



**P1:** [00:00:00] Goodness if I saw that, I'd be stressful.

**P2:** Yeah. Just putting on a brake.

**P1:** Okay. Cool, yeah. So, I'm keen to hear how things have changed since the lockdown has changed.

**P2:** Sure definitely. Yeah, well we decided to get our nanny back just because we're becoming really busy, so, yeah.

**P1:** Are you still worried about your husband because he has immune issues, if I remember correctly.

**P2:** Yes, so because he's -- sorry, I'm just adjusting my volume.

**P1:** Okay.

**P2:** Um, so because he basically works alone in his office, then he basically works, um, in his office during the day.

**P1:** Okay.

**P2:** So, he's still working from home. So their interaction is quite limited.

**P1:** Okay.

**P2:** Um, and then yeah, she just -- I mean, there's not much we can do about her, um, exposure, um, you know. So the most that we can do on our side is she comes on a later bus.

**P1:** Okay.

**P2:** So, she doesn't get here up until about half past 8:00. So, she's not theoretically waiting with a lot of people or not getting on to an overcrowded, um, bus or taxi and then she's here at about 2:00, half past 2:00. But, um, it just means that I get quite a consolidated amount of work done not between their 11:00 and 2:00 o'clock sleep, you know. I can get stuff going from about 9:00.

**P1:** Because you were really struggling from what I remember.



**P2:** Yeah, it was -- everything had started picking up, which it has now again.

**P1:** Yes.

**P2:** But I find that if I can work between 9:00 and 2:00 it gives me like five hours of productive time, you know, during the day where I can get my meetings done or get my work done, go to site or whatever the story is.

**P1:** Yeah -- yeah.

**P2:** Um, but then I just do that Monday through Sunday because it's the only way to keep on top of my work.

**P1:** Mm-hmm. So, does she come on weekends as well or?

**P2:** No, she doesn't. But then ~~Paul~~ is not working. Because he gets a full -- you know he gets a full eight hours during the week. So, um, and then he helps, um, around bath time and stuff. So, then if I need to, you know, replay to e-mails or finish off stuff, you know, around about that time at least it buys me another hour or two.

**P1:** Okay. When I spoke to you, I am sure he was working from home...

**P2:** It was.

**P1:** ...but now he's gone back.

**P2:** Yeah, he's gone back now. Yeah.

**P1:** Okay. Interesting, has that been harder or easier? [laughter]

**P2:** Um, I think it's easier in the sense that he's not here between, um, 9:00 and 2:00.

**P1:** Okay.

**P2:** So, then, you know, he isn't a distraction.



**P1:** Yeah.

**P2:** Um, and then it gets a little bit harder like if he has left before 9:00 o'clock in the morning then obviously I'm trying to sort the kids out before Lydia gets here. But it's not too bad. The mornings are fine but it's in the afternoon, because generally, you know, last minute things will pop up at like 2:00 three, o'clock in the afternoon and then I can't really do anything about it until he gets home. So, he has to get home between 3:00 and 4:00, um, you know, because then if need be, he can just help with, you know, with the twins but um -- yeah, but otherwise it's fine. It's a lot better, because now I'm not running around trying to do 14 loads of washing and cooking and cleaning and, you know, **[voice cut00:03:47]**.

**P1:** Absolutely, gosh. And sorry, I had a question I wanted to ask you. How are those hours I would say between 2:00 and 4:00 or until he gets home?

**P2:** Um, they're fine, because I think the pressures of, um, you know, it's not like I've had the twins the whole day, and had to do work and **[inaudible 00:04:08]** and stuff. So, um, there's maybe once or twice where I have had like a last minute urgent deadline you know, to get a quote out or to be in a meeting. Um, but on the most part, people are quite flexible in what they expect. So, you know, if I have a meeting after two o'clock in the afternoon, it's kind of knowing you may or may not have two additional participants.

**P1:** Okay [laughter].

**P2:** And so far we both seem fine because most of them are on the same situation anyway.

**P1:** Yeah -- yeah. Okay and how have your twins been? How have they been since nanny is back?



**P2:** Fine, I had a little concerned they might, um, not forget her but they haven't been -- I mean, they haven't seen people basically since shutdown and so it's been a little stranger danger. So, now, you know, when we're being brought out of the park to ride their bikes or [unintelligible 00:05:05] or you know to ride their bikes or whatever, the minute they see another cyclist or they see people are running, they immediately like come running to us. Um, so I was a little bit concerned that they might be, um, a little bit anti-her but then they were so excited to see he when she arrived. It's like she hadn't even left, which really gave me a peace of mind, because I just thought, if I had been called back to the office which fortunately work has been very accommodating, I was quite concerned to just like drop them with her one day, I mean, you know, disappear to the office.

**P1:** Absolutely. Okay. But they were happy to see -- has she been with them since they were born?

**P2:** Yeah.

**P1:** I'm sorry. I think I asked you.

**P2:** Yeah, she has.

**P1:** Okay. Right. Sorry, can I just plug in my computer because I see it is about to go -- sorry one second.

**P2:** No worries.

**P1:** Charger, here it is. Um, okay. So, and how have things been with the routine, um, because I was...

**P2:** Fine.

**P1:** ...for you.

**P2:** Yeah, no. So Lydia keeps -- she is very good at keeping the routine. So, she puts them down. She gauges how tired they are between half past



10:00 and 11:00 and then she puts him down and then she goes on with house work or washing whatever that she's doing. And yeah, they stay down until 2:00 sometimes half past two these days.

**P2:** Okay.

**P1:** So, she's got the -- she's obviously got the extra time and energy to exert with them which was something that I was struggling with because, you know, like I'd be very distracted. Like they would be outside playing.

**P1:** Yeah.

**P2:** But I would be trying to work on my computer or take [inaudible 00:07:07] and very distracted in my interaction with them.

**P1:** Yes.

**P2:** Um, yeah she's obviously much better than I could be at the moment. Um, and so she's doing very well. And they're doing very well and they're sticking to their routines which is great.

**P1:** Okay, fine. That's nice so you must be feeling a lot more relaxed.

**P2:** Yes. Yeah which definitely makes, you know, bath times in the evenings more, um, chilled because you haven't had them the whole day and had time to do work on top of all of it.

