

National
Organization of
Mothers
Of
Twins
Clubs, Inc.

SUBJECT:

Bed Rest While Pregnant With Multiples

RESEARCHER:

National Organization of Mothers of Twins Clubs, Inc.

DATE:

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PURPOSE: The purpose of this survey was to collect data regarding all facets of bed rest associated with a multiple birth pregnancy.

METHOD: A survey consisting of 33 questions was distributed in a National Mailing and printed in the March/April 2005 issue of NOMOTC's *Notebook*. The survey was to be completed by mothers of multiples who were placed on bed rest during their pregnancies.

BACKGROUND INFORMATION

1. Three hundred twenty seven surveys consisting of 33 questions were tabulated with 85.2% (277) of multiple type for twins, 12.6% (41) for triplets, 0.9% (3) for quadruplets, and 1.2% (4) for other with all four respondents specifying 2 sets of twins.
2. Of the 327 mothers who were placed on bed rest, the largest majority of them, 27.0% (88), reported that the gestational age of the multiples when placed on bed rest was 25-28 weeks. The remaining gestational ages when placed on bed rest were 29-32 weeks (22.1%), 21-24 weeks (21.8%), 17-20 weeks (13.2%), 33-36 weeks (8.3%), under 16 weeks (7.1%), and over 37 weeks (0.6%).
3. The majority of respondents, 32.8% (106), were put on strict bed rest with all activity stopped immediately, and the majority of time spent in bed. Thirty two point eight percent (106) were placed on a combination bed rest restrictions. The remaining bed rest restrictions were partial with modification of daily activities, and some time spent in bed (23.5%), hospitalization (9.3%), and self imposed with time spent resting or putting feet up.

RESULTS

1. Six to eight weeks was the most common length of time spent on bed rest, with 25.6% (83) of respondents reporting this. Eighteen point five percent (60) of respondents spent 3-5 weeks on bed rest, 17.3% (56) spent 9-11 weeks, 14.2% (46) spent 12-14 weeks, 8.3% (27) spent 0-2 weeks, 7.4% (24) spent 15-17 weeks, 4.6% (15) spent 18-20 weeks, and 4.0% (13) spent 21 weeks or more.
2. Seventy six point two percent (243) of respondents described their stay on bed rest as continuous. The remainder of respondents, 23.8% (76), described their bed rest as spending time on and off of bed rest.
3. The gestational age of multiples at birth was reported as: 39.8% (129) at 36-38 weeks, 31.5% (102) at 33-35 weeks, 14.2% (46) at 30-32 weeks, 8.0% (26) at 37-29 weeks, 4.9% (16) at 39 weeks, 0.9% (3) before 24 weeks, and 0.6% (2) at 24-26 weeks.
4. Below are birth weights reported for each multiple:

Birth Weight Range	Multiple A	Multiple B	Multiple C	Multiple D
1-2 lbs	1.2 % (4)	2.5% (8)	9.1% (4)	0
2-3 lbs	6.8% (22)	8.0% (26)	22.7% (10)	40% (2)
3-4 lbs	14.5% (47)	14.2% (46)	34.1% (15)	20% (1)
4-5 lbs	20.3% (66)	22.5% (73)	15.9% (7)	0
5-6 lbs	32.6% (106)	31.2% (101)	11.3% (5)	0
6-7 lbs	17.2% (56)	14.5% (47)	2.3% (1)	40% (2)
7-8 lbs	6.2% (20)	6.8% (22)	2.3% (1)	0
8-9 lbs	0.6% (2)	0.3% (1)	0	0
9-10 lbs	0.3% (1)	0	0	0
Other	0.3 % (1: 12.4 lbs)	0	2.3% (1:lost @10wks)	0
	Total for A: 325	Total for B: 324	Total for C: 44	Total for D: 5

