

Multiple Matters

Newsletter of the Otago Multiple Birth Club
April/May 2016

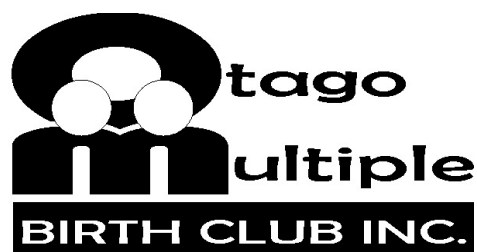


Twin Stories

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EDITORS NOTE

Hello!

Summer is all but gone. We've had our fair share of good weather, and a few scorchers too. But it looks like (or should I say feels like) those days are behind us. Well maybe not for me just yet as we live in Christchurch now and it isn't as cold up here as it is down south **wink** — but seriously, moving from Dunedin has been quite an adjustment and although we have settled into a routine, we do miss the friends and family we left behind. The play group we attended on Fridays and our awesome nanny (it has been really hard to find a babysitter). But as my midwife said to me often: "Harden up Hanni". I miss my midwife too! She was awesome, which leads nicely to the topic of this issue — Birth Stories.

I had what I like to think of as a fairly uncomplicated pregnancy and a straightforward delivery and postnatal experience. Singleton mums would disagree and probably some twin mums too. But with everything I read and from the stories I heard from my mum of her pregnancy and my birth (I have a twin brother), I guess I was ready for the worst. I had gestational diabetes (GD), which wasn't surprising as I had it with my first pregnancy and I had learnt all about it at uni. But if you don't know what GD is then being told you have it can be scary.

For as long as I could during my pregnancy I managed my blood sugars with diet and exercise. I had to check my blood sugars up to 7 times a day (this involved pricking my fingers with a tiny needle). It started to get ridiculous when I had to walk up and down the stairs 10 times after every meal to lower my blood sugars. I tried everything to avoid needing insulin, however eventually I got too big. I could manage breakfast and lunch (as long as it didn't have too many carbs) but dinner was just too much work for my body to handle so I always had to have a shot of insulin.

But other than that, things were pretty good. Actually there was one more problem: I have hyper-mobility which means I'm very flexible, which isn't great when you're pregnant so I had pretty bad pelvic and back pain. I had to sleep propped up on pillows in bed to support anything that required support (damn you gravity). At 34 week I started to get unbearable back pain and contractions (which at the time you think are the real thing — I should mention that I had Isla by C-section at 38 weeks due to her being breech, so I hadn't experienced labour). I would wake up in agony at night a few times and several times I thought my waters might break if I stood up (which was rough because I desperately needed the loo!). Towards the end of the 35th week I'd had enough. I was keen to attempt a vaginal birth after cesarian (VBAC) and my midwife agreed to induce me. She set a date (36 weeks) and made sure she had everybody she

needed and there was room in NICU if we needed that too. She had me hand express a little colostrum too (I managed to get 3ml over 2 days) for a few reasons: 1) it might bring on labour naturally; 2) the sooner my milk came in the better; and 3) due to my GD it was essential that we kept the girls sugars stable once they were born, so having a ready meal no matter how small would be a benefit.

I was booked for a stretch and sweep on the 20th of May at 10am but upon examination my midwife found that I was already 4cm dilated. We decided that going home wasn't a good idea as I would probably be back later that day anyway. I was ready (my eldest was at kindy), my husband Mike and my midwife were there, I'd had a good night sleep (ish) so she gave me a sweep and my waters broke.

I was given Syntocinon to kick start labour and finally the contractions started. I held out as long as I could without pain relief but the contractions started getting too intense. I tried gas and air but it made it impossible for me to understand what was going on. In the end I opted for an epidural. It was amazing; no pain but I could still feel the pressure. My midwife cranked up the meds and the contractions intensified. It wasn't long before I was ready to push. At this point I became aware that the room was full of people. My midwife had mentioned that that would happen. One of the people there was a med student who was following me during my pregnancy. We got her to hold a mirror so I could see all the action too (yes I know, gross, but I find anything medical fascinating). It was also very helpful seeing the progress I was making. In no time Beau was delivered. I got a little breather and then it was time to deliver Maisie. My midwife had a feel for Maisie's head and found a bum. Turned out she enjoyed the room so much she did a somersault. The obstetrician in the room got involved and said they'd deliver her breech and my midwife went to deal with Beau. I remember asking the obstetrician what was happening while I was pushing and they said that Maisie would come out feet first. I then had a peek and corrected him saying that feet had toes; that was a bum. I spent ages in the delivery room after everything was over. I remember my midwife sitting on the sofa with one of the girls filling out paperwork. I was having skin time with one of my girls and trying to get her to latch. We gave them the milk I expressed and then finally we were moved to a room. We had a few hours before Mike had to head home. So we both just enjoyed a little quiet time while I took turns feeding the girls.

It was a really busy night. The girls' temperatures were taken every few hours and their poor heels had to be pricked just as often to check their glucose levels. If that wasn't enough I was woken up often for feeds and at one point I had to call the nurse as Maisie was making some funny noises. The nurse picked her up and took her out of the room in a hurry without saying anything — it was a little scary. Turned out she was phlegmy and wasn't getting enough oxygen so they had to help her. She was then hooked up to a monitor that beeped every time her oxygen levels dipped (which didn't really do any good — the sensor kept slipping off).

The next day Mike came in with Isla to see the girls. My midwife announced that I need to get up and have a shower and by the time I came out my midwife and the nurses there were discussing Beau's temp. She wasn't doing too well controlling her temp. It was decided that she would move down to NICU. Shortly after Maisie was moved there too for similar reasons. We ended up staying in NICU for 9 days in total. During our time there the girls both had issues regulating their temp and glucose levels. Breastfeeding required a lot of energy so they both got gastric tubes and I pumped as much as I could as often as I could to keep them fed. For a single baby I was doing quite well but for two it was taking its toll on me. I lost so much weight and I was exhausted, but the team in NICU were great. They took care of the girls at night doing everything, including feeding them. All I had to do was wake up, eat, express while having a cuddle with my girls, eat again (eating became a chore) and sleep. During the day they set me up on a lazy boy where I could feed the girls, get skin to skin with them and sleep. Mike got really sick by the third day so I was on my own with the girls until we went home. Mike would pick up food for me and drop it off at reception. It was really hard being separated from my husband and even more from Isla. I was so happy when we finally got to go home!

