

Grandparents? feelings when they faced a triplet pregnancy

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Grandparents' feelings when they faced a triplet pregnancy

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Abstract

Aim: To clarify grandparents' feelings about a triplet pregnancy from the time they heard about it until birth.

Methods: Six parents-in-law and six biological parents of women who delivered triplets were qualitatively and descriptively analyzed through semi-structured interviews about their feelings at the time they heard about the triplet pregnancy and subsequently during the pregnancy.

Results: The feelings of grandparents facing a triplet pregnancy were consolidated into five categories. These five categories were "confusion and joy over the triplet pregnancy," "anxiety that the pregnant woman may not be able to raise the triplets in her belly," "anxiety that the triplets may not be born safely and preparedness to accept triplets," "confusion and readiness to explore a life with triplets and support my son's or daughter's family," and "expectations for the birth of the triplets expanding after the smooth progress of the pregnancy and the triplets' growth."

Conclusions: The grandparents were confused and anxious about a pregnancy with triplets. They faced difficulties in understanding how to support their son or daughter and how to live with triplets, and aimed to change the family system itself. Eventually, as the pregnancy progressed, they looked forward to the birth of the triplets with growing relief and joy at the smooth progress of the pregnancy and well-being of the expectant mothers. Nurses should determine whether couples and grandparents are smoothly adjusting to the changes resulting from the pregnancy, and whether they need support such as the provision of information.

KEY WORDS

triplets, pregnancy, grandparents, feelings, acceptance

Introduction

In Japan, the number of multiple births¹⁾ has rapidly increased with the widespread utilization of *in vitro* fertilization. This had led to an increase in the occurrence of maternal complications and premature births. Subsequently, the Japanese Society of Obstetrics and Gynecology issued a bulletin on the optimal number of transferred embryos in infertility treatments and this had resulted in a decrease in the number of multiple births. In 2019, the number of deliveries of multiple pregnancies was 8,937 for twins, 143 for

triplets, and 3 for quadruplets²⁾. Between 2015 and 2019, the number of twins decreased, whereas the number of triplets and higher pregnancies had remained unchanged.

Among multiple pregnancies, pregnancies with three or more fetuses pose a higher risk to the life of the mother and children compared to twin pregnancies³⁾, and in some cases, elective abortion was performed^{4,5)}. However, it was reported that approximately half of the couples were concerned about the "effects on the remaining child" and the wife thought that she had

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“done something unethical” before giving birth to the remaining babies after the abortion of the other⁵). This suggested that both the decision to continue a triplet pregnancy despite the risks and the choice to avoid the risks are likely to be accompanied by difficulties in accepting the pregnancy.

Moreover, in a previous study, the author revealed that couples who were told of such high-risk triplet pregnancies suffered an emotional trajectory of not only shock, confusion, and anguish but also determination to become parents and developed an attachment to their children⁶). Also, in an investigation by Kotera et al. on triplet parents who mostly lived in the United Kingdom, the parents reported both positive and negative experiences throughout the prenatal and postpartum periods⁷). These findings indicated that couples continue to have mixed feelings about triplet pregnancies throughout the duration of the pregnancy. In the author’s previous study, pregnant women reported feeling alienated and isolated when their parents-in-law worried only about their future lives with triplets and denied concern for the triplet pregnancy, or when their families did not understand their feelings⁶). The husband was also reported to have felt lonely in a situation where his family could not be kind to him even after discussing his confusion and anxiety⁶). Therefore, it can be inferred that the couple’s confusion and distress may have been influenced by the thoughts, words, and actions of their parents (hereafter referred to as “grandparents”).

In addition, Watanabe et al. reported that when a daughter informed her biological mother about her twin pregnancy, the mother thought it was a lie. Furthermore, the mother reported that she was prepared to help her daughter in raising the twins and had decided to leave her job for the same⁸). This resolve can be described as the desire of a biological mother who wants to actively support her daughter. However, the couple felt alienated and lonely in their relationship with their grandparents, suggesting that grandparents may have difficulty accepting a triplet pregnancy in a positive manner. Therefore, the grandparents’ thoughts and feelings should be understood when considering support for couples trying to accept triplet pregnancies.

