

Carrying a Single Twin: Breaking the Silence to Reduce Stress

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Abstract: The death of a twin in the womb is traumatic for the mother. Pre- and perinatal psychology emphasizes the importance of a calm and stress-free pregnancy for the mother, so that the child will not be badly affected. The loss of one or more fetuses from a twin or multiple conception is unavoidably stressful. However, with full knowledge of the implications of such a death on all the parties involved and the opportunity to mourn the death openly, the stress on the pregnant mother can be reduced. Ways to reduce the stress on the mother are described.

Key Words: Multiple Pregnancy, Twin loss, Womb Twin Survivor

Carrying A Single Twin: Breaking the Silence

The death of a twin in the womb during pregnancy or around birth is a significant psychological trauma for both mother and the womb twin survivor. Unfortunately, the psychological effects on all concerned are often misunderstood, ignored, or overlooked. Pre- and perinatal psychology emphasizes the importance of a calm and stress-free pregnancy for the mother, so that the child will not be badly affected. However, the loss of one or more fetuses from a twin or multiple conception is unavoidably stressful. The death of a twin, including stillbirth, miscarriage, abortion, or a “vanishing twin” pregnancy, has for too long been shrouded in mystery. It is known in cancer and renal care that information reduces uncertainty, which can be a major cause of anxiety and stress, particularly in the hospital

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environment (Brock, 1990; Galloway & Graydon, 1996). It follows that, with full information about the possible implications of the death of one twin on all the parties involved, plus the opportunity to mourn the death openly, the stress on the mother could be reduced.

A conspiracy of silence

There is often a mistaken assumption that even mentioning the death of one of her twins to a pregnant mother will increase her distress, so the early loss of a twin is disregarded in a conspiracy of silence, maintained with the kindest of intentions. As a result, mothers are left unsupported just when they need support. This is of particular concern after multifetal pregnancy reduction (Bryan, 2002). The bereaved mother is left to find her own support network and find her own ways to manage her feelings for the rest of her pregnancy and beyond (Swanson, Pearsall-Jones, & Hay, 2002).

Rather than focus on her loss, the mother is encouraged to be glad that she is still pregnant and to focus her hopes on the surviving child. It seems eminently sensible for everyone to remain very positive about the eventual outcome for the pregnancy and the womb twin survivor. Thus, in an attempt to reduce distress, any possible negative outcomes for the womb twin survivor are little discussed.

This silence continues, despite the fact that the evidence is mounting that pregnancies compromised by the death of one or more fetuses are, by definition, sub-optimal. The outcome for mother and baby may not be good: there is an association between twin pregnancy and pre-eclampsia, for example, particularly if the twins are male (Basso & Olsen, 2001). Decisions may have to be made if one twin dies, that may require immediate parental consent without full information. There is a complex emotional response caused by grieving the death of one twin, while anxiously awaiting the birth of the survivor (Woo, Sin, & Tang, 2000).

High quality information, provided by trusted professionals, can help individuals to build their own coping strategies to reduce stress. Nothing increases stress more than lack of knowledge or uncertainty. The mother, therefore, needs full information to be available, both during pregnancy and afterwards, as she cares for her surviving twin. Yet, for the most part, she is surrounded by a protective silence. This is a dilemma yet to be resolved. This experience is best expressed by those who have lived the experience. For instance, here is a story from the mother of a womb twin survivor:

I am now carrying a single twin. I only found out one week ago that my second baby had "miscarried," as my doctor put it. I was 15 weeks along, but it appears to have happened close to a month before. I am reeling because of all of this. I have to admit that I have always had a sixth sense about things, but when I feared for one of my babies I tried to tell myself that I was just worrying too much. We were so excited about having twins. We knew they were fraternal twins and we have the scan to prove it. It was, to say the least, devastating news. I knew, however, that I had to hold myself together for the sake of the surviving twin and my other children. So I began to search the internet for information about what I was going through. I immediately came across the term "vanishing twin syndrome." I was shocked at what I read. I knew that such an occurrence was possible, but never could I have imagined how often it really does happen. My concern is the effect on the surviving twin. I want to be honest with him/her when the time comes, but I am very concerned about the emotional impact of this. It sounds like from what I've read that some people realize this without ever being told. I really hate to think of my child suffering throughout his/her life because of this loss and being tied to something that is not tangible. It is hard enough to grow up strong and independent. I just want to protect my baby. It just seems odd to think about communicating with someone who really isn't there. To feel like someone is a big part of your life who isn't there seems really odd. I guess I just need help and understanding. I want to learn how to cope and prepare for when this child gets older.

