

Creating Multiple Connections

*Exploring Experiences of Families with
Twins, Triplets or more*

A report from
**The Elizabeth Bryan
Multiple Births Centre**

June 2022



BIRMINGHAM CITY
University



THE
ELIZABETH BRYAN
Multiple Births Centre

CREATING MULTIPLE CONNECTIONS. Exploring Experiences of Families with Twins, Triplets or More (Multiple Births)

Authors:

Nathalie Turville, Deputy Director Elizabeth Bryan Multiple Births Centre (NT)

Katie MacLeod-Peters, Wellbeing Coach, lived experience researcher and parent of twins. (KP)

Liz Hingley, Visual Anthropologist and MBF Creative Director (LH)

Jane Denton, Director of the Multiple Births Foundation / Co-lead Elizabeth Bryan Multiple Births Centre (JD)

Acknowledgements:

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Further enquiries:

Nathalie Turville

Elizabeth Bryan Multiple Births Centre

Room SCTB73, City South Campus

Faculty of Health, Education and Life Sciences

Birmingham City University

Westbourne Road, Edgbaston, Birmingham B15 3TN

multiple.births@bcu.ac.uk

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Executive summary.

Adjusting to family life and caring for two, three or more new babies, with possible health problems mainly due to prematurity, provides psychosocial and practical challenges for the multiple birth family. Specialist information, advice and support from professionals due to the demands of parenting multiples is needed. There is limited research into the lived experiences of multiple birth families during the early years and their perceptions of family life with young children who are multiples. The aim of the study was to explore the parenting journey of parents of multiples from pregnancy to starting school through the medium of family photographs.

An exploratory qualitative study was undertaken using photo-elicitation. This was chosen to enable the researchers to literally 'see' the world and the situation through the eyes of the participants. Three families with multiples aged 4-6 took part in the study, with the mother participating in in-depth interviews conducted on-line. Liz Hingley, professional photographer and Katie Macleod-Peters, coach and parent of twins conducted the interviews. The interviews were structured around parental choice of 10 photographs that provided insight into their experiences as multiple birth families. Their experience enabled the photographs to be used as a tool to sensitively illuminate complex situations.

The Interviews were transcribed and thematically analysed. Five key themes were identified:

- (1) Emotional and practical coping strategies
- (2) Key challenges/ accomplishments
- (3) Availability of support networks
- (4) Family dynamics
- (5) Role of photographs in family lives.

Using photographs evoked memories as well as information and factual data. It helped the parents explore themes, personal experiences and express emotions. A key message was that the early years were challenging both emotionally and practically. Support from health care professionals was limited. The study method provided a nuanced reflection on the parenting journey of multiple birth families and contributes further to the understanding of their particular needs.

Introduction.

There is limited research into the lived experiences of multiple birth families during the early years and their perceptions of family life with young children who are multiples.

The aim of the study was to explore the parenting journey of parents of multiples from pregnancy to starting school through the medium of family photographs. This further insight into the lived experience of multiple birth families will further inform the work of the Elizabeth Bryan Multiple Births Centre (EBMBC).

Method

To gain insight into the experiences of multiple birth families, an exploratory qualitative study was undertaken using photo-elicitation. Photographs are able to evoke meanings, and reflections as well as information and factual data (Cohen & Gunz, 2002). Loeffler (2005) argues that photographs can act as 'memory anchors' that assist participants to better reflect upon and explain their perceptions and experiences. The approach was chosen to enable the research team to literally see the world and the situation through the eyes of the participant (Cohen & Gunz, 2002) providing intimate insight into their experiences.

Ethics

The study received full ethical approval from the Health, Education and Life Sciences Faculty Academic Ethics Committee (Birmingham City University). The information leaflet outlined the study details and information on consent and their right to withdraw at any time (Appendix 1). All participants provided written informed consent which was then re-confirmed at the start of the interviews. The participants consented to the recording of interviews, which were subsequently anonymized and transcribed. Although it was not a requirement of taking part in the study, the participants consented to the use of one or more of the photographs in the study report, and any future publications and presentations. The interviews and photographs were stored on a password-protected (encrypted) computer, which housed all data.

Participants

Purposive sampling was used to recruit families with multiples aged between 4 and 6 years old to ensure that the parents had recent memories of pregnancy and the early years.

