

TTTS Times

Official Newsletter of the



Australian Twin To Twin Transfusion Syndrome Support Group

This edition of TTTS Times is developed for electronic use only. Certain images from the paper copy may have been deleted to enable as fast a download as possible.

By becoming a member of the Australian TTTS Support Group, you will assist us in our aim to become a charity. We hope to be able to raise funds in the future, which will be tax deductible to the donor. Our aim is to then use a portion of these funds to produce a brochure with information for parents who are diagnosed with the condition. These brochures will eventually be available at hospitals, obstetricians and other pregnancy related centres. The information to be provided on these brochures has been approved by AMBA and TTTS specialists. We plan to use the rest of our donated funds in our support of parents as well as donating some to TTTS research.

Our membership form is included in this newsletter. If you enjoy our newsletter and would like to help us help other TTTS parents, please feel free to join our support group. Every little bit helps in our quest to promote TTTS and make sure that all parents get as much information as possible.

Thank you,
Vicki and Linda

The President's Say	Page 3	Multiple Pregnancy Conference	Pages 6-7
Phone Contacts for 2003	Page 3	Paris and Madison - A laser surgery success story	Pages 8-11
From the Editor's Desk	Page 4	A Father's Story	Pages 12-
How to Contribute to TTTS Times	Page 4		



Australian Twin To Twin Transfusion Syndrome Support Group

Founded 2002

Phone: (07) 3849 8198 or (07) 3823 4612

P.O. Box 1343
Carindale QLD 4152

Website: www.twin-twin.org

Email: info@twin-twin.org

Australian Twin To Twin Transfusion Syndrome Support Group aims to:

- Disseminate information about TTTS as a complication affecting multiple pregnancy
- Increase public awareness of TTTS
- Provide information regarding TTTS treatments currently available in Australia
- Provide a general forum for members of the Group
- Co-operate with and participate actively in research projects at local, national and international levels, into all aspects of Twin to Twin Transfusion Syndrome

In pursuit of its objectives, the Group shall be conducted as a non-profit organisation, and shall refrain from sectarian and political activity of any kind.

Services:

- Advice and support for families who are experiencing/have experienced a TTTS pregnancy
- Advice and support for families with intact twins, as well as bereaved, and special needs families
- 6 editions per year of 'TTTS Times', received by all members
- Phone contact on request

Meetings:

- Quarterly meetings, held in members' homes
- Coffee Mornings/Afternoons in members' homes or suitable venues

Subscriptions: \$20 per annum (\$15 for AMBA members)

DISCLAIMER

TTTS Times is Copyright. AMBA members may reprint provided source is acknowledged. Statements, opinions and viewpoints expressed in this newsletter are those of the writers and do not necessarily represent those of the Group. Information contained herein is not a substitute for personal, medical, psychiatric or psychological advice and readers are urged to consult their healthcare advisors about specific questions or problems. Mention of goods or services in this newsletter does not represent a recommendation or endorsement by the Group.

The President's Say...

Hi and Welcome to the May/June edition of TTTS Times.

Well, isn't the year flying? It's hard to believe that it is almost 1/2 way through! It only seems like yesterday when Linda and I sat down to prepare for our first issue of TTTS Times and here we are working on our 4th one.

Linda and I attended the AMBA Qld State Seminar in early May at Toowoomba and delivered a workshop on TTTS. We found the seminar to be very productive and on a personal side, I found being recognised as a mother of twins very rewarding. I was welcomed by all the other mums and found them to be the most wonderful bunch of people. I was nervous about attending but excited all the same and left Toowoomba feeling very pleased that we attended.

We have had a few new members joining the group in the past couple of months and I want to thank you all. By joining the support group you are assisting us in our aim to become a charity. The more members we can get, the more work we will be able to do in terms of awareness and raising money to go towards research. I would also like to thank Linda for her hard work in producing our newsletter. She is doing a fantastic job and I really appreciate the work that she puts into it.