— Hanni



PRESIDENT COLUMN

This issue is about pregnancy and birth. A few of our members have shared their stories - we'd love to hear from you if you'd like to share your story.

The care you receive during your pregnancy and birth is so important. Generally in New Zealand you have a midwife as your lead maternity carer but with a multiple pregnancy it is likely you will have an obstetrician looking after you as well. It is important that you respect and get on with the people caring for you and, if don't like them for some reason (it doesn't have to be a good reason) find out and meet with others.

We loved our obstetrician. She told us the risks, explained the science (or lack of science) and answered all our questions honestly and completely. We trusted her and felt like she knew what she was doing. We didn't really connect with our midwife and, in hindsight, we should have changed midwives. She was caring but didn't seem to understand the situation we were in and she didn't really listen to us. We didn't change because she wasn't making any medical decisions so we didn't think it mattered that much but it would have been a better experience for us with someone we had a better relationship with.

Everyone is different, ask for recommendations, but don't worry if you don't connect with someone who is highly recommended. I know of families who did not like our obstetrician although we loved her. I've heard completely different opinions on the same midwives too.

There are some fantastic midwives and obstetricians around and some are more experienced with multiple pregnancies than others. Experience is only one part of the equation though and, as you will be having a lot to do with them over the course of your pregnancy, it is important thing is that they share your values and support you in how you want to manage your pregnancy and the six weeks after birth.

OUR BIRTH STORY

My pregnancy started off very well. I was really tired but other than that I felt good - I had no morning sickness and no issues with food, all the early tests we had looked good. Everything changed at the anatomy scan at 19 weeks. The scan didn't go too well, I felt sick, almost fainted and the end of the scan was rushed. We did find out we were having a girl and a boy though which was really exciting! A few days later I had a call from the obstetrician and she asked me to go back for additional scans. She didn't give me any details but did sound concerned, I headed off to the scan thinking I'd be back in an hour or so but things were more serious than I suspected.

The radiographer was a more experienced than the one we'd had earlier. She asked me a lot of questions about my medical history, operations, previous issues with my cervix, smear tests and other things and we started to get worried. We were asked to wait in the waiting room and then we were asked to meet our obstetrician at the hospital. We arrived at the hospital and were met by a nurse who said that I was going to be admitted. We were now really worried. When we met with the obstetrician she explained that I was showing times of going into

preterm labour - my cervix was funnelling and shortening and it looked like the situation was worse than it had been on the previous scans. My obstetrician was unsure of the best treatment plan as there was no scientific evidence in twin pregnancies showing that any treatment worked and all the options had risks. They started monitoring me and I was put on complete bed rest in hospital. I was put on progesterone to try and prevent my cervix shortening further and I had more scans.

The antenatal ward at the hospital was not a pleasant experience (especially having never been in labour) as you could hear other women in labour from my bed. I shared a room with three other women, one of which I got on with really well. She was on her second pregnancy and had had been through this experience before. We got to know each other quite well and she was reassuring.

At 21 weeks the obstetrician recommended that I had a cervical cerclage. The risks were high as the operation could lead to us losing our babies but the risks of not doing the operation were also high as from the scans, it looked like if they didn't do the operation I would leave the babies. We were very, very lucky and the operation went well. Once they'd confirmed the operation had been successful I was allowed to go home - I was still on complete bed rest but I was allowed to stay at home.

I had regular scans (the only time I was allowed to leave the house) and with each scan we were a little more hopeful. The first big milestone was 24 weeks and then we counted off each week after that. Fortunately the cerclage held and my cervix didn't continue to open. However, I was then diagnosed with gestational diabetes. We had to make a few modifications to our diet and for a while my blood sugars were controlled with diet, however, eventually I was put on insulin at dinner time. Other than having to inject myself, my pregnancy progressed well from there. At 34 weeks I was allowed off bed rest I wasn't able to do anything strenuous but I was able to direct the decorating of the nursery (we had nothing at all organised before 34 weeks). We kept having regular scans and at 36 weeks, the scan showed that Ella had stopped growing. We were induced at 36 weeks and, unlike the pregnancy, the birth went smoothly and, in a few hours, we had two small but healthy babies!

Victoria Jameson

Next OMBC Committee Meetings

Monday 14th May 2016 at 7:30pm

Message a committee member for details

All members are welcome.

WELCOME

Anna Jamieson and Jade Hill and their twins Libby Michelle Ann and Cooper Angus Jade who were born on the 24th of February 2016

Casey and David Jenkins and their twins Sullivan and Isabella who were born on the 12th of March 2016

Tammy Leong and Peng Ong and their twins Daric and Alden who were born on the 12th of April 2016



EXPECTANTS



Melissa Dunstan and Craig Stephens (Due July)

Katherine Whitwell and Corin Anstey (Due September)

Please remember to let us know when you have your babies so that we can order your FREE nappies from Huggies, as they only send out the NEWBORN size.



Olivia Morriss	9-Apr-09	7
Adam Woodhead	10-Apr-14	2
Benjamin Woodhead	10-Apr-14	2
Tasmyn Tulloch	14-Apr-15	1
Anyana Tulloch	14-Apr-15	1
Zoe Rooney	15-Apr-13	3
Emelia Rooney	15-Apr-13	3
James Sutherland	19-Apr-07	9
Thomas Sutherland	19-Apr-07	9
Hunter Ruffel	21-Apr-12	4
Eli McLay	22-Apr-99	17
Finn Burrough	23-Apr-13	3
Archie Burrough	23-Apr-13	3
Amelia Phipps-Green	27-Apr-08	8
Eve Bradfield	2-May-10	6
Emma Power	3-May-02	14
Daniel Woodhead	6-May-12	4
Emma Parkes	6-May-15	1
Kayden Parkes	6-May-15	1
Ethan Woodham	15-May-05	11
Katherine Geary (Lambie)	20-May-77	39
James Lambie	20-May-77	39
Beau-Eloise Fulcher	20-May-14	2
Maisie Anne Fulcher	20-May-14	2
Corey Farrell	23-May-92	24
Aaron Farrell	23-May-92	24
Blake Shrimpton	29-May-09	7