**P1:** Yeah.

**P2:** So, it definitely made it easier. Um, yeah. I mean, they still -- like I think I said to you before, they've become very clingy now during this lockdown, so we still have, most nights, one if not two of them in the bed. [laughter]

**P1:** Okay -- okay. How are you handling that?

**P2:** And we've just kind of resigned ourselves to the fact that we don't feel like fighting at two o'clock in the morning.



**P1:** Okay.

**P2:** So, when there's one in the bed, it's fine. Because then they fit between us, you know, okay. But when the second one comes through, that it's just easier to leave both of them in bed with one of us and then one of us goes to the other room.

**P1:** Okay.

**P2:** It's the only way to ensure that one person gets the decent night sleep.

**P1:** How do you decide who goes to the other bed?

**P2:** Um, I think it just -- it depends on who has got the most space to begin with.

**P1:** Okay.

**P2:** So, like last night, um, you know, I -- I was firmly on my side of the bed...

**P1:** Yes.

**P2:** ...had Emma between us, but she had kind of like rotated more towards their father. So, by the time number two came along, he was from the bed, and took his pillow into the other room.

**P1:** Okay. [laughter].

**P2:** So, and whereas the on the night before, I was like on the sliver of the bed. I was like, myself, a cat, Leo, Emma, and then ~~Emma~~ had like a decent portion. So, then I was like, "Screw this. The four of you can sleep here. I'm going into the other room."

**P1:** Okay. I mean, um, one of the things that I -- obviously after transcribing and then reading through our interview, one of the things that felt a lot like to me was that you were trying often to ward off chaos. I mean, I don't know in other words...



**P2:** Yes, yeah. We're always on the brink of like a volcanic eruption.

**P1:** Exactly yeah.

**P2:** Well, yeah, since Lydia has been back it's so much easier. It really really is. And, um, also with ~~Ben~~ being in the office, um, or outside also makes it easier because he can't handle the kids screaming and crying and throwing a tantrum. Whereas, I'm harder and I'm like -- I really don't care. Like you can scream all you like you're not eating cat food. [laughter] Um, you know, and **[00:10:00]** I don't use the distraction tactics and give them sweets or chocolates or whatever. I'm like you can sit there dissolve on a pebble on the floor but I finish my e-mail. So, um, I just carry on with that. Whereas like if he's here, he would come like, "Why is she crying? Why don't you just like pick her up?"

I'm like, "She doesn't want that. She wants to eat the cat food and I said no. No she doesn't want to be picked up by me."

And then he will pick her up and he buries their head in his neck and he's like, "Shame, my baby. Is mommy being ugly to you?" You know, that sort of thing so with him not here, they don't even pull that with me anymore. They know no one is here to come and rescue them.

**P1:** Okay. How do you feel when that happens? The whole interaction happens?

**P2:** Well, then he just scoops them up...

**P1:** Yeah, and they like melt into him.

**P2:** Oh, I don't mind. I'm like, "That's fine, you -- but now you deal with the fall out of those, you know. The next time she eats cat food, you tell her no and see if she happy with you next time." It does bother me. Like it, um, annoys me that he will, you know, just like hand it to her. But then he must deal with it. So if he comes to pick her up, then she wants to be in his arms and then he can't get work done.



**P1:** Okay.

**P2:** Then it's not my problem. Like if you want to do it then that's fine. But you know, you let her have her little meltdown it will last only five minutes which does sound forever, when she's screaming...

**P1:** Sure when a child is screaming...

**P2:** You know, after that it's fine. Then she finds something else to distract her and, you know...

**P1:** Mm-hmm.

**P2:** ...with Leo you know they play or they do whatever and then it's fine.

**P1:** Yeah.

**P2:** Yeah.

**P1:** I mean, I know you said you're a lot harder and I know in our interview, the first one you -- you -- we spoke a lot about you being the one that drives the routine and, um, why -- what makes you like that? Why are you -- what has made you the harder one? I don't know what has made you, yeah?

**P2:** I don't know. Um, like I said it's not the way that I was brought up, you know. You know, we were not allowed to do whatever we wanted. Um, I think it's just about meeting structure and routine and, you know, that no is no. Like you're not supposed to eat cut food and -- or come ask me for sweets, or whatever the story is. Like, um, I don't know, just -- I think I also just can handle the screaming and the tantrums better, you know, and I just -- I mean, obviously within reason. If they've fallen and hurt themselves that's a different story. But if they're just being, um, you know, like earlier I was on -- he had gone for work and Emma pulled my boots out of the cabat and was walking in them. And they're about this high and she fell over and then had a complete meltdown that these things had come off her feet. And I was just like, you're being silly, like





seriously. I just, probably -- I'm going to listen to the rest of the meeting. I'm just going to mute the screams.

**P1:** Okay. [laughter] Yeah.

**P2:** But she was fine. Lydia came and scooped her up. And they went to [00:13:24].

**P1:** Okay. [laughter] The right size shoes...

**P2:** ...is the right size shoes.

**P1:** Um, okay I mean are those the roles that you and your husband often take on in the family? Is he more?

**P2:** Well, I think in general he's non-confrontational. So, anything that is a little bit uncomfortable he doesn't -- you know, he'd rather just sort of ignore it, or change the subject or whatever the story is, whereas I'm not like that.

**P1:** Okay. Yeah, so you remember...

**P2:** I mean, it boils down to our different personalities.

**P1:** Yeah. Um, sorry I was going to say I remember you were saying your mom being quite -- oh gosh no. I can't remember what you said exactly, but your dad was the one who did all the disciplining and your mom sort of just...

**P2:** He did. Yes, yeah.

**P1:** I don't know if you said you walked all over her or whatever it was?

**P2:** No, we did. Yeah -- yeah. No we didn't take her seriously. [laughter] Whereas like her biggest threat was like, "I'm going to tell your father."

**P1:** Okay.

**P2:** That was when we actually paid attention, but she couldn't stand on -- stood on her head and we would have...



**P1:** Yeah, did she get angry? Did she shout and scream and...

**P2:** It was very seldom that she lost it and then she did and then -- and then I don't think she -- and then I think it made her angrier because we really just didn't pay attention to her.

**P1:** Yeah.

**P2:** But she was just like, "It's fine. I'll tell your father when he gets home." And that -- that as it.

**P1:** Yeah. Why -- I wonder why you didn't take her seriously. Did she like not follow through on threats or not that that's anything, you know...