I hope everyone is well,
Vicki

Phone Contacts

QLD Victoria - Phone (07) 3849 8198
vicki@twin-twin.org

1 survivor (recipient twin) born at
29wks gestation. Donor twin stillborn,
due to Acute Twin to Twin Transfusion.
Recipient twin 1339g, donor 1191g.
Surviving twin home on oxygen.

Linda - Phone (07) 3823 4612
linda@twin-twin.org

2 survivors born at 30wks gestation
Recipient twin 1560g, Donor 808g
Steroid injections before birth,
Hospital bed rest,
Separate hospital discharge.

From the Editor's Desk...

Hi and welcome to our May/June issue of *TTTS Times*! I hope this time of year finds you all well, and no-one is suffering those horrible colds and flus that go around during this time. My sympathy goes to you if you do have littlies with snuffly noses!!

A big thank you goes to our story contributors this month - to Paris & Madison's Mum & Dad - it is lovely to have a laser surgery story to read. Many of our members have been through the rollercoaster-ride of TTTS before laser surgery was available in Australia, and it is great to learn about what happens with this surgery. Paris and Madison sure are gorgeous little girls. Also, a big thank you goes to Vicki's husband Vince who has written a story about TTTS and bereavement from a father's point of view. And thank you to Vicki who has written all about attending the Multiple Pregnancy Conference in Melbourne.

On the news front, our TTTS info brochure has been approved for distribution, you should (hopefully) have one attached to the front of this newsletter (if not, please ring me!). If anyone would like any extra copies of this brochure to give out to family/friends etc who might be interested in learning about TTTS, please feel free to give me a call and I can shoot them off to you.

See you next issue!

Linda

To Contribute to TTTS Times...

Stories
Birth Notices
Memorials
Survivor Updates
Poems etc
...are all welcome

If you have a "must-include" contribution that will be late, please contact the Editor so that ample space will be left available. Some contributions may be edited. Word-processed contributions should be forwarded on diskette or by email. Pictures and photos are welcome as bitmaps or .jpg or hard copies, and photos will be returned. Handwritten submissions are also welcome. Please inform me of the source if it is not your own as permission to reprint is required. Any questions, just call me on (07) 3823 4612 or email linda@twin-twin.org

Any postal submissions to:
Attn: Linda
Australian TTTS Support Group
P.O. Box 1343
Carindale QLD 4152

If your child makes it, cherish it
Don't end the day with an argument
Do more bagging than nagging
Be optimistic, it's catching
Never be embarrassed to say "I love you"
Don't take yourself too seriously. As a parent, lots of good growing up will happen in spite of you
Discipline with firmness not anger
Let your child know, if you are needed, you will be there no matter what
Remember, not all bruises show on the outside
If you can't find the right words, just hold your child close
Don't tease, its not funny
Teach the difference between "me first" and "my turn"
Don't make excuses, let your child learn by their mistakes
If your child complains "you're too crabby", think, you might be
Don't expect every lesson to be learned, first time
Spend as much time outdoors as you can. Bonding grows in the open air
Help your child remember the good times in the bad times
When they are little, stop what you are doing, to tuck them in at night
Don't be afraid to let your child see you cry
Recognise their good intensions, even if the follow through is poor
Don't over react to sniffles, hypochondria is a communicable disease
Set limits to make your child feel secure
Make up stories with your child
Be silly with your child once in a while
Don't expect - consistency, logic, unselfishness or other miracles that take time to grow
Really listen to your child. Don't interrupt or finish their sentences
Touch your child more often as an expression of affection and support, than as a form of punishment or rebuke
You can't spoil a child with "giving love", only "giving in".

Author Unknown

Reprinted from Multiplicity, August 2000, via Multiple Blessings and Blues, Dec00/Jan01, Via Multiplicity, June 2003.