Hence, this study aimed to clarify grandparents’ feelings about a triplet pregnancy from the time

they heard about it until birth. By clarifying the grandparents’ feelings, we can consider how to support grandparents in accepting triplet pregnancies in a positive manner since they are the supporters of triplet expectant mothers and their husbands.

Methods

1. Research design

Qualitative Descriptive Research Design

2. Study participants and study period

Study participants were grandparents of triplets (parents-in-law and biological parents of women who gave birth to triplets), and the study was conducted from July 2018 to January 2021.

We obtained the consent of the representatives of the collaborating institution Hospital A, a certified center for maternal–fetal and neonatal medicine. We then provided a brief overview of the study outline to the women who had given birth to triplets there. After we obtained their informed consent, we had the opportunity to contact their parents-in-law and biological parents.

3. Data collection methods

Each grandparent was interviewed semi-structurally using an interview guide and was asked to freely express their thoughts and feelings at the time they heard about a triplet pregnancy and subsequently during pregnancy. Interviews were conducted in person, and those two who resided far from the study area were interviewed by telephone. The interviews were conducted between 1 and 3 years after the birth of the triplets, and the average interview time was 64 (17–125) min.

Since the interview was a retrospective interview, care was taken to avoid confusion as to whether it was a thought at the time or a current thought looking back on that time.

4. Analysis method

All interviews with each grandparent were transcribed verbatim and coherent sentences were extracted that described what the grandparents said about their feelings when they heard about the triplet pregnancy and their feelings during the subsequent course of the pregnancy. The meanings of the sentences were interpreted according to the context and summarized in concise expressions, which were then coded. Next,

similarities and differences in content among the codes were compared and categorized, and these groupings were labeled with labels that represent their meanings, which were then designated as subcategories. Similarly, similarities and differences among the subcategories were compared, classified, labeled, and designated as categories. We conducted the analysis among several researchers in the field of maternity and midwifery to ensure veracity.

5. Ethical considerations

The study purpose was explained to study participants orally and in writing, and their consent was obtained after informing them that their participation was voluntary and that they could withdraw from the study at any time. Interviews were conducted in a manner that ensured privacy. It also was explained to them that the contents of the interview would not be known to anyone other than the researchers and that confidentiality would be maintained. This study was approved by the Medical Ethics Review Committee of Kanazawa University (Review No. 851-1).

Results

1. Overview of study participants (Table 1)

The study participants were six parents-in-law (A-F) and six biological parents (a-f) of five women who had

given birth to triplets. The grandparents' ages at the time they were told of their triplet pregnancies ranged from 52 to 68 years.

2. Grandparents' feelings when they faced a triplet pregnancy (Table 2-1, Table 2-2)

The grandparents' feelings were grouped into 364 codes, 35 subcategories, and 5 categories. These five categories were "confusion and joy over the triplet pregnancy," "anxiety that the pregnant woman may not be able to raise the triplets in her belly," "anxiety that the triplets may not be born safely and preparedness to accept triplets," "confusion and readiness to explore a life with triplets and support my son's or daughter's family," and "expectations for the birth of the triplets expanding after the smooth progress of the pregnancy and the triplets' growth."

The following describes the categories of each grandparent's feelings facing a triplet pregnancy. The representative narratives of the participants are denoted with an italicized font.

1) Confusion and joy over the triplet pregnancy (Table 2-1)

Many grandparents were first told by their son or daughter that their son's wife or their daughter was pregnant, and later told that they were carrying twins or triplets. Grandparents were relieved and happy that

