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## Forms of Family Reorganization Following the Birth of Twins

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**Abstract.** A survey questionnaire of 200 families with 2-month-old twins assesses the economic, social and psychological impact of the arrival of twins on family life. The study shows the extent of material difficulties mothers of twins are confronted with, and the ways they cope with them — recourse to mother's helpers, assistance from the father and other members of the family (analyzed in terms of parity and socioeconomic/cultural status), twincare organization strategies, and impact on the decision to stop working. The findings provide an overall picture of the real situation, a necessary prerequisite to an understanding of psychological problems.

**Key words:** Child care, Mothers of twins, Family problems

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### INTRODUCTION

The arrival of twins in a family constitutes a special case of motherhood. The LaTrobe Twin Study (Australia) survey of 199 twin births shows that mothers of twins are more anxious, depressed and tired in the first months following the births than mothers of singletons [3]. These difficulties are primarily due to the overload of baby care which leads to frustration generated by the impossibility of establishing an individualized relationship with each baby, and guilt associated with the mother's inability to deal with the needs of two infants [2-9]. Tiredness is increased when there are already other children in the family, in particular if they are young.

Little attention has been paid to the impact on the mother's psychological balance of the additional problems created by the birth of twins in the financial, social and occupational spheres. Recourse to help from another person assuming the role of "maternal double" (father, relative, paid help) is one solution to help the mother cope with

the situation. This type of help is not always available and is dependent upon numerous factors: reaction on the part of the father, proximity of parents and relatives, eligibility for family benefits which vary from place to place and above all are calculated on the basis of family income.

The present study was designed to assess the practical and social problems faced by families of twins after the birth, and how they go about resolving them. It is part of a larger study commissioned by the "Caisse Nationale d'Allocations Familiales" [10], the government agency which handles family benefits (financial assistance and assignment of mother's helpers) in France.

## METHOD

### 1. Procedure

A questionnaire was completed by 200 mothers of twins two months after delivery. It was composed of 67 questions on the following six topics: demographical characteristics; pregnancy and delivery; organization of help at homecoming; father's participation; organization of baby care at 2 months, future plans, return to work; more general comments and reactions to the twin situation.

The questions were closed (yes/no), or multiple choice, and were rounded out by several open-ended queries. The entire questionnaire is available on request from the authors.

### 2. Subjects

The sample was recruited in the Paris area (75%) from a maternity specialized in twin pregnancies (Hopital A. Bécélère, Clamart), and from two bureaus of the "Direction Départementale de l'Action Sanitaire et Sociale" (welfare) and in the Vienne province (25%). The questionnaire return rate was 63.8%. The women who did not return the questionnaire are comparable in terms of SES, parity, and origin of twin pregnancy as those who did. However, there was a tendency for provincial women to return the questionnaire (58%) less than women in the Paris area (73%).

Table 1 presents the characteristics of the sample. The twins are first born for almost half of the sample. Of the twins who are second born, more than half have a sibling under 3.

The entire spectrum of social classes is represented in the sample. Middle class parents predominate (office personnel, technicians, skilled workers) and the majority of the mothers have at least secondary school education (one third have university degrees).

In most cases the origin of twin pregnancy is spontaneous, whereas 17.5% of the mothers had been treated for infertility, of whom 4.5% had in vitro fertilization. In one third of the cases there was a family history of twins, which is apparently one factor facilitating the mothers' acceptance of the fact that they are carrying twins [5].