Multiple Pregnancy Conference

Held in Melbourne on 15th & 16th February 2003

Attended by Victoria Sciacca of the Australian TTTS Support Group

The conference was a wonderful experience for me, both personally and professionally. The first day was mainly medical information on twin topics such as determining zygosity and management of multiple pregnancy. I attended a session in the afternoon called "Neonatology and child development" and it included a topic on "Twins and their friendships". I found this topic to be very interesting in that it helped me to understand what Mitchell might be missing out on as he grows. It wasn't so much on how a set of twins interact together but more on what effect being a twin has on the size of a friendship pool and to what degree friendships are shared. The study found that monozygotic twins are very open to sharing friends whereas same sex dizygotic twins are more likely to set conditions on these relationships. Opposite sex twins mostly share few friends and therefore didn't have the same challenges as the same sex twins.

I was really in Melbourne to attend the second day of the conference. The first sessions of the day were "Management of a high-risk pregnancy" and "Psychosocial issues". Professionally, I should have attended the first topic but personally, being the mother of a surviving twin, I was very intrigued by the psychosocial implications. The "Management of a high risk pregnancy" session had information provided by some of the doctors that I am in regular contact with so I gathered that I would be able to get information off them if required. The notes in the conference handout are very good and I am finding them to be a wealth of information. I bit the bullet and attended the "Psychosocial issues" session.

The first topic was "The broken twinship" by Elizabeth Bryan. Ms Bryan spoke with a genuine feeling of caring of twins who have lost their special sibling. She included such information as how a twin feels after losing their twin, no matter what stage of life they are at. I learnt that a surviving twin may feel guilt, anger, resentment and loneliness and how a survivor of a stillborn partner has a higher psychiatric morbidity. Different cultures react in different ways to surviving twins. Some believe that the spirit of the lost twin lives on in the survivor whereas in others, survivors may regard themselves as half persons.

Twin Research, which is the official journal of the International Society for Twin Studies, published a special issue on "Loss of a Twin, Triplet or Higher Multiple" in June 2002 (Vol 5, Number 3) and I was able to purchase a copy at the conference. I haven't had time to read it yet but it seems to be packed full of interesting information. Later in that session, Jillian Pearsall-Jones spoke on behalf of the WATCH program. I was interested in this, as I have just filled out

the paperwork for Patricia Swanson.

Multiple Pregnancy Conference (Contd)

During the discussion period of the session, an obstetrician asked a question of what should he recommend to any patients who may experience a stillbirth with a surviving twin who then have to celebrate birthdays on an angel's anniversary. Both Elizabeth Bryan and Jillian Pearsall-Jones spoke with what they had learnt from parents of surviving twins who are in that situation. I found that as I am a parent who has a survivor with a twin who was stillborn, I just had to get up and speak. I told the audience how I have my time for Antony in the morning where I reflect on what might have been and how much I miss him. Then the minute the clock strikes midday, it is Mitchell's turn and I try my hardest to be happy for him, so that he can celebrate his birthday the way it should be celebrated, with lots of fun and happiness. Mitchell and Antony's birthday is coming up soon (April 12) and Mitchell is turning 3 so it has been on my mind a lot lately. We light a candle for Antony on that day and a friend of mine, who also has a surviving twin, last year asked people who came over if they would bring a flower to place in a vase in memory of her angel. I am planning on asking our relatives who attend Mitchell's party if they will do that, too. The boys want to send balloons up to Antony in Heaven so that is another thing that we have planned. I told the audience of all these plans and had quite a few people in tears by the end of it. I was pleased that I was able to reach out to professionals in that way and have them realise that we are people that they deal with not just bodies.

The next session was the main reason I was attending the conference. It was a session on Twin-twin transfusion syndrome and was mainly about the current information and treatments on the condition. The last topic was a patient's perspective and the mother that spoke lost one of her babies a few days after birth last year. She spoke so well and affected each and every person in that room. One passage is as follows: "Fate dealt us the TTTS card. One embryo became two. Two babies grew - one bigger than the other at the little one's expense. Two babies were born. But the little one was too weak. Two became one again." Those few words touch my heart. They are exactly how I feel about my TTTS experience.

Unfortunately that was all I had time for. My plane left for Brisbane a couple of hours later and I had to run into the aquarium gift shop to buy some last minute presents for my boys. If this conference is held again next year, I really hope it is, I would recommend anyone interested in twin issues to attend. A lot of it was pretty heavy in regards to medical content but there were other issues that were relevant to parents and twins alike.

