



Multiples Matter

Investigating the support needs
of multiple birth families

Research Summary | March 2023





Introduction

Families with multiples face a greater set of challenges compared to those with singletons. However, the nature of these challenges is not well understood due to a lack of longitudinal research in this area. Despite feeling genuine gratitude for their children and the experience of raising multiple children, parents of multiples report encountering unique and significant challenges not evident when raising singletons. These challenges include significant financial pressures due to the additional costs associated with having multiples and the challenge of incurring many child-specific costs concurrently. This situation can also necessitate greater time commitment to child-rearing and can reduce the time available for gainful work and recreation. Moreover, many families report physical exhaustion, particularly mothers who may be recovering from childbirth, resulting in significant sleep deprivation, further impacting the family's capacity to engage in their gainful employment

activities. Families observe a decline in income after the birth of multiples, placing greater strain on the family unit, particularly for those without significant familial or social supports.

Meeting the developmental needs of a multiple birth is also more challenging due to potential birth complications and the frequency of premature birth. There is less time relatively to dedicate to developmental activities with each child, which has the potential to hinder their progress. This delay in development is only compounded when families face difficulties accessing supportive playgroups and early childcare education. There is also often significant energy dedicated to coordination and logistics, given that existing children often have school, child-care, co-curricular and extra-curricular activities.

Research conducted by Osterfeld et al. (2000), Gazebrook et al. (2004), Holditch et.

al. (2007), Lutz (2012) showed that mothers of twins experienced both greater stress levels and lower levels of support than comparable mothers of singletons. Meta-analyses conducted by Paulson & Bazemore (2010) and Gressier et al. (2015) support these assertions, highlighting the elevated levels of stress that place undue burdens on the mothers (and fathers) of multiple children and their family units. These elevated levels of stress have the potential for significant psychological harm.

In Australia, there is little financial and welfare support afforded to multiple birth families, despite modest payments for higher order births (i.e. triplets or more, excluding twin births). Additionally, the program of supports within Australia has not kept pace with the standards and conventions of other advanced economies, with Australia ranking near last in terms of the level of support afforded to mothers after the birth of multiples.

The Australian Multiple Birth Association (AMBA) has commissioned Per Capita to examine the needs of multiple birth families, and the evaluate the extant supports provided within Australia and comparable OECD economies. The current report is a concise summary of the principal findings and recommendations associated with this program of research. The current report examines the viability of the existing payment regime and the absence of other non-financial programs of support. The report estimates the 'financial shock' associated with having multiples and its consequences for children and families.

[Visit the Australian Multiple Birth Association website www.amba.org.au to access the full report](http://www.amba.org.au)



Key Findings

Having multiples can have significant impacts on family life, including limitations on recreation, care for other children, and overall quality of life. Women who experience a multiple birth and their babies are also at an increased risk of certain medical conditions, such as preeclampsia, anaemia, gestational diabetes, postpartum haemorrhage, preterm birth, low birth weight, twin-twin transfusion syndrome, and developmental delay. It is crucial to provide adequate support to families with twins or multiples, including frequent antenatal care visits, access to specialist obstetric and paediatric care, and services to support child development.

In Australia, the number of multiples born each year is relatively small, accounting for 2-3% of all births, with a decline from 3.1% of births in 2010 to 2.9% in 2020. Twins make up the majority of multiples (98%), with the remaining 2% being triplets, quadruplets, or higher order multiples (HOM). Despite most multiple birth babies having adapted well post-birth, more than half

were born with low birth weight or preterm, resulting in longer hospital stays and higher associated costs.

Currently in Australia a parent of a singleton receives the same term of parental leave as a mother of twins born prematurely

The challenges of caring for multiples should not be minimised, the physical toll on families and mothers in particular is significant. TRA (2019) note that *"a breastfeeding mother of newborn twins is likely to be feeding them 16-24 times and changing 20 nappies each day. While number of feeds per day declines over time (from 19 at two weeks post-discharge from hospital to 13 at 20 weeks, in one study) at all ages, basic care*

needs are higher in multiples. In the neonatal period, while mother and babies learn to tandem (simultaneously) feed, feeds are often given separately, taking more time. Many mothers also mechanically express milk to increase or maintain supply (with 2¾ hours per day spent expressing, if recommended guidelines are followed). Another survey reported that it takes 197 hours per week to care for triplets, or 28 hours and 12 minutes per day; even if split evenly between parents, that's nearly 99 hours per week each. Hay and colleagues (1990) reported that at three months, 43% of Australian mothers of twins were anxious, 30% depressed and 76% exhausted."