Table 1 - Demographical and obstetrical characteristics

| Parents  |      | Pregnancy and delivery              |      |
|--|------|-------------------------------------|------|
| Mother's age (yr) .....  | 28.3 | Twins in family (%) .....           | 30.5 |
| Father's age (yr) .....  | 30.0 |                                     |      |
|  |      | <i>Origin of twin pregnancy (%)</i> |      |
| <i>Parity (%)</i>  |      | Spontaneous .....                   | 82.5 |
| Primiparous .....  | 47.5 | Induction .....                     | 13.0 |
| Secondiparous .....  | 38.5 | In vitro fertilization .....        | 4.5  |
| Third born and more .....  | 14.0 |                                     |      |
|  |      | <i>Delivery gestation age (%)</i>   |      |
| <i>Socioeconomic status<sup>a</sup> (%)</i>                                  |      | Under 34 weeks .....                | 15.0 |
| Level 1 .....  | 18.0 | Between 34 and 36 weeks .           | 26.5 |
| Level 2 .....  | 26.0 | Over 37 weeks .....                 | 72.0 |
| Level 3 .....  | 42.0 |                                     |      |
| Level 4 .....  | 14.0 | <i>Mode of delivery (%)</i>         |      |
|  |      | Vaginal delivery .....              | 64.5 |
| <i>Sociocultural status<sup>b</sup> (%)</i><br>(mother's level of education) |      | Cesarean section .....              | 35.5 |
| Level 1 .....  | 31.5 | Mean birthweight (g) .....          | 2640 |
| Level 2 .....  | 13.0 |                                     |      |
| Level 3 .....  | 44.5 | <i>Postnatal hospital care (%)</i>  |      |
| Level 4 .....  | 11.0 | Neither baby .....                  | 77.5 |
|  |      | One baby .....                      | 8.5  |
|  |      | Both babies .....                   | 14.0 |

<sup>a</sup> Socioeconomic status:

- Level 1: Top management, liberal professions
- Level 2: Teachers, middle management, technical managers
- Level 3: Employees, technicians, skilled workers
- Level 4: Workers, service professions

<sup>b</sup> Sociocultural status:

- Level 1: University education
- Level 2: College education
- Level 3: High school education
- Level 4: Primary school education

Only French mothers who gave birth to live twins with a birthweight of more than 2000 g were included in the sample. The latter criterion was designed to exclude women who did not have both twins at home by the end of the first month (cases of prematurity, hypotrophic or hospitalized newborns). As a consequence of these criteria, the mean duration of pregnancy was 37 weeks. Most babies were delivered by cesarian section. The mean birthweight was 2640 g with a range of 2000 to 3900 g. More than 75% of the mothers went home with both babies.

## RESULTS

### Working Mothers

The survey examined the relationship between the decision to return to work, parity (first born, second born and over), SES and cultural background (ranked in 4 categories), and presence/absence of treatment for infertility.

**Table 2 - Working mothers**

| Characteristics of the sample (N = 200) | Job held at the start of pregnancy (81.5%) | Return to work after parental leave (49.7%) |
|---|--|---|
| <i>Parity</i>                           |  |   |
| Primiparous                             | 91.7                                       | 59.8  |
| Secondiparous                           | 79.2                                       | 37.7  |
| Third-born and more                     | 64.2                                       | 39.0  |
| <i>Socio economic status</i>            |  |   |
| Level 1                                 | 88.6                                       | 58.1  |
| Level 2                                 | 86.2                                       | 56.8  |
| Level 3                                 | 88.1                                       | 47.3  |
| Level 4                                 | 52.0                                       | 23.0  |
| <i>Origin of twin pregnancy</i>         |  |   |
| Spontaneous                             | 82.2                                       | 55.0  |
| Induction                               | 90.0                                       | 57.2  |

A total of 81.5% of the women in the sample were employed prior to pregnancy. There was a higher proportion of primiparous working women than multiparous ones and women belonging to SES categories 1, 2 and 3. Out of the 165 women who held jobs when they became pregnant, 49.7% stated they intended to go back to work fairly soon after the birth of the twins.

The findings show a significant difference between primiparous mothers who returned to work (59.8%) and secondiparous ones, of whom only 37.7% returned. Half of the primiparous mothers who decide not to go back to work and 82% of the secondiparous ones would have gone back to work if they had had a singleton pregnancy.

Women in higher SES categories (1 and 2) tend to return to work more than women in category 3, although the difference does not reach significance. Because one paycheck cannot cover the cost of daycare, women in lower SES categories stop working. These same families state that the birth of twins has created financial strain. Contrary to expectations, no significant relationship was found between presence/absence of treatment for infertility and the decision to return to work.

**Recourse to Help**

The survey looks at the way in which mothers of twins organize after the homecoming to cope with the overload of baby care duties, and in particular whether they use outside help.