Paris and Madison

A laser surgery success story

I saw my obstetrician very early in my pregnancy because of some abdominal pains (which were unrelated) and because she had said to come and see her when I fell pregnant. I had been seeing her for endometriosis for a couple of years, and there was a possibility that I might have needed to try fertility assistance to increase my chances of falling pregnant.

So in her rooms, when I was only **7 weeks** pregnant, an ultrasound was done and it showed TWO heart beats – I was carrying twins. My obstetrician urged us to keep our news quiet because of the significant chance of miscarry at this early stage. Nevertheless, I think my husband rang about ten people that evening to tell them the great news.

By the following week the morning sickness set in – but it wasn't just in the morning; it was also in the afternoon, evening, and night. I vomited despite maxalon and ginger tablets, though they did help and I knew if I'd missed a dose. I remember writing in my diary just how incredibly awful I felt. I could enjoy nothing. I had no energy for anything. I had to stop work and simply lie on the mattress in the lounge room. Eventually, I also took sedatives in the evening to help from vomiting at night.

It was an extremely hot summer, nothing less than 33 degrees most days, with a top of 38 to 40 degrees all too often. Thankfully, we were able to buy an air-conditioner for the living area. My visits outside this area were limited, as going out into the heat, even just to the kitchen and bathroom, could induce more vomiting.

In the fifteenth week I began to feel better- I even began enjoying a shower again. The vomiting settled substantially. I could sleep through more of the night. I was already showing quite a belly before the third month. By fifteen weeks there was no mistaking I was pregnant, as my abdomen protruded markedly and I had to go and buy some maternity wear as none of my clothes fit.

I saw my obstetrician every two weeks, at **9 and 11 and 13 weeks**. The ultrasounds were revealing that one twin (one of the 'blobs') was a lot smaller than the other. At 13 weeks, my obstetrician also saw that the larger twin had excess amniotic fluid around it. She sent me to see a fetomaternal specialist, at the Mater Hospital. The doctor felt that the size discrepancy was still within the normal range, however on my next visit at **19 weeks**, she confirmed that they were suffering from twin to twin transfusion syndrome (TTTS). This scan showed that the smaller twin had very little fluid around her, she produced very little urine from her kidneys and had poor blood flows to her heart. The larger twin had a mildly enlarged heart because of the extra work pumping all the extra blood. The TTTS appeared to be at stage II (of I to IV).

The doctor discussed the problem and talked with us for as long as we needed. She explained that TTTS is caused by abnormal blood vessels on the shared placenta which ultimately causes too little blood to one twin and too much blood to the other. Now I am a doctor myself, however, TTTS is not well known and understood by doctors not working in this area. I found my GP and my obstetrician would rely heavily on the direction of the fetomaternal specialists.

Paris and Madison - A laser surgery success story (Cont'd)

From this point I underwent twice weekly scans. At every scanning session the babies were constantly very active. In fact there was rarely a moment when they were still, which meant that the doctor had to chase them around to get their measurements. Especially important were the blood flow measurements, which required the babies stayed still, at least for a few seconds. Each scan often took an hour and I found them exhausting as I had to stay in one position for so long.

There were many nights spent crying as we thought about our little baby girls suffering inside.

My abdomen was uncomfortably tight, some days I felt like I was going to burst. I did a bit of reading and had decided in my case to try avoid amniocentesis as much as possible. Because it does not cure the actual underlying problem, and because my girls TTTS was getting quite seriously severe, I did not wish to risk the small chance of sac detachment from the uterus wall, and so preclude any possible intra-uterine laser surgery if that were needed.

The doctor had already been telling us about the possibility of laser therapy, as she could see the problem was getting quite severe.

By **23 weeks** the blood flow readings were worse. For three days in a row the flows were reverse. The doctor felt the best prediction was that if nothing was done that the little one may succumb sometime in the next week, or even the next few days. Because in TTTS the babies are intricately connected by the abnormal blood vessels, if the little one died, then, we were told, the other twin may follow.