This heartfelt request for help is typical of many mothers who experience the pre-birth loss of one twin. They are mostly left alone to search the Internet for more information, usually because medical professionals cannot, or will not, provide it. Sadly, the Internet may be an unreliable source of information and support. The online pregnancy forums, to which many pregnant mothers have to resort after the loss of a twin, may do little more than reinforce poor information. A study of postings onto such forums reveals that the most frequent sentiment expressed is surprise that the loss of a twin is so common, particularly in early pregnancy.

A comprehensive study of twin and multiple pregnancies, carried out in the early 1990s in the USA, came to the astonishing conclusion that for every pair of twins who make it to birth alive there are ten womb twin survivors, born alone, whose twin had died at some point

in the pregnancy (Boklage, 1995). As the birth of intact twin pairs is about 1% of all births, this means that about 10% of all singleton births follow the death of one twin at some stage in the pregnancy.

As twinning is mostly an inherited trait, twins occur in clusters. A mother may give birth to several womb twin survivors without ever producing a pair of twins. Another mother may give birth to an intact pair of twins; her other children may be womb twin survivors and she may be a womb twin survivor herself. In contrast, there are other extended families where twin conceptions never occur.

“Vanishing” Twins

Since the advent of ultrasound scanning in pregnancy in the 1970s, we can see clearly revealed the two gestational sacs of a twin pregnancy in the earliest weeks, only to find that a few weeks later only one remains and the other has disappeared. There is now a significant body of published articles and books on the subject of the intrauterine loss of one twin. Even in 1986, when the term “vanishing” twin was still gaining currency, one of the earliest articles carried over fifty references to related publications (Landy, Weiner, Corson, Batzer, & Bolognese, 1986).

The number of twin pregnancies reduced to a singleton womb twin survivor is greatly increased with the use of assisted reproductive technology, such as IVF, ovulation stimulating hormones, and multi-fetal pregnancy reduction. There is increasing awareness among women pregnant through IVF of the negative outcomes for both the pregnancy and the womb twin survivor, even after the loss of a twin as early as the first eight weeks of pregnancy (Pinborg, Lindegaard, Freiseleben, & Anderson, 2005). Nevertheless, the death of a twin before birth remains a little discussed phenomenon. It is not only a medical fact but also a real loss to the parents and other children in the family.

I hemorrhaged eight weeks into my pregnancy. The nurses at the ER kept talking about "fetal tissue." The doctor said I miscarried. After an ultrasound we discovered my baby was still there. After delivery, I hemorrhaged again, the nurses kept talking about "fetal tissue" as they were cleaning me up. This went on for hours until finally they operated and did a D&C.

Resolving Grief During Pregnancy

Frank Lake, when writing in the 1980s about the maternal-fetal distress syndrome, wrote:

If I were presented with a hard alternative, that in the case of a woman about to become pregnant, she had to undergo nine months distress during the next year and a half, but could choose whether the bad half came first, to be inextricably shared with the unborn baby, or came second, when her baby was already born, I would unhesitatingly urge her to choose to keep the months of pregnancy undisturbed, and face the task of coping with big trouble after the foetus had left her womb. Then she could cry or rage, grieve or despair, while the baby was sleeping, apart from her tumultuous reactions, protected to a significant extent from them. (Lake, 1981)

If we are agreed that a pregnant mother's distress is shared by her fetus, then it is important to facilitate grieving in pregnancy in order to reduce that distress. Since the 1980s, the issue of perinatal loss has been widely discussed, and various strategies have been put in place to help grieving parents, such as the validation of the loss; the provision of tangible mementos and facilitation of rituals of mourning and remembrance.