5. Over half of the respondents, 58.2% (189), were put on bed rest for preterm or premature labor. Other reasons for being placed on bed rest included preventative measure (27.1%), cervical effacement (16.0%), incompetent cervix (14.2%), pre-eclampsia/toxemia (13.2%), vaginal bleeding (9.8%), problems during previous pregnancies (7.1%), premature rupture of membranes (6.8%), pregnancy-induced hypertension (5.2%), eclampsia (0.3%), and family history (0.3%). Sixteen point nine percent of respondents listed other reasons for bed rest including diminished amniotic fluid, twin to twin transfer syndrome, cord entanglement, miscarriage of one multiple, hyperthyroid, older mom, intrauterine growth retardation, pneumonia, asthma, and car accident. Of note, respondents were asked to select all answers that applied and therefore may have had more than one response.
6. Medications and treatments administered while on bed rest were reported as: 51.4% terbutaline, 36.1% magnesium sulfate, 18.4% home uterine monitoring, 16.2% antibiotics, 13.7% betamethasone, 10.6% cerclage, 8.1% trendelenburg position, 3.7% indomethacine, 2.2% saliva tests for estradiol levels, and 0.6% ritodrine. Twenty two point seven percent of respondents did not have treatment while on bed rest, and 23.1% reported other treatment including procordia, steroids, hypertension medications, motrin, and diabetes medications. Most respondents, 68.4%, did not require special equipment at home for bed rest. Of note, respondents were asked to select all answers that applied and therefore may have had more than one response.
7. Side effects from medication included increased heart rate (57.8%), shaking (52.5%), overheating (30.7%), nervousness (27.9%), lightheadedness (24.2%), palpitations (23.8%), loss of vision (22.5%), dizziness (22.1%), nausea (20.9%), headache (16.1%), chills (9.8%), and muscle cramps (4.1%). Sixteen point eight percent had no symptoms, and 18.0% reported other symptoms such as insomnia, diarrhea, paralysis, sleepiness, shortness of breath, dry mouth, vomiting, and memory loss. Respondents were again asked to select all answers that applied and therefore may have had more than one response.
8. When asked what they did to occupy their time during bed rest, respondents were asked to select all answers that applied and reported the following: 92.0% watched tv/movies, 83.6% read, 82.7% slept, 76.5% talked on the phone, 37.0% used the internet, 21.6% wrote letters, 17.6% worked on job related activities, 13.9% addressed birth announcements, and 8.3% caught up on photo albums. Twenty eight point one percent wrote in other responses such as crossword puzzles, cross stitched, crocheted, knitted, had visitors, art projects/crafts, books on tape, games, hobbies, and cried/worried.
9. Over half of the respondents, 50.9%, were not on bed rest during any major holidays. Forty nine point one percent of respondents reported that they were on bed rest during major holidays. Of those who confirmed bed rest during holidays, 48.7% of respondents reported that it made them feel left out, 27.2% felt depressed, 24.1% felt useless, 16.5% felt fine like a normal holiday, 13.9% felt like they needed to help with preparations, and 10.8% felt anxious. Seventeen point seven percent of respondents reported other feelings during holidays: sad, lonely, irritable, didn't feel like a holiday, thankful to still be pregnant, bored, disappointed, and great to be able to relax during the preparations.
10. Boredom was the highest reported issue (74.4%) that respondents reported suffering from while on bed rest. Respondents also suffered from restlessness (57.6%), anxiety (35.4%), guilt (26.9%), and depression (25.9%). Of note, respondents were asked to select all answers that applied and may have selected more than one answer. Nine point five percent of respondents reported that they did not suffer from any issues, and 9.5% reported other issues including fear, loneliness, helplessness, anger, frustration, isolation, hopefulness that they were still pregnant.
11. When asked if respondents worked outside the home prior to being put on bed rest, 75.0% reported yes, while 25.0% reported no. Of the respondents who worked, 75.1% had to completely stop working for bed rest/work requirement. Twelve point four percent were able to work from home, 6.2% were able to work part-time, and 6.2% continued working full-time, with extra rest required during non-work hours.
12. Forty two point four percent of respondents who had to cut work hours partially or completely adjusted to the loss of income by obtaining disability insurance. Thirty point three percent had to cut expenses, 26.0% used maternity leave from work, 26.0% used savings, 24.2% used vacation pay from job, 11.7% reported spouses worked more, and 3.9% used medical insurance. Seventeen point seven percent reported other: used money from family, FMLA, sick leave at work, unemployment, no financial adjustments, became poor, and cut out extras.
13. Respondents were asked about the severity of restrictions during bed rest for specific activities of daily living. The highest number of responses were as follows: 69.9% had to completely stop housework (laundry, cleaning, meal preparation etc.), 59.5% had to completely stop driving, 55.7% had to greatly decrease standing time, 38.5% had to greatly decrease sitting time, 30.8% had to completely stop meal time (sitting at table with family), 38.5% had to completely stop bath privileges, and 76.8% had to completely stop intimate relations. The highest responses for continuing activities as normal were 59.0% for bathroom privileges, 43.1% for shower privileges, and 52.7% for washing hair.