More and more discussions regarding laser therapy followed. The doctor's unit had been equipped to do laser surgery for TTTS for some time – however, many of their referrals since that time were too advanced to offer the procedure. The doctor offered either to be her first case or to go to Florida to have the operation done by a TTTS specialist from overseas, who had been doing the operation for some time.

Complicating the decision was the fact that the little twin (Paris), had very little share of the placenta, even without the abnormal transfusing blood vessels. This meant that there was a possibility that separating the blood supplies via laser surgery may in fact cause a critical reduction in the little ones blood supply. Very complicated, even for us doctors!

My husband and I chose to have the laser surgery here in Brisbane under the specialist doctors at the Mater. So **at 23 weeks I underwent intrauterine laser surgery**, which involved a small port hole through my abdomen (next to my belly button) for the camera and the laser probe. The laser is used to block the abnormal vessels on the placenta. There were six (6) groups of vessels in my case. The last group were on the edge of the placenta and presented quite a challenge. When attempting to laser this group, the placenta began to bleed, the bleeding was difficult to stop and so the final part was abandoned as they could not get a clear view anymore. In retrospect, our doctor wondered whether that was for the best as this group contained a vessel bringing blood from the big to the little twin. So we hoped that enough was done so that the little twin would be giving less blood to the bigger one. My operation was quite long both due to the fact that I was our doctor's first case, and due to the complicated vessels.

Paris and Madison - A laser surgery success story (Cont'd)

Unfortunately, I awoke from the operation feeling quite awful. I had lots of shoulder tip pain, a fever, vomiting, uterine tightenings and leg and arm numbness...all of which I prefer not to remember. However, I did not have abdominal pain. I went home after four days.

I then underwent daily, second daily, and then three times a week scans. It took a few days for the blood flows to show improvement. Basically, the transfusion is such a dynamic process it can change from minute to minute and day to day, so we had to see similar blood flows on a few scans consecutively before we could be more confident about the progress. The following weeks were especially difficult. I was getting frequent tightenings and I knew that the babies were still too young to be given a go. This meant that if I was to go into labour and it wasn't able to be stopped with medical treatment, then I would be allowed to continue in labour and the babies would either be stillborn or die soon after.

After two weeks the blood flows appeared markedly improved. The babies were growing along their centiles (3rd and 95th). Paris was weeing. Madison's enlarged heart was stable.

At **26 weeks** I was getting very frequent tightenings and possibly contractions. I had a show, which really made me worry that I might go into labour. Eventually the scans showed a marked accumulation of amniotic fluid. So after receiving some steroid injections I underwent amnioreduction. A doctor inserted a small needle into the sac and drained 2.2 litres. I think the twins were thrilled as they began kicking and punching my tummy even more vigorously with the extra room.

At **28 weeks**, 5 weeks after the laser surgery the ultrasound showed deteriorating blood flows. If the sole problem with my twins would have been the TTTS and the operation was successful in blocking all the abnormal blood vessels, then I could have hoped that the process was reversed, and the pregnancy would go on to term. *However*, my twins had double trouble as I mentioned earlier, and now the little twin was outgrowing her blood supply. Our doctor arranged for me to have a caesarian section to deliver my babies. Three hours later, on the operating table, two gorgeous tiny fragile girls were held in front of me. I could hardly believe they had come from inside me. **Madison was 1277g and Paris was 714g.** Remarkably, they did very very well once they were born. They required very little oxygen, caffeine, ventilation or parenteral nutrition. Paris was the weaker one in our case and she stayed back in ICU longer.

The following 12 weeks they went from intensive care to special care and then home. They are now 8 months corrected (10 1/2 months) and doing all they are meant to be doing... and more. Paris does have feeding problems, basically, she isn't interested in feeding! ...so she has her milk put down a nasogastric feeding tube.

We are so thankful and grateful to our God that we have them with us to cherish and love.

From Paris and Madison's Parents-----

March 2003

A FATHER'S STORY

By Vince Sciacca

This story is going to be a little light as far as dates go, I've never been good with dates and since losing our baby, I have not been able to think back to the events that occurred.