PORSE in-home childcare provides support for multiple birth families

**PORSE In-Home Childcare is a proud partner of NZMBA.
Multiple birth families are unique, so it is important
that childcare and support is tailored to each family.**

PORSE offers families:

- Affordable in-home care options from birth until school age (0 - 5 year olds) with flexible hours to suit your family.
- 1:4 ratio which means high levels of personal attention and less illness.
- A healthy, safe and settled home environment allowing for natural play and exploration.
- Nanny Intern Programme – a low cost option for having a training Nanny come into the home to support families.
- PORSE will support families in finding Home Help and will administer the Home Help subsidy at no cost to the family.

PORSE recognises the importance of parents having access to the right information and support on the range of financial subsidies available to families - including 20 hours ECE and Work and Income subsidies that may apply.

Please contact PORSE for more information on the range of support you can access to meet your childcare needs.

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porse.co.nz

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minds at home.

AND THEN WE WERE SIX – SASHA MORRISS



I was 39 with a four year-old and 16-month old when I became pregnant again. At the dating scan we discovered I was eight weeks on and there were two babies! They were identified as DD twins.

Carrying twins is very different to a single pregnancy. To start with I was cared for by a midwife and obstetrician, and there are more tests and scans to monitor the health and growth of the babies. The demands on my body were so much greater and I did not fully appreciate this after two low-risk pregnancies. My husband was out of town for work from week 16, only arriving home after I had been admitted to hospital during week 34. At week 29 my mum moved in with me and the kids when I contracted a gastro bug. I had a number of extra challenges carrying twins, the biggest being pre-eclampsia (PET) which I developed at 34 weeks. This is my experience of PET:

At 34 weeks I woke one morning feeling completely rotten and just couldn't get out of bed. The midwife on call checked me over and everything appeared normal. Two days later I had my regular midwife appointment - my blood pressure was raised and I had protein in my urine. Despite it being late in the day I was sent immediately for blood tests. These tests were clear, however the hospital wanted to do a follow up the next day. In hospital they ran a number of tests, these showed I had PET. They decided I could be monitored by my midwife at home every two days. At this point they were unsure whether the PET would stay as it was or develop into something more serious. The doctor asked me if I'd seen Downton Abbey - where Cybil had convulsions and died. She re-assured me that doesn't often happen now due to monitoring etc., but it did highlight how serious and real it was.

Two days later I had had an extremely emotionally charged irrational day when my midwife arrived. She carried out the normal checks followed by a quick call to the hospital. I was to be admitted for worsening PET.

Once in hospital they carried out various tests - finally finishing about midnight. I was to have observations taken every four hours around the clock, and was started on medication to get my escalating blood pressure under control. Over the next few days I also had numerous blood tests, scans, CTG, pinch tests (for odema), reflexes and lots of questions about headaches, abdominal pain and altered vision (of which I had none). They were going to try to get me to 36 weeks. They gave me a series of steroid injections to help develop the bubbas lungs for their prem arrival.

The following day my husband arrived - what a huge relief.

Four days after being admitted to hospital a group of doctors and obstetricians visited my bedside and explained to me that they wanted to deliver the bubbas to stop the developing

PET slipping into something more serious. They scanned me to find that the lead baby was head down but the cord was such that there was a risk of cord prolapse should I go into labour - 'you could lose one or both babies' they told me. The decision was made to scan me again in the morning in the hope that my very active babies would change position and allow induction to proceed. The following day the babies had not changed position so would be delivered by C-section that day - 5 days after being admitted to hospital - at exactly 35 weeks.

My beautiful babies were delivered (6lb4oz and 6lb)- not into my arms but into the arms of waiting medical staff and then whisked off to NICU.