Current payments to families with multiples account for less than 7% of the differential costs.

The financial burden associated with having multiples is a source of consternation for families, as it results in increased medical expenses and the cost of purchasing multiple baby supplies. The demands of caring for multiple babies can also lead to reduced quality of life for parents, including less time for self-care, leisure activities, and relationship building. This can result in increased stress, sleep deprivation, and a higher risk of depression and other mental health issues.

Studies have shown that the cost of having twins is nearly 5 times higher than the cost of having a singleton due to increased medical expenses and the need for specialized care. The cost of triplets is around 13 times higher than a singleton. However, few studies have considered the differential impact of having multiples versus multiple singletons on a family's financial standing. The findings presented herein emphasise the differential impact of having twins versus two singleton births. Furthermore, the findings emphasize the need for additional support for multiple and higher order births.

Significant additional health challenges associated with having multiples

As multiples are at an increased risk for preterm birth compared to singletons, this can result in a range of complications and emotional and financial burdens for parents. The unique challenges associated with preterm birth in multiples highlight the importance of providing comprehensive support and resources to help parents manage the complex care needs of multiple preterm infants, as well as the emotional impact of caring for multiple preterm infants. Preterm birth can result in a range of complications, including respiratory distress syndrome, apnea, and feeding difficulties. Multiple preterm infants can also place a significant emotional and financial burden on parents, including extended hospital stays and ongoing medical care. Parents of multiples were more likely to experience anxiety, depression, and post-traumatic stress disorder (PTSD) compared to parents of singletons, particularly in the case of preterm birth.

The birth of multiples presents as a significant 'financial shock'

AMBA data supplied to Per Capita evidences the significant financial challenges arising after the birth of multiples. Parents recount the challenges of meeting subsistence needs, and the significant direct and opportunity costs associated with caring for multiples in comparison with singletons. A number of studies evidence the impact of the financial strain of multiples on the health and wellbeing of families.

Fathers are impeded from providing additional support.

Fathers are willing but often unable to participate in caregiving at the time of birth due to financial constraints impeding participation. While protected health terms are worthwhile in theory they do little to ensure that parents and in particular fathers are able to participate in care. The impact of limited paternity support has

greater consequences for a multiple birth as compared with singleton births occurring in succession with an average difference of 2.1 years between births. Data supplied by AMBA emphasised the desire of both parents to participate in child rearing and care giving, but the challenges associated with participation.

Greater need for concurrent carers

Given the functional needs of a baby, caring for twins and HOM may often necessitate greater concurrent caring responsibilities that a mother or individual caring for twins in isolation may not be able to accommodate. These include feeding, supporting sleep routines, and other general caring responsibilities. Consequently twins and HOM frequently need multiple carers to address their elevated needs, notwithstanding the elevated needs associated with plausible premature birth.



Limited recent reforms to supports for multiples

The most notable finding pertains to lack of additional supports provided to multiples particularly when most comparable advanced economies. There has been no major reform to supports for multiples since the late 20th century. Families with multiples appear to be the forgotten cohort when considering welfare reforms of the last 25 years. While the reforms to parental leave initiated by the Albanese government are laudable, the proposed program of reforms to paid leave provisions do not afford additional supports to multiples.

Second lowest level of paid parental leave support amongst countries providing paid parental leave in the OECD

When accounting for wage levels Australia provides the second lowest level of parental support of all countries providing parental supports within the OECD (OECD, 2022), with a number of lower income economies providing far more support to mothers and parents. Only Switzerland provides less by way of Paid Parental Leave support noting that the Swiss provide additional support for parents (and multiples in particular) at a canton level.

Modest additional payment benefits

Parents of multiples are eligible for the Newborn supplement, equating to \$1795. This equates to less than 12% of the incremental and differential costs incurred by families with multiples (and approximately 5.9% of incremental and differential costs when accounting for automotive vehicle costs. For parents with staggered release dates (one child remains in hospital while the other is in care) then the supplement equates to less than 5% of all differential expenditure.

Higher Medical Costs

The medical costs associated with having multiples are significant, with the cost of twins \$5,695 greater than singletons while triplets cost \$19,996 per child more than a singleton. This is due to a number of factors including longer terms in hospital particularly during the first year, the frequency of premature birth and greater risks associated with having multiples as noted. Out of pocket expenditures for families with twins are 28% greater than families with singletons.

Australia does not provide additional leave to multiple birth families, unlike most advanced OECD economies that offer additional support to families with multiples.