Due to the small scale of the study and the location of the EBMBC, we decided to recruit locally from the West Midlands, an area of rich, ethnic and socioeconomic diversity. We aimed to recruit 4 – 6 families however recruitment proved to be challenging. We used EBMBC contacts, professional social media platforms including Facebook and Twitter and KP promoted the study through her own network of parents of multiples. We attempted to contact local Twins groups, but these had either closed or there was no response. As the study was taking place during Covid-19 pandemic, parents were in the process of managing home-schooling and significant disruption to

home and work-life, which may have affected recruitment. Although interest was expressed by 6 families, only 3 families took part in the end (see Table below)

Participants*	Twins	Family
Clara (Mother)	Non-identical twins (boy and girl)	Father, Older sister
Elle (Mother)	Non-identical twins (boy and girl). Boy twin with Down's Syndrome	Father, older brother
Bea (Mother)	Non-identical twin boys	Father, a new baby brother

(*not real names)

Study stages.

The study was made up of 4 stages.

Stage 1: Initial meeting between participants and KP and LH.

KP and LH met with the participants via MS Teams to outline the project, answer any questions and confirm consent.

Stage 2: Selection of key photographs by the families.

Following the meeting, a personalised guide on how to choose the photographs was developed and emailed to each family along with guidance on taking part in an online interview (Appendix 2). The participants were encouraged to choose photographs that resonated with their family life and illustrated the challenges, joys, achievements, and milestones of parenting twins. The family members were involved when reviewing the photographs, but it was only the mothers who chose to take part in the meetings. The participants emailed KP and LH the photographs in advance for review which helped LH and KP plan for the interviews and identify any elements to explore further.

Stage 3: Semi-structured interviews via MS Teams.

The interviews took place between KP, LH and the mothers. Although both parents were invited to take part in the study, it was only the mothers who took part in the interviews. Each photograph was shared on screen and the mother discussed the history of the photographs and explained the meaning attached to them. At the end of each interview, the mother was invited to choose a photograph for printing and framing in recognition of their participation.

The interviews were recorded and stored in an encrypted One-Drive for Business folder which was only accessible by the research team.

Stage 4: Final meeting for reflection.

Once the mothers had received the photograph, they were invited to a final short meeting. The meeting provided the opportunity to reflect on their experience of the study and explore any feelings arising from reviewing their photographs.

Data analysis.

The interviews were transcribed by KP and thematic analysis, consistent with Braun and Clarke (2006), was conducted. The analysis involved reading and familiarisation, coding all the data before identifying and reviewing five key themes. Each theme was examined to gain an understanding of participants' lived experiences and the influences on their family life and then named.

Findings.

The analysis produced five themes. Several key aspects from each theme will be described.

❖ *Key challenges and accomplishments*

Pregnancy proved a challenging time for two of the participants.

Clara described her pregnancy as 'scary' and the thought of birth as 'terrifying'. She had mixed feelings regarding the changes to her body.

Clara: I was absolutely huge. It's amazing that I grew both of the twins. Well one of them was over 8lbs and the other one was just short of 8lbs so for twins born at 36 weeks...I was just amazed about where they fitted to be honest.

The twins were born by a scheduled caesarean section however, as her eldest daughter was born by emergency caesarean section, she said that was afraid of what would happen. Clara was discharged home after 24 hours but experienced restricted mobility and significant pain which impacted on her involvement in the care of the twins. She held a negative perception of her body due to the pregnancy and operation for several years.

Clara: I hated it. I hated not being able to do anything with [eldest daughter]. I hate the way that I was moaning all the time, but I've just never felt so uncomfortable in all my life'.

Elle explained that they had no photographs or scan images from her pregnancy. This was due to the potentially life-limiting diagnosis of one of the twins which deterred Elle and her husband from taking any photographs during this time. Elle had decided against an amniocentesis to confirm a diagnosis, so the pregnancy was incredibly stressful and 'intense'.

Elle: It was all [Boy twin] on a screen, prognosis is not looking good at all, talking about all sorts of choices. Really grim, you now, really grim.

