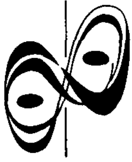

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Maternal Reactions to the Birth of Triplets

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Abstract. This study examines the reactions of 14 women to the birth of triplets. Home interviews and observations were conducted at 4 months and 1 year after the birth. The findings indicate that the triplet situation constitutes a real source of psychological stress for the women in this study. Reactions depend on two factors: individual makeup, in that some women become depressed whereas others develop defenses, and amount of support from family and friends. These variables, along with mothers' ability to overcome phantasms of abnormality generated by the exceptionality of a multiple maternity, serve to define a set of predictors of good/poor prognosis for the establishment of triplet-mother relationships.

Key words: Triplets, Mother's reaction, Mother-infant relationship

INTRODUCTION

Although the birth of several healthy infants is a source of relief to parents and medical staff, a pilot study conducted four months after delivery on a sample of 12 mothers of triplets indicates that these families must cope with considerable material and psychological difficulties [3]. These preliminary results confirm Goshen-Gottstein's findings [2] — the only in depth follow-up of several multiple-birth families over the period of early childhood. Goshen-Gottstein indicates that the psychological problems of mothers of triplets and quadruplets differ from those of mothers of twins. Mothers of triplets and quadruplets are particularly ambivalent and depressed. In the new phase of the research program described here, assessment is made of mothers' reactions to the birth of triplets at the age of one year, with particular emphasis on whether they have been able to overcome the stress of the first months after delivery. Operational measures to assess prognosis for good or poor mother-infant bonding are described.

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MATERIAL AND METHOD

Subjects

Over the course of 1986 and 1987, 14 women gave birth to live triplets at the Antoine Béclère Hospital maternity unit and agreed to take part in this study.

Table 1 summarizes the characteristics of this sample. The mean age was 30. Eleven were primiparous, and 3 were multiparous. Seven had histories of twins in their families. Five births were natural, and 9 were artificially induced (1 of which was an in vitro fertilization). Six of the women with a history of twins in close maternal relatives had also been in treatment for infertility. Six of the 9 women treated for infertility had been treated for extended periods (2 to 6 years) and 3 for a short period of time (less than 3 months). Duration of pregnancy varied between 27 and 37 weeks with an average of 34.5 weeks.

Table 1 - Maternal characteristics

Case no.	Age (yr)	Parity	Histories of twins in the family	Origin of triplet pregnancy	Duration of infertility treatment	Delivery gestational age (weeks)	Psychological follow-up	
							4 months	1 year
1	26	I	yes	induction	3 months	35	+	+
2	32	III	no	spontaneous	–	36	+	+
3	34	I	no	induction	5 years	36	+	+
4	28	I	yes	induction	3 years	34	+	+
5	27	I	no	induction	2 years	27	+	+
6	30	II	the mother is twin	induction	1 month	34	+	+
7	30	I	yes	induction	1 month	35		+
8	28	I	no	spontaneous	–	32		+
9	29	I	no	spontaneous	–	33		+
10	35	I	no	spontaneous	–	37		+
11	34	I	no	induction	6 years	36	+	
12	31	I	yes	IVF	5 years	37	+	
13	26	I	yes	induction	2 years	35	+	
14	31	IV	yes	spontaneous	–	36	+	

The characteristics of the 42 infants appear in Table 2. Six had a birth weight of less than 1500 g, 22 weighed between 1500 and 2000 g at birth, and 13 weighed more than 2000 g. Length of hospitalization after birth ranged from 9 to 100 days, with a mean of 34 days. Four triads were composed of 3 same-sex infants, 10 triads were different-sex, and 3 triads contained a pair of MZ twins.

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Table 2 - Infant characteristics

Case no.	Birth order	Weight (grams)	Duration of postnatal hospital care (days)	Sex and zygosity
1	1	2000	22	F
	2	1860	22	M
	3	1960	22	M
2	1	1670	24	F
	2	2400	10	M] MZ
	3	1920	10	M] MZ
3	1	2060	37	F
	2	2000	36	F
	3	2100	20	M
4	1	1840	38	F
	2	1640	46	F
	3	1140	51	F
5	1	970	93	F
	2	970	100	F
	3	970	100	F
6	1	1500	20	M
	2	1900	25	F
	3	1780	45	F
7	1	2350	25	M
	2	2080	25	M
	3	2440	25	M
8	1	1100	68	F
	2	1500	44	F
	3	1640	35	F
9	1	1200	52	F
	2	1640	52	F] MZ
	3	1530	52	F] MZ
10	1	2080	37	M
	2	1940	37	F] MZ
	3	2080	37	F] MZ
11	1	1940	30	F
	2	2340	13	M
	3	1690	20	F
12	1	2470	9	F
	2	1970	14	F
	3	2000	14	M
13	1	2200	30	F
	2	1800	30	M
	3	1740	30	F
14	1	2340	15	F
	2	2580	15	M
	3	2180	15	M