**P2:** Um, I don't know. I think she's tiny. I mean, she's shorter than me. She's like...

**P1:** Okay.

**P2:** She's like just on five foot maybe. I think she is more like in the four foot something.

**P1:** Yes.

**P2:** Um, so yeah, she's like -- I don't know. We were bigger than her.

**P1:** Yeah.

**P2:** Um, yeah. I don't know.

**P1:** Mm-hmm.

**P2:** We just yeah -- we just never did. I think it was just kind of the roles that they both assumed. My dad was always a disciplinarian, my mom really wasn't. So...

**P1:** And in other ways? I mean, your relationship with her in other ways was she very physical, cuddly?

**P2:** Yeah, well they're Italian. So all are very physical and cuddly.



**P1:** Okay.

**P2:** Yeah, always. Yeah. But there was always like, um, coming from the school, kiss everybody hello. Going to bed, kiss everybody goodnight. Wake up every morning kiss everybody good morning. Going next door to play with the kids, kiss everybody good bye. Come home from playing kiss everybody hallo, yeah.

**P1:** [laughter] All right, yeah -- yeah. Okay, very physical.

**P2:** Yeah.

**P1:** And, I mean, I wonder about in a less routined way and a more intimate way, as in does that make sense?

**P2:** Oh, yeah. You mean like go sit on -- you know, like sit on their lap or climb into bed or whatever, yeah -- yeah. Always, yeah.

**P1:** Okay. Are you like that?

**P2:** Um, with the kids, yeah. ~~Bence~~ is not like -- ~~Bence~~ comes from a very like, you know, shake his dad's hand when he saw him. Um, you know, like kiss is reserved for birthdays and Christmas and Easters. You know that sort of thing. So, he's -- I mean, it's not like he will tell me to -- he will swat me away, but he -- he's not used to that, sort of, um, so him and I are not really affectionate in that respect, but with the kids we both are.

**P1:** Okay. It's interesting, because I think he sounds very affectionate with the kids.

**P2:** Very he is -- he's very, very affectionate with them.

**P1:** Yes. You know, it's not the way he grew up.

**P2:** Yeah, which is quite weird, um, because I really like -- honestly I didn't expect him to be that way.

**P1:** Yes -- yes.



**P2:** But it's been really surprising also before we had kids with other people's kids he wasn't very, you know, like...

**P1:** Yeah.

**P2:** ...um, it's not like he would bend down and go, hello. How are you whatever? Like extend his hand to a two-year-old and tried to shake it kind of thing.

**P1:** Yes.

**P2:** So, I was very surprised, you know, when we had children how like hands-on he was and is, and you know, like he's happy. Like in the afternoons if I'm busy, he'd be like, "No, it's fine I'll take the kids to the park," and he sorts them out with juice and snacks and bikes and, yeah it does all that and then disappears for like an hour.

**P1:** Okay. Okay all right. Um, and I wanted to ask you a little bit about, um, twins. I mean, when did you find out that there were twins? How was that for you? How was pregnancy? All of that stuff?

**P2:** So, we weren't trying to have children?

**P1:** You weren't trying to?

**P2:** Yeah, we weren't trying to have kids.

**P1:** Okay.

**P2:** Um, but basically long story short, is, um, I got bronchitis and I went on to, um, antibiotics which I am very aware counter the pills so we were very very careful with that.

**P1:** Yeah.

**P2:** But -- and obviously, you know, like I managed for 12 years to not fall pregnant, so it's not like I don't know what I'm doing. But it really affected my lungs, so I ended up having to go on a nebulizer and I didn't



realise that the third sachet that I was taking was a corticosteroid.

**P1:** Okay.

**P2:** Cortical yeah. Cortisol -- whatever it was. And because it's a steroid it increases the metabolism of the pill. So, I didn't realise that, I only put that together after I was pregnant. Um but basically I found out that I was pregnant like literally three, four days, um, after missing my period. Because I was just still taking the pill and I, you know, and I didn't -- I was always, um, on time and then I had like five and a half six weeks. I hadn't gone to a doctor or anything yet. Um, I think I was kind of imagining it might just go away, and then I started vomiting [00:20:00] and vomiting and vomiting and then I ended up in casualty...

**P1:** Okay.

**P2:** ...dehydration. So they gave me stuff, and then I said, "Can't you just give me like something to take for the nausea and the vomiting because it can't go on." And they said, no I'd have to go to my doctor. So I saw my GP and then, um, obviously she then reconfirmed that I was pregnant, and she said that she wasn't comfortable giving me anything for nausea. I'd have to go see a gyne. So, my gyne was in Durban, um, and she just said, "Listen, this doesn't make sense to have a gyne in Durban if you are pregnant." That's big so then she referred me to a gyne here. And, um, he initially didn't want to see me until I was like 10 or 12 weeks pregnant.

**P1:** Okay.

**P2:** But then she basically reiterated that I might die of dehydration before then.

**P1:** Okay.

**P2:** So, um, then I want to go see him. And I think I was like six weeks and a few days. And he said, oh like what's the history, blah blah blah. I gave him all of that. And he's like "It's very unusual to be this sick very



early on in your pregnancy. This is normally an indication of multiples. Do you have multiples in your family?"

I said, "No. We have no multiples in our family. And or if we did have multiples they didn't make it."

**P1:** Yeah.

**P2:** And so then yeah, he did the scan and he's like oh there you go. Healthy heartbeat and he did the measurements and he is like, "Here's the other one."

And I was like, "You're joking."

He was like, "No, here's one. Here's two." And so he's like, "I'm just going to look to see that there isn't another one," and I nearly fainted.

**P1:** [laughter] Like if there is another one. [laughter]

**P2:** So, um, ~~Bruce~~ had come to that appointment with me but, um, as a typical doctor, he was running very late. So, we waited for about an hour, and um, then -- yeah about an hour, a hour and a half later he saw me, because but then ~~Bruce~~ said he had to go because he had a meeting. So, by the time I saw him I was on my own, then I phone ~~Bruce~~ to tell him, "It's twins."