14. Over two thirds of respondents, 66.5%, did not have other children at home when they were on bed rest, while 33.5% reported that they did. Of those who had children at home, 64.5% had help with their care from a family relative or relative, 59.1% from spouse, 17.3% from daycare, 14.5% from babysitter, 7.3% from nanny, and 6.4% did not have help. Fifteen point five percent reported other help such as friends, neighbors, church assistance, and home health care.
15. When asked how the other children reacted to their bed rest, 39.8% of respondents reported that they wanted to help mom, 38.9% were too young to know the difference, 23.1% felt neglected, 20.4% were older and in school, so it didn't effect them, and 17.6% acted out or misbehaved. Twelve percent of respondents reported other reactions: sad, missed mommy, didn't understand, quit talking, worried, and liked the attention.
16. Regarding their other children, mothers reported being affected as follows: 60.2% felt like they were neglecting their child(ren), 54.6% felt left out of their children's activities, 51.9% felt like someone else was taking over their job, 38.0% planned activities to share with their children while in bed, and 12.0% still cared for their children in the same way. Six point five percent of respondents reported other: knew it was necessary, wasn't satisfied with how others were caring for their children, spent more time together, and felt more closeness.
17. Seventy four point five percent of respondents did not connect with other mothers on bed rest. Twenty five point five percent verified that they did connect with other mothers. Of the respondents who connected with other mothers, 35.8% did so via the internet, 34.5% via a local parents of multiples club, 11.1% via a non-profit group, 8.6% through a doctor, and 1.2% through a support group in the community. Thirty eight point three percent of respondents reported other avenues including hospital, church, multiples class, friend, and birthing class.
18. Over half of the respondents, 54.5%, did not connect with a parents of multiples club while on bed rest. Forty five point five percent confirmed that they did connect with a POMC. Sixty three point two percent reported that they were members prior to being placed on bed rest, and 36.8% were not.
19. The number one source of information regarding bed rest was the doctor for 53.5% of respondents. Other sources of information included: the internet at 29.4%, local parents of multiples club at 16.1%, library at 8.9%, and NOMOTC Research Librarian at 0.3%. Twenty five point nine percent did not do any research, and 15.2% listed other resources such as books, Triplet Connection/MOST, nurse, friends, hospital support groups, family, Sidelines, and previous experience.
20. NOMOTC resources utilized by respondents while on bed rest were reported as follows: 20.3% contacted a local club, 2.6% club library, 1.3% NOMOTC discussion boards, and 0.3% NOMOTC Research Librarian. Two point nine percent of respondents listed other resources including website, Triplet Connection, local hospital group, and unaware of NOMOTC resources. The majority of respondents, 75.5%, reported that they did not use NOMOTC resources.
21. Most mothers, 91.0%, felt like bed rest was effective, while 9.0% did not. Reasons reported for feeling that bed rest was effective included: pregnancy lasted longer, believed bed rest saved the lives of babies, multiples were born healthy, would have done too much if not placed on bed rest, doctor gave a release from work, kept weight off cervix, forced mom to slow down, had bigger babies, and enabled mom to relax enough to prolong pregnancy. Reasons reported for feeling like bed rest was not effective included: didn't follow doctor's orders, babies didn't gain weight while on bed rest, still delivered early, didn't feel like bleeding was due to strenuous activity, didn't stop premature labor, and still lost multiples.
22. Suggestions listed for another mother faced with the prospect of bed rest included: it gets long, but is so worth it, stay in contact with other moms on bed rest, do what the doctor says for the health of your babies, make it your job to bring your children into the world safely and healthy, prepare early, drink lots of water, keep in contact with people to avoid depression, make sure your employer has good disability benefits, having a routine makes the time less overwhelming, enjoy the free time, stay in bed as much as possible, connect with a local club, remember the goal of healthy babies, get Net Flix, read books, get a laptop with wireless connection, don't feel guilty, make a list of things you can do while on bed rest, take it seriously, have husband pitch in more, get help with housework, have a cooler next to the bed for snacks/drinks, take advantage of the time because you will be extremely busy later, and just do it!

CONCLUSION

The effort to collect data regarding all facets of bed rest associated with a multiple birth pregnancy yielded 327 surveys comprised of 33 questions each. Twins accounted for the highest percentage of multiple type at 85.2%, followed by triplets at 12.6%, and quadruplets at 0.9%. Four respondents reported having two sets of twins.