I feel that I do have a memory of what happened, but have put in place a memory lock to prevent me from going back there until some time in the future – maybe this is part of my healing mechanism.

We had three boys, all of which are around 2.5 years apart. We would have had our fourth child in that same timeframe except for the fact that I was working in San Francisco at the time, so sort of difficult to achieve.

In late 1999 we decided that we would try for another child – you know the story, 3 boys, maybe fourth time lucky !! Well our luck was truly against us, we tried everything from science to witchcraft to conceive a girl, but it just wasn't going to happen.

Not long after finding out that we were pregnant, my wife started having extremely bad morning sickness – or should we say all day and all night sickness. She felt that maybe she was having twins, as she felt really sick and a lot larger than normal, but a scan at the OB soon put paid to that, we put it down to being a fourth pregnancy and maybe being a little saggy around the tummy after 3 other pregnancies.

In February we went for a 19-week scan. What a shock, not only did we find out that we were having twins, but we were diagnosed with Twin-Twin Transfusion Syndrome. What a shock, on one hand we were happy, but scared at the thought of 5 children, but then also distraught at knowing we had a serious complication. The next 48 hours was pure hell as we came to grips with the TTTS condition. Research on the Internet painted a very grave picture. I recall at the time thinking that either these babies are going to die, or if they live, they will be disabled. Growing up in a family with a cousin who has severe Cerebral Palsy, I started to wonder what had I done to deserve this. I started to feel guilt about having 3 normal healthy boys and why wasn't I happy with that ? why did we need to have another child ? were we being punished for wanting a girl ? So many questions ran through my head at the time.

After visiting the OB and then the Maternal Fetal Medical Unit at the Mater Hospital, I felt that maybe things were not as grave as they first appeared. I still remember the feeling of obtaining such bad information about TTTS on the Internet, which is why I support the endeavours of people such as my wife who has established a TTTS Support Group and developed a set of Internet resources

A FATHER'S STORY (Cont'd)

that provide factual information and that does not focus on the "doom and gloom" but highlights that good outcomes are possible.

The next 10 weeks were a rollercoaster ride. After every visit to the OB and the Mater, we felt that we were getting closer to the safe zone (getting beyond 32 weeks was a primary goal). Everything had been going well, and just when you start to think that things are starting to go your way, WHAMO, you take a hit to the ground.

One of the few dates that I do remember is April 12, 2000, a day of mixed emotions, one that symbolises life and one that symbolises death in our family. In the early hours of that day my wife's placenta abrupted without warning, except for somewhat appeared to be braxton hicks contractions. I recall my wife haemorrhaging on our laundry floor. She was in total control, as she normally is in a crisis. I might have all the managerial experience to run a consultancy practice, but when it comes to life and death decisions, my wife has total control. I called for an ambulance, luckily for us the ambulance station is only 5 minutes away – although it took them 2 calls and 15 minutes to get here, whilst my wife almost bled to death (it is believed that she lost 3 litres of blood that morning). Once the ambulance arrived, they declared that both babies had died and that their primary concern was to save the life of the mother. A call was made to paramedics and we met them on route to the Mater.

To our relief, when we arrived at the hospital they were able to identify two strong heartbeats, our babies were still alive. It seemed like an eternity to prepare my wife for an Emergency Caesar, by the time they got to theatre, there was one strong heart beat and one erratic heart beat. I went to the waiting room and sat there (not sure how long, maybe an hour) and then the Paediatrician came out and told me that my wife was stable, but we had lost one of the twins and that other was critically ill. I was taken in to see Mitchell who was fighting for life and the prognosis was not good. I was later taken to see my wife who was in recovery and I was given Antony to nurse. I recall not knowing what to do, I just held my baby and nursed him, as I would any new born baby – he was perfect in every way.

At this stage they were ready to take us up to the Ward. The doctor wanted to take us through the nursery so that my wife could see Mitchell as he was not responding to being resuscitated, but she was determined that she would see him later – I wasn't so sure, but maybe there is some truth in mother's intuition.