A total of 62% of the women had made plans before delivery to have help immediately after the birth. This help came either exclusively from members of the family, or exclusively from paid outside help, or both. Of the women who had not planned to have help, more than half stated they preferred to organize alone, and a quarter cited financial reasons.

Table 3 summarizes the features of family and outside (paid) help. Half of the women were helped by a member of their families. In most cases, this was their mother or,

**Table 3 - Features of family help and paid outside help**

| Family help<br>(55.9%)     |      | Paid outside help<br>(43.4%) |      |
|----------------------------|------|------------------------------|------|
| Who helps                  |      |                              |      |
| Mother .....               | 24.2 | Family support worker ....   | 33.5 |
| Mother in law .....        | 11.6 | Housekeeper, maid .....      | 7.5  |
| Several relatives .....    | 12.6 | Au pair girl .....           | 0.5  |
| Others .....               | 7.5  | Several people .....         | 1.5  |
|                            |      | Others .....                 | 0.4  |
| When                       |      |                              |      |
| On homecoming .....        | 46   | On homecoming .....          | 24.9 |
| Both babies at home .....  | 4    | Both babies at home .....    | 5.3  |
| Other .....                | 5.9  | Other .....                  | 12   |
| What kind of help          |      |                              |      |
| Housework .....            | 11.1 | Housework .....              | 8    |
| Babycare .....             | 15.7 | Babycare .....               | 3    |
| Both .....                 | 29.1 | Both .....                   | 32.4 |
| How often                  |      |                              |      |
| Day and night .....        | 15.5 | Day and night .....          | 1    |
| Entire day .....           | 17.2 | Entire day .....             | 9    |
| Several hours a day .....  | 13.3 | Several hours a day .....    | 9    |
| Several hours a week ..... | 9.3  | Several hours a week .....   | 23   |
| Only at night .....        | 0.6  |                              |      |
| How long                   |      |                              |      |
| 4.45 weeks                 |      | 6.27 weeks                   |      |

more rarely, their mother-in-law, either of whom came to help with baby care and housework as of homecoming for a length of time ranging from several hours a day to the whole day. In some cases, several members of the family shared duties. In 15.5% of the families, the helper lived in and helped the mother day and night. In contrast to paid help, family help lasts slightly less (on the average of  $4\frac{1}{2}$  weeks, vs 6 weeks for paid help), varies more from family to family, and above all is more intensive and is concentrated in the weeks following the births. In the vast majority of cases, paid help was a family support worker (in 33.5% of the families) who did both housework and baby care. Mother's helpers work for variable lengths of time, ranging from several hours a week (the most common solution) to the entire day.

In order to obtain an estimate of the amount of help received by mothers of twins, these two types of help were combined as a function of number of hours per day or week. On homecoming, 41.7% of the women in the sample had no help or help only a few hours a week; 41.2% had help all day long and both from the family and paid help; 17% had regular help several hours a day from one or several people. This amount of help drops significantly between the first and second month.

Families who had help differ from those who had not on a number of counts. First of all, women who already had children received higher family benefits than primiparous. Second, the lower is the SES, the fewer mothers had help: 69.4% of the women classified as SES 1 had help from the family and relatives vs only 26% for women in SES 4. Families in SES 2 used family support worker the most (42.8%). The figures are comparable for SES 1 (31.8%) and 3 (34.1%). In contrast, the percentage drops more sharply for SES 4 (24%).

Families are required to contribute part of (state-assigned) helpers' salaries as a function of income. Families classified SES 1 find it more advantageous to paid the total salary of a maid in this case. A total of 40% of the families in this category had additional help of this type along with considerable assistance from the family. This type of help is infrequent in the other SES categories.

## Help from the Father

Help from the father was assessed as a function of two criteria: frequency of help (regular/occasional) and type of help (baby care or housework).

The results show that 60% of the fathers regularly helped the mother in baby care and housework at homecoming. But this help diminished significantly by the end of the second month (46%). By contrast, the percentage of fathers who only helped occasionally after the birth in housework (29%) and baby care (26%) remained on this level or even rose slightly.