And he's like, "Whatever you're talking about, I'll see you at home"

"Okay." So

**P1:** So, I mean, ~~Simone~~ how had you felt about being pregnant in the first place?

**P2:** I didn't want to do pregnant.

**P1:** You planned on never having kids or?

**P2:** No -- no. We had so we had only got -- we had got married the year before. We had got married in 2016.



**P1:** Okay.

**P2:** And, um, you know, I just wanted to -- I mean, not that it made any difference. We'd been living together for like years. Um, but yeah I just -- you know, I wanted to do some more travelling, um, I was doing quite a lot of travelling for work at the time.

**P1:** Yeah.

**P2:** And then yeah we're about to renew another contract, you know, in the work that had literally kept me busy for three years.

**P1:** Yes.

**P2:** So, I was just like, uh, I can't that.

**P1:** [inaudible 00:23:06]

**P2:** Sorry. Similar. Similar, um, at the time I was seconded to ESKOM doing all their environmental botanical work in Northern Zululand. So I was all the way up from the Mozambique border, border of Swaziland, um, you know through to, I think the closest was Mtubatuba. So, um, I thought that would be a bit of an issue. But in the end, um, I our tender documents got lost and we never got awarded the next phase. So, it actually worked out. Um, and then yeah when I -- when I found out I was pregnant with twins, um, I nearly had a heart failure. So, um, it was a little bit -- like it was very mixed about, um, being -- because obviously all of the risk were explained to me. They are like at six weeks and whatever, healthy heartbeat is a good sign, but, um, anything can happen between now and the next appointment which is usually nine -- well he wanted to see me again at nine weeks. So, it was mixed like, hope they're both there. Hope they're not there. Hope there's only one like kind of thing. Um...

**P1:** Very ambivalent.

**P2:** Yeah, feeling quite anxious about the whole thing, um, and then feeling guilty, you know, when I -- when I felt like I wanted both but the



day before I was hoping they were both gone. So, yeah, and then, um, obviously being sick was really horrible. I literally vomited until I was 32 weeks pregnant.

**P1:** So sorry.

**P2:** U, and I -- yeah, and literally I probably made a trip to casualty once a week to get put on the drip. So, I used to just...

**P1:** [crosstalk00:24:56]

**P2:** Yeah, I used to just phone in advance and be like, "I'm coming." And there I have like a bed set up and all my IVs there. I looked like a drug addict with all the checks in my arms. [laughter]

**P1:** Yeah, I mean do you ever consider a termination? Was that ever no option?

**P2:** So, at our nine-week, um, at our nine week scan when he confirmed that both were there he said that at our 13 week we would have to have all of the mucal measurements and the blood tests for Down, and we need to consider what we want to do with regard to whether one or both had Down syndrome. So, um, at that 13 week scan, we had that test and we said that when we come back at 17 weeks we need to have a decision, you know, or have thought about it. And basically at the 12 weeks scan, we said if they are -- if one or both had Down Syndrome, we want to terminate.

**P1:** Okay.

**P2:** So, we did have that discussion. I think like if that was the case, we probably would have. Um, but now I think if I had to fall pregnant again, um, intentionally or unintentionally, if I had Down Syndrome, I don't think I would terminate.

**P1:** Yeah.





**P2:** So, that's definitely changed perspective.

**P1:** Yeah - yeah.

**P2:** So, yeah.

**P1:** And termination in terms of like I don't -- I don't want these babies at all, healthy or unhealthy?

**P2:** No, not at this -- no, not at that stage. Um, I think -- I think it was, um -- I think probably just a security thing. You know, we were already married at that point, um, we did maybe discussed it before that. Like about falling pregnant by mistake, we would definitely have terminated it. It wouldn't...

**P1:** Yeah, you mean before you were -- when you were just dating.

**P2:** Before we were married and before yeah, you know, before we had proper jobs and whatever the story is we probably -- we had discussed it, we would have. I mean, like things might have changed if had fallen pregnant five years ago, and we might have decided to keep it. So, but we had discussed it.

**P1:** Yeah. Okay. And how did you feel throughout the pregnancy? Did your feelings change? Excuse the cat.

**P2:** No, that's fine. I'm surprised mine isn't here somewhere. It's obviously [crosstalk 00:27:28] it's food. Um, sorry what was the question? How did I...?

**P1:** Did your feelings change throughout the pregnancy?

**P2:** Yes, yeah. I think after so the initial thing for me was the fact that I was told from the start that it was a high risk pregnancy.

**P1:** Okay.



**P2:** Um, and basically he did say to us like after nine weeks he doesn't understand why the rule of thumb is 12 weeks because at nine weeks from a developmental point of view, the embryo has got a brain and a heart and it -- it wasn't going to be viable. It wouldn't have made a difference whether it was 12 weeks or 24 weeks.

**P1:** Okay -- okay.

**P2:** Do you know what I mean?

**P1:** Yeah.

**P2:** Like then the kind of the development is out of our control at that point. Does that make any sense?

**P1:** Yeah.

**P2:** Um, so I think after nine weeks when they were still both confirmed to be there...

**P1:** Yes.

**P2:** ...um, and then I think subconsciously after 12 weeks because that's just the number that everybody sticks in your brain.

**P1:** Yeah.

**P2:** After that, I was more anxious about every -- every appointment to see that they still were there.

**P1:** Okay.

**P2:** So, um, yeah my whole mindset changed.

**P1:** It almost like you -- how do I say it, sorry, the risk for loss got higher and higher of you having to manage loss.

**P2:** Yes, yeah, and I think like before that point, um, I think it's at as I approached each new sort of like milestone.



**P1:** Yeah.

**P2:** It went from relief, and then I started to get anxious -- anxious -- anxious until the next appointment. And you know what's really -- I mean that was fine for like a couple of weeks and then it was the next sort of milestone and then it was a case of just getting to -- I think he said they'd be viable from 30 weeks.

**P1:** Okay.

**P2:** So, then up to that point it was about trying to make sure that they get into 30 weeks. Um, so that if they were born early, they would be viable.

**P1:** Yeah.

**P2:** And then after, I think, after 32 weeks, I was just over being pregnant. I was like, I know that they will be fine. Please take them out.

**P1:** [laughter] and did they come at 36?

**P2:** They came at 35 and six days.

**P1:** Okay.

**P2:** So, very close. [00:30:00].

**P1:** Okay. That's C-section?

**P2:** Yes, yeah -- gave me -- but by that stage, I was -- he wanted to try and get them to 38, but I got pre-eclamptic. When I stopped vomiting at like 32 weeks I started retaining water...