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Protocol

Maternal interviews were conducted during pregnancy; then home visits took place when the infants were 4 months and 1 year old. Four families were only seen at 4 months, 4 at 1 year, and 6 at both ages. The home visit included a semidirective interview and an observation of mother-infant interactions in a feeding situation. The protocol details are available from the authors upon request. The specific methodological and ethical problems raised by research in the homes of families who are highly vulnerable psychologically are discussed elsewhere [4]. In this paper, we only report the results concerning the data after birth; the pregnancy data can be found elsewhere [5,6].

Data Analysis

Data were scored on a grid elaborated from interview material. The grid is made up of 84 items scored yes/no for each family and then classified into 6 sections covering what emerged as the most relevant points. These sections are as follows: general emotional conditions; adjustment and future plans; reactions of father and relatives; mother's reaction to the exceptional nature of having triplets; organization of babycare; degree of involvement in the children.

Each of these sections was further divided into subcategories in order to classify each family as a function of the number of most frequently recurring items (see appendix for detailed information on the scoring grid and the raw data, item per item).

RESULTS

Reactions and Maternal Adjustment to the Birth of Triplets

Mothers are immediately confronted with the shock of dealing with three babies upon homecoming. The most vital necessity is to feed three infants each of which needs 6 to 8 bottles per 24 hours, 1 or 2 of which are given at night. In addition to the babycare overload, families are further overtaxed by material and financial problems such as moving and the mothers' having ceased to work. Table 3 summarizes mothers' reactions and modes of adjustment to the shock of the triplet birth.

Forty percent of the mothers are depressed and express their tiredness and discouragement with a great deal of bitterness. These depressed women are unable to project into the future. They live totally from day to day, overwhelmed by insurmountable material difficulties. The number of women who still exhibit depressive tendencies at one year postpartum is high (30%). In a number of women, depression is accompanied by resignation and fatalism and a feeling of having been punished (30%). The multiple birth may rekindle psychic conflicts in a persecutory mode. This coincides with reference in 70% of the women to a scapegoat, who is in most cases one of the doctors or the medical system as a whole. The scapegoat mechanism allows many women to

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Table 3 - Reactions and maternal adjustment to the birth of triplets (% of answers)

	4 months	1 year
General emotional conditions		
Predominance of depressive reactions	40	30
Associated with feelings of persecution	30	20
Projection on scapegoat	70	30
Predominance of defensive reactions	50	60
Adjustments and future plans		
No plans for future	50	30
Short term plans	30	50
Long term plans	20	20

avoid facing their own responsibility in fulfilling their desire for a child in circumstances contrary to the laws of nature (recourse to infertility drugs).

Half of the mothers also exhibit a whole series of defense mechanisms to alleviate suffering. Two extremes were observed: banalization or even denial of the difficulties, or hyperactivity with defiant overtones. At one year, the majority of the women in the sample had adopted this latter mode of defense. Although these women complain about the monotony of their lives, they have nevertheless begun to restructure them by reinvolvement in outside activities. Short-term plans are viewed as feasible.

At four months, 20% of the women have developed a new view on life including the three children, and are able to imagine the future of the family on the longer term.

Reactions of Mothers and Families to the Exceptional Nature of a Triplet Birth

Mothers of triplets clearly cannot take care of the children themselves. In addition to fulltime paid help, assistance from relatives, in particular the father and the grandparents, is a source of moral support which is crucially needed. Although the fathers in the sample were not all interviewed, their reactions could be partially assessed from the mothers' statements. In some cases, fathers were also shattered by the birth of the triplets. There is little reference to them by their wives who hesitate to bring up the subject. In two cases, the birth was associated with a marital crisis due to an inability on the part of the father to accept the multiple birth and help the mother. At the opposite pole, in two couples, the multiple birth seems to have allowed the fathers to assume their paternal roles much more easily than if a single child had been born. These fathers changed their work schedules in order to take care of the children with the mother most of the day. In three families, the grandparents were also present systematically at each feed at four months.

Other women, who were already isolated both socially and from their families before the pregnancy, became more cut off. The birth of triplets may frighten others away. In

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certain cases, however, the mother herself reinforced this reaction by shutting herself off from the outside world.

Table 4 recapitulates the items related to help from fathers, family and friends. Summing over these items indicates that, at four months, 40% of the women in the sample were receiving substantial help, whereas 40% did not have enough. Assistance thus increases between the ages of 4 months and 1 year, as though family and friends had responded to the shock by a reorganization and had become better able to help the mother efficiently.