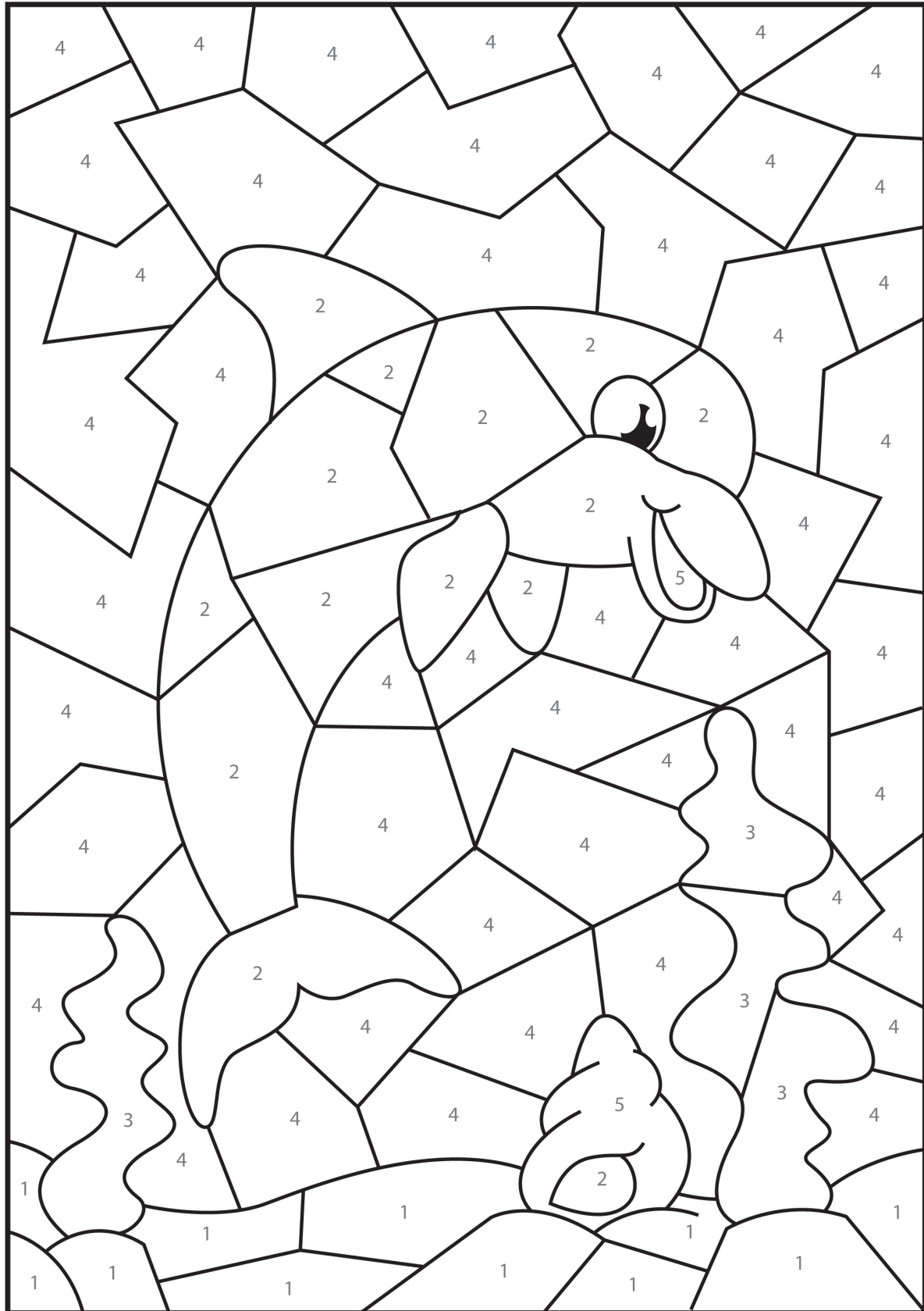
After theatre I was taken into the recovery room where I lost a significant amount of blood and the theatre team re-emerged to get things under control in what they described as an 'obstetrics emergency'. This was a very surreal situation, my babies were in NICU with my husband (who knew nothing about what was going on) and I couldn't understand what the huge fuss was about - after all, I didn't ill. I stayed in recovery for about 30 hours before being transferred to post-natal where I would stay another week. I had read that PET usually resolves itself shortly after delivery, however this was not my experience. The nurses continued to monitor me every four hours and I remained on medication to control my blood pressure. Hospital is a very busy time - I was in post-natal and my babies were being cared for in NICU. Between trying to recover from a C-section, blood loss, PET and trying to bond with my babies and express for them it was exhausting. To add to things my milk was very late in coming in - likely due to me being unwell. For the first few days I only saw the babies a couple of times - when someone could wheel me there. Once out of the bed/wheelchair I would try to spend every minute I could in NICU holding my babies and trying to bond, and encourage feeding. I completely underestimated what trauma my body had been through and how difficult everything felt physically as well as mentally. My brain seemed to be on go slow and along with sleep deprivation of hospital life and new babies it was challenging. About day 4-5 after the delivery I noticed fluid dripping from a pore in my leg. This triggered another round of tests to be carried out. The conclusion being that I had such severe odema the fluid was trying to get out of my body anyway it could - including through my pores!!! Day 6 after delivery I still had PET however my health was now moving in the right direction so the doctor decided to discharge me (to NICU) on the proviso that I get my blood pressure checked daily back on the post-natal ward. Both babies were doing so well, they were completely unaffected by the PET. Ahead of them were the normal challenges of babies born a few weeks early.

To Sum up

The only noticeable symptoms of PET I had was one headache the night before going to hospital and extensive odema (however nothing significant in my upper body or face). My blood pressure was very high and I was later told I had been at risk of having a stroke. One nurse told me they thought my blood pressure peaked around delivery/recovery time due to anxiety, however who would know. After we were all finally home from NICU my GP continued to monitor me for a number of weeks - with follow up blood tests and blood pressure checks and gradually weened me off medication. My GP advised I should have annual blood pressure checks, and that having had PET puts me at higher risk of having raised blood pressure in older age and associated complications.

I'm so grateful for the care my babies and I received by my midwife and the hospital staff, as well as all the support I had from family looking after my older children. Looking at my family now you wouldn't even know there had been complications in my pregnancy or that my babies (now toddlers) were delivered early - both twins are absolutely thriving. We love being a family of six.

COLOUR ME IN...COLOUR BY NUMBER



1. Yellow 2. Grey 3. Green 4. Light Blue 5. Pink

OH, HELLO!

So, you're having a baby (or two!)
What an exciting time, full of
teeny-tiny clothes shopping,
gingernut eating, beautiful bellies,
tiny kicks, and
LOVE

