



Inhabiting the Liminal Space: Exploring the Experiences of Parents of Preterm Multiples

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About the research

Over the past 40 years in the UK, multiple births (twins, triplets, quadruplets, or higher-order multiples) have increased due to higher birth rates, maternal age, assisted conception, and medical advancements enabling better survival^{1,2,3}.

Multiple pregnancies carry a higher risk of adverse outcomes, including pre-eclampsia, gestational diabetes, premature rupture of membranes, and intrauterine growth restriction, all of which increase the likelihood of preterm birth³.

Over 50% of twins and nearly all triplets are born preterm (<37 weeks gestation)³, accounting for 15-20% of neonatal unit admissions⁴.

Preterm birth disrupts bonding, creates emotional challenges for parents, and impacts mental health during hospitalisation and the transition home.

Multiple birth infants utilise healthcare disproportionately, with higher risks of stillbirth, neonatal death⁵, early childhood developmental issues, and hospital readmissions. Families also face financial strain, sleep deprivation, and social isolation, particularly in the first few years of life.

Methods used

Using a grounded theory (GT) approach, across two phases, a combination of semi-structured and photo-elicitation interviews were undertaken to obtain narratives from parents of pre-term multiples. Data analysis was conducted based on thematic analysis informed by GT⁶.

Implications for Health Visiting Practice

A supportive, sensitive approach is key to aiding multiple birth families:

Sensitivity to Higher Support Needs: Families with multiples, especially those transitioning from neonatal care, may need help adjusting to daily life without medical monitors or unit routines.

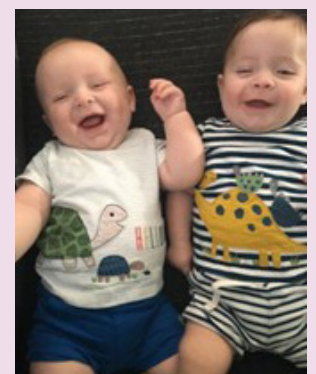
Providing Evidence-based Information: Reliable guidance on prematurity, infant care, and milestones can ease anxiety and promote positive outcomes.

Infant Feeding: Feeding multiples poses unique challenges, often exacerbated by prematurity. Professional, guideline-consistent support is crucial to address disparities in breastfeeding rates and duration.

Signposting to Specialist Services: Health visitors can connect families to services like neonatal support, therapy, or local networks tailored for multiples.

Consistency in Care: Building rapport over time reassures families managing the physical and emotional demands of raising multiples, especially with diverse needs.

Promoting Parental Mental Health: Regular emotional support and access to mental health resources are vital, given the higher incidence of perinatal mental health challenges among these families.



Summary of findings

- A sense of ‘otherness’ emerged from the moment parents learned they were to become multiple birth families. In order to understand and navigate their experiences, parents sought support and information from other multiple birth families.
- The families fought to establish and maintain a sense of control and agency, initially over their choices during pregnancy and birth. After birth, this was displayed in their asserting themselves as an active participant in the care of their infants, as well as establishing routines and boundaries to allow them to cope with the demands of multiple birth parenting.
- Uncertainty permeated every aspect of the parents’ experiences, yet the families felt that with small adjustments, much of this uncertainty could have been alleviated by healthcare professionals.

Public and service-user involvement

Multiple birth parents were actively involved in the research process, providing feedback on the research design, methods of data collection and generation of data.

The study findings are based on the content of a total of 25 interviews across 2 phases of the study which involved 16 Mothers and 11 Fathers.

Source of funding

My doctoral study was made possible by Birmingham City University through their Graduate Research and Teaching Assistant programme.

Ethical approval:

Health Research Authority and NHS Research Ethics Committee
Faculty of Health, Education and Life Sciences Ethics Committee at Birmingham City University
NHS R&D department at the study site

Research Team:

Professor Annalise Weckesser (Professor of Medical and Feminist Anthropology, Birmingham City University)
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