Table 1: Summary of study participants

Case	Number of delivery at the time of the triplet pregnancy	Gestational mode at the time of the triplet pregnancy	Parents-in-law(n = 6)				Biological parents(n = 6)				Total (n = 12)
			Father-in-law (Age)	Mother-in-law (Age)	Whether or not lives with a woman	Time from diagnosis of the triplets to interview	Biological father (Age)	Biological mother (Age)	Whether or not lives with a woman	Time from diagnosis of the triplet to interview	
			Interview time	Interview time			Interview time	Interview time			
1	1	Infertility treatment	1-A (63) 17 min.	1-B (61) 29 min.	Living apart	Three years later	*	*	*	*	
2	1	Infertility treatment	-	2-C (68) 40 min.	Living apart	Three years later	*	2-a (64) 88 min.	Living apart	Three years later	
3	0	Infertility treatment	*	*	*	*	3-b (59) 59 min.	-	Living apart	Two years later	
4	0	Infertility treatment	-	4-D (58) 46 min.	Living together	One year later	4-c (62) 58 min.	4-d (56) 58 min.	Living apart	One year later	
5	0	Infertility treatment	5-E (56) 80 min.	5-F (56) 125 min.	Living together	One year later	5-e (66) 83 min.	5-f (52) 83 min.	Living apart	One year later	

Notes: 1) Each Participants were given an ID using a combination of numbers and letters. The number indicated the case number. A-F are the symbols for parents-in-law, and a-f are the symbols for biological parents.
 2) - : This symbol indicates bereavement.
 3) * : This symbol indicates lack of consent.

a pregnant woman who had been undergoing fertility treatment was able to conceive. The grandparents were able to accept the twin pregnancy positively, but were surprised and puzzled by a triplet pregnancy, which they had never heard of and could not imagine. The parents-in-law were upset by the future family life due to the difficulties and financial burden of raising three children at once by the couple.

I thought we could manage with twins. If triplets go to college, they can manage with 20 million; however, just an increase of 10 million would be difficult to reach 30 million. For example, if (the triplets) want to have one room each in the future, they will have to have one room each by dividing a large room, which will be very difficult. Moreover, there are times when I wonder if there will be enough toilets for a family of eight when there are only two toilets now. I wonder if they really understand it. (5-E)

The biological parents were perplexed by the difficulties of life with triplets, but they tried to accept the pregnancy positively, saying that since the pregnant woman wanted to conceive and then three children resulted, they had no choice but to accept the pregnancy. On the other hand, the biological father was pleased with the special pregnancy of three children at once, and was happy that the triplet pregnancy was noticed by others and that he could boast about it.

When I told my friends that I was having twins or more grandchildren, they all said, 'Wow, that's great!' I was looking forward to hearing that. For me... Not that I was amazing, but I was happy to be the center of attention, or I was looking forward to it, or I was having fun. (5-e)

2) Anxiety that the pregnant woman may not be able to raise the triplets in her belly (Table 2-1)

The grandparents were concerned that the pregnant woman's body would not be able to safely raise three children and that she might miscarry the triplets prematurely. The grandparents were also concerned about the mental and physical strain on the pregnant woman. On the other hand, because of minimal chances of a successful triplet pregnancy, the grandparents were prepared for a certain amount of trouble that might occur during pregnancy and delivery, such as a miscarriage or premature delivery, which might put a strain on the pregnant woman.

Even with just one child, I was concerned about whether he would be born physically and mentally healthy, but with three children, I was worried. So, when (she) gave birth to her first (older) child, she said she wanted to wait until close to the due date (until labor came naturally). However, because of her uterine growth retardation, it would be dangerous for