No additional parental leave for families of multiples

While the Fisher Government in 1936 and the Hawke, Keating and Howard governments made major advances in the provision of supports for families with multiples, there has been little advancement by way of support for multiples in recent years. Such families do not receive any additional leave term. This is notwithstanding the fact that twins are born 3.5 weeks premature on average, and that caring for multiples necessitates far greater work and caring responsibility. The parent of a singleton receives the same term of leave as a mother of twins born prematurely, that may have one twin child in the hospital and one in their care. The increase in leave provision by the Albanese government is commendable and much needed. Further consideration of the specific needs of families with multiples is necessary.



Investing in a better approach for Australian families with multiples

Given the inadequate program of supports in place we recommend a program of supports that better reflects the needs of families with multiples. Supports must reflect the significant challenges faced by families with multiples and the timing of financial shocks that impact the family unit. Noting the significant additional incremental and differential costs associated with having multiples at the time of admission and thereafter, supports must align with the magnitude and timing of the major incremental and differential costs that present as a major financial shock.

Recommendation 1

Multiple birth grant: A provision of a multiple birth grant(s) that exceeds the level of the Newborn Payment

The current Newborn payment is materially inadequate and does not address even 5% of the differential costs incurred by parents of multiples in year 1 on average. A new payment program should be initiated to address the elevated costs and to ensure that families are not left destitute. We propose a comprehensive grant provided to all families to accommodate the elevated care, medical, and incidental costs of multiples.

The multiple birth grant is a grant provided for each multiple within a multiple birth, to accommodate the elevated costs associated with the term prior to birth, prenatal allied health expenditures excluded from Medicare, admissions costs, and the elevated costs caused by many costs being incurred concurrently. The grant would be paid in two parts. Instalment 1 would occur two months prior to the anticipated delivery date, with the second payment available after the birth event. The recommended level of support is \$15,000, given Per Capita's costs estimates noting the exclusion of household adjustment costs, cost broadly covered by Medicare and automotive vehicle upgrade costs.

For each HOM beyond the first twin, families should be provided with a further \$15,000, provided as a further \$10,000 non-discretionary grant (Part A) (to accommodate additional incremental and differential costs associated with the third child) and an additional \$5000 grant to accommodate costs incurred due to necessary household or automotive vehicle adjustments to accommodate their HOM, where such grants would be subject to application (Part B).

Table 1 - Multiple Birth Grant benefits for Twins and HOM

Multiples Benefit	Benefit Amount
Benefit for the additional child (twin)	\$15,000
Benefit for the additional children (each child after twins)	\$10,000 (+ \$5,000)

Note: Families with twins are entitled to receive \$15,000, while families with triples are entitled to a further \$10,000, and an additional \$5000, subject to eligibility. For example, families with triplets would receive \$25,000 and a further \$5000 subject to eligibility. Families with quadruplets (noting a frequency of 4 per year historically), would be entitled to \$35,000, and a further \$10,000 subject to eligibility.

The program of supports provides an additional \$15,000 for the birth of a twin. In the case of triplets the family would receive \$25,000 (\$15,000 + \$10,000) in non-discretionary funding to accommodate additional medical, wellbeing, food, additional forgone employment due to prematurity and general elevated household expenditures. A further \$5,000 would be available via application subject to evidenced need pertaining to elevated medical expenditure, additional housing adjustment expenditure, additional automotive vehicle expenditure, and or additional care costs. So, families with triplets would be afforded a minimum of \$25,000, and up to \$30,000 subject to availability.¹

This would entitle each HOM to up to an additional \$15,000 in total. The frequency of payments equating to \$30,000 or more would be modest with less than 69 triplet or HOM births in Australia (between 3-4 triplet or higher order births).

The total investment associated with the program of support based on forecasted birth rates for 2023 equates to \$68,012,500.

Recommendation 2

In-home support network for multiple birth families

Currently there is a national In Home Care program, which is a flexible form of early childhood education and care where an educator provides care in the child's home. It is restricted to families who can't access other forms of care. However the criteria is restrictive, despite allowing this flexible form of childcare for families with "complex needs", this does not include multiple birth families.

Multiple birth families need access to early education, carers, nannies and/or housekeepers. It is recommended that the criteria of the In Home Care program be amended to include multiple birth families.

In addition to this, States and Territories should assist families with access to home help services such as cleaning, cooking, and laundry, which are typically performed in the home. This benefit should not be means-tested and should mirror New Zealand's offering, and should be available to citizens or permanent residents who have given birth to twins, adopted twins, and have another child under the age of five years old, or have given birth to or adopted triplets or higher order multiples.