**P1:** Okay.

**P2:** ...and then I just ballooned I think like in those last sort of two three weeks, before they were born, I think I put on like extra eight KGs just from water.

**P1:** My goodness. This is just the most outrageously difficult pregnancy?



**P2:** It was awful. So, I can -- you know, with the woman you have this like flawless, glowing, no. I was just like -- it was awful. I think I was in bed rest from 34 weeks. Yeah, I was put on bed rest. Um, home from work in fact I was admitted into hospital because of my high blood pressure. And then he wanted to deliver them that night, but um, we managed to keep them in a bit longer, and after about four or five days I was like, "Please can I just going to go home, you know?" And he said that was fine as long as I reported to the hospital every four hours for, um, to have my blood pressure check and the dopplers put on the babies to see that they aren't under any stress.

**P1:** It sounds like it was incredibly stressful for you the whole thing actually. I'm like will it be okay? Are they going to make it?

**P2:** it was, and then on top of all of that, um, I had such a lot of work that I needed to finish before I went for maternity leave. And unfortunately like I'm the only person that does what I do, so it wasn't even an option to, you know, pack it up and hand it on to someone else to do. So, literally when I was in hospital, I worked the fulltime. In fact, at one stage the nurses took my computer away from me. [laughter]

**P1:** I mean, I guess, one of the things that I wanted to ask you about related to that is your work is obviously incredibly important to you. Um...

**P2:** Yeah, I enjoy what I do.

**P1:** Mm-hmm.

**P2:** And I have bills to pay.

**P1:** And what?

**P2:** And I have bills to pay.

**P1:** Yeah, but I wondered if it was more than just enjoyment. I wondered if it was identity or, you know, something more sensual.



**P2:** I suppose.

**P1:** If you weren't able to work, how would you feel?

**P2:** Sorry.

**P1:** If you weren't able to work, how would you feel?

**P2:** I don't know. I never really not.

**P1:** Okay.

**P2:** I never really -- I was very fortunate when I left varsity to walk straight into a job, um, and then I was poached from that job for my current job, so it's just -- it's -- I've never like, uh, had to put my CV out and look for jobs or be unemployed or even have a dozen options. So, I actually don't know what it would be like not to work.

**P1:** Yeah -- yeah, um, okay. You've never considered being a stay-at-home mom?

**P2:** Um, well it's never really been a feasible option, because of all of our expenses. So, um, I wouldn't mind if someone gave me the option.

**P1:** Okay.

**P2:** Um, you know, and then I'd try it out and see how it goes.

**P1:** Yeah, right.

**P2:** Um, but like I think the first -- I think, yeah I think I could do it.

**P1:** Okay.

**P2:** Yeah. I mean December holidays work fine with kids and...

**P1:** Yeah.

**P2:** ...not doing anything else. And it's technically less stressful when you don't have to worry about phone calls and e-mails and getting work done and stuff, yeah.



**P1:** Exactly. Yes, absolutely. Okay. Yeah, um, I mean, and I think one of the things I wonder about the pregnancy, if one of the things that was so difficult was the lack of control. You know, there's nothing you can do to make...

**P2:** No, there was nothing, yeah.

**P1:** ...there was nothing you could do to make it worse, but...

**P2:** Yeah, so I think like I remember I used to wake -- like if I'd been sleeping...

**P1:** Yeah.

**P2:** ...which towards the end of my pregnancy really didn't happen. But um, definitely, um, I would be like lying and they'd say lie on your left hand side, I can't remember the reason why, versus your right hand side.

**P1:** Yeah.

**P2:** And I'd wake up on my right hand side and I would be like, "Oh, my gosh, I've been sleeping on my right hand side." And then I'd like get up and then I'd like sit there and feel my tummy and I'd be like can I feel movement? Then if I couldn't then I poke and I prop and I get up and wiggle, and then I'm like, "Yeah, I feel it." And then I'd be like, "Okay, they're both there, it's fine I'm going back to sleep." [laughter] So, yeah I did have a few moments like that but yeah. Um, you know, like had fallen into a deep sleep and realised that I hadn't felt anything or...

**P1:** Yes.

**P2:** Yeah.

**P1:** Um, and fear -- the fear, I don't know if it's so much that they've died or that I've killed them or, you know, something.

**P2:** Yeah, just like, you know, I've been sleeping on the wrong side, or, um, you know, like I haven't felt movement and I've fallen fast asleep that



I should be waiting to feel movement. Because I don't know I am sure someone told me that I need to -- if you didn't feel movement for like a day or something or a couple of hours then you need to -- so yeah.

**P1:** Absolutely.

**P2:** Right.

**P1:** My son is like poking his head through the window.

**P2:** How old is he?

**P1:** Three. [laughter]

**P2:** All right, get man. [laughter]

**P1:** Sorry.

**P2:** That's okay.

**P1:** Um, and after they were born, did you have any postnatal depression? How did you manage?

**P2:** I -- so, um, so they both went into ICU for two weeks.

**P1:** Right, because they were quite early.

**P2:** Because they were quite early. Um, I think they ere even possibly even earlier than -- than what they thought they might be

**P1:** Yes.

**P2:** Um, just because you know the dates and the time are always off by a little bit. But I had two sets of steroid injections one at 34 weeks...

**P1:** Yes.

**P2:** ...and to make sure that they were viable. I think you have 24 hours or eight hours or something like that, I don't know. Um, and then again I think at like -- about two days before they were born I had more steroid injections. Um, but yeah, they ended up ICU and then I just boarded in



hospital with them...

**P1:** Okay.

**P2:** ...until they came out. Um, but yeah, I just -- I think I actually felt quite relieved at that point because they were with -- you know, they had 24 hour care. They weren't in a bad way. It was just waiting for the lungs to develop. It's not like they had...

**P1:** They weren't critical or anything.

**P2:** No, they weren't critical, but I think just because they were so tiny, that you know, they would go to -- there's no such thing as high care, you know. It's ICU or it's the nursery.

**P1:** Yeah.

**P2:** But I knew that it wasn't a you know, like a life threatening emergency that were in there for.

**P1:** And lots of moms talk about ICU as being extremely difficult because everything is up to the nurses. You can't hold them -- you know, the feeding is at a certain time. This is at a certain time.