We would love to capture the love

Four custom sessions

♥ maternity ♥ newborn ♥ sitting up ♥ first birthday

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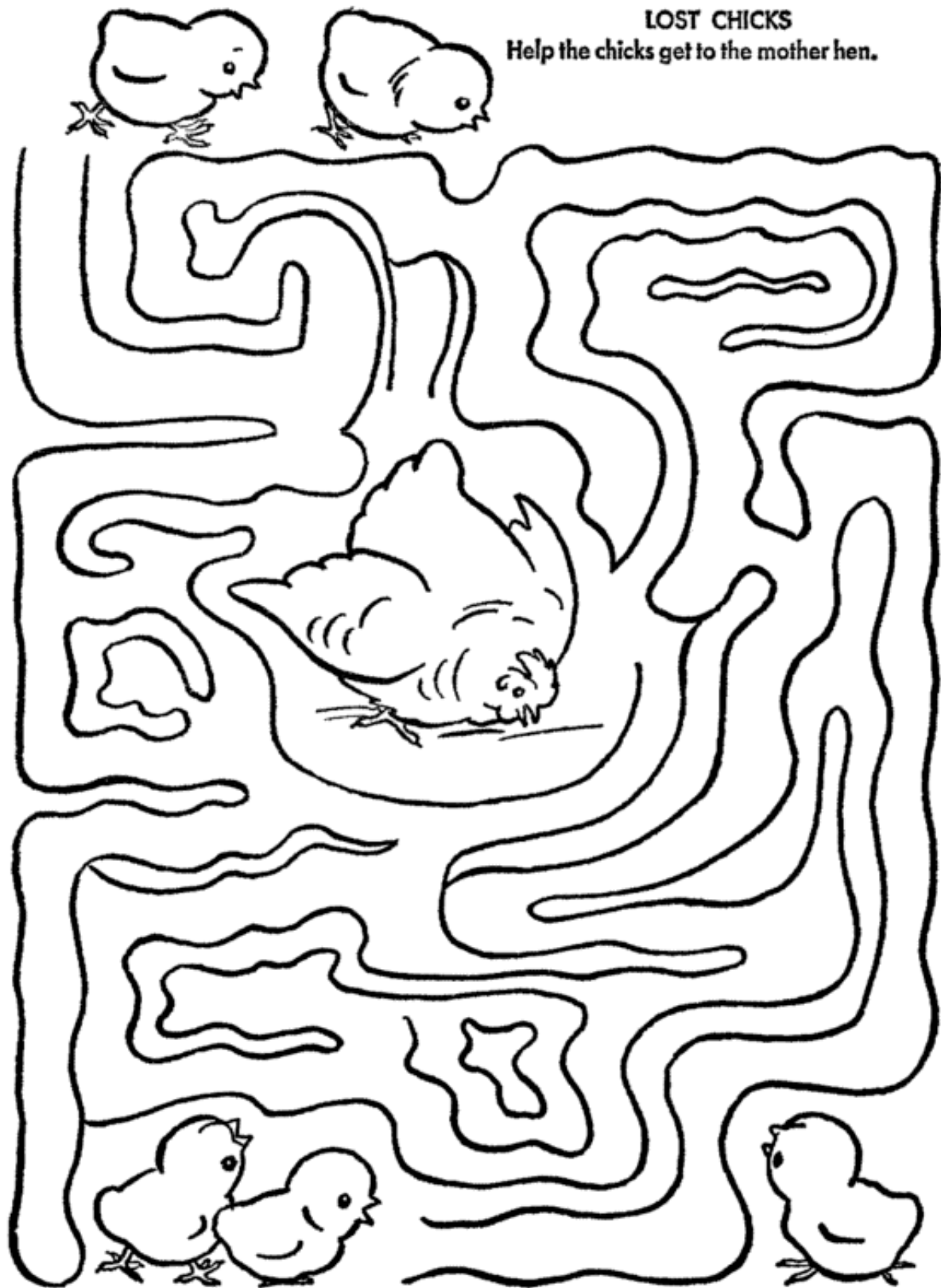
\$150

For booking and availability, contact Josie
pipiphotos.nz@gmail.com



 PipiPhotography

COLOUR ME IN... MAZE RUN



IDEAS FOR BREAKFAST IN BED (ONE CAN DREAM)

BACON EGG CUPS



Ingredients (Makes 12)

12 slices bacon
8 eggs
1/2 cup shredded cheddar cheese
pinch of salt
1/4 tsp black pepper

Directions

Preheat oven to 180 degrees. Using a muffin/cupcake pan, spray with cooking oil then line the holes with a slice of bacon, pressing the bacon around the sides of the hole, not on the bottom.

Crack one egg into each hole. Sprinkle with salt and pepper and cheese.

Bake at for 20 minutes or until the egg is the doneness you like.

These bacon and egg cups should pop right out of the pan. Serve with your choice of sides such as toast soldiers, crispy potatoes or green salad.

HASH BROWNS

Ingredients (makes 12)

6 medium (about 1.2kg) desiree potatoes, peeled
2 tablespoons plain flour
1 egg, lightly whisked
Pinch of salt
Vegetable oil, to shallow-fry



Directions

Preheat oven to 120C or 100c fan-forced.

Line a baking tray with paper towel. Coarsely grate the potatoes into a colander. Use your hands to squeeze out as much excess liquid as possible. Transfer potatoes to a bowl.

Add the flour, egg and salt to the potato, and stir until well combined. Divide mixture into 12 equal portions

Add enough oil to a large deep frying pan to reach a depth of 2cm. Heat to 190°C over medium-high heat (when oil is ready a cube of bread will turn golden brown in 15 seconds). Spoon 4 portions of potato mixture around the edge of the pan and flatten slightly to form 8cm discs. Shallow-fry for 3 minutes or until golden underneath. Turn and shallow-fry for a further 2 minutes or until crisp.

BREAKFAST TRIFLE RECIPE

Ingredients (makes 4)

150g muesli
8tbsp apple juice (120ml)
450g strawberry yogurt
175g blueberries
175g strawberries

Directions

Place the muesli in the base of 4 wine glasses. Spoon 2tbsp apple juice over each. Spoon over the yogurt and then top with fruit.



I DON'T DO THINGS BY HALVES!!

As I sit at the local library and write this, I have had a stressful day, with one of my twin boys, it is not common for him to constantly cry, but today.... is the day! Finally with a visit to the milk bar, he has settled and now asleep so I can write my story.

Hi, my name is Rebecca Young and I am a solo parent of twin boys, named Austin and Ryder. I was living in Auckland up until I was 30 weeks pregnant, and then moved back to Dunedin for family support. The best move I could have made.

From about 36 weeks, I was very ready for my boys to come, Austin was leading twin, head down, and Ryder was breech. I was hoping that my Dr and midwife would induce me early as I was physically struggling carrying these two boys, but of course, Dr's and midwife wanted me to try and carry them as far as I could, ideally to 38 weeks. At 37 weeks, it was decided that if they didn't come naturally within the next week, I would be induced on my 38 week.

Tuesday 24th November I was induced. I went into hospital on the Monday night, where the induction started with a pessary. For some reason, my waters broke, I'm sure the doctor did something to help that along. Over night I had contractions, and at 5.30am I was assessed and was 3 cm dilated.

I had decided that because Austin was head down, I wanted to try for a vaginal delivery, the one thing I defiantly wanted was an epidural, this was just in case Ryder (breech twin) had to be delivered breech. At 7am I had the epidural. From this time on the contractions slowed down, and at about midday I had only dilated 1 cm more. The doctor and midwife increased the induction, and at about 2pm, contractions were coming on quick and fast. Within about an hour or so, I had fully dilated. It was decided that I would start pushing from 4pm. During this time, I pushed for 2 hours, because I had no feeling in my lower half, I found it hard to push properly, the doctor had to use a ventouse, to help get Austin out, and at the same time, I had to have an episiotomy, joy joy!!.