Validating the loss

It is important that professionals accept as real and valid the grief of a mother bereaved by the loss of one of her twins. No words of truth about the pregnancy, spoken by any professional, can increase the grief felt by a mother in these circumstances. Her tears are not being created by these words - they are being released by allowing her to grieve. However, some neglected actions by professionals, such as not mentioning the lost twin or not acknowledging a mother's feelings, may block her grieving and create problems later on, such as guilt or resentment of her living twin. One study carried out in a maternity hospital in the UK in 2003 showed that, even after a very early loss of a twin, women felt that their feelings were ignored by the professionals they encountered. A simple explanatory leaflet, produced by the hospital would have been enough to acknowledge and validate their loss (Briscoe & Street, 2003).

The intensity of grieving varies greatly between women, according

to circumstances. When a mother is told that one of her twins has died, her grief will likely be greater if a bond has already developed between her and the child. She may have been patting her abdomen and talking to her baby, or imagining how she would manage as the mother of twins. Kara, who had known about her twins for ten weeks, was told at 15 weeks that one her babies had died, but did not feel allowed to grieve:

The tears came and never stopped until I cried myself to sleep that night. My husband cried deeply too. We held each other all night. They said: "But you still have one baby!" That is what everyone is telling me. That statement irritates me and makes me angry. I am very happy to still have my baby but I am grieving the loss of her twin. That statement makes me feel like they are trying to diminish her life and make me feel like I shouldn't feel sad and cry like that.

On the other hand, where a mother has not been aware of her lost twin until the delivery of the womb twin survivor, she may not grieve for long, having not had a chance to bond with the child she did not know she had. Even so, her sense of loss may take her by surprise:

I have eight beautiful children that I have given birth to. I just gave birth to my youngest daughter. It was a tough pregnancy and I ended up without my own midwife because of my daughter kicking through my uterus and having to be rushed to the hospital. The OB told me nothing about my medical condition, so I got a copy of my records before I left the hospital. When I read this it talked about an additional lobe and umbilical cord that was removed from my womb during the emergency cesarean. I was furious that the OB did not tell me this. He even sent off the remaining tissue to test for a twin without my knowledge or consent. So I am very sure there was a twin. It really took me back, how much I mourned this tiny life, which I did not know until that moment was there.

Many mothers have a sense in early pregnancy of carrying twins, which fades away even as the twin fades. It remains as a vague sense of something unresolved, as much for the womb twin survivor as for the mother herself.

I believe I was carrying twins and lost one around 13 weeks. I

never had an ultrasound, but this was my third pregnancy and it seemed different. I had more morning sickness, was more tired and felt changes sooner. Up to 13 weeks I measured up to 4 cm higher in fundal height, and I think I felt a second bump behind my baby when gently palpating my uterus. Then things changed. My growth slowed down to normal, and I lost that "feeling" that I was going to have twins. I thought maybe I was wrong but when my daughter was born there was an extra small sac of waters attached to her placenta, empty. It was about the size of an orange, and I wondered about it at the time, but I was so wrapped up in my baby that I did not think much about it then. It has been bothering me though, I have never heard of anyone having this extra bag of waters. I know that knowing will not change what happened, but I still feel like it would help me to understand what happened. If my daughter had a twin I feel like she really should know, I would want to know and sometimes I wonder about myself!

Making memories

Collecting mementoes is considered helpful for both parents and the womb twin survivor in order to focus their grief. If a twin is stillborn, it is usual practice that hand and foot prints, a lock of hair, or a photograph are taken. However, if the twin has died in the first or second trimester there may be no tangible remains. In that case, an object can be chosen to represent the lost twin. It may be possible for the parents to begin this process of memorial while the pregnancy is still proceeding. Contrary to much popular opinion, it is better to express grief and work through it as a natural response to loss, rather than to attempt to conceal it or block it.