**P2:** Yeah, I did find that, um, in one respect, quite not stressful just time consuming.

**P1:** Okay.

**P2:** Because, um, there was this pressure to breastfeed as soon as possible. My milk didn't come in for three days.

**P1:** Okay.

**P2:** So, um, they were giving me, I think it's eglonyl -- I was taking eglonyl anyway. And then I had to express every three hours because there were tube-feeding for the first couple of days.

**P1:** Okay.





**P2:** Um, and then it was breastfeeding and that just took forever, because being pre, they were like in between at their developmental stage of -- in fact they said, had they come at 35 weeks, then one aspect of what would have been so easy, but because they came with just like merely two weeks more brain development then now it was becoming a learned behaviour or something. I can't remember the...

**P1:** Whatever it was it was difficult to breastfeed, to latch and suck and swallow and breathe and...

**P2:** Yes, and it was like -- and then they were so so tiny. So it wasn't, you know -- like some people said, "Oh yeah you can just feed twins at the same time."

I'm like, "Well have you ever managed to do that good for them."

**P1:** Yeah,

**P2:** Yeah, like I think it also helps if you got really big boobs. If you've got big boobs, you know, then I think it's easy, but when you've got small boobs they're so much close together, [laughter] um, so yeah it didn't happen. So it was one at a time.

**P1:** Okay.

**P2:** Um, and then it would be for minimum of half an hour to 45 minutes.

**P1:** Right.

**P2:** And it was every three hours because you worked on ICU times.

**P1:** Yes.

**P2:** So it's not like you could just sit there the whole day with them. Like you have to come in at 9:00, 12:00, 3:00, 6:00...

**P1:** Yeah.



**P2:** ...like that. But then in-between that, it was easier to like I could go back to my room and I had the, um, that awesome electronic bed, you know. So, I really -- I think like I look at some of my friends, who've had seizures and gone home after three days. Like it's really stress for them to get from a horizontal position to upright, to -- whereas I took full advantage. I was like I recline, incline, move the bed up and sit, [00:40:00] stand. You know, I just...

**P1:** Yeah, so you were at hospital, how long did you stay?

**P2:** Two weeks.

**P1:** Okay. Were you unwell? How come you were there for two weeks?

**P2:** Um, just because they wanted me boarding there, because the twins were in ICU. So, I was just boarding. So, um, I had been technically, um, what do you call it, discharged.

**P1:** Okay, yes.

**P2:** But they -- but if they've got -- so they tend to want the moms to stay there if the babies are in ICU.

**P1:** Okay. All right.

**P2:** Which made it easier because you know, I got three meals a day, and they got me tea twice a day. And, um, things like laundry just happened. Because [crosstalk] hamper they came back clean, and so -- I think it was probably more stressful for him because he was still working obviously.

**P1:** Yeah, I was going to ask.

**P2:** Yeah and then in between that, he was really good. He came -- the only time he didn't come was the tree o'clock in the morning feed.

**P1:** Okay.



**P2:** But he came for every feed, because by [inaudible 00:41:05] a week, and I was expressing. Because it as jut easier to express and bottle feed because then we knew volumes of how much they were each getting.

**P1:** Right.

**P2:** And, um, then each of us could take a baby. So instead of it being an hour and a half process, it was now 45 minutes.

**P1:** Oaky.

**P2:** So, then he would feed one and I would feed the other. And then, um, go to, you know, then he would go home and I would go sleep.

**P1:** Okay.

**P2:** So, it made a big difference.

**P1:** All right.

**P2:** Yeah.

**P1:** And I asked you about the postnatal depression, but I can't remember what you had said.

**P2:** No, I didn't have anything but I mean, for, you know, six months after they were born, I was on eglonyl to keep my milk production up. Whether that was psychological or whether it actually works...

**P1:** I mean, it's quite a powerful drug, so but whatever. Because it's -- and just it's such a rough start, isn't it? To have such a difficult pregnancy and to have this like rough start.

**P2:** That's why I am saying, I don't know it was because I was on eglonyl and whether that helped my milk production or just helped relax me so that that helped my -- I don't know. I didn't really look too much into it.

**P1:** Yeah.

**P2:** Yeah, I just carried on.



**P1:** And how was bonding for you with the twins?

**P2:** It was fine.

**P1:** Okay.

**P2:** They were cute. [inaudible 00:42:32]. They did sleep a lot which is fine.

**P1:** Yeah.

**P2:** Yeah, as newborn babies do. They slept in bed with us for the first sort of four months...

**P1:** Yeah.

**P2:** ...because it was just easier.

**P1:** Yeah. Than getting...

**P2:** Than getting up.

**P1:** Yeah.

**P2:** Um, by then they were more or less sleeping through the night. You know, they were -- by sleeping through the night, I mean, they would have milk at about 11:00.

**P1:** Mm-hmm.

**P2:** You know, and then they would seep through to about 4:35.

**P1:** Okay -- okay.

**P2:** So, yeah, that was -- that for me was sleeping through the night. ~~James~~ was of the opinion that was at last two wake-ups into his sleep time.

**P1:** [laughter]...sleep and...

**P2:** Yeah. And then sorry.



**P1:** I was going to ask you, if you would describe them as easy babies.

**P2:** Yeah. I mean, I don't know any different. Um, I also think like ~~Before~~ and I, on the most part, are quite chilled. So, it doesn't...

**P1:** Yeah.

**P2:** It didn't worry us. I mean, I think the initial thing was I think from about six weeks, maybe it was earlier I can't remember where they would just scream from about 4:30 in the afternoon to like nine o'clock. Um, but then they were eating all the time. So I think it was like cluster feeding.

**P1:** Mm-hmm.

**P2:** Um, I also like when they were in ICU and they weren't getting breast milk because my milk hadn't come in, um, they were giving them formal.

**P1:** Right.

**P2:** And then, um, in between if I didn't express enough milk or I didn't have enough to get the volume up, then it would be topped up with formula. And so we did that at home too. Like if they didn't, um, or if they vomited up the breast milk...

**P1:** Yes.

**P2:** ...you know, and they were still hungry, then we would give them formula and vice versa. I never ever got -- I never had enough milk really to build up the stock or supply. And there were people who talk about when they've got leaky boobs and breast pad so they can wring out, that never happened to me.