The twins were born by emergency caesarean section at 33 weeks gestation. The boy twin was diagnosed with Down's Syndrome and was transferred to the local Children's Hospital for abdominal surgery. Elle described her memories of the early weeks as 'hazy', and she was 'not great at remembering the medical details'.

Unsurprisingly, feeding the twins was acknowledged by all three participants as difficult. Clara described it as 'hard work' when newborn as the twins never wanted feeding at the same time, so she felt like she 'never slept'. Elle initially breastfed her daughter and expressed for her son:

Elle: ...so did it very pragmatically. "Get the nutrients out for as long as I can." laughs "And then when I can't do it anymore then I can't.

Bea initially tried breastfeeding but was unwell with mastitis and had abscesses so moved to bottle feeding. She sought support from her Health Visitor:

Bea: I remember asking my health visitor, 'how do I feed two babies with a bottle at the same time?' And she said, 'I don't know'. I was like 'But I don't know how to feed my children'. She said 'you need to go online and speak to some other twin mums'. And there's no other twin, there's no, there's no twin group in the area and I don't know how I'm gonna feed my children.

All participants highlighted the enjoyment that they obtained from motherhood and delight in having twins in part due to the relationship between them. Clara acknowledged that having twins 'is not an everyday sort of occurrence' and enjoyed the attention however all three participants wanted their children to be seen as individuals. Individuality was particularly evident with Elle who was concerned that she and the other two children would be seen as her Down's Syndrome son's carer and the reciprocity of the relationship would not be appreciated.

Elle: I just feel- um, I don't really want my other two to be carers for [B twin], you know? He's-, he's their brother... And, and I think that in the SEN world I think that conversation isn't had enough. You know I'm his mum, I'm not his carer. They're his brother and sister. I think in the SEN world it's-, it's talked about-, 'their carer' as if it's all one way, as if [B twin] gives nothing to us, you know?

Bea eloquently described motherhood:

Bea: I think that's, that's like, that's motherhood, isn't it that you have like the highs where you think this is so lovely and then within 5 minutes, you're like, 'why is everybody crying?'



Figure 1: Clara

Clara: This was the morning before I left to go to the hospital to have the twins. I have never felt so scared in all my life. I have also never felt so sick and huge

❖ ***Emotional and practical coping strategies.***

All three participants reflected on the various strategies that they employed to cope with the emotional and practical challenges of being a multiple births family. They had not initially anticipated the full extent of the ways that it would impact on their lives.

Bea described her and her partner's initial response on the detection of the twins on the scan:

Bea: We were like, "yeah, this is brilliant" (excited tone). We had like no idea. No idea what we were letting ourselves in for (laughs).

The participants discussed the additional costs arising from having twins. They described changes made to the home to accommodate having twins. All three were enthusiastic about obtaining 'freebies' and special offers. Even everyday tasks such as shopping proved challenging when there were no twin trolleys available. Since having twins, they had changed their approaches to holidays and 'days out' taking in to consideration the cost.

Elle: Oh, we went to xxx in the end just because it was so much cheaper than the coast-, cause all the coastal resorts were so expensive

The participants described a breadth of emotional coping strategies. These included crying, laughter, and humour which all explicitly link to resilience and coping with the early years. Elle revealed how they had never discussed as a family the challenge of the premature birth of the twins and the diagnosis of Down's Syndrome.

Elle: when they were in hospital and that kind of thing we've never talked about that really ...definitely tried to just skim past all that.

Having twins clearly impacted on the day-to-day lives of the families and necessitated changes in daily activities and the home. The mothers described a range of emotions that were used to enable them to cope with the challenges, with crying being a cathartic response.



Figure 2: Bea's boys

Bea: They re better with trolleys now. We only went to certain supermarkets actually, because some supermarkets don't have twin trolleys...but also if you had a twin trolley it was normally right in the middle at the back, and unless you've got like £10 worth of pound coins to get the trolley from the middle out, you just can't, you can't do it.

❖ **Availability of support networks**

The availability of support was a challenging issue for all three participants. The support networks fell broadly in to two areas; professional support and family support.

- Professional support.

The participants had mixed experiences of professional support. Elle spoke highly of the support provided from the staff in maternity and neonatal services and the local children's hospital. She describes the humanity of the staff.