We spent the best part of the morning in the room with Antony in the crib. At the time it seemed bizarre, that they would leave a dead baby in the room, but it gave us some valuable time together and these were some of our last moments with our baby. Later that morning one of the NICU doctors came up and told us that they had managed to resuscitate Mitchell and that whilst he was still critically ill, he was stabilised. Our next big fear was what damage had

A FATHER'S STORY (Cont'd)

been done in terms of a brain bleed and if he survived, would he be disabled. To cut a long story short, this part has a happy ending, after 10 weeks of care and many ups and down over that time, Mitchell finally came home and after a further nine months on oxygen, he is now a healthy three year terror.

Back to the April 12 On that night they asked us if we wanted them to take Antony away. We had spent some time that afternoon taking photos and coming to grips with what had happened. In hindsight we should have taken more time with our baby (an important learning for anyone who has to go through the same ordeal). In part I blame myself, I was so wanting to move ahead, that I didn't take the time to deal with the here and now. We had a blessing later that week (not good with dates, it is all a bit of a blur, I'm guessing it was the next day). At the blessing we had the entire family and the other kids got to nurse Antony and say their good byes. My wife was still very sick and she did as much as was humanly possible given her own health, I know she still regrets not spending more time with Antony, but at the time she mustered all of her strength to be as coherent as she was, and I admire her for that.

In the next few days Mitchell came down with an infection and his health went down. We delayed any funeral service until Mitchell had made it through the worst. He is a tough little bugger and has plenty of fighting spirit, and he came through. With Mitchell doing well and confident that he was going to make it home we went ahead and arranged the funeral and cremation. This was particularly tough as we wanted to do it all ourselves and did not want to hand over responsibility to other family members. I found this a very good way to deal with my grief.

Talking about dealing with grief, this is a particularly hard area for me, I lost both my parents when I was a teenager, so I seem to have a toughened heart as far as dealing with death is concerned. My wife would consider me to be at the point of being heartless. This probably caused some strain on the relationship as I was unable to cry and then found myself forcing myself to cry as I felt guilt that it is something that should come naturally – interestingly enough, I had the same issues with my mother, when my father died, because I didn't cry a great deal, that somehow that gets translated into having less little or no grief – WRONG. My grief was just as strong and at times felt that I was losing control, but to steal a line from Taubmans Paints, "I did it my way" – this is another good learning, don't judge the book by it's cover, it may not be showing on the outside, but the pain is just as great on the inside, afterall we are all human and we all hurt.

I did find some strength in needing to maintain stability for the other children, afterall, they still had to go to school, they still had sporting commitments and for them, as for all of us, life must go on. I used this as my way out, keeping busy and focussing on what needed to be done, it helped me look forward and prevented me from looking back – this was my way of dealing with the grief.

A FATHER'S STORY (Cont'd)

In terms of strength, well that award goes to my wife. After several weeks, actually it would have been months of her requesting that I pickup Antony's ashes from the funeral home and after having them ring and remind us, I still kept putting it off. I just couldn't face it – not that I'd admit though, so ultimately it was my wife who when down and picked up the ashes, she did something I simply couldn't do.

I do think that for men the impact and grief is something that is delayed, I find that I'm more upset now when I think about my loss than I was at the time. I think as time passes, we unlock more of our memories and realise what we have lost. Maybe this is part of the human defence mechanism and why men are more capable of war than what women are, I'm sure if you talk to a war veteran, they would back up that theory.

Australian Multiples Magazine

National Newsletter produced by the A..M.B.A.. Council
Published 5 times per year.

A collection of personal stories from parents of twins/triplets/quads.

HOW MUCH DOES YOUR SUBSCRIPTION COST?

\$7.50 for members of AMBA clubs

(This includes the Australian TITS Support Group)

\$15.00 for non-members

AUD\$20.00 for overseas subscribers

Send CHEQUE PAYABLE TO 'A .M.B.A .'

With your address details to:

AMBA Treasurer
96 Moore Street
HURSTVILLE NSW 2220