**P1:** Okay.

**P2:** It was, yeah. I think...

**P1:** How did you feel about all of it? Was it fine you were fine with it? Did you...



**P2:** Fine with it. I mean, both my sister and I were formula babies because my mom, whether she wasn't giving it enough of a chance or she just really couldn't we were both on formula. Um, I got a lot of friends who are dieticians and OTs and all sorts of things who are very much like will chain themselves to a tree and say, you know breast is best, and you know, and I just -- like I didn't -- I personally don't believe that. And I feel like we're, um, a fortunate economic situation that we can afford fresh water, you know, um, good formula, um, you know. So, and they were getting breast milk and then from biological perspective, you have X amount of nutrients and antibodies to give the baby. If you are feeding eight times a day it's X divided by eight. If you're feeding four times a day, it's X divided by four because that's just how your body works. So, by the time I was back at work, obviously they were eating solids at that point.

**P1:** Mm-hmm.

**P2:** But, um, they were literally having one only breast milk bottle a day. And they were each getting, I think, at that point 200ml of express breast milk.

**P1:** Yeah.

**P2:** And, um, yeah, from the literature that I read they were getting everything that they needed from that. So, whether I split that over five feeds or one feed, um, it didn't -- it didn't matter and they were meeting all of their -- because we were having to go to the paediatrician, um, every month to make sure they met all their milestones and they were meeting and exceeding their millstone. So I just wasn't under pressure. And I know like it's only after a friend of mine who were dietician or who is a dietician, when she had major issues with her little one and they didn't cut her lip tie, I think or tongue tie something, and she wasn't latching properly. And because she wasn't latching properly she wasn't getting enough milk and I think the six week check-up she was failure to thrive or



something.

**P1:** Yeah.

**P2:** Uh, but she was determined that she wasn't going to give her formula and then they got the tongue tie and then she ended up getting like ulcers on her breast because the latch was poor whatever. Um, and I think it was like a huge wake up call for her and then only after that -- after she had kids, she realised like it's all well and good sitting in these hospitals telling the mom breast is best and you know, um, which I do understand from a social economic perspective that it definitely a cheaper more reliable alternative.

**P1:** Sure.

**P2:** But, yeah, um, I think after that she -- she came back and she was like, "I'm sorry for judging you."

**P1:** Right, okay. Had she judged you?

**P2:** Oh, I mean I knew her stand in it and I'm pretty sure that she did.

**P1:** Okay.

**P2:** Um, but yeah she did say she didn't realise until after she had her own baby...

**P1:** Yes.

**P2:** ...how difficult it is...

**P1:** Yes.

**P2:** ...to -- to breastfeed.

**P1:** Yeah.

**P2:** So...



**P1:** Okay. Um, and then I guess -- sorry, I was just thinking about what you had said. I mean, what -- also it's interesting because it ties into something I wanted to ask you in the previous interview which is you don't often describe mom-guilt which comes up in a lot of the other interviews.

**P2:** Oh, really?

**P1:** Yes.

**P2:** I think I -- I feel -- I think I feel guilty like when I'm working...

**P1:** Okay.

**P2:** ...and they want my attention and like not -- not they want to eat cat food and I said, no attention, but when they want -- when they bring me their book and they want to read a book. Or they bring me something cute or they're coming to tell me something and they go about and I can't -- I can't leave what I'm doing because I'm in a meeting or, um, I need to do something urgently.

**P1:** Yeah.

**P2:** Then I feel it, but I mean, most of the time just being at home has been so much more flexible so when they are being cute and, um, nice children, I do normally leave what I'm doing to go -- to go be with them.

**P1:** Okay.

**P2:** But, uh, yeah I just -- like I've always -- I think again, I've always just -- my sister and I were formula babies...

**P1:** Yeah.

**P2:** ...we've never had like any major health issues.

**P1:** Yeah.





**P2:** Another friend of mind she's got two kids, her youngest is about six months. Two months younger than mine.

**P1:** Yeah.

**P2:** And she breast fed the first one until she was a few months pregnant with the second and she had banked milk for him for when you know, when she wasn't feeding during her pregnancy. Um, she still gives him breast milk now and he's going to be four in September to try boost his immune system, but I promise you, [00:50:00] those kids are always sick.

**P1:** Right.

**P2:** They are the only kids I know and my friend is like super paranoid, um, I mean, more so than I am with this Corona story.

**P1:** Uh, yeah -- yeah.

**P2:** I think they still got the coxsackie virus and they haven't seen anybody. But like I don't, um, and you know, and she's a firm believer of only breast milk no formula so just, um, it doesn't cement any that it's the bill and [inaudible 00:50:33] if he can afford -- if you can afford the formula I'm pretty sure, you know, it's good and they've got their important parts the colostrum and the breast milk.

**P1:** Yes, yeah, absolutely.

**P2:** I don't know, for me it's like it's biological. Like it's not...

**P1:** Yeah -- yes. I wanted to ask if there was anything from our first interview that stuck with you, that um, you have been running your mind over?

**P2:** You probably thought that we were terrible parents because I felt like they had Stockholm syndrome.

**P1:** I think it was very funny, so. Okay [crosstalk]



**P2:** ... Syndrome works.

**P1:** [laughter] Um, but honestly I mean, was that a worry that I had thought you were bad parents and I thought negatively.

**P2:** Not so much thinking I'm a bad parent, but I think like I suppose in some instances I'm quite not dismissive but just like, you know, I don't mind listening to my scream, if they're not dying. Nobody died from crying ever that I know of.

**P1:** Yeah.

**P2:** Um, you know, so like I just don't believe in pandering too. Whereas I know some of my other friends can't.

**P1:** Right.

**P2:** You know, so...

**P1:** Yeah -- yeah. Is that -- I mean, is that linked to -- is there a part of you that says I should be more what something else? I don't know what the word is. More...

**P2:** I don't know. Yeah, I don't know. Look it's very different. Um, like I've got a whole wide variety of friends and I know the way they are because of their circumstances. So, my one friend she's got a seven or eight year old and she had a really bad first marriage and she left when he was only four months old.

**P1:** Okay.

**P2:** And like for me, I can -- I can -- like obviously can't understand it because it was so long ago, before I even thought about having children.

