

# Breastfeeding Twins and Higher Order Multiples:

## *Secrets I learned as a medical mum*

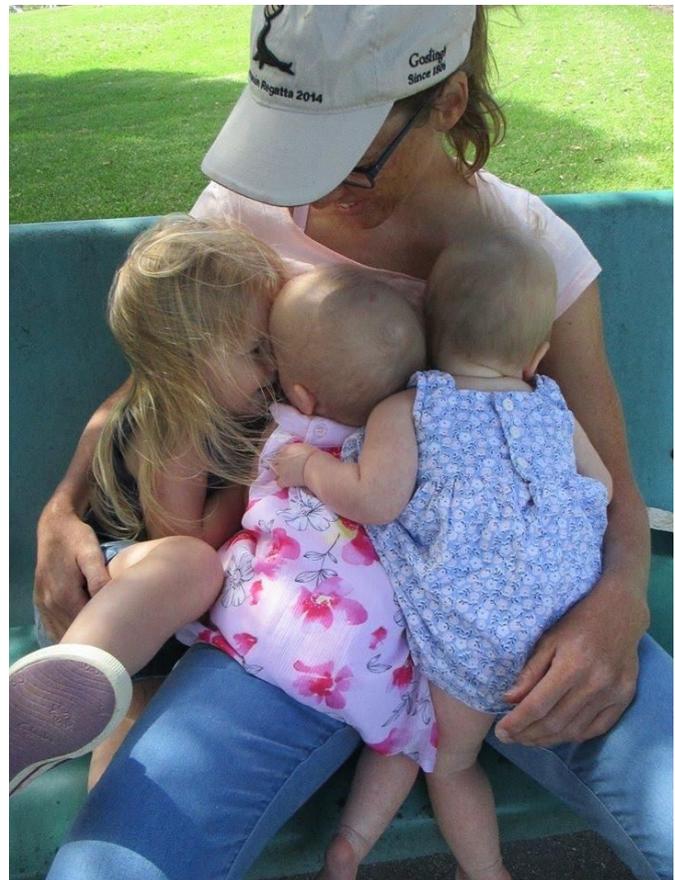
- Tammy Brinsmead

### Does it matter if I breastfeed?

Parenting multiples is sometimes overwhelming. People cope according to their values. You choose what matters to you most, and focus on that.

Even then it helps to be flexible. That's part of resilience – riding the highs and lows of bringing up two little people at once.

One of my two goals as a multiples mum was to breastfeed exclusively. I had two advantages. I have training as a neonatologist (a medical specialist for babies needing intensive care at birth) and one of my close friends is a lactation consultant (a breastfeeding specialist). These are the gems I uncovered in my first year with twins.



### Breastfeeding is an option for most people

- Even if only one breast
- It may also be possible after breast implants or breast reduction surgery
- It is estimated that at least 5% of mothers try unsuccessfully to establish breastfeeding.<sup>1</sup> Reasons for this can be varied and complex. It's important not to feel guilty, or like a failure, if this is your experience. Sometimes babies need formula to be safe. For other women, difficulty breastfeeding makes it hard for them to bond with their babies, or to cope. Feeding decisions in this context are personal and best made in a supportive environment.<sup>2</sup>

## **It's a myth that most multiple mums can't make enough milk**

- Your body knows it has delivered two babies. Milk production is a `supply and demand` process, so the more your breasts are drained of milk (by two babies, or babies and expressing) the more they will make.<sup>3,4</sup>
- Twins are, however, often premature or have low birth weights. These are risk factors for difficulty establishing breastfeeding.<sup>1</sup> That is why information and support are important from an early stage.

## **Long-term supply depends on your first hour, first week and first six weeks**

- It is now recommended that you express (remove milk from the breast by hand) or feed within an hour of delivery.<sup>5</sup> Unfortunately, this does not automatically happen in hospitals. (So much is going on and not everyone knows about the effect on the volume you make in future weeks / months). Ask someone to help you in Delivery Suite or Recovery!
- The frequency of expressing / feeding in the first few days affects long-term supply.<sup>6</sup> (This is hard when it is such an emotional and sleep-disrupted time).
- At six weeks after the twins' due date feeding changes from a brain to a breast process, so supply matches demand. This means it is easier to increase your supply before this. It's a good time to build up a freezer supply of expressed breast milk if going back to work. Consider introducing a bottle early otherwise the babies may refuse it months down the track when you need it.
- It is plausible that if you have breastfed a previous baby, especially if it was for a long time, the set up for milk production is already there and you only need to remind the body to turn it back on.<sup>7</sup> This is one of the reasons breastfeeding twins may be easier if you have breastfed before.