Table2-1: Grandparents' feelings when they faced a triplet pregnancy

Category	Subcategory	Participants
Confusion and joy over the triplet pregnancy	Relief that the pregnant woman who had been treated for infertility could conceive; confusion about an unimaginable triplet pregnancy	1-A, 1-B, 2-C, 4-D, 5-E, 5-F, 2-a, 4-d, 5-f
	Concerns that a pregnant woman's body will be able to carry the triplets to term	2-C, 5-F
	The pregnant woman wanted to get pregnant and I want her to have triplets safely	2-a
	Three at once is a lot of work; however, since we were blessed with children, I have no choice but to accept it with a positive attitude	3-b
	Surprise and joy at a special pregnancy with three grandchildren at once	2-a, 3-b, 4-c, 4-d, 5-e, 5-f
	The joy of the attention of those around him who knew he would have triplets and being able to brag about them	3-b, 5-e
Anxiety that the pregnant woman may not be able to raise the triplets in her belly	Confusion and frustration at the living situation and financial burden of having three more grandchildren at once	1-B, 4-D, 5-E, 5-F
	Worried about the mental and physical burden of a pregnant woman gestating three children; I want her to take it easy	1-B, 2-C, 4-D, 5-E, 5-F, 2-a, 3-b, 4-c, 4-d, 5-e, 5-f
	I don't want to leave a pregnant woman alone who may be overburdened or unable to cope on her own	3-b, 5-e
	Triplets mean the pregnant woman is burdened and emergency hospitalizations and premature births are unavoidable	1-A, 4-D, 5-E, 5-F
	Worried and prepared that a pregnant woman's body could not carry triplets to term and she might miscarry prematurely	2-a, 5-d, 5-f
	I don't want to add to a pregnant woman's worries with my concerns	2-a, 3-b, 5-e, 5-f
Anxiety that the triplets may not be born safely and preparedness to accept triplets	Confusion about triplet pregnancies, which I have never experienced, and acceptance and understanding of triplet pregnancies	5-F
	Anxiety about whether the triplets will be born safely and without physical defects and that they will grow properly	1-A, 1-B, 2-C, 4-D, 5-F, 2-a, 3-b, 4-c, 5-e, 5-f
	Upset about what will happen to the triplets if they are born now, which intensified at the signs of impending preterm labor	5-F
	A determination to accept life as it is, even if the baby is handicapped	2-a, 4-d
	Eliminate worry and not worry about information and thoughts about the risks that may or may not become reality	5-E, 3-b, 4-c, 5-e

Notes: The ID in the Participant column indicates the ID given for each participant in Table 1.

The number indicated the case number. A-F are the symbols for parents-in-law, and a-f are the symbols for biological parents.

both the child inside (her belly) and the mother. So, she had the baby by C-section, I believe. To be honest, I really wondered if she would be able to give birth safely with a stunted uterus. (2-C)

The grandparents wanted the pregnant woman to take it easy, were concerned about her, and did not want to add to her worries with their own concerns. The mothers-in-law were puzzled by the triplet pregnancy, which they had never experienced, and had doubts about how the pregnant woman was spending her time and had concerns for the progress of the pregnancy, but understanding the triplet pregnancy helped them to resolve the doubt.

I was most worried about my daughter-in-law's health. She wanted to keep the baby as long as possible in her belly until the very last minute before it was born. However, it's difficult enough to carry one child and having to carry three in her belly would be very difficult if there any danger to her body came forth. So I told her not to push herself too hard. I was very worried about her doing so. (1-B)

In my case, I was pregnant with one, of course. I was told that if I didn't move my body, pregnancy and childbirth would be difficult. She (being pregnant with triplets) could not move her body and rested as much as possible. So I thought that her (pregnancy and delivery) would be difficult. I (realized) that because she had three, she would have to rest rather than move her body, because she would have to give birth by C-section. I was fine with that. It was different from my time. (5- F)

3) Anxiety that the triplets may not be born safely and preparedness to accept triplets (Table 2-1)

The grandparents were anxious as to whether the triplets would be born in healthy bodies and grow up properly. When the pregnant woman began to show strong signs of impending preterm labor, the mother-in-law became upset and more anxious about whether the triplets would be safe if they were born early.

I had heard that (triplets) often have disabilities, so I was concerned about that. (5-f)

I wondered if the triplets would grow smoothly in a pregnant woman's belly. When I heard that two of the

triplets were on the side and one below them, I had the feeling that one of them would be trampled and would never grow up.(3-b)

On the other hand, they were also prepared to accept that even if the triplets were handicapped, when they would be born, they would have to accept triplets. In the midst of this uncertainty, the grandparents stopped worrying, eliminating any information or thoughts that would cause them to worry about the risk of a triplet pregnancy, which they did not know if it would become a reality.

