

“You can’t be breastfeeding twins!”



ABM Breastfeeding Counsellor Kathryn Stagg, twin breastfeeding peer supporters Jennie Papphill and Tamsin Hoborough

“How will you cope?” “Rather you than me!”
“Double trouble.” “Twins would be my worst nightmare!” “Just give them a bottle so you can get some rest.” “They aren’t putting on enough weight.” “Dad can help to feed the babies?”
“Goodness, are you breastfeeding?”, “Expressing and bottle feeding is easier because you can tell what they’re getting.” “You won’t be able to make enough milk.”

The above are all comments that mums of twins have been subjected to by friends, relations, the general public and health professionals. It can be quite a negative thing. It shouldn’t be. Twins are hard work but such fun and there are double the cuddles!

So supporting twin mums is quite a unique thing. Yes, they have all the same issues as singleton mums, but because of having two babies the

stakes are higher, there are greater stresses involved and more people think you are going to fail, it can send mums one of two ways. They either give up at the first hurdle or they become so bloody minded that nobody will be able to stop them breastfeeding their babies!

We did some analysis of the twin mums who accessed breastfeeding support locally and realised the importance of talking with mums antenatally. The figures spoke for themselves:

No antenatal: 27% fully breastfeeding initially, 45% fully breastfeeding at six weeks after support

Antenatal: 47% fully breastfeeding, 60% fully breastfeeding at six weeks after support

The others were mixed feeding. There are no figures locally, but I am also sure more expectant twin mums decided to give breastfeeding a try

after my session.

The antenatal session is very relaxed. Our twin breastfeeding peer supporters, Jennie Pappriell and Tamsin Hoborough and myself talk about birth experiences, special care, the importance of skin to skin, establishing breastfeeding and general tips of the trade. I take the details of the mums and we keep in touch so that they can access support easily after the babies are born. The main areas that come up are one baby not latching well, babies needing to be topped up due to weight issues, establishing a full milk supply and confidence boosting.

One baby often seems to be more difficult to feed than the other. Mums sometimes find focussing on one baby at a time in this situation helps with the latch. However, I will usually attempt a tandem feed at some point during a home visit as I think it is important that they can do it if they need to. Tandem feeding can actually help a weaker feeder. If you latch the better feeder on first and get him to do all the hard work of stimulating the let-down, then the weaker feeder can latch on and get a nice flow of milk. If the baby continues to not latch we often come up with the problem of fairness. How can a twin mum breastfeed one baby and not the other. Stressing to the mum that this is temporary and to use the better feeder to help keep the milk supply going whilst you wait for the other baby to be ready to latch is essential. And then giving any expressed milk to the non-latcher can help ease the guilt a little.

Often I find that twin babies are discharged from hospital being topped up. Twins are more likely to be premature so are often not strong enough to exclusively breastfeed and are discharged with either expressed or formula top ups. But also full term babies are being topped up. I think this is down to health professionals not believing it is possible to breastfeed twins. So our job is to help babies feed as efficiently as possible and talk to mum about maximising her milk supply. Ideally I would suggest lots of skin to skin, to breastfeed both babies, put them back on the breast, top up if needed, express, repeat at least every three hours. If tandem feeding this is just about doable, with some help with the topping up from dad or other family member whilst mum expresses.

However it is very important that this is a short term regime, especially if dad is going back to work. So simplifying everything as much as you can is essential. Suggesting to do two or three larger volume top ups a day instead of every feed and doing more baby-led feeding in between can be a good halfway house. The mums are under less pressure to express, the babies get used to settling after the breast, but the mum feels assured that she is not dropping all the top ups in one go, which could cause the weight to plateau initially. At this point I stress the importance of night feeds so that she can take full advantage of the raised hormone levels. Also, I encourage double pumping and tandem feeding as research has shown that milk from double pumping has a greater fat content than milk from single pumping, so tandem feeding should have the same affect. I believe that this is nature helping twin mums by making their milk fattier! Once the weight gain has stabilised, dropping two or three top ups is quite straightforward.

Many twin mums find a loose routine is preferable. Follow the hungriest baby and either feed them together or straight after each other if they do not wish to tandem feed. This maximises the gap between feeds, often starts syncing naps which can help mum get some extra rest, and just makes life a little more predictable. But warning mum that growth spurts may rock the boat temporarily is important.

But one of our main jobs is confidence boosting. Reassuring her that she is doing brilliantly, that she is doing the best for her babies and that she will be rewarded in a few weeks by it being much easier with no sterilising, making up feeds or getting up for night feeds and that it may even become enjoyable if she can just get through the first bit. Getting a support network in place is a great idea. Finding a twins club is invaluable as nobody really knows what it is like to be a mum of twins unless they have done it themselves, and a local breastfeeding group can be great for a confidence boost as singleton mums will make her feel like super woman for feeding two and she can access further advice and support.

Article by Kathryn Stagg,