organised bird breeders in The Netherlands has grown 10-fold since 1950. Bird breeding is pre-eminently a male hobby in our country. For years Belgium, The Netherlands, and the United Kingdom have had the highest standardised lung cancer mortality in the world.¹² Rates in the United States were always lower even though there were no fewer smokers in the past.¹³

Sixty to 80% of the trade in tropical birds is concentrated in Belgium, The Netherlands, and the UK.¹⁴ Most of the organised birdkeepers are in these countries and most of the shows are held there. In 1980 in the United States there were 25.6 million birds in households per 230 million inhabitants and 7.5 million per 13.6 million inhabitants in The Netherlands.¹⁵ It is possible to transport and import large numbers of birds by air cargo. Keeping species of domestic and tropical birds as pets has become very popular in this century, and this might have contributed to the increasing mortality in men from lung cancer in The Netherlands, Belgium, and the UK.

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Management of perinatal loss of a twin

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Abstract

The death of a twin during pregnancy or around birth gives rise to a bewildering confusion of thoughts and feelings that can impede mourning and disturb the bereaved mother's care of a surviving twin. Every effort should be made to give the parents and siblings an experience of the dead baby. Photographs especially can reduce confusion and assist reality testing and thus facilitate the grieving process and improve the care of the surviving twin.

Introduction

Death at birth or in the womb, though natural and common events, seem contradictory and against the natural order of life. When birth and death are fused not only hurt and bitter disappointment but confusion and unreality are felt. After months of growing fullness the mother finds a sudden emptiness. Even after a live birth women may experience an emptiness, but the bereaved mother has far stronger emotions: hurt and shame, failure as a mother, and guilt without reason. She has unmanageable, conflicting feelings of love and hate for her dead baby, for other babies, and for other women in childbirth. Grievances abound and distract her from grieving. Bad feelings about what has been lost have to be disentangled from good ones to avoid idealisation on the one hand and chronic unresolved grievances on the other.¹

A death at birth is associated with a confusion of thoughts and feelings. As a result the parents' thinking is impaired, their testing of reality is undermined, and bizarre reactions and actions can occur, not only in the bereaved family but also in those who care for them.² For example, a vicar reluctantly allowed a stillborn infant to be buried in his graveyard but insisted that the gravestone should be left blank.

Mourning during pregnancy is hard. For normal mourning it is necessary to hold images of the dead person in the mind until eventually there is resolution of grief and relinquishment. This process could interfere with the similar yet vitally different state of

mind required during pregnancy—that of cherishing the idea of the baby inside the mother's body. The mother will feel the baby is endangered by the bad feelings and frightening ideas inevitable in the mourning process.

This same emotional complexity exists when a twin dies during pregnancy or soon after its birth.³ When one twin survives and the other dies, not only the bereaved but also those who care for them are faced with contradictory psychological processes. The celebration of the birth of the live baby and the increasing emotional commitment of the mother contrast with the opposing processes of sorrowful relinquishment and of coming to terms with the painful emptiness of stillbirth.^{4,5} The dead baby may seem a fantasy, particularly if no tangible memories and mementos remain. Bad memories get lost rather than relinquished. As a mother's full commitment is necessary for effective nurturing of her newborn live baby, the mourning processes may understandably be postponed; if not resumed later they may give rise to the various syndromes of failed mourning. On the other hand, the mother may grieve compulsively for the dead baby and be unable to devote herself to the care of the live baby. Excessive polarisation of feelings about the live and the dead twin may occur if she starts idealising the dead baby (her "angel baby"), especially if the surviving twin is difficult to handle or worrying because of behaviour or illness.

Management of dying and death

Every effort must be made to give the parents and siblings an experience of the dead or dying baby, as has been described for singleton stillbirth.⁶⁻⁸ If one twin is likely to die the family should be encouraged to spend extra time with this one so that precious memories can be created, and the parents may later find comfort in knowing that they have given as much love and care to this baby as they could.

Twins are often premature and often surrounded by medical paraphernalia, and therefore they look

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unusual to parents. It is thus all the more important that the babies become real to their parents by being named, held, and photographed. Many parents treasure photographs of their dead baby, which can facilitate the testing of reality, create memories, and help sort out confusion between the live and the dead twin. Several types of photographs need to be made of the twins separately and together, dressed and naked, to give as satisfactory and complete a memory as possible of the baby and of the multiple birth. Black and white as well as colour pictures should be available when a baby is discoloured; such photographs may be easier to show to siblings, relatives, and friends.

The parents' sense of confusion and unreality is increased if they have had only a partial experience of the dead baby, especially a stillbirth. Some mothers have said that all they remember seeing was a seemingly disembodied limb, or just a head. Seeing but not holding the dead baby, especially a stillborn or very premature baby, can be tantalising and bewildering. Such muddled feelings are not merely painful, they are psychopathogenic.

A malformed baby tends to increase the parents' sense of guilt and confusion, but seeing and holding the baby and obtaining the permanent record of a photograph will help the testing of reality. Without a record many parents tend later to exaggerate the deformity, however severe the malformation has been, and grieving is also impeded in those few parents whose memories minimise the malformations.

Spare photographs should always be kept with the medical records. Some parents who initially refuse (or even destroy) photographs may later desperately want one. Photographs should be as natural a part of death as they are of life. The value of a photograph of the twinship was demonstrated at a meeting of the Twins and Multiple Births Association Bereavement Group, where all the five mothers who had had a stillborn twin said that they wished they could have had a picture of the live and dead twin together. Ten mothers whose babies had died in the neonatal period were all sympathetic to this, whereas several members of the medical profession were clearly disturbed by the idea. Though they themselves may have feelings of failure, medical staff can do much to reassure parents and relatives that no reaction, however mixed, to such a death is abnormal or inappropriate.

