Guidance after twin and singleton neonatal death

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Abstract
A study was made to determine whether parents whose newborn twin (n=72) had died differed from bereaved singleton parents (n=70) concerning their satisfaction with professional guidance and care. Most parents felt supported by hospital staff, but the twin parents had fewer avenues of available support, especially after their baby's death. The twin parents' situation requires special attention because they have specific needs that are not always addressed by the current range of available support services.

Methods
We investigated bereaved twin and bereaved singleton parents' satisfaction with care and support. We selected all parents who had lost a newborn twin 0-5-3-5 years earlier from the medical files of five level III neonatal care units. Each twin couple (except for one) was matched with a singleton couple whose baby's birth date approximated most closely to that of the twin parents' newborn and who had lost their singleton baby in the same period.

Results
We found that, in general, twin parents perceived having fewer people in their social network who could understand their feelings about the death of their newborn (5-3 vs 7-1 persons; t=-2-93; p=0-004). Twin parents did not feel any more disappointed by the reactions received than did singleton parents (17% vs 16%; χ²=3-50; p=0-477). About 75% of the respondents had contacted fellow parents. However, far fewer twin (20%) than singleton parents (59%) found that the contact had been of (very) much use to them; 30% of the former and 10% of the latter reported that it had been of little or no use to them (t=-3-76; p=0-000). Most of the twin parents had probably talked to bereaved singleton parents, and not twin parents, as there are no specific support groups for parents who have lost a newborn twin in the Netherlands; there are groups for bereaved singleton parents.

Conclusions
Differences between twin and singleton parents in their satisfaction with care were not substantial, but were all to the twin parents' disadvantage. Compared with earlier studies, parental satisfaction with hospital care seemed to be relatively high. Nevertheless, some improvements are recommended. The loss of a twin has to be taken as seriously as the loss of a singleton, as has been emphasised by others. Twin parents should be encouraged to express their feelings, however ambivalent. In a sense,
these parents experience a double loss: besides their deceased twin, they also miss the specific experience of being the parent of a pair of babies. Attention should be paid to both the dead and the living baby, and it should be suggested to parents that they take pictures of both babies, separately as well as together. Specific attention is needed regarding the coordination of information when parents have to deal with more than one hospital. Beside hospital follow ups, medical staff should routinely arrange professional support outside the hospital if parents wish it, including an introduction to other bereaved parents of twins.

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