

Breastfeeding and Special Situations



Twins or Multiples

The benefits of human milk to mothers of multiples and their babies are the same as for all mothers and babies – possibly greater, because many multiples are born early. But the idea may seem overwhelming! Yet many of these moms find breastfeeding easier than other feeding methods because there is nothing to prepare. Many mothers have overcome challenges to successfully breastfeed twins and more even after going back to work.

Being prepared

It will help to learn as much as you can about breastfeeding during your pregnancy. You can:

- Take a breastfeeding class.
- Find Internet and print resource for parents of multiples.
- Join a support group for parents of multiples

Many twin and multiple babies are smaller or born premature. Please see the information on **page 29** for other tips for caring for these babies. Also, talk with a lactation consultant about more ways you can successfully breastfeed.

through your health care provider, hospital, local breastfeeding center, or La Leche League International.

- Let your health care provider and family members know that you plan to breastfeed.
- Keep in mind that even if your babies need to spend time in the NICU (neonatal intensive care unit), breastfeeding is still possible, with some adjustments.
- Find a lactation consultant with multiples experience before the babies are born so that you know where to turn for help. Ask her where you can rent a breast pump if the babies are born early.

Making enough milk

Most mothers are able to make plenty of milk for twins. Many mothers fully breastfeed or provide milk for triplets or quadruplets. Keep these tips in mind:

- Breastfeeding soon after birth and often is helpful for multiples the same way it is for one baby. The more milk that is effectively removed, the more milk a mother's body will make.
- If the babies are born early, double pumping often will help the mother make more milk.
- The doctor's weight checks can tell you if your babies are getting enough breast milk. You can also track wet diapers and bowel movements to tell if your babies are getting enough. (See our diaper tracker on **page 46**.) For other signs that your babies are getting enough breast milk, see **page 17**.
- It helps to have each baby feed from both breasts. You can "assign" a breast to each baby for a feeding and switch at the next feeding. Or, you can assign a breast to each baby for a day and switch the next day. Switching breasts helps keep milk production up if one baby isn't eating as well for a bit. It also gives babies a different view to stimulate their eyes.

When they were first born, it was too overwhelming for me to care for them at the same time. I fed them one at a time, which was nice, because I was able to bond with each individually. But then I realized that I was pretty much feeding one of them every 1 ½ to 2 hours and in order to get more sleep, I started feeding them at the same time. Once I got the hang of feeding both at once, I was able to free up so much more time! They started to get on the same eating/sleeping schedule and while both were sleeping, I would find myself having a solid two to three hours to catch up on some sleep, relax, and clean up around the house. It was so liberating and much needed! I'm so glad I figured out something that worked for all of us.

*– Jen
Charleston, SC*

Breastfeeding positions

Breastfeeding twins and more may take practice, but you and your babies can find your ideal positions and routine. Keep trying different positions until you find ones that work for you. For some mothers and babies, breastfeeding twins at the same time works well. Others find individual feedings to work better. Still others find that it depends on the time – you may feed one baby at a time at night and feed two babies at the same time during the day. Finally, as your babies grow, you may find that you need to change your feeding routine.

Below are some positions that may work for you:

- **Double clutch** (“football”) – Place both babies in the clutch hold. You will need pillows at your side (and maybe one on your lap) and you will place the babies on the pillows with their legs going toward the back of the chair or couch. If you are placing the babies in front of you, try to keep their whole bodies turned toward you, their chests against your chest. Their bodies must not be facing up. This is very important to help prevent nipple pain and to make sure that the babies are getting enough milk.
- **Cradle-clutch combination** – Place one baby (usually the easiest to latch or stay latched) in

the cradle position and then position the second baby in the clutch position.

- **Double cradle** – Place the babies in front of you with their legs overlapping, making an X across your lap.

Partial breastfeeding

Even though full, direct breastfeeding is ideal, many mothers of multiples feed their babies breast milk or some formula by bottles at times. It is important to work with your doctor, your baby's doctor, and a lactation consultant to figure out what works best for your family.