I found out that I was pregnant with identical twins at my first sonogram. In that same moment I found out that I had lost one of my babies. There was only one heartbeat on the monitor. I went from being excited one second to completely devastated the next. Throughout my pregnancy the doctors monitored the baby I had lost and found that my body was reabsorbing the baby. They called it vanishing twin syndrome. People told me that I should not mourn or be upset about the loss of my child because it was bad for the other one. I was made to feel guilty any time I cried for the loss of my child. People seemed to think that since I lost the baby early in the pregnancy (about 6 weeks) I should

act like she never existed. I don't know if my husband understands where I am coming from or not. He never wants to talk about it and doesn't seem to understand why I cry about it sometimes still. My daughter will be two in February and sometimes when I look at her it makes me sad because I know that my other little girl should be here with us as well. With them being identical I know what she would have looked like too and it breaks my heart. I don't know how to deal with the loss and I don't feel like I ever got to properly mourn the loss of my daughter.

Rituals of mourning and remembrance

An attachment develops between mother and baby during pregnancy. The loss of that attachment through the death of the baby during pregnancy can be healed by a public ritual of letting go. In the last two decades it has become common practice for Christian churches to hold services of mourning, committal, and remembrance for parents following pregnancy loss. So far no special ceremony has been created specifically for parents who have lost a twin before birth but existing materials could easily be adapted for this purpose. (Hayton, 1998)

Conclusion

We need to radically change our attitude to a twin pregnancy reduced to a singleton pregnancy by the death of one of the twins. It is not enough to simply remain silent on this subject. Organizations and professionals supporting pregnant mothers who initially are expecting twins or more, but are left with one baby at birth, must make full information available for mothers as an integral part of the support they provide.

Equally, organizations supporting womb twin survivors must provide them with full information, so that the vague feelings of loss they may experience can be resolved by being fully understood. These feelings have their roots in their pre-born life and so must become part of the knowledge base of pre- and perinatal psychotherapists, midwives, and other birth professionals.

The work of birth professionals is focused on the transmuting the pain of labor and delivery into a creative act of giving birth, filled with delight and joy. Yet integral to the work is full awareness of the problems that can suddenly arise – any other attitude would be simply unprofessional. The same professional attitude must be adopted when

a twin dies at birth or before. This sad event must be processed fully by the mother and the professionals involved so that the delight and joy in welcoming the living twin is not cancelled out by the sadness of losing the dead twin. There is more time to process this loss when a twin dies in the womb, but the mother may not have access to birth professionals at that stage and may be left uninformed and unsupported.

Signs and indications of the possible loss of a twin, resulting in the birth of a womb twin survivor are listed below:

Signs during the pregnancy, labor, birth

- Mother abnormally large around the waist in the first three months
- First trimester bleeding
- Complete miscarriage but pregnancy continued
- Suspected miscarriage but pregnancy continued
- Attempted abortion but pregnancy continued
- Doctor or nurse suspected twin pregnancy
- Another person suspected twins
- Mother experienced blunt trauma in an accident or assault when pregnant
- Mother experienced infection during pregnancy
- Mother experienced severe trauma during pregnancy
- Mother experienced starvation through illness famine or hyperemesis
- Mother took hyper-ovulation drug (eg. Clomid)
- More than one embryo transplanted after IVF
- Ultrasound evidence of second sac
- Features of labor and delivery associated with twinning
- Birth was traumatic
- Breech birth
- Small for dates
- Placenta unusually large
- Physical evidence of the lost twin after delivery
- Additional sacs or cords found
- Fetus papyraceous
- Marks or lesions on the placenta
- Twin stillborn or dies close to birth

Signs of a lost twin in the body of the survivor

- Dermoid cyst
- Teratoma

- Fetus in fetu
- Sexual organs of opposite sex
- Secondary sexual characteristics of opposite sex
- Cerebral palsy in the survivor
- Birth defects in survivor associated with twinning
- Split organs
- Congenital abnormality
- Other signs associated with twinning
- Ambidextrous
- Chimerism
- Mosaicism

It is recommended that all professionals involved in the conception and birth of a child make sure they are fully informed about all aspects of the fetal loss of one twin. Soothing platitudes, however kindly meant, are no longer enough. Good quality, reliable information, provided by professionals, will empower every mother who loses one twin to develop coping strategies which will protect her lone surviving twin from pre-birth trauma.

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