I thought that a worst-case scenario, that's a bad way of putting it, is inevitable in some cases. It's a life that was born, so I kind of felt that I had to take it as it came. (4-d)

Why should I be prepared for something that hasn't even happened? For example, even if only one child is born, since a child with a disability may be born too, and if I worry about every single thing like that (just because it's triplets), I wouldn't be able to survive. (5-E)

I was a little worried (about the possibility of premature birth or illness) when I heard about the triplet pregnancy. I was a little more worried about the child having a disability than about a small size birth, but there was nothing I could do. Unless, of course, I was worried and things turned out well (and worrying doesn't always work out). (3- b)

4) Confusion and readiness to explore a life with triplets and support my son's or daughter's family (Table 2-2)

The grandparents were prepared that raising triplets would be difficult for their son 'and daughters and their partners alone and that they would have to support their family. The mothers-in-law and biological mothers then explored the best ways to raise the triplets and the ways in which the triplets and their families could live together.

I thought about everything in my life. I thought about where and how I should spend my time. When taking a bath, we thought about how we should do it, how we should keep them warm, and many other things. My husband didn't worry about such things at all. When I bathed the children, I would take them there and

change their clothes here. I thought about all kinds of things like that. (5-F)

Grandparents tried to ease the upset of their sons and daughters and their spouses, who were anxious about the risks of the triplet pregnancy and living with triplets. In addition, the mothers-in-law worried on her a grandchild (the older child), who could not spend time with his or her parents as usual. The fathers-in-law were determined that he, as the mainstay of the family, could not be depressed along with another family members who were anxious about the triplet pregnancy. The biological mother worried that their daughter would be reserved for her family in-law, and carry the burden. Moreover, they pondered what they could do to support their daughter's family so that they could do to be considerate of their daughter's family and not be a nuisance.

They are self-employed, so I think there is someone at home somewhere. She has a husband, a father-in-law, and a grandmother. Hence, I think I can ask them to watch over one baby. But you know, there are so many things to consider. I thought that her father-and mother-in-law would help her, but I was a little worried that (my daughter) would have to do it all by herself. (omitted) I guess there are times when

everyone has to go somewhere else for work or when no one is around, so at that time, she would have to take care of (the three of them) by herself. (5-f)

The biological father understood the difficulties of raising triplets, however, they thought that I do not have the reality or responsibility of their involvement in the life of raising the triplets.

I don't have any idea that because I'm a man, I have to raise (children). Naturally, I will be a financial supporter, but I don't have that sense of responsibility. I think that it is the parents who raise the triplets. So, it's easy for me to say (that I will be a supporter). (3-b)

5) Expectations for the birth of the triplets expanding after the smooth progress of the pregnancy and the triplets' growth (Table 2-2)

The grandparents were concerned for the safety of the pregnant woman and triplets and anxious about life with triplets; however, they were reassured by the help of their surroundings and the presence of family members who were facing the triplet pregnancy together. In addition, when they saw and heard of actual cases of triplets growing up healthy, they became relieved and hopeful about the future progress of the pregnant woman and triplets. The grandparents were

Table2-2: Grandparents' feelings when they faced a triplet pregnancy

Category	Subcategory	Participants
Confusion and readiness to explore a life with triplets and support my son's or daughter's family	Raising triplets is hard; I need to support my son or daughter as they raise triplets	1-A, 1-B, 4-D, 5-E, 5-F
	I want to respect and support my son and his wife	1-B, 2-C, 4-D
	Concerns about how to raise triplets and change their lives to make it work	4-D, 5-F
	I want to use my time for something other than triplets	2-C
	I want to ease my family's worries over the risk of a triplet pregnancy and living with triplets	1-A, 5-E, 5-F
	Concerns about the old child who cannot see his or her mother and spend time with his or her parents as usual	1-B, 2-a
	The joy of increased contact with my son and grandchild	2-C
	As the mainstay of my family, I have to support my family who is anxious about the triplet pregnancy	5-E
	The heartache of the burden of raising triplets, considering the family in-laws, and discretion in pondering support and staying out of their way	2-a, 3-b, 4-d, 5-f
	Worries about the possibility that my daughter might be reserved in order to not burden her in-laws and relief that she has the support of her in-laws	4-d, 5-f
	The realization and determination to be a grandmother of triplets welling up from interactions with triplet families	4-d
	Reassurance by examples of small birth weight babies and healthy growth and worry by examples of disabilities and the burden of raising triplets	3-b, 4-c
Expectations for the birth of the triplets expanding after the smooth progress of the pregnancy and the triplets' growth	While understanding the difficulties of raising triplets, there is little sense of responsibility or realization that they will be raising triplets	3-b, 4-c, 5-e
	The reassurance of having a family that faces (the triplets) together, and support from others (outside the family)	1-B, 4-D, 4-d, 5-f
	Relief and expectations regarding the future of a pregnant woman and triplets after seeing and hearing about other triplets growing up in good health	2-a, 4-d, 5-f
Confusion at the responsibility of having to protect a pregnant woman and relief that she and the triplets are protected by medical care	Optimism about the prospects of pregnancy and joy at the birth of triplets, strengthened by the smooth progress of the pregnancy and the triplets' growth	1-A, 1-B, 2-C, 4-D, 5-E, 5-F, 2-a, 3-b, 4-d, 5-e, 5-f
		1-A, 1-B, 2-C, 4-D, 5-E, 5-F, 2-a, 3-b, 4-c, 4-d, 5-e, 5-f