Elle: and that was just the kindness of them...it wasn't that there was training, it was just that they were human. You know that staff at x hospital, blown away by them. (wipes tears away)

All three participants felt that professional support for common problems with babies such as feeding and potty training was not twin-specific and therefore increased their anxiety about caring for their twins. They all relied on information from the internet at times. Clara attended a local twin group for a short time but it closed down so the opportunity for support and a sharing of experiences was lost.

- Family support.

In their accounts, the participants described varied levels of family support that were available to them, the main source being the grandparents. The support was influenced by a number of factors such as age of the grandparents, social circumstances such as proximity, work or other carer duties and the closeness of the relationships. The support was not always about caring for the twins but frequently about caring for their siblings.

Elle described her parents were grieving for her older brother who had died during her pregnancy. She felt she had to protect her parents from the problems she was experiencing during pregnancy, her son being diagnosed with Down's Syndrome and the health problems experienced by both twins.

Elle: I never really told them the truth. They certainly didn't know [B twin] was in any trouble. I told them, everything was fine'. So they didn't have [eldest] very much.



Figure 3: Elle's newborn twins prior to separation for boy twin's surgery.

The experiences highlighted the importance of seeing each family individually and not making assumptions that there is extended family support available. It indicates how multiple birth families can become isolated especially in the first year as they adapt to having more than one baby at the same time.

❖ *Family dynamics*

All participants reflected on how having twins influenced their relationship with their partners and wider family. Clara and Elle each had an older daughter whereas Bea had a new born baby. Clara and Elle talked about how their relationship with the older child had been affected by having twins and Clare identified that at times it was difficult to find the time to spend alone with her daughter. All three relied on their partners for support and they acknowledged that their relationships had changed as a result of having twins.

Elle discussed the impact on the family of having a twin boy with Down's Syndrome. She described how his siblings have always been accepting of him and recognise his additional needs. They were all learning Makaton so that there was a shared language. She acknowledged that it could be difficult to find activities that they would all enjoy together but felt that these shared experiences whilst they were young were really important to strive for.

Elle: I've got to say that they're beautiful with [B twin]. They're absolutely beautiful with him. And [eldest] and [girl twin] I would say are very mainstream siblings. They love each other and they argue and they wind each other up.

For all participants, the reality of daily life with multiples changed the relationship dynamic with partners and older children.



Figure 4:

Elle: So we are all signing 'cow', so you can see them behind us. And [B twin] started, was telling us all and they were doing it back to him and I love it.

❖ **Role of photographs in family lives.**

All participants shared that they take photographs regularly, primarily with mobile phones and one said that she can take up to 30 a day. They each chose a different platform on which to review their photographs; photo archives on a mobile phone, a laptop and reviewing a physical family album. The process provided time and space to reflect on their lives together.

Clara: Yeah, they all loved looking back through the baby pictures and the same with [eldest] we had to look back through her baby pictures as well

Elle spoke about her regret at not photographing during the challenging periods of her pregnancy and when her twins were in hospital. However, she found that the process of looking through other family photographs enabled conversations with both her husband and the children about those experiences.

Elle: we (husband and herself) compartmentalized on a lot of it. So, it was really nice to try and articulate it a bit

All participants valued the use of photographs for creating memories, capturing the key milestones and for reflecting their family values.

Discussion.

The aim of the study was to explore the parenting journey of parents of multiples from pregnancy to starting school through the medium of family photographs. The results detailed above demonstrates that the early years were challenging both emotionally and practically however the photographs proved to be reminders of positive experiences.

The experience of pregnancy was mixed for the participants with two of the participants finding it particularly challenging, due in part to fear about the outcomes and the complexities of a multiple pregnancy. The participants experiences reinforce the need for a specialist multiple birth midwife to co-ordinate continuity of care and provision of support as recommended in the NICE (2019) guidelines and by the Royal College of Nursing (2021).

The support from health care professionals appeared limited and what was offered did not seem to recognise the impact of having more than one baby at the same time. The lack of recognition began with the early discharge home post caesarean section and the expectation that one mother will cope with feeding and care of more than one baby whilst experiencing pain and limited mobility in the first few weeks. Elle's experiences provided insight in to the experience of twin separation on the neonatal unit and in the local Children's Hospital. The recently published recommendations from the British Association of Perinatal Medicine (2021) discuss family-integrated care as a model that promotes 'a culture of partnership between families and staff'. The partnership empowers parents to become primary care-givers which is a positive ethos however there is no clear guidance with regards to multiple birth families.