**P1:** Mm-hmm.

**P2:** Um, and he actually grew up to be quite a bitch. He's better now, and that he's older but I mean, it got to a point where a whole group of my



friends used to avoid her on the weekends that she had him because we couldn't deal with his tantrums, because she would just, you know, not -- she couldn't deal with it, and she would let him misbehave. So, I think from like that I'm like I won't get my children to do that.

**P1:** Yeah, is that the fear that if you give in, it will become this uncontrollable...

**P2:** Maybe. I mean, I've never really thought about it. Um, I just know like from a -- like an annoying point of view, I don't want to be that parent that other people are avoiding because my kids are misbehaved.

**P1:** Mm-hmm.

**P2:** So, I try and nip those misbehaviours within reason...

**P1:** Sure.

**P2:** ...you know, like in the bud.

**P1:** Yeah.

**P2:** So, um, yeah I think maybe that's probably why I'm a little bit harder. Just, you know, there's no reason to allow it to happen. I mean, it doesn't make it any nicer for anybody.

**P1:** Mm-hmm.

**P2:** So, yeah.

**P1:** Okay. Is there anything else you wanted to ask me?

**P2:** No. What exactly is your research on? I can't remember. I think I read the...

**P1:** So, um, the actual topic is quite, uh, like psychology theoretical but it's about how moms -- what happens to moms when they fail in processing kid's feelings? Like in the moment of failing.

**P2:** Okay.



**P1:** When they got [inaudible 00:54:30]. And then, um, and then how they think about it afterwards basically.

**P2:** Okay.

**P1:** What defence mechanisms come up in that moment, how do you handle it, you know, when everything goes wrong as it absolutely does do 100 times a day.

**P2:** Yeah.

**P1:** Um, yeah, so that's basically what it is about.

**P2:** Yeah.

**P1:** So, it's just talking to like everyday moms and trying to see the differences in how they respond and what went wrong and what triggered their stress and how did they deal with it?

**P2:** I also think again, um, not knowing any different from one, you know, like from parenting of one child at a time, but I suppose in the beginning when there was two -- two tiny babies, it probably was quite difficult. But again, like I wouldn't know because it's not [crosstalk], but um, but again like I see like friends and family now who've got new born babies and, um, they just -- I don't think I didn't cope that well.

**P1:** Yeah.

**P2:** Like [voice cut] trying to look like I'm coping. And I just I don't think I ever felt -- you know, um, my husband's cousin's wife had a baby like two weeks ago. And everything went according to her plan. It was natural birth and she carried to 40 weeks and she's breast-feeding or whatever and she's also trying to work fulltime...

**P1:** Yeah.

**P2:** ...because she has her own business. The maternity leave is not luxury for her.



**P1:** Yeah.

**P2:** Um, so, like I find -- and I went to drop off some -- I had a whole lot of like feet-in pyjamas, which is much easier in the middle of winter to them strip them off.

**P1:** Yeah.

**P2:** And, um, like I got there, and I almost felt like she was completely exasperated because I was very careful in that even I went over, I changed my clothes. I got off my car and sanitised and had my mask, and she arrived and I just said to her, "I'm going to leave at the gate." But I think she was so desperate to see people, when I got there the gate was open, she was waiting. I handed the bucket over before I had half a chance, I had a screaming child in my arms, and she's like, "She's been crying for an hour and I don't know what to do."

**P1:** Yeah.

**P2:** You know so...

**P1:** You remember experiencing that, or you don't remember experiencing that?

**P2:** No, either I don't remember or the person that I did that to was ~~Ben~~

**P1:** Okay. All right. Yeah.

**P2:** But I don't think like I ever like -- I mean my parents live in Durban. I never had the luxury of my mom coming to stay with me and, you know, help me with the kids and...

**P1:** Yeah.

**P2:** ...my mother-in-law was wonderful but she -- she didn't come stay. She lives down the road so it doesn't make sense for her to be here. Um, ~~Ben~~ is very hands on, so like...



**P1:** Yeah.

**P2:** ...I suppose maybe that's the difference. Maybe he's -- I think also having resigned myself -- or not resigned. Like resigned is the not the right word. Having decided that I was okay with bottle feeding instead of breast feeding and that I was okay with feeding formula when I couldn't breast feed or they needed more food or I hadn't had enough milk made it a lot easier because then ~~Bruce~~ could do that. So, there were times, if I had had like a really long day, or um, was really tired especially after they -- when they wanted to feed and cluster feed the whole time, um, you know, there were times in the middle of the night that ~~Bruce~~ would let me sleep and he would feed both babies.

**P1:** yeah.

**P2:** You know, it's just stuff like that whereas I think when you are a breastfeeding mom...

**P1:** yeah.

**P2:** ...exclusively there's no space for -- for someone else to help you really.

**P1:** Yeah, absolutely.

**P2:** So, I think that was the different.

**P1:** Very interesting.

**P2:** And I don't know if that's just because I had twins, so I had a different mindset, because that was what had to be from the onset.

**P1:** Yeah.

**P2:** Yeah. So, I mean, maybe if I had had one, you know, I would be more possessive and more particular about my birthing plan and my breastfeeding plan. But I've never had any of those plans. But I don't remember having plans like these. I just kind of wing it.



**P1:** Which is very different from -- I don't know, your personality sounds very structured. So, that's quite different.

**P2:** I think for work, it's completely different. Um, you know, and like at home everything is sort of neat and tidy and bed made but then if you look at my desk, it's like a bombs gone off in here. Um, but it's, yeah, like work -- the difference is they are, um, I suppose more severe repercussions to drop the ball with work than just winging it at home if that makes sense.

**P1:** Yes, yeah.

**P2:** So, back at home it's my mess. If something goes wrong here, I have to deal with it. Whereas if like if something goes wrong with work, it's like me, and work and the client and...

**P1:** Yeah. Um, I have run out of time. Um, although sorry this has been so interesting. But yeah, thank you so much for everything.

**P2:** That's a pleasure.

**P1:** It's been very fascinating. So, thank you it really helped.

**P2:** You're welcome. I hope it works out and good luck to your research.

**P1:** Okay. Thank you so much, look after yourselves and...

**P2:** Okay. You too. Thank you.

**P1:** Thank you.

**P2:** Bye.

**P1:** Bye.