## **Breastfeeding is hard**

- At the beginning, breastfeeding is harder than formula. Later, breastfeeding is easier (instantly available, no need for preparation in the middle of the night or when out).
- It isn't something that `just happens`. Breastfeeding is a learned skill for both baby and mother, even though a well baby can find and attach to the breast at delivery.
  - o Make the most of your time in hospital. You can ring for a nurse every time you attach. It's easier to learn in hospital. There is less support once home ... but you still aren't alone there. Child health nurse visits are available. There are drop-in feeding clinics available until six weeks after your due date. You can also arrange a private lactation consultant appointment at home, or even via Skype.

- After a normal singleton delivery at term it can take at least six weeks for breastfeeding to be established.<sup>8</sup>

### **Prematurity changes the game**

- 37 weekers can be much less mature with feeding even though they are quite mature in other ways (such as their respiratory system).
- The more prem you are the longer it can take to mature your feeding skills (my 30 weekers needed until their due date, which is not uncommon).
- Exposure can make a difference, but mostly they have their own timetable. Just let it happen. The can nuzzle at the breast from the time of delivery, and might attach from 34 weeks post-menstrual age (six weeks before their due date) onwards. Skin to skin time is part of exposure, even if you aren't trying to feed at the time.
- One twin may establish feeding before the other, or feed better always.

### **Expressing isn't fun**

- It can be lonely in the middle of the night, at home without your baby, needing to prepare and rinse / clean pump equipment
- It's hard to find time. The recommendation is 8+ times in 24h, with only one gap of up to 5 hours (overnight).<sup>9,10</sup>
- Set your alarm [to remind you to pump again] for two hours during the day because will take you up to an hour to actually get around to it.
- There is little benefit to spending a long time expressing at a single session.<sup>11</sup> It's better to have frequent short expressions (max 20 minutes).
- Use a pump as soon as your milk comes in. Use the best one (hospital-grade) and always double pump (pump from both breasts at the same time). It's so much more efficient.
- You can improve an expression with techniques such as breast compressions (this increases the volume and calorie-density expressed).<sup>12,13</sup>

### **Transitioning home from hospital**

- It's normal to lose weight or be slow to gain weight.
- They may feed very frequently in first 2 weeks + at home as they are less efficient and it is more tiring for ex-prems.

## **Feed together or separate?**

Your call. Do what works for you. Some people find feeding two at once awkward (it's fine not to manage that at hospital. It's much easier at home where you can lean against a wall or bed, rather than try in a single chair). Sitting on the floor enables you to safely put one twin down if you need to assist the other.

## **Do I need a breastfeeding pillow?**

Some people love them. Some feeding positions don't need them, which makes it easier to feed away from home. You can hire or buy second hand pillows to see if they suit you.

## **How do I recognise inadequate supply?**

- An alert baby, feeding for a reasonable duration at appropriate intervals, satisfied after feeds is reassuring.
- Output (the number and volume of wet and dirty nappies). From day 5 babies should make approximately 5-6 heavy wet nappies with clear urine and pass stool at least daily.
- Weight gain. This is a guide. Don't rush to supplement with formula when:
  - o Just home from hospital (transitioning to full oral feeds)
  - o Unsettled periods (often developmentally normal, not necessarily hunger)
  - o 4 months corrected age (increasingly mobile and yet to establish solids)

## **How long to continue, all going well?**

Your choice. The World Health Organisation recommends at least two years. In Australia with such excellent food available, nutritionally six months is more relevant. After that, there is still a plethora of benefits. The National Health and Medical Research Council (NHRMC) recommends exclusive breastfeeding until approximately six months, then the introduction of complimentary foods while continuing to breastfeed to 12 months and beyond. Milk still forms the majority of the diet in children until 12 months old.

All the best!

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