Table 4 - Reactions of mothers and families to the exceptional nature of a triplet birth (% of answers)

	4 months	1 year
Support from father and relatives		
Substantial aid	40	60
Intermediate	20	20
Aid lacking	40	20
Maternal reactions to the rarity of a triplet birth		
Feelings of abnormality	40	40
Feelings of solidarity with other families	50	60
Exploitation of triplet birth	20	30

This recognition from others is of great importance, since it allows the mother to overcome feelings of abnormality associated with a multiple birth.

Table 4 presents the reactions of the mother to the rarity of a triplet birth. The fact that 40% of the mothers hesitate to go out with their children is one outward manifestation of their feelings of abnormality. This feeling reveals itself as well in the use of certain expressions such as "little monsters" when referring to the babies in the context of prematurity and zoological vocabulary such as "pen", or "rearing", associated with the offspring of some animal species.

Although some of the mothers do not sense this abnormality, most feel that a triplet birth is unusual. A sense of solidarity develops between women sharing this experience, and many women maintained contact with other women expecting triplets they had met at the hospital. The majority of the families become members of a "Mutual aid society of multiple-birth parents".

During the first year, two or three parents actively used the birth of triplets to ask for donations (milk, babycare products, clothes). Placing pictures in the newspapers or sponsoring are more ambiguous methods: they attract public attention to an exceptional situation and turn it into an achievement, but at the cost of exposing its abnormality.

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Mother-Infant Exchanges During Childcare

Table 5 shows that the overload of material tasks often reduces feeding to its purely utilitarian function. In 60% of the families there was a striking absence of signs of enjoyment in exchanges with the infants. In two cases where the mothers were very depressed, the lack of playful interaction was associated with a pathological relationship.

Very early, parents attempt to cope with the situation by saving time and simplifying daily routines. At the age of one year, this emphasis on organization is a constant feature in almost all the households (80%). However, this strict organization of daily life does not imply that no loving exchanges with the infants take place. Parents tend to seek out more interactions with their infants at one year (60%). This change between the ages of 4 months and 1 year is also apparent in the way mothers talk about their children to the observer. They become increasingly able to describe their children's reactions and individualize them over the course of the first year. This positive development of mother-infant relations was predictable for mothers who were able to have playful relationships with their infants at four months and who could individualize babycare (40% of the cases) thanks to aid from the father or grandparents. This ability to delegate their maternal role to other people gave the mothers time for dyadic exchanges.

Table 5 - Mother-infant exchanges during childcare (% of answers)

	4 months	1 year
Organization of babycare		
Predominance of utilitarian care	50	30
Emphasis on organization	40	80
Predominance of individualized care	40	20
Degree of involvement in triplets		
No pleasure in interaction	60	20
Inability to describe triplet's reaction	30	10
Pleasure in interactions	40	60
Ability to describe each triplet	40	70

ASSESSMENT AND DISCUSSION

The results show that the birth of three infants constitutes a real source of psychological stress according to a recent extensive English survey [1]. Each mother copes differently as a function of her own individual makeup and the type of assistance she receives from family and friends. Good or poor prognosis for the psychological future of each family can be made on the rating grid in association with a clinical evaluation [5,6].

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At one year, two out of the ten families show signs of rapid adjustment justifying highly favorable prognosis. The most important features are the ability to project into the future of their children, substantial assistance from the father and family, the absence of a feeling of abnormality, and signs of satisfaction and playful exchange during childcare.

The prognosis for three families is somewhat disturbing. The features common to these three families are: inability to imagine the future, even in the short term, predominance of utilitarian babycare without pleasure, isolation, or rejection inside or outside the family, and an overriding sense of abnormality.

The five other families have developed defense mechanisms primarily composed of hyperactivity and strict organization of daily life. In these families, there is substantial aid from the father and the family. The notion of abnormality is absent. Mothers take pleasure in taking care of their infants and above all in watching them develop and individualize, even though day-to-day coping is often associated with minor spells of depression.

At one year, 5 out of the 30 infants still exhibit the after-effects of prematurity and neonatal treatment (3 have minor developmental handicaps, 2 have more severe handicaps in addition to unrelated physical disabilities). Mothers of these infants, who are unable to face these handicaps crucially, need psychological assistance in order to overcome their ambivalence and the feeling of "monstruosity" associated with these births.

Comparison of data obtained before and after birth shows that, in most cases, the observed relational pattern was already predictable from data obtained during pregnancy [5]. Identification of early signs of poor prognosis can thus be used to plan for psychological and material assistance to these at-risk families.