Notes: The ID in the Participant column indicates the ID given for each participant in Table 1.

The number indicated the case number. A-F are the symbols for parents-in-law, and a-f are the symbols for biological parents.

perplexed by the responsibility of having to protect a pregnant woman while she was at home, however, were relieved to know that a pregnant woman and triplets were always under medical care through antenatal care and hospitalization.

If a pregnant woman had stayed at home, I would have been worried (about what to do in case something happened), but since she was in the hospital, I had peace of mind that if something happened, the hospital would take care of it. (If she had stayed at home), she would have had to do it by herself, but now that she was in a hospital, she could get help. (5-e)

As the pregnancy progressed, the grandparents became less anxious about the possible risks and uncertainties for the pregnant woman and triplets. They became optimistic about the prospects of her pregnancy based on the smooth progress of the pregnancy and the triplets' growth, and they began to look forward to the birth of the triplets.

Every day I went to the hospital (to see her), and when I heard that the triplets were getting bigger, I thought, "If they've come this far, they'll be fine. When (the triplets' weight) reached about 1,500g, I really switched to the feeling that if they had come this far, everything would be all right. (5- F)

Discussion

This study investigated the feelings of grandparents facing a triplet pregnancy from the time they heard about it until birth. The grandparents were surprised to hear of the triplet pregnancy and tried to support the family (family life) despite the uncertainty about the safety of the pregnant woman and triplets and their confusion about family life with three more babies at once. They felt reassured by the medical care and support of their surroundings, and were relieved with smooth progress of the pregnancy and the triplets' growth, which strengthened their anticipation for the birth of the triplets.

This section discusses the characteristics of the grandparents' feelings and the family development to welcome the new triplets.

1. Grandparents' feelings when they faced a triplet pregnancy

All cases of triplet pregnancies in this study were

pregnancies resulting from infertility treatments. Therefore, the grandparents were happy that their daughter or daughter-in-law had become pregnant, because they had thought it would be difficult for them to conceive. However, when the grandparents later heard of the twin pregnancy, then the triplet pregnancy, they were not only happy about the pregnancy but also confused about the multiple pregnancies at the same time, which was considered an ambivalent state of mind.

In Japan, multiple pregnancies accounted for about 1% of all deliveries in 2019, of which twin pregnancies accounted for 98% and triplet pregnancies about 1.5%²⁾. This indicates that triplet pregnancies are extremely rare and are rarely heard of in the community. Therefore, the grandparents could not be sure that the triplet pregnancy would progress smoothly, and they were confused because they perceived it as a very risky pregnancy. In addition, when the grandparents imagined the reality of three more family members at once, they said, "I thought we could manage with twins." It is thought that the reality of three more babies instead of two made them seriously aware of the difficulties in their lives, as if the family might not be able to make ends meet. The parents-in-law were practically welcoming triplets into the family, and they were more realistic and perplexed about the life and financial burden of having triplets. These findings are similar to the thoughts of couples who accept triplet pregnancies⁶⁾, which can be considered an indication that the parents-in-law have recognized the reality that they, too, play a role in accepting and living with three children. Conversely, biological parents, while understanding the difficulties of life ahead for their daughter and her family-in-law, did not see themselves as parties to accepting and living with triplets, but as a separate family.