Of the 327 mothers who were placed on bed rest, the largest majority of them, 27.0% (88), reported that the gestational age of the multiples when placed on bed rest was 25-28 weeks. Although the type of bed rest varied

from partial bed rest to hospitalization, the majority of respondents, 32.8% (106), were put on strict bed rest with all activity stopped immediately, and the majority of time spent in bed. Six to eight weeks was the most common length of time spent on bed rest, with 25.6% (83) of respondents reporting this time period. Seventy six point two percent (243) of respondents described their stay on bed rest as continuous.

The highest reported gestational age of multiples at birth was 36-38 weeks at 39.8%, followed by 33-35 weeks at 31.5%. The highest birth weight for multiple type was reported as follows: type A was 5-6 lbs at 32.6%, type B was 5-6 lbs at 31.2%, type C was 3-4 lbs at 34.1%, and type D was 2-3 lbs at 40%. Of note, percentages were calculated base upon totals for each multiple type.

Over half of the respondents, 58.2% (189), were put on bed rest for preterm or premature labor. Other reasons for being placed on bed rest included preventative measure, cervical effacement, incompetent cervix, pre-eclampsia/toxemia, vaginal bleeding, problems during previous pregnancies, premature rupture of membranes, pregnancy-induced hypertension, eclampsia, and family history. Over half of the respondents, 51.4%, received terbutaline as a medication/treatments while on bed rest. Other medications/treatments included magnesium sulfate, home uterine monitoring, antibiotics, betamethasone, cerclage, and trendelenburg position. The most common side effect from medication/treatment was reported as increased heart rate at 57.8%. Other side effects experienced included shaking, overheating, nervousness, lightheadedness, palpitations, loss of vision, dizziness, nausea, headache, and chills.

Watching TV/movies was the highest reported activity, 92.0%, for occupying their time during bed rest. Additional activities to occupy their time were listed as reading, sleeping, talking on the phone, using the internet, writing letters, working on job related activities, and addressing birth announcements. Boredom was the highest reported issue (74.4%) that respondents reported suffering from while on bed rest. Respondents also suffered from restlessness, anxiety, guilt, depression, fear, loneliness, helplessness, anger, frustration, and isolation.

When asked if respondents worked outside the home prior to being put on bed rest, 75.0% reported yes. Of the respondents who worked, 75.1% had to completely stop working for bed rest/work requirement. Forty two point four percent of respondents who had to cut work hours partially or completely adjusted to the loss of income by obtaining disability insurance. Other ways in which respondents adjusted to the loss of income included cutting expenses, maternity leave from work, used savings, used vacation pay from job, spouses worked more, and used medical insurance.

Respondents were asked about the severity of restrictions during bed rest for specific activities of daily living. Seventy six point eight percent had to completely stop intimate relations. Other activities respondents had to completely stop or greatly limit were housework (laundry, cleaning, meal preparation etc.), driving, standing time, sitting time, meal time (sitting at table with family), and bath privileges. The highest responses for continuing activities as normal were 59.0% for bathroom privileges, 43.1% for shower privileges, and 52.7% for washing hair.

Over two thirds of respondents, 66.5%, did not have other children at home when they were on bed rest, while 33.5% reported that they did. Of those who had children at home, 64.5% had help with their care. While some respondents reported caring for their children in the same way during bed rest, the majority of respondents felt like they were neglecting their child(ren), felt left out of their children's activities, or felt like someone else was taking over their job.

Seventy four point five percent of respondents did not connect with other mothers on bed rest. Of the 25.5% of respondents who connected with other mothers, they reported avenues such as the internet, local parents of multiples club, non-profit group, through a doctor, and through a support group in the community. Forty five point five percent confirmed that they did connect with a POMC.

The number one source of information regarding bed rest was the doctor for 53.5% of respondents. Other sources of information included the internet, local parents of multiples club, library, and the NOMOTC Research Librarian. The majority of respondents, 75.5%, reported that they did not use NOMOTC resources while on bed rest. Most mothers, 91.0%, felt like bed rest was effective, and that their pregnancies were prolonged with the birth of much healthier babies. In general, they believed that the outcomes would not have been as good had they not been on bed rest.

Respectfully submitted,
Jacque Kelly-Romero RI#1