The first year was recognised as the most challenging with feeding being a key area where multiples-focused support was lacking from Health Visitors. The challenges and lack of appropriate support is endorsed by other evidence (Harvey et al, 2014; Scoats et al, 2019;). It supports the need for further education of Health Visitors and a review of service provision as recommended in the recent study undertaken by the Elizabeth Bryan Multiple Births Centre and the Institute of Health Visiting (EBMBC, 2020).

The findings demonstrated that reliance on family members cannot be expected as they are not always available or have the capacity due to age or personal circumstances. A lack of an effective support network can lead to isolation of multiple birth families and reinforces the call for twins groups. It has to be acknowledged that these groups may no longer follow the traditional format of face-to-face meetings due to closure of facilities and the impact of the pandemic.

The chosen methodology and the use of MS Teams proved powerful. MS Teams acted as a neutral space, in which both researchers and participants are guests tuning in from their own homes. The ten photographs structured the interviews and provided a focal point on the screen. The insights from the participants were illuminating and highly personal. Liz Hingley's perspective

as a professional photographer enhanced the interpretation of the photographs, which was acknowledged by the participants on a number of occasions.

The involvement of Katie Peters as a parent of twins and a well-being coach provided an insider approach to the study. Katie developed the guidance for the participants recognising that choosing photographs would take time and may also be emotional. Katie was empathic during the interviews. Her experience as mother of multiples meant that she identified aspects in the photographs that a parent of singletons would miss.

Overall, the breadth of personal and professional experience of the research team contributed to a rich and detailed analysis of the interviews and photographs. .

Study strengths

- ❖ The use of photo-elicitation as a creative and meaningful way to explore the experiences of multiple birth families.
- ❖ The use of MS Teams as a neutral space for discussion and reflection on family life.
- ❖ Providing the mothers with the opportunity to reflect on their experiences and share personal insights on what were often emotionally and physically challenging aspects of family life.

Study limitations / challenges

- ❖ Although the team tried a range of methods to recruit, there was a low response rate however it is realistic to suggest that the recruitment was affected by the Covid-19 pandemic and restrictions such as working from home and home-schooling.
- ❖ The families did not reflect the ethnic and socioeconomic diversity of the West Midlands area. Although the insights into Elle's family life and the experience of having one twin with Down's Syndrome provided a different perspective that the team had not anticipated.
- ❖ The families involved all had twins. The experience of families with triplets and more or where a multiple had died, would enhance the study further and provide greater insight into varied challenges and experiences of multiple birth families.

Conclusion:

This research aimed to explore the lives of multiple births families during the early years. The findings identified that pregnancy and the first year were particularly challenging. Reasons included prematurity and illness and a lack of multiple-specific professional guidance. The study highlighted that multiple birth families can become isolated due to varying levels of family support and the lack

of twin-support networks and clubs. The use of photographs proved to be an effective tool for sensitively illuminating complex situations. The photographs evoked memories as well as information and factual data. Using MS Teams proved instrumental in helping the participants explore subjects and express emotions as it acted as an in-between space.

The photographs provided a clear focus for the interviews and a nuanced reflection on the parenting journey and further studies using this approach would enhance our understanding further of the early years' experiences and the transition to school. Due to the small sample size, there was a lack of diversity. Further research in to the experience of families of different ethnicities and socioeconomic backgrounds is needed. The experiences of Elle's family highlighted the need for further research where a multiple has a disability or complex health condition. Although this was a small study, it continues the call for recognition of the needs of multiple birth families.

Our thanks go to the families who took part in the study and so generously shared their time, experiences and photographs. They have given permission for the use of the photographs in publications and presentations.

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Appendix 1: Participant Information Leaflet

CREATING MULTIPLE CONNECTIONS. Exploring Experiences of Families with Twins, Triplets or More

Research team:

Jane Denton, co-lead Elizabeth Bryan Multiple Births Centre

Nathalie Turville, acting co-lead Elizabeth Bryan Multiple Births Centre

Liz Hingley, Anthropologist and MBF Creative Director

Katie MacLeod Peters, Wellbeing Coach and parent of twins.

