RESEARCH REPORT #80

National
Organization of
Mothers
Of
Twins
Clubs, Inc.

SUBJECT: **Birth Weight and Length**

RESEARCHER: National Organization of Mothers of Twins Clubs, Inc

DATE: August 2005 - February 2006

PURPOSE: The purpose of this study was to collect birth weight and length data on multiples and collect height and weight data for their parents.

METHOD: A questionnaire was printed in NOMOTC's *Notebook* and sent out in an NOMOTC National Mailing to member clubs and individual members. The survey was also put on the NOMOTC website. The survey was to be completed by a parent of multiples.

BACKGROUND INFORMATION

A total of 722 surveys were completed by parents of multiples. The surveys were broken down as follows:

1. Types of multiples: Twins - 672 (93.2%); Triplets - 47 (6.5%); and Quadruplets - 2 (0.3%)
2. Zygosity of multiples: Identical (Monozygotic) - 165 (22.9%); Fraternal (Dizygotic) - 503 (69.7%) ; Unknown - 43 (6%); a combination of identical and fraternal - 11 (1.5%)
3. Gender of multiples: Male - 251 (34.8%); Female - 236 (32.7%); and Male/Female - 235 (32.5%)
4. Age of multiples: Ranged from 3 weeks to 52; Most of the multiples were under age 5.
5. Gestation of multiples: Ranged from less than 36 weeks to over 40 weeks; Most of the multiples were born at less than 36 weeks to 38 weeks (653 pregnancies or 90.4%); 4.9% were born at 39 weeks; 2.5% at 40 weeks; and 1.8% at over 40 weeks.
6. Total number of multiples studied: 1493 children

RESULTS

1. The moms in the study had the following pregnancy weight gain during their multiple pregnancy:
   - under 30 lbs. (19.2%)
   - 31-40 lbs. (26.2%)
   - 41-50 lbs. (23.4%)
   - 51-60 lbs. (15.7%)
   - > 60 lbs. (13.1%)
   - not sure (2.5%)
2. The moms in the study had the following complications during their multiple pregnancy:
   - medical problems requiring bed rest (35.9%)
   - other (33.9%)
   - none (26.9%)
   - pre-eclampsia (19.3%)
   - hypertension (16.1%)
   - gestational diabetes (9.7%)
   - on medications (9.4%)
   - thyroid disease (4.8%)
   - Twin-to-Twin Transfusion Syndrome (4.3%)
   - epilepsy (0.2%)

3. Baby A weighed the most in 394 pregnancies (54.7%); Baby B weighed the most in 291 pregnancies (40.0%); and Baby C weighed the most in 13 pregnancies (1.8%). The rest of the other infants had the same weight.

4. Baby A weighed from 1.6 lbs to a high of 9.5 lbs, with the mean weighing about 4-6 lbs. Similarly, Baby B weighed from 1.3 lbs to a high of 8.5 lbs, with the mean weighing about 4-6 lbs. Baby C, in the triplet and quadruplet pregnancies, weighed from 1.9 lbs to a high of 5.7 lbs, with the mean weighing 2-4 lbs. Baby D, of the quadruplet pregnancy, weighed 2.2 lbs.

5. When the birth weight vs. gestational period is plotted out on a graph, the birth weight rises in accordance with the gestation in weeks.

6. When the mom's pre-pregnancy weight vs. birth weight of the infants is plotted out on a graph, the lower weight moms had infants ranging from 2-8 lbs mainly, while the heavier moms had infants who were a little bit heavier, more in the 4-8 lbs range.

7. When the father's body mass vs. birth weight of the infants is plotted out on a graph, the graph is more spread out than on the graph of the mother's body mass vs. infant birth weight.

8. When the mother's height vs. birth weight of the infants is plotted out on a graph, there is no concurrent rise in birth weight as the mother's height increases.

CONCLUSIONS

1. Generally, the first-born of the multiples is the heaviest. Twins generally weighed more than triplets or quadruplets.

2. The graph mentioned in Results #5 demonstrates that the infants have higher birth weights with each week of their gestation (in other words, the longer they are in the uterus, the heavier they will be at birth).

3. The graph mentioned in Results #6 illustrates that heavier moms will have heavier multiple birth children and lighter moms will have smaller multiple birth children.

4. The graph mentioned in Results #7 demonstrates that the father's weight does not have any bearing on the birth weight of his multiple birth children.

5. The graph mentioned in Results #8 illustrates that the mother's height does not show any connection with the birth weight of her multiple birth children.