The security family care workers brought with them facilitated daily life by achieving trust and sharing responsibility in caring for twins, siblings, and the home. There were special requests for information and support concerning taking care of two children of the same age, feeding them and putting them to bed, supporting their individuality, offering support during the children's different stages of growth and development of the children and organizing regular life at home. (Heinonen 2013)

In the current study, support focused on the individual situation of multiple birth families is a challenge to professionals. When family care professionals work at the home, various forms of support become simultaneously possible; examples are childcare help, informative support on issues related to childcare and parenting multiples, and emotional support. It would be interesting to know whether these professionals can function in a real life context, whether they can view different kinds of situation as a professional angle, and address these situations based on prior experiences and whether (and if yes, how much) evidence-based research guided their work.

Help with childcare at their home enables parents to cope and gives them some spells of rest. Being accompanied to a child and maternity clinic, caring for other children in the family during the appointments, and organizing time for the siblings in the family are all welcome assistance. The work of family care workers with multiple birth families was flexible and individualized.

**Table 2. Examples of family care workers' support of multiple birth families.**

<b>Core essential theme and essential theme</b>	<b>Support</b>	<b>Home situation</b>
<b>Support with coping</b> Strengthening parenthood	Giving advice Aiding everyday management Looking forward to the next day	Twin baby care Feeding of twins Sleeping of twins Day and night rhythm Multiple birth parenthood
<b>Support with coping</b> Arranging rest time	Professional educated worker help Trustful relationship Parenthood Relationship between parents Time of their own Raise and keep resources Have more resources	Giving time to parent – sibling relationship Possibility to have own time; to go shower, read, shop Parents time to themselves to be together
<b>Making special information</b> Care guidance	Participation in multiple birth family daily life Advice and tutelage in practice in time Sharing thing Using work experiences Seeing different kinds of multiple birth families Different kinds of alternative ways to do things	Working at home gives best possibility to observe family. Taking care of two babies Helping to feed Helping to move outside Organizing daily life Ergonomic solutions at home Preventive family care nursing
<b>Making special information</b> Taking the special challenges of having twins into account	Tailored advice Focusing on the multiple birth families Attention to twinhood	Special information: Bringing up twins, questions of individuals, speech development, problematic age groups
<b>Making special information</b> Guidance on spending	Giving information Recycling Trying to prevent problems before they occur	Finances Making healthy food at home Recycling old clothes and other items
<b>Bringing security</b> Easing the burden of daily life	The safe and confidential professional relationship with parents Concentrating on such family situations Listening Sharing Helping Encouraging Understanding Emphasizing Being present Remembering	Daily life Different kinds of situation At home and outside home
<b>Bringing security</b> Trust to share responsibility	Being present Sharing responsibility Encouraging Understanding Emphasizing Being another adult person Giving attention to other children in a family (siblings)	Daily situations Time to siblings Undivided
<b>Bringing security</b> Effective support network	Helping to organize network Helping to strengthening network Giving help without obligations	Meeting other people Moving outside house Opportunity for discussing and sharing daily life

It is important that there were professionals who can not only listen to these parents' voices very carefully but recommend to them something based on their work experience and professional knowledge. (Heinonen 2013.) Beck (2002) states that health care professionals dealing with mothers of multiples need to be educated about different multiple birth experiences so that they can provide realistic and helpful guidance.

Appropriate information supports parenting, and helps parents understand the demanding nature of individual development in twins from the point of view of both child and parent. In current study, family care workers gave concrete support to multiple birth families, assisting them everyday life and providing special information on twins and parenting multiple birth children. Garel & Blondel (1992) reported mothers' difficulties, which related to home help, social isolation, marital relationship and the relationship with children. These had strong interactions with the mothers' own emotional wellbeing. Goshen-Gottstein (1980) states the need for supportive listeners because mothers of multiple infants need help to work with their ambivalence, especially those who have fears and negative feelings. Some mothers need help to individualize their children and treat them so, especially mothers of supertwins. In Bolch *et al's* (2012) results, having more than one newborn created practical and psychological problems. The extent to which hospitals accommodated the multiple birth relationship varied and significantly affected mothers' postnatal experiences. Mothers often felt guilty, particularly regarding inequality of care and the attention they were able to provide to either child. Holditch-Davis *et al's* (1995) results emphasize nurses' integral role in helping these families by developing therapeutic relationships with them in order to provide emotional support. In Beck's meta-synthesis (2002), life-saving support meant that with the obvious strain on mothers in caring for their multiple infants, obtaining instrumental and emotional support was crucial.