Many breastfeeding basics are the same for twins or multiples as they are for one baby. Learn more about these important topics:

- How to know your babies are getting enough milk ([page 17](#))
- How to troubleshoot common challenges ([page 18](#))
- Ways to keep milk supply up ([page 19](#))

Breastfeeding During Pregnancy

Breastfeeding during your next pregnancy is not a risk to either the breastfeeding toddler or to the new developing baby. If you are having some problems in your pregnancy such as uterine pain or bleeding, a history of preterm labor, or problems gaining weight during pregnancy, your doctor may advise you to wean. Some women also choose to wean at this time because they have nipple soreness caused by pregnancy hormones, are nauseous, or find that their growing bellies make breastfeeding uncomfortable. Your toddler also may decide to wean on his or her own because of changes in the amount and flavor of your milk. He or she will need additional food and drink because you will likely make less milk during pregnancy.

If you keep nursing your toddler after your baby is born, you can feed your newborn first to ensure he or she gets the colostrum. Once your milk production

increases a few days after birth, you can decide how to best meet everyone's needs, especially the new baby's needs for you and your milk. You may want to ask your partner to help you by taking care of one child while you are breastfeeding. Also, you will have a need for more fluids, healthy foods, and rest because you are taking care of yourself and two small children.

Breastfeeding After Breast Surgery

How much milk you can produce depends on how your surgery was done and where your incisions are, and the reasons for your surgery. Women who have had incisions in the fold under the breasts are less likely to have problems making milk than women who have had incisions around or across the areola, which can cut into milk ducts and nerves. Women who have had breast implants usually breastfeed successfully. If you ever had surgery on your breasts for any reason, talk with a lactation consultant. If you are planning breast surgery, talk with your surgeon about ways he or she can preserve as much of the breast tissue and milk ducts as possible.

Adoption and Inducing Lactation

Many mothers who adopt want to breastfeed their babies and can do it successfully with some help. Many will need to supplement their breast milk with donated breast milk from a milk bank or infant formula, but some adoptive mothers can breastfeed exclusively, especially if they have been pregnant before. Lactation is a hormonal response to a physical action, and so the stimulation of the baby nursing causes the body to see a need for and produce milk. The more the baby nurses, the more a woman's body will produce milk.

If you are adopting and want to breastfeed, talk with both your doctor and a lactation consultant. They can help you decide the best way to try to establish a milk supply for your new baby. You might be able to prepare by pumping every three hours around the clock for two to three weeks before your baby arrives, or you can wait until the baby arrives and start to breastfeed then. Devices such as a supplemental nursing system (SNS) or a lactation aid can help ensure that your baby gets enough nutrition and that your breasts are stimulated to produce milk at the same time.

Using Milk from Donor Banks

If you can't breastfeed and still want to give your baby human milk, the best and only safe place to go is to a human milk bank. You should never feed your baby breast milk that you get directly from another woman or through the Internet. A human milk bank can dispense donor human milk to you if you have a prescription from your doctor. Many steps are taken to ensure the milk is safe. Donor human milk provides the same precious nutrition and disease-fighting properties as your own breast milk.

If your baby was born premature or has other health problems, he or she may need donated milk not only for health but also for survival. Your baby may also need donated milk if she or he:

- Can't tolerate formula
- Has severe allergies
- Isn't thriving on formula

You can find a human milk bank through the Human Milk Banking Association of North America (HMBANA). HMBANA is a multidisciplinary group of health care providers that promotes, protects, and supports donor milk banking. HMBANA is the only professional membership association for milk banks in Canada, Mexico, and the United States and as such sets the standards and guidelines for donor milk banking for those areas. You can also contact HMBANA if you would like to donate breast milk.

To find out if your insurance will cover the cost of the milk, call your insurance company or ask your doctor. If your insurance company does not cover the cost of the milk, talk with the milk bank to find out how payment can be made later on, or how to get help with the payments. A milk bank will never deny donor milk to a baby in need if it has the supply.