Moreover, when the grandparents recognized the uncertainty of the rare triplet pregnancy and the risks of that pregnancy, they experienced the feelings of "anxiety that the pregnant woman may not be able to raise the triplets in her belly" and "anxiety that the triplets may not be born safely and preparedness to accept triplets." Even amidst the anxiety and confusion about the triplet pregnancy, the search for how to make it work and the bewilderment is expressed in "confusion

and readiness to explore a life with triplets and support my son's or daughter's family." In this category, they also perceived the situation differently depending on whether they were the mother or father. The mothers-in-law were aware that they had to participate in childcare in the same way as the mother of the triplets. The biological mothers also saw their roles in providing temporary support during the time their daughters were returning home temporarily and were realistic about staying at their daughters' homes or quitting their jobs to prepare. Although the idea of dividing household chores and child-rearing roles among married couples has been diversifying in recent years^{9,10}, the idea of the traditional gender division of labor^{9,10} that persists in the grandparents' generation influenced them to realistically view their triplet pregnancies as their role to support their sons and daughters in raising their children. Furthermore, the biological mothers perceived the burden of raising not one but three children more realistically, while also considering their daughter's position as a daughter-in-law, as they also experienced the same in the past. This is a feeling unique to a biological mother who is extraordinarily concerned about her daughter. The father-in-law felt more threatened by the financial burden on his son and daughter-in-law and the general difficulties in his family life than by the specific way of life with triplets. Therefore, fathers-in-law were more realistic about the triplet pregnancy as a patriarch^{10,11} with absolute power over property management and family survival and control. Conversely, the biological father, while understanding the difficulties of living with triplets, was unaware that he was involved in his daughter's family and did not see himself as a part of the situation. Thus, among the grandparents, differences in the degree of involvement in the triplet pregnancy were observed, which may also have been reflected in their actual words and actions. Watanabe et al. reported that a grandmother with twin grandchildren thought that her daughter alone could not raise twins⁸. This suggests that raising triplets rather than twins and their living with them is extremely difficult for a couple alone and require support from family members and others. For couples who are anxious about life with triplets in the gestational period⁶, their parents' attitude of actively supporting them in raising and living with the triplets

may help ease their trepidation. Nurses should support not only the couple but also grandparents so that all of them can recognize that they, too, are involved in childcare. This, in turn, will lead to support for the couple and grandparents to smoothly begin raising and living with triplets.

However, the grandparents, despite their confusion and anxiety about the triplet pregnancy, were able to explore ways to live with the triplets and expect optimistic prospects for the pregnant woman and triplets. This may be due to the fact that, in the midst of an uncertain triplet pregnancy, the pregnant woman and triplets experienced smooth pregnancy progress. The grandparents may have heard of cases of triplets that were doing well, and they may have interacted with triplet families, which gave them confidence that they would be able to live with the triplets, or that the pregnancies would proceed just as they would with a normal pregnancy. The help they received for their own families from their surroundings and the availability of medical care to help a pregnant woman and triplets also influenced their hopes and reassured them that the mothers would have a safe pregnancy. Peer support for twin fertile women has been shown to help reduce anxiety about pregnancy and childbirth¹², and peers can bring a sense of security that medical providers cannot offer. Because triplet pregnancies are very rare, promoting interaction with triplet families early in the pregnancy, along with medical support, can be important for positive acceptance of triplet pregnancies.