At 6.10pm I delivered Austin, was the most amazing experience. Unfortunately Ryder (Twin Two) decided that it was his time to enjoy the space, and he went from breech to transverse. Which meant that he was not able to be delivered breech birth. I was then informed by the Dr, that I would have to have a C Section to delivery Ryder. I was fine by this, as I knew it was a possibility before delivering the boys. Once in theatre, the doctors started to assess if I still had no feeling in the lower half. Unfortunately the epidural had worn off, and I could feel the pinching. The doctor at this stage felt it was too late to give me further epidural as it was already 45 minutes after I first delivered Austin, and it was timely that they got Ryder out, so I was told, that I had to have a general anaesthesia. This was something that I had not thought about, but I had to make sure that my baby was coming out safely. Ryder was delivered at 7.19pm.

I spent 6 days in hospital, I was very nervous going home with my boys, I was nervous I wasn't going to cope.

I spent the first 6 weeks, sleeping when they slept, eating what ever was in front of me. I don't think I actually left the house. I do remember my mother sending me out, with a couple of friends just to have a coffee. Which now I'm so grateful for. The support I had within the first few weeks, was paramount, and I'm so thankful for my family, and good friends, that would come take me out or hold my babies, while I showered. I think the longest I went without a shower was 4 days.... gross I know, but that is just what happens. I will have to say the scariest part was when my mum went back to work, and it was just me and my boys. It was something to get use to, and you do. Just take each hour as it comes, don't put pressure on yourself, housework can wait, your children can't.

My boys are now 5 months old.

The Breast Room



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**No appointment or
referral necessary**



**Every Tuesday and Thursday 10am-12noon
Located at The Early Years Hub
158 Oxford Street, South Dunedin**

Just pop in when you are ready, preferably by 11.30am. You will be welcomed by one of our trained breastfeeding peer supporters or Breastfeeding Counsellor (DipHE), who will be happy to discuss your concerns and offer information to help.

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Email: breastroom@gmail.com

Facebook: www.facebook.com/TheBreastRoom

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Please go to our Givealittle page to make a donation:

givealittle.co.nz/org/Breastroom

MY BIRTH STORY — COLETTE HELLEUR

My boys, Oliver and Arlo, were born at 38 weeks gestation via caesarian section. I knew early on that I would need a caesarian as Oliver, who was leading, was breech and wasn't showing any signs of changing position. I was booked in to go for an elective caesarian, however my boys had other plans and I was fortunate enough to go in to natural labor the day before. Because I was prepared for a caesarian, the procedure and the recovery went well.

I began feeling 'niggles' during the night, every time I lay down I would have dull aching cramping pains lasting for just over a minute at a time. I didn't think much of the pains because I would get up, walk around and the pains would stop. The next morning I sent my husband to work and text my midwife, still not convinced I was in labor but not wanting to be too relaxed either. After being checked out at the hospital, my midwife confirmed that yes I was in labor. All of a sudden the hive of activity started, and I was informed that I would be having my caesarian in about 40 minutes. Which was just enough time for my husband to down tools, get to the hospital and scrub in to see the boys being born. Everything from this point went smoothly, the boys were born healthy and were able to have some skin-to-skin time while I was being sewn up.

The recovery went well, I made sure that I kept up the regular pain relief especially in the first week. I was also lucky enough to have my Mum staying to help out with all the heavy lifting while I focused on the boys. The toughest period was the first 2 months, which I think was due to a huge lack of sleep, and navigating my way through motherhood. Both the boys had tongue-ties, so the first week I was alternating between breastfeeding and finger feeding expressed breast milk. The tongue-ties were released at 8 days old, which made a huge difference. My midwife provided fantastic breastfeeding support, without her my choice to exclusively breastfeed would not have been successful. Now that the boys are older, and we all know what we are doing, feeding has become a lot easier.

Regular sleeping patterns have been the next big hurdle to overcome, 9 ½ months on and I'm still not sure we're there yet. I stopped reading advice on parenting sites about the harmful effects of letting babies cry or the science behind baby wearing, as these bloggers clearly had never had to juggle more than one baby at once. Patience is a virtue that I'm sure many twins learn early on. In the end I took the advice of my mother-in-law and used good old-fashioned common sense, now we are a much more rested and happy family.

Tongue ties and lack of sleep aside, the boys are very content, happy and cheeky. They have changed our lives in so many ways and not a day goes by that isn't full of fun and laughter. The bond that they share with each other continues to amaze us, where there is one the other is not too far away. They draw a lot of attention, going to the supermarket takes longer than it used to, and they have mastered the shy cute smile that makes strangers coo. We try not to get frustrated by people asking the usual questions (I'm sure you all know what they are) and stories, but some days we do feel like a public attraction. We feel so lucky to be the parents of these beautiful boys.

Despite the hurdles I can only look back on the past 9-½ months with pride at how much both the boys, and my husband and I, have grown and learnt. We wouldn't have got through it all without making use of the support from family and friends, just waiting to help out where they can. When people ask what life is like with twins I reply honestly that it's busy but fun.

PLAYGROUPS

Weekly playgroups in Balclutha — See Facebook for details

These playgroups are a chance for parents of multiples to get together and spend some time chatting and getting to know one another while the children have a play. Please do support these groups as they do take time and effort to organise and its such a great opportunity to get out and about with parents who understand the chaos that can come from raising multiples.

UPCOMING EVENTS - see Facebook for more details

- * **New parents morning tea 1st of May @ 10am**



- * **Fish n chip night - Saturday 2nd of July, Caversham Baptist Church @ 5pm. BYO take aways.**

- * **Fundraising BBQ at Mitre Ten Mega on Saturday 30th of April from 10am to 4pm.**

- * **Annual General Meeting - 23rd of May - plunket rooms @ 7:30pm—** We are now recruiting new committee members — benefits include a couple of hours away from the kids, a hot drink and a biscuit oh yeah and a say in what the club does!