Introduction

The Elizabeth Bryan Multiple Births Centre (EBMBC) is a collaboration between Birmingham City University and the Multiple Births Foundation. One of the core aims of the EBMBC is to establish an evidence base re: supporting families with twins, triplets and higher multiples. As part of this work, we would like to invite you to participate in an exploratory qualitative study with parents of multiples (aged 4-6), using photographs to discuss their experiences.

Before you decide if you would like to take part, it is important that you understand why the study is being done and what it will involve. Please take time to read this information sheet and to decide if you would like to take part in this study. Please let us know if you would like more information about the study (see email address and end of this information sheet). Thank you for reading this leaflet.

What is the study about?

This study aims to explore and describe the parenting journey of parents of multiples from pregnancy to starting school using photographs that are significant for you. The findings will contribute to the body of research with multiple birth families that is being carried out by the EBMBC to raise awareness of the distinctive needs of multiple birth families. It will also inform the development of resources and support for families and service providers.

Why have I been asked to take part?

You have been asked to take part because you are a parent of twins / triplets or higher order multiples aged between 4 and 6. You may wish to take part in the study with your partner or on your own.

Do I have to take part?

Involvement in this study is entirely voluntary, for either you or your partner. If you would like to participate, you will be asked you to sign a consent form and verbal consent will be obtained at

each stage. You can withdraw from the study without giving a reason and your decision to withdraw will not have any adverse effects.

What will happen if I agree to take part?

We would like you to meet us for a brief online meeting using MS Teams where we will explain the study further and answer any questions. We will discuss the use of the photographs in the study. We will also ask for your consent to participate in the study.

Following the initial meeting, we will send you a personalised guide on how to choose between 5 and 10 photographs that represent a key moment and identify something that is relevant to you as a multiple birth family. Once you have chosen the photographs, you will be asked to email them in advance to the team to help us prepare for the interview. If this is not possible or you would prefer not to do this, you can still continue with the study.

The next stage will be an online interview using MS Teams at a time to suit you. We anticipate that the interview will last between 45 – 60 minutes. You can choose to have the interview together, where you will both be asked questions jointly. If you prefer you can have separate interviews. During the interview, you will be asked to provide the history of each photograph and explain the meaning attached to it.

Following the interview, we will arrange a final short online meeting to reflect on your experience of the study and thank you for your contribution.

You are free to withdraw from the study at any stage up to the point of analysis. You do not have to answer any of the questions at interview and can pause or stop the interview at any point.

Expenses and payments

There will be no expenses or payments made for participating in this study. In recognition of your time and commitment to the study, a photograph of your choice will be professionally produced.

What are the possible benefits of taking part?

Whilst there will be no direct benefit to you in taking part, we hope that you will enjoy sharing your photographs and discussing your experiences and thoughts about being a multiple birth family.

It is anticipated that this research study will have wider benefits by informing health and other professionals of the specific care and support needs of multiple birth families.

What are the possible disadvantages of taking part?

There are minimal risks but you may feel some emotional discomfort during the interview. If this occurs the interview will be paused or stopped at your request. You may wish to access support from a family member or friend or we can signpost you to relevant support agencies or professionals if you wish. We do not anticipate that any safeguarding issues will be raised during the interviews. However, should this be the case then reporting procedures will be followed.

Will my taking part be kept confidential?

All of the information collected about you will be handled in confidence. All information will be kept in line with the principles of General Data Protection Regulation (GDPR 2018). The interview recording will be encrypted and stored in a designated project folder on a secure BCU One Drive account until it has been transcribed. Following transcription the recording will be deleted. Any notes that are taken during the meetings and the photographs will be stored securely on a password protected computer. Only the research team will have access to the study data. In accordance with current BCU guidelines, study data will be securely destroyed after five years. No identifiable information (for example names or addresses) will be included in any papers, posters or conference presentations. Where appropriate, codes will be used to protect the identity of individuals or places. We may ask for your consent regarding the use of some of the photographs in the study report or for publications but you do not have to agree to this and it will not affect your involvement in the study.

What will happen if I do not wish to continue in the study?