Many researchers have noticed the problem of feeding more than one child. (eg. Gromada & Spangler, 1998, Hattori & Hattori, 1999, McKenzie, 2006). Gromada & Spangler (1998) state that health professionals need additional knowledge and skills if they are to provide

appropriate assessment, intervention, and support when mothers breastfeed twins or higher-order multiples. Leonard & Denton (2006) state that good prenatal preparation and post-natal help and support are essential for successful breastfeeding. McKenzie (2006) describes the helpfulness and authoritative nature of baby-feeding information for women pregnant with twins. Feeding more than one child is problematic and demands much from the mother. (e.g Leonard 2000, Beck 2002, Heinonen 2013, Harvey 2014.). Van der Zalm (1995) exhorts health professionals practising in hospital and community settings to become aware of the unique needs of multiple-birth women.

Parents of twins have the right to individually decide on whether or not to accept support. Most parents wished that professionals with enough practice to cope with such families helped them at home; however, this much-needed help was hard to come by. It can be difficult to accept external help at home owing to parents not wanting to admit tiredness or wishing to protect their privacy by not allowing an outsider into their home or having them affect their life. However, in some situations, families are in dire need of outside help. Family care workers meant being both a visitor and professional respecting families' roles and privacy. It takes some meetings to build a relationship of trust with parents; thereafter, they can take care of twins also by themselves. Family care workers get good feedback from parents when they do what is needed— for example, giving also adult company especially to mothers, discussing different kinds of subject without forgetting such families' special needs. In the present study they had experiences of such families having special needs; in recognition of this fact, some organisations have trained some of their professionals to specifically work with such families (Heinonen 2013.)

Anderson & Anderson (1990) state that nurses can provide concrete, relevant information to assist mothers in developing a healthy attachment with twins. Bolch *et al.* (2012) note the complexity of the relationships between a mother and each of her multiple birth children, and to a lesser extent, between the children themselves. Mothers clearly expressed concern over difficulties facing their children, arising from their multiple status. Problems could persist

into adulthood. In middle adolescence, puberty appeared to be the most difficult phase of for twins; some exhibited depressive and psychosomatic/ somatic symptoms. Mutual dependence influences twins' social interactions, leisure activities, and later their psychiatric and psychosomatic wellbeing. (Trias 2006.) This dependence was deeper in female identical twins. (Penninkilampi-Kerola 2006.)

Parents need information and support in twins as an individuals and giving them individual attention from the beginning itself. They need to devote adequate time to either twin separately, talking to, maintaining eye contact with, the individual. Such sessions complement time spent with both twins simultaneously. Family care worker also can concentrate on one baby at a time while a parent focuses on the other.

Leonard & Denton (2006) delineate the unique needs of multiple birth children and those of their families, which are still not widely understood or sufficiently addressed by health and other professionals. They recommend four interrelated principles of good practice: the involvement of a range of disciplines of the family and of the multiple birth community; the provision of specialized care; coordinated services; and the building of family competency, including the capacity to make informed decisions. Preparation for parenting multiple birth children should include, for example, education, health promotion and risk modification strategies, infant care and feeding, child development and advice on securing help and support.

### Limitations

A limitation of this study is that its results are group-specific. Phenomenological hermeneutic studies respect natural enquiry into real contexts. Being unique, individual experiences do not lend themselves to generalization.

Even the size of the participant is small (n=11) the data collection has been done carefully and this sample produced very rich experienced material. This paper explores general support extended to multiple birth families, not focusing on specific aspects such as supporting parent-twin interaction or speech development. Finally comes the lack of comparability of the study as this field is relatively unexplored.

### Conclusion

Family care workers have the great opportunity of observing multiple birth family life in real contexts at the home of such families and to guide and support them in various forms of support, such as social support that can further be divided into emotional, practical, informative and peer support. Family care nursing with multiple birth families could be developed by co-operation between hospital staff and maternal and child clinic staff, involving some home visits together with public health nurses.

In further studies, it would be interesting to explore how professionals prepare multiple birth parents for parenting, how they use evidence-based research practice and how they disseminate existing knowledge in multiprofessional teams.

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