To ensure the success of our club and for it to remain operational we need to have good involvement of members at planned outings. Committee meetings are also open to anyone who is thinking about joining the committee and we are always open to new members.

MEMBERSHIP FEES FOR THE 2015-2016 YEAR

Membership options:

Full financial member: \$30.00 per year

Associate members*: \$20.00 per year

*Associates are those who do not live in the greater Dunedin area



Payment options:

Internet banking: SBS A/c # 03 1355 0623340 00
(Please use your surname and membership # as reference)

Or cheques can be made payable to: Otago Multiple Birth Club.

Don't forget to update your details

Have you shifted and have a new address? Make sure you update so you don't miss out on your newsletter.

Do you have a new email? We have received a few bounce-back messages recently. If we don't have your latest email, you could miss out on notices and reminders about events so please let us know if your email address has changed.

Have you had a new addition to the family? Let us know so they can be included in the birthday notices.

Email any updates to: otagomultiplebirthclub@yahoo.com.au



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GESTATIONAL DIABETES MELLITUS



jaundice at birth, both of which require treatment. They are also often large for their gestational age which can cause complications at birth and may require a caesarean delivery

Who gets Gestational diabetes?

You have an increased risk of developing Gestational diabetes if you are:

- Over 30 years of age

- From a family with history of type 2 diabetes
- Overweight or obese
- An indigenous Australian or Torres Strait Islander
- Are from one of the following ethnic groups: Chinese, Indian, Middle Eastern, Polynesian and Melanesian Vietnamese
- Have a previous history of Gestational diabetes

What is Gestational diabetes

Gestational Diabetes is a condition where your body is unable to regulate the amount of glucose in your blood, resulting in too much glucose (sugar) in your blood. Ordinarily your blood glucose levels are regulated by insulin, a hormone that's made in the pancreas, but occasionally the increase of particular hormones during pregnancy can stop insulin from working properly, resulting in a temporary form of diabetes called Gestational diabetes.

Gestational diabetes affects 3 -10% of pregnant women and those who suffer the condition have an increased risk of developing type 2 diabetes after pregnancy. Additionally, their children are at a higher risk of developing childhood obesity and type 2 diabetes later in life

Symptoms of Gestational diabetes

Gestational diabetes is usually discovered as a result of a routine blood sugar test that is performed on all pregnant women at 24 -26 weeks, but if you are experiencing the following symptoms, you should discuss your concerns with your doctor:

- Excessive hunger and thirst
- Excessive urination
- Extreme tiredness
- Blurry vision
- High blood pressure
- Recurrent thrush infections

Effects of Gestational diabetes

Babies born to mothers with Gestational diabetes often have low blood sugar and/or

Treatment of Gestational diabetes

Gestational diabetes is usually successfully controlled by managing your diet and moderate exercise. After diagnosis:

- You will need to consult with a nutritionist to learn how to manage your temporary condition.
- You will need to do some regular physical activity.
- You will need to monitor your blood sugar levels several times a day via a blood test
- You may be required to use insulin injections for the remainder of your pregnancy if you are unable to control your Gestational diabetes through diet alone

Gestational diabetes usually disappears after birth.

(kidspot.co.nz Conception & Pregnancy Centre).

FEEDING INFORMATION

The Otago Multiple Birth Club endorses the WHO International Code of Breastmilk Substitutes and while we agree that breastfeeding is the best form of infant nutrition available, we support the members of this club in whatever decision they make. For information on Breastfeeding, contact our Breastfeeding Support person Victoria Jameson or our bottle feeding support person Eloise Sime.

President

Victoria Jameson
021 132 8857

Central Otago Sub-branch Contact

Carrie Wallis
03 443 2633

Secretary

Jaime Winklemann
455 0594

Gwen Hendry
021 147 7380

New Mothers Co-ordinator / Membership Secretary

Eloise Sime
027 467 4373

South Otago Sub-branch Contact

Shelly Smith
03 418 2285

Treasurer

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455 4758

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Compliance officer

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473 1338

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Hanni Fulcher
022 455 7353

Facebook Co-Ordinator

Gidget Henderson
027 251 2269



**Don't forget to lookup discount codes on the NZMBA website
www.multiples.org.nz or get updates on the NZMBA Facebook page**

OMBC Hire Equipment

	Hire cost	Hire term	Bond
Portacots	\$5.00 each	1 week	\$10.00
Jolly Jumpers	\$10.00 each	6 months	\$10.00
Bouncinettes	\$5.00 each	6 months	\$10.00
Changing Table	\$20.00 each	6 months	\$10.00
Exersaucers	\$20.00 each	2 months	\$10.00
Activity Table	\$5.00 each	1 month	\$5.00
Activity Walker	\$5.00 each	1 month	\$5.00
Play Mat/Gym	\$5.00 each	1 month	\$5.00

Breastfeeding Pillow

\$20.00 hire, for 2 months (bond \$20.00)



Double Snap N Go Wheels

\$20.00 hire, for 6 months (bond \$10.00)



Hire equipment is available to OMBC financial members. Hire equipment is subject to availability. Hire and bond fee is payable at the time of taking goods. A contract must also be signed.

Goods must be returned by the specified time, in good clean condition. OMBC reserves the right to charge a fee for late returns, cleaning, lost parts and instructions or damage of hire equipment. Damage or loss must be reported immediately to Tracy.

The OMBC accepts no responsibility for any injury, which may result from the use of hire equipment. Hire equipment revenue will go towards the purchase of more hire equipment, please let us know your needs and if there is enough interest we will try to help you.

Hire Equipment Contact: Tracy McGee 489-5388

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Updated: 1st June 2015



The New Zealand Multiple Birth Association

Supporting Parents of Multiples

0800 4 TWINS ETC

www.multiples.org.nz

Discounts for Members

FREE NAPPIES

NZMBA Members are entitled to a FREE BOX of Huggies Nappies (newborn size only) upon the birth of their multiples. To obtain these please contact the NZMBA Secretary on secretary@multiples.org.nz as soon as possible after the birth of your multiples (This must be done within the first 5 weeks of your babies arriving to be eligible.) You will need to provide your babies dates of birth, gender, weight and the address the nappies are to be sent to.