TWIN MOTHERHOOD

A mother who has had a multiple pregnancy continues to think of herself as a mother of twins (or more).⁹ Many mothers who had a higher order birth deeply resent the labelling of their surviving children as, say, triplets when they were born as members of a quadruplet set. A mother showed her need to be seen as a mother of twins when, while shopping with her 18 month old surviving daughter, she met a mother with identical twins of the same age. She said, "I've got twins too." "Oh," replied the other mother, "and where is your other little girl?" "At home," the bereaved mother replied.

Trite comments such as "At least you have one healthy baby" will cause pain and resentment. No parent can be expected to find comfort for the death of one child in the survival of its healthy sibling. Yet parents of a surviving twin are often made to feel guilty about their grief. They should be helped to voice this guilt and to acknowledge their confused feelings. If done sensitively this can diminish anxiety and help with grieving. Any implications that the death was all for the best, even if logically this may have been so, are deeply hurting to the mother. One mother who had lost one of her triplets made particular efforts never to look harassed or untidy as she dreaded people saying "Well, three would have been too much to cope with."

The pride of a pregnant mother, especially with twins, can have a darker side, in that there can be a conscious or unconscious sense of triumph over others. This can lead to a fear of provoking destructive envy in those less fortunate. After the loss of a baby there can be a fall from grace into a deep sense of shame. The pride of being an expectant mother of twins is enormous, and the failure to become one is therefore all the greater. One mother of a two year old surviving twin said to a group of similarly bereaved mothers, almost as a confession, "I think I am coming to terms with S's death; I shall never come to terms with not being a mother of twins." All present agreed.

After their loss some parents are unable to celebrate their surviving baby. One couple who would normally have had their child christened in infancy were unable to face the ceremony until it was suggested four years later than the christening should be combined with a memorial for the stillborn twin. This they could accept.

Mourning may be damagingly suppressed for many years, but it is probably never too late for resolution. At the age of 22 a nurse who was a surviving twin showed her mother an article in a nursing journal describing the difficulties faced by parents who lose a newborn twin. For the first time this mother realised that her feelings had not been unique or strange. Her husband had never mentioned the stillborn boy, but when shown the article he began gradually to talk about his son. The mother was so relieved that the quality of their marriage was transformed.

Birth and death before 28 weeks' gestation

If a twin is born dead before 28 completed weeks of the pregnancy (a miscarriage) and a liveborn sibling either survives or dies later, the legal paradox and ambiguity add to the difficulties that pervade perinatal bereavement and impede mourning. This experience is movingly described in a personal paper.¹⁰

VANISHING TWIN SYNDROME

Now that twin pregnancies can be detected by ultrasound scans as early as the first trimester it has become clear that a substantial number (perhaps as many as half) of twin conceptions end up as single deliveries (the vanishing twin syndrome). With these early detections the question now arises about whether to tell the parents immediately and risk a later disappointment. Many parents say they would prefer to know. A fetus papyraceus can give rise to considerable anxiety. It is often insufficiently explained to the parents, and later the surviving twin may sense that there was something odd or hidden, unexplained, and distressing about the birth. Vagueness can be more troublesome to the surviving twin than a proper knowledge of the lost fetus. Surviving twins have in any case to come to terms with their unease about survival and identity.

SELECTIVE FETOCIDE

The intrauterine killing of an abnormal fetus in a multiple pregnancy is now an option available to parents who would otherwise have to choose between terminating the pregnancy despite the sacrifice of a normal baby or continuing the pregnancy while knowingly carrying an abnormal child. This superficially easy solution may seem bizarre and horrifying to many doctors as well as to parents. There are also uncomfortable ethical issues and uneasy associations with eugenics. Thus it is important to identify and clarify the emotional issues that are raised.

The thought of a live baby lying for many weeks by the side of the dead twin can be very disturbing; as well, the natural tendency to deny and the wish to

forget are much easier when no baby has been aborted. Unconscious guilt and anxiety may develop and impair grieving. For many parents the full impact of the bereavement is not felt until the delivery, many weeks later, of a solitary live baby. By this time the maternity staff may have "forgotten" the twin, and this failure to acknowledge and respect the dead baby may add to the mother's distress. A photograph of the ultrasonic scan showing both babies may be a precious and unique proof to parents that they ever had a multiple pregnancy.

Because of the presence of the survivor there is an increased awareness of the baby that might have been, unlike a simple termination of pregnancy. The bereaved mother will have the difficult task of grieving for a lost baby during a continuing pregnancy and after a live birth.

Surviving siblings

Young children are immensely interested and emotionally involved in pregnancy and childbirth; fact and their fantasies are bewilderingly entangled.¹¹ The complexities of death at birth are particularly hard to explain to siblings. These vulnerable bereaved children are commonly left to cope with their anxieties largely on their own. Their parents are too often paralysed by their own confusion and distress to be available for explanation and emotional support of the siblings.¹² Furthermore, their rearing of the surviving twin may be impaired. This child must later come to terms with survivor guilt and identity confusions, which can affect personality development.

Double loss

When both twins die it is an enormous tragedy but at least the mother's grief will be fully realised. Her feelings may be less confusing than those of a mother who has one live and one dead baby. But both mothers need lasting support while they suffer the profound grief of losing not only the child but also the twin motherhood of which they dreamt.

The Twins and Multiple Births Association is a self help organisation offering help to parents with live or dead twins and can be contacted at 41 Fortuna Way, Aylesby Park, Grimsby DN37 9SJ.

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