You can withdraw from the study at any time without providing a reason however after we start analysis of the interviews in July 2021 it will not be possible to withdraw your data. Your information will not be used for any other purpose and all information about you will be destroyed. You will not be compromised by your decision to withdraw.

What will happen at the end of the study?

A report will be written for the Multiple Births Foundation and a copy will appear on the EBMBC website. The findings of this study will also be published in health care and education journals and presented at conferences. If you have provided consent, the findings will also be used in teaching health and education professions within BCU. If you would like information regarding the findings of this study, please let us know. Please read 'Data Protection and your rights' (included at the end of this document) for more information.

Who is organising and funding the study?

The study has been funded by the Multiple Births foundation.

Who has reviewed the study?

This study has been reviewed and approved by the Faculty Academic Ethics Committee, Faculty of Health, Education and Life sciences, BCU.

Who should I contact if I wish to make a complaint about the study?

If you feel at any time that you have cause for complaint arising from this study, please let us know. If you wish to make a complaint, please contact Julie Quick, Insurance Lead, Faculty of Health, Education and Life Sciences via: HELS_Ethics@bcu.ac.uk

Contact for further information

If after reading this you have any questions or need some further information, please contact:

Nathalie.turville@bcu.ac.uk

Multiple_births@bcu.ac.uk

Appendix 2: Example of guidance for participants.



Thank you

Thank you for agreeing to take part in this project. Here is some guidance you may find useful when choosing your 5-10 photos.

Photo selection guidance – when, what and how

When?

You planned to do this activity on (date) when children are asleep and most likely alone. Please email your 5-10 selected photos to xx by Monday so that Liz and I have enough time to briefly look at them before our second meeting on Friday.

What?

Milestones plus

We invite you to capture different landmarks in your family life. This can be traditional milestones like the scan, pregnancy, birth, arriving home, their first year, starting nursery or school or any significant moments unique to you and your twin parenting journey.

Not your “#bestlife” or highlights reel

Please bring any moments of challenge as well as those moments to be proud of and celebrate. It's also ok not to feel positive about the moments you're reflecting on. This is what we'd love to capture too, so please do share those if you feel comfortable for us to talk about this in the session. We know real family life is not picture perfect!

Captions

When you're selecting your photos you might like to add some words that come to mind to you, your partner and the children.

How?

Limit the time

We all know we can lose hours scrolling through photos on our phone and there will always be more to scroll through. Perhaps set a timer for the amount of time you want to spend looking at photos. We recommend breaking this up and not spending hours at a time on it.

With or without the kids

Choose whether you want to do this with or without your children involved.

Save them

When you find one you like, screen shot it, favourite it or add it to a new album in your photo gallery to make them easier to find and email them to us.

Stop

Looking at photos can feel great but when we're reflecting on all aspects of the journey, it can bring up different emotions. If it is distressing then please stop and go back to it another time or just leave it there.

The video calls

Our next meeting will be 45-60 mins at xx

We would like you to feel as comfortable and focused as possible during the interview. Here are a few points we hope will support this:

- Choose a room and place to sit that is comfortable, and please do bring along something to drink.
- Choose a time of day where you will feel most at ease and undistracted. Ideally this is when your children are not present and requiring your attention. We know this is difficult! We will make a time to conduct the interview based on your availability, including evenings or during the school day. If it is difficult for you to find time to be away from your children, please let us know and we can discuss some more options.
- Feel free to change or blur your background on the call so that you don't feel we are intruding too much into your personal space. Equally, we understand that no one has an ideal backdrop so we will not be judging you on what's in your background! We will be focused on the photos and stories you're sharing with us. You should be prompted when you log onto the call to change or blur your background but if not here's some guidance on changing or blurring your background on Microsoft Teams: <https://support.microsoft.com/en-us/office/change-your-background-for-a-teams-meeting-f77a2381-443a-499d-825e-509a140f4780>
- We would love your partner or co-parent to join us if that's appropriate and possible for you both.
- It might be useful to have some tissues handy. Whilst we do not envisage this research to be distressing; the process of looking through old photos and discussing different milestones can bring up emotion.

Contact

Please contact Nathalie.Turville@bcu.ac.uk for any queries during this process.