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Appendix

Maternal Reactions to a Triplet Birth - Rating Grid

Items	Results - Number of cases (out of 10)	
	4 months	1 year
I. General Emotional Conditions		
Ia. Depressive features		
1. Explicit statements referring to depression	4	2
2. Discouragement, fatigue	4	3
3. Feeling of being locked up	3	3
4. Phantasizing about abandoning children	2	0
5. Helplessness	1	0
Ib. Feelings of persecution		
6. Feeling of fatality - resignation	3	2
7. Bitterness	1	2
8. Punishment - guilt	2	2
Ic. Projection on a scapegoat		
9. Doctor - medical staff	7	3
10. Family/father	1	0
11. Children	1	0
Id. Defensive features		
12. Hyperactivity - challenge	3	4
13. Banalizing of the situation	2	3
14. Denial of suffering	1	1
II. Adjustment and Future Plans		
IIa. Daily existence		
15. Serious financial/material problems	2	0
16. Complaints/monotonous existence	1	4
17. Complaints/feeling imprisoned	3	4
18. Feeling of isolation	5	5
19. No outings with the babies	4	4
20. Vacation at home	–	3
21. No choice - stopped working	4	4
22. Would like to go back to work	1	3
23. No plans for arranging house	3	1
24. Baby furniture lent	4	2
25. Too many people, piles, clutter	3	2
IIb. Near future		
26. Outings with babies	4	4
27. Plans for weekends - vacations with babies	3	4
28. Already gone on vacation with babies	1	8
29. Outside activities	1	3
30. Plans for vacation without babies	0	3
31. Getaways without babies	3	4
32. Desire to care for children at home	3	3
33. Moving (future or have done so)	5	2
34. House arrangement (completed or planned)	1	5

(continued)

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Appendix - *Continued*

Items		Results - Number of cases (out of 10)	
		4 months	1 year
IIc.	Distant future		
	35. Complete change of lifestyle	2	2
	36. Mention of school for triplets	2	4
	37. Already gone back to work	0	1
	38. Plans to go back to work within the next 3 years	1	1
	39. Plans to go back to work after the babies are 3	1	1
III. Support from Father and Relatives			
IIIa.	Considerable help and support		
	40. Father, helping in babycare	4	5
	41. Father, moral support	3	4
	42. Father, "maternal double"	1	2
	43. Help from grandparents and relatives	3	6
IIIb.	Insufficient help		
	44. Father rarely present	5	4
	45. Marital crisis	1	1
	46. Isolation by the family	3	2
	47. Hostility or rejection by the family	3	1
	48. Isolation and rejection by friends and neighbours	0	2
IV. Reaction of the Mother to the Exceptional Nature of Having Triplets			
IVa.	Feeling of abnormality of having triplets		
	49. Mother embarassed to go out with the babies	4	3
	50. Idea of monstruosity	2	2
	51. Idea of (animal) rearing	1	1
	52. Zoological vocabulary	1	1
	53. Denial, rejection of monozygosity	2	4
IVb.	Solidarity with other families of triplets		
	54. Contacts with other parents of triplets	5	5
	55. Membership in the Association of Multiple Birth Parents	8	6
IVc.	Using the situation		
	56. Active attempts to receive donations	3	1
	57. Demands for financial assistance	1	2
	58. Pictures in newspapers, sponsoring	2	3
V. Organization of Babycare			
Va.	Utilitarian care		
	59. Bottles in series	5	3
	60. Chore of giving bottles	3	3
	61. Babies take bottles alone	1	2
Vb.	Emphasis on organization		
	62. Systematic organization	4	5
	63. Simplification	1	7

(continued)

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Appendix - *Continued*

Items		Results - Number of cases (out of 10)	
		4 months	1 year
	64. Need to save time	1	4
	65. Meals at specific times	4	5
	66. Babies on same schedule	1	5
	67. Spoonfed meals together	–	7
	68. Bottles given in infant seats	2	2
	69. Playpen in middle of living room	–	2
	70. Time devoted to parent-infant play	–	5
Vc.	Individualized care		
	71. Each baby's natural rhythm respected	4	2
	72. Bottles on demand	4	2
	73. Babies in arms for all feedings	4	1
VI. Degree of Involvement in the Children			
VIa.	Lack of pleasure in interactions		
	74. Paucity of interactions	5	1
	75. Pathological interactions	1	1
	76. Babies play alone in their rooms	–	2
	77. Babies never cuddled	3	2
VI.b	Inability to describe babies' reactions		
	78. Inability to describe babies'reactions	3	1
VIc.	Pleasure in interactions		
	79. Play with babies	2	6
	80. Mother present near children	3	7
	81. Children play all over the house	–	6
VId.	Ability to describe babies		
	82. Pride in talking about babies	3	6
	83. Pride in their progress	3	5
	84. Pride in their differences	3	6

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