A total of 9.4% of the fathers never helped in baby care after the birth. This percentage rises significantly at two months (19%). Few fathers never do housework (4.7%); this figure rises slightly, but nonsignificantly, at two months.

When fathers regularly help out with baby care, they mainly give bottles (63.4%) to an equal extent during the day and at night. Many fewer fathers regularly take on the other aspects of baby care (43.5% for diapering, 26.5% for bathing); when fathers help

occasionally, the figure averages about 20% for all types of help. Lack of help from the father is highest for diapering and above all bathing (35.5%).

A composite score derived from the various components of questions concerning help from the father (bottles, help at night, diapering, bathing, housework) was used to categorize the sample into three categories: fathers who never help (19.3%), fathers who regularly perform as the “mother’s double” (29.2%) and fathers situated between these two extremes (51.2%). Comparison of the two poles reveals the following characteristics of the fathers: fathers who never help are on the average older and already have older children. Fathers who act as the mother’s double are more often from sociocultural backgrounds 1 and 2, whereas SES apparently plays no role.

## DISCUSSION

This survey examines the type of organization set up in individual families after the birth of twins. Half of the women in the sample do not return to work, whereas the majority would have done so if they had expected a single child. There is no question that early maternity leaves, which are known to be an important factor in preventing prematurity [8], nevertheless create a break with the working world and are not conducive to reintegration. In addition, the cadence of daily life, the cost of daycare, make it difficult for mothers to reconcile a job with the upbringing of twins, daycare and family benefits. This is even more the case for women who are secondiparous. This corresponds to the sharp drop in the number of working women with 3 children as compared to those with 2 children in France [1].

The decision to stop working appears to be related for many women to financial problems created by the twin birth, but for others it is a deliberate choice motivated by their desire to raise their children themselves.

Help is a necessity for baby care and housework and the presence of helpers at home is also a major source of moral support. Each family copes as it can in a variety of ways, either by relying on family help or by bringing in outside assistance. Nevertheless, many mothers of twins were either not helped enough or not helped at all. Two major obstacles prevented families from claiming family benefits: lack of information and help with red tape, and secondly the prohibitively high financial contribution required of families for mother’s helpers. Despite a sliding scale, low SES families cannot afford to pay their fraction of the cost, and this in itself dissuades them from filing for a helper. But in some cases the absence of help is not linked to income. Some women prefer to organize by themselves and reject the help that is offered, including from the father. This apparently stems from a desire to take up what is perceived as a challenge to their maternal competence. In contrast, a large number of families did not hesitate to apply to welfare agencies for assistance and to ask for help from their relatives. These families were better informed, had high SES, recognized that the children needed to be cared for by several people, and combined outside help with substantial help from the father in baby care.

Any birth, and especially the first, transforms relationships within the couple. This recasting of family interactions is heightened by the arrival of twins. Some parents feel “there must be two of you” to take care of two babies and from the outset the father

takes on the role of “second mother”. In this type of family constellation, all the chores are done by both parents and there is a real sharing of responsibility in the upbringing of the children and an emotional involvement. Studies [4,6] have suggested that this new form of fatherhood is not dependent upon membership in a specific social class but rather is found in the fringe population of men in intellectual milieus (teachers, educators). Although help from the father seems to be a necessity, men may not be ready to assume this role. In some cases, fathers do not help at all, regardless of the size of the family or the sociocultural background. Fathers as well do not find the birth of twins an easy matter. The increased financial strain and the fact that mothers do not return to work may on the contrary push fathers to devote more energy to their work.

This study confirms the fact that the birth of twins creates financial and practical problems that have substantial impact on family life. The severity of these problems varies as a function of SES and cultural background of the family and the number of other children. Note that the social problems of very low-income families is hardly touched here upon, due to the small number of women from modest backgrounds who agreed to take part in the study. Another point worth mentioning is the small number of premature infants in the present study. Prematurity, which is frequent in twins births [7], aggravates the difficulties described above and is a source of specific medical and psychological problems. Other studies [11] have shown that modes of restructuration in the family are also dependent upon parents' educational and psychological attitudes. Acknowledgement by society of the difficulties created by a multiple birth may help these families, who are more psychologically vulnerable, to establish a new equilibrium.



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