Families with twins should be entitled to 240 hours of home help, to be used within 12 months. Families who have given birth to or adopted triplets or more should be entitled to 1560 hours, to be used within 24 months. The benefit should be granted from the date of the birth of the babies if they are born at home, or from the date of their discharge from the hospital.

The total investment associated with this recommendation is \$39,522,960.

1. The proposed grant program (Multiples Grant) include an apportionment/cost assignment based on the average term of pre-maturity, calculated at the minimum wage level. The grant value could be adjusted slightly should the government enact a premature baby leave provision.



Recommendation 3

Premature baby leave

In addition to parents of multiples not being afforded any additional term of paid parental leave, mothers usually deliver children earlier than parents of singletons. Children are frequently in SCU or NICU for significant terms, generally greater than singletons. This means that parents often need additional time to render appropriate care and support to their multiples, but when accounting for the average term of prematurity, parents of multiples are generally afforded less supported leave time on average, from the anticipated birth date to care for their children. It is critical that the term of paid parental leave be extended to account for any term of prematurity. This affords parents sufficient and appropriate time to care for their infants.

The total investment associated with this recommendation equates to \$16,279,533.75

Recommendation 4

Extra parental leave for parents of multiples

Parents of multiples need additional time to care for their infants, and this is supported by the extensive research exploring the time needed to care for multiples. Extending the term of maternity leave by 8 weeks for each additional multiple gives parents the necessary time to invest in each child, in supporting their developmental progress and affording them the care that is needed during these critical early stages. The shift would align total leave provisions with the more advanced OECD economies, and acknowledge the significant evidence base outlining the significantly increased time required to care for multiples rather than singletons.

Paternity leave should be extended to 8 weeks for each HOM to accommodate the needs of caring for HOM, noting the need for 26 hours of care on average daily required for triplets. The term of paternity leave should be able to be taken concurrently to address the elevated needs of twins and other HOM.

The investment necessary to extend this benefit to families is \$29,158,044.00

Recommendation 5

Extending the Multiple Birth Allowance to currently ineligible Twins and HOM for a term of 7 years

The multiple birth allowance is afforded to higher order multiples (at the exclusion of all twins and many HOM) but given the modest number of births and its exclusionary nature, it is anticipated that only a modest number of parents with multiples would be eligible for the benefit. Extending the benefit to all parents with multiples, specifically parents with twins is beneficial. Parents recount the immense challenges associated with twin births particular during the early years, with greater costs incurred due to the greater costs of care and medical expenditure associated with twin births. The concurrent timing of costs incurred also presents as a series of financial shocks to many families.

While the program of support is extended to higher order births for 18 years, extending the benefits to twins and ineligible HOM for a term of 7 years affords these currently ineligible groups necessary support during early childhood when incremental and differential costs are greatest, and during the earliest term of school when a number of additional unavoidable costs associated with school entry and participation are incurred. Should the Multiples grant benefit be extended to all multiples then the Multiple Birth Allowance would be extended to currently ineligible families with twins and HOM for a shorter duration commencing after year 1.

The investment associated with extending the Multiple Birth Allowance to twins and excluded HOM would equate to \$19,759,103.00 annually.

Overall investment requirement

The collective investment required to improve the lives of families with multiples is modest. This cost would also be offset as the improved wellbeing outcomes would lead to reduced health issues and subsequent hospital admissions. To implement all of the noted recommendations the collective investment would equate to \$172.7 million annually.²

Table 2 - Summary of recommendations

Recommendation 1	Multiple Birth Grant	\$68,012,500.00
Recommendation 2	In Home Support	\$39,522,960.00
Recommendation 3	Premature Baby Leave	\$16,279,533.75
Recommendation 4	Extra Parental Leave	\$29,158,044.00
Recommendation 5	Extension of Multiple Birth Allowance ³	\$19,759,103.00
Total Investment		\$172,732,140.75

2. Note that this is the total cost in year one. Recommendation 5 will require an annual investment of \$140 million annually from year seven.

3. This the program cost for year one. The eventual annual cost will equate to a multiple of seven, in year seven of the program. The size of investment need would be smaller with the implementation of the Multiples Grant; with the allowance commencing after year one and for a shorter duration, depending on the quantum of the Multiples Grant extended.

Enquiries pertaining to this research may be directed to:

Silje Andersen-Cooke

Director, Australian Multiple Births Association
silje@amba.org.au

Dr. Michael D’Rosario

Chief Economist, Per Capita
m.d’rosario@percapita.org.au

For a copy of the full report, and associated references,
that accompanies this concise edition visit www.amba.org.au