2. Development of a family welcoming a new triplet

Grandparents are also in the fifth stage of the family developmental stage theory^{13,14} presented by Carter, E.A. et al. This period is said to be the time of "Launching Children and Moving On"¹⁴. This is essentially the period when the children become independent and the marital relationship is readjusted. However, when they understood the reality of triplet pregnancies, where three more family members are added to their sons or daughters' couples at once, they accepted that they had to be involved in their lives to make it work. Grandparents' realistic views of life with triplets and facing their confusion about life ahead can be considered as a secondary change¹⁴. Secondary changes¹⁴ are those that are necessary for the transition

of the family's developmental stage and changes in the family system¹⁵⁾. Problems within a particular stage can be solved by re-balancing the family in the existing structure, known as the primary change¹⁵⁾, and the primary change in the fifth stage is to accept an increased number of people entering and leaving the family system. However, when they understood the reality of three more family members at once, they experienced difficulty in accepting it: how to support the families of their sons and daughters who would become parents and how to live with their triplets. Hence, coordination and cooperation were required among family members, and they tried to protect their family life by making changes in their own lives and the family system. The desire to support their sons and daughters' families can also be based on what Erik H. Erikson described as generativity, i.e., "the interest in establishing and guiding the next generation"¹⁶⁾. Grandparents are thought to be facing changes in their attempts to nurture and protect their son and daughter's families.

Therefore, we believe that a perspective that supports family development is necessary for supporting couples and grandparents undergoing triplet pregnancies. Nurses should determine whether couples and grandparents are smoothly adjusting to these changes and whether they need any support, such as the provision of information, and consider how to support them. Further, the couple and grandparents' feelings should also be considered as they accept the triplet pregnancy and to support the couple and grandparents so that they can be physically and mentally prepared to welcome the triplets without putting their family relationships in jeopardy.

3. Limitations of this study

In this study, we selected those who had made good progress during pregnancy and post-delivery;

however, they were recalling their thoughts during pregnancy, which may have been influenced by the growth and development of the triplets after birth. Furthermore, because this was a retrospective survey, some limitations on the degree of detail in the thoughts and feelings of the study participants exist. The number of participants varied, and thus, the study may be influenced by the cohabitation of the grandparents and couples. Future longitudinal data collection during pregnancy should be conducted to improve the data quality.

Conclusion

1. The feelings of grandparents facing a triplet pregnancy were grouped into five categories. These were: "Confusion and joy over the triplet pregnancy," "Anxiety that the pregnant woman may not be able to raise the triplets in her belly," "Anxiety that the triplets may not be born safely and preparedness to accept triplets," "Confusion and readiness to explore a life with triplets and support my son's or daughter's family," and "Expectations for the birth of the triplets expanding after the smooth progress of the pregnancy and the triplets' growth."

2. Grandparents dealing with triplet pregnancies faced difficulties on understanding how to support their sons' and daughters' families and how to live with triplets, and were trying to change the family system itself. Nurses need to further examine whether the support being given from the perspective of changing the family system of the couple and grandparents amidst the pregnancy are proceeding smoothly.

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三胎妊娠に直面した祖父母の思い

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要 旨

目的：本研究の目的は、三胎妊娠を聞いてから分娩に至るまでの間における、祖父母の三胎妊娠への思いを明らかにすることである。

方法：三つ子を出産した女性の義父母 6 名と実父母 6 名に、三胎妊娠を聞いた時とその後の妊娠経過における三胎妊娠や三つ子への思いについて、半構造化面接を行い、質的記述的に分析を行った。

結果：三胎妊娠に直面した祖父母の思いは、5 つのカテゴリに集約され、それらは【三胎妊娠への困惑と喜び】【妊婦がお腹の中で三つ子を育てられないかもしれない不安】【三つ子が無事に生まれてこられないかもしれない不安と三つ子を受け止める覚悟】【三つ子との生活を模索し、息子・娘家族を支えていく困惑と心づもり】【妊婦や三つ子の順調な経過から膨らむ三つ子の誕生への期待】であった。

結論：祖父母は、三胎妊娠に困惑し、不安に思いながらも、息子や娘の家族をどうサポートし、三つ子とどう生活していくかという困難に向き合い、家族のシステム自体を変化させようとしていた。そして、妊娠経過が進むにつれ、三つ子と妊婦の順調な経過に安堵と喜びを募らせながら、三つ子の誕生を心待ちにしていた。看護者は、この変化の中にある夫婦、祖父母の家族のシステム変化が円滑に進んでいるかという視点で支援を検討していく必要がある。