Note: If you are a member of a local Multiple Birth Club then your club will arrange your nappies for you.

\$10 VOUCHER

Get money back on your baby food! Save your labels (including the barcodes) from any 'Watties/ Plunket' wet baby food, and Heinz-Watties will issue you with a \$10 voucher for every 100 barcodes. The vouchers can be spent at any supermarket on any Watties products (not just baby food). Send your barcodes and contact details to:

Trish Milne, Consumer Service Consultant
Heinz Watties Ltd
PO Box 439
Hastings

FORMULA SUPPLIERS

The NZMBA endorses the World Health Organisation International Code of Breast Milk Substitutes and, while we agree that breastfeeding is the best form of infant nutrition available, we support the members of this club in whatever decision they make. For those who choose to use a breast milk substitute, products can be purchased directly from the following manufacturers.

Nurture

Heinz-Wattie Limited
Attn Jane Evans-Tegg
PO Box 439 Hastings
Jane.Evans-Tegg@nz.hjheinz.com
Phone 0800 653 050

Karicare

Nutricia
Ph: 0800 688 742

Peak Infant Formula

Attn Beverley Julian
Ph: 09 836 0330
beverley@silverferninternational.com

PLEASE NOTE: In order to take advantage of this opportunity to buy directly from the manufacturers, Heinz-Wattie Ltd and Wyeth (NZ) Ltd require a letter from Plunket or another health professional to verify that you are a parent of multiples and have chosen to formula feed. You will also need to supply proof of membership in the form of a photocopy of your membership card.

DEPRESSION DURING AND AFTER PREGNANCY

It's normal for new mothers to experience a brief low mood shortly after the birth of a baby. This is referred to as "the baby blues". Depression is different because it lasts much longer.

Depression affects up to 15% of mothers after they have given birth (postnatal), and up to 9% of women during pregnancy (antenatal).

- It can range from mild to severe depression, and can occur any time during pregnancy or after the baby is born (up to one year later).
- Postnatal depression can occur after pregnancies of any length, including those where there is a miscarriage.
- Symptoms of postnatal depression usually start within the first few months after delivery. The mother may not seem interested in her baby, or other members of her family, or may experience difficulties doing everyday tasks that once were achievable.

Fathers can also experience depression at this time, especially if their partner is depressed, although for men it's often not recognised and is not usually referred to as "postnatal depression".

THE WARNING SIGNS

Symptoms of postnatal depression are similar to depression at other times. The symptoms can range from mild to severe.

The mother will probably have the usual depression signs of feeling sad most of the time or having lost interest in things that were once enjoyable. Other symptoms might include:

- Feelings of worthlessness and hopelessness.
- Feeling so unhappy that eating and sleeping patterns change.
- Blaming yourself unnecessarily when things go wrong.
- Feeling anxious, panicky or overwhelmed.
- Having thoughts of suicide.

As well, she may be emotionally detached from her baby and other family members.

WHAT CAN CAUSE POSTNATAL DEPRESSION?

Just like depression at other times, there is no single cause of postnatal depression.

Experiencing depression at some time in the past, particularly during the pregnancy, is the single biggest risk factor for postnatal depression.

But this doesn't mean that people with a personal history of depression will always develop postnatal depression.

Other key characteristics linked with a higher risk of developing postnatal depression include:

- Past or current mental illness or emotional problems (including depression during pregnancy).
- Family history of depression.
- Being younger than 20 years old at time of delivery.
- Being unmarried.
- Having been separated from one or both parents in childhood or adolescence.
- Receiving poor parental support in childhood.
- Poor social support from friends and family.
- Poor relationship with husband or boyfriend.
- Economic problems with housing or income.
- Dissatisfaction with amount of education.
- Low self-esteem.

WHAT YOU CAN DO

Psychological treatment or talking therapy is generally the most effective way of treating depression during pregnancy and in the post-natal period. It may also have the added benefit of helping to increase the social support available to the woman. Medication can also play an important role.

Recent studies have found that the group of medications known as "SSRIs" (Selective Serotonin Reuptake Inhibitor) are effective in treating postnatal depression. These antidepressants have fewer side effects than other antidepressants and can be taken by breast-feeding mothers. The decision to take medication is up to the individual and should be made in consultation with a doctor.

GETTING HELP

Talk to your doctor, midwife or Well Child provider (eg, Plunket nurse) about your options if you are worried about postnatal depression. It is important to ask for help. If your request isn't heard, ask again, or try and find someone who will listen.

Call Healthline (incl the Well Child line) 0800 611 116. Call Plunketline on 0800 933 922.

If you want to talk to a trained counsellor about how you're feeling, or you've got any questions, you can:

- Call the Depression Helpline on 0800 111 757
- Text The Lowdown team for free on 5626

They can listen to your story, and come up with ideas about what might help. They can also put you in touch with health professionals close to where you live, if that's what you want.

Or for more information you can visit: www.depression.org.nz, www.thelowdown.co.nz or www.mothersmatter.co.nz

WINZ Home Help Entitlements for parents

WINZ HOME HELP ENTITLEMENTS

Families who have under 5's at home and then have twins, or have triplets are entitled to a home help subsidy from WINZ. This is not income tested and comprises of:

240 hours for twins and 1560 hours for triplets

WINZ pay a set amount per hour to help families pay for home help. The rate that WINZ pays is currently set at \$16.77 gross per hour (including 8% holiday pay). Families can use this to hire a Nanny through a registered agency or alternatively can hire a friend or family member.

if you would like to hire a nanny through a registered agency please speak to one of the consultants and they will answer all of your questions for you. Nannies cost anywhere between \$15.00-18.00 per hour and usually the agency is able to offer a small subsidy which can cover some if not all of the rest of the payment for you.

Some families are also entitled to more funding through the "working for families" assistance package. If you can take advantage or would like some more info on the Home Help Subsidy please ring around and research all of the different options available.

For more information call WINZ 0800 559 009

Or feel free to call PORSE on 0800 023 45

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