

Breastfeeding In Special Situations: Multiple Births : The Art Of Supporting Mothers Having Twin Babies

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Summary

Feeding twins is a challenging situation. Providing these mothers with good support, constant encouragement and attention can lead to considerable success. The key points for successful breastfeeding for twins are :

1. Antenatal care and advice
2. Family support (support group)
3. Educating feeding techniques, especially simultaneous feeding
4. Follow up and close supervision
5. Avoidance of bottle feeding

Introduction

Some mothers are doubly blessed with delivery of 2 babies. However these mothers need extra medical attention as they are at risk for hyperemesis gravidarum, pre-eclampsia, eclampsia. (Ockahu and Phelan 1988). Twin babies are at risk for prematurity, IUGR, birth asphyxia and respiratory distress (Malalloh Culloch 1988). Apart from the obstetrical care during antenatal period, these mothers need psychological, mental and physical support in various aspects for managing both babies and breastfeeding.

Feeding twin babies is a special situation and it is a challenge. Successful breastfeeding in these mothers calls for greater psychological support, practical help and suggestions. Mothers of twin babies have many doubts regarding feeding and managing both babies. The first and foremost doubt a mother has is: " Will my breast milk be sufficient for both babies?" Studies have shown that a healthy mother has a remarkable capacity to produce the required amount of milk, infact enough milk to satisfy even three babies (Noble, 1980). It is extremely important to realise that breast milk secretion is mainly dependent on the baby, who is aptly called the "engine driver". Hence the breast milk production is baby driven (Savage King, 1994). Many mothers who are ignorant of this fact, under a wrong notion tend to initiate early complementary feeds.

A mother of twins can be helped in many ways for successful breastfeeding.

The first foundation for successful lactation should start during antenatal period. Once the multiple pregnancy is diagnosed, the obstetrician must prepare the mother's mind along with the support group. Education of mother support group is very vital in successful breastfeeding. In our country, we have a very strong inbuilt mother support group. We must educate mother and her support group who otherwise may contradict or undermine her confidence in breastfeeding twins. Advantages of breastfeeding are taught to the mother (Woolridge & Baum, 1983, and Salariya et al, 1978). A mother can be made to visit another mother having breastfeeding twins.

After the delivery the mother should be encouraged for early initiation of breastfeeding. The first few feeds should be supervised by the nurse or trained personnel in lactation management. Mother support groups like grand mother, mother-in-law, sister, etc. should be all actively involved.



Fig 1. Healthy well grown breastfed twins

Techniques In Feeding Twins

Feeding twins is an art. Twin babies can be fed together or separately. Simultaneous feeding of twin babies is illustrated in the pictures (Fig 2). A mother can select any position which she feels comfortable. Simultaneous feeding saves time and mother can rest and sleep for more hours (Bryan, 1983, and Davis, 1992). This also brings down the laborious task of feeding one baby after the other and the endless rounds of feeding are reduced to some extent. It is shown that mothers who can suckle their twin babies simultaneously have a higher amount of prolactin (Lawrence, 1994, and Tyson, 1976).

It is however to remember that, generally, it is not necessary for the mother to feed both babies simultaneously at each and every feed. Mothers should be made aware when one baby is sucking at her breast and the second baby demands feed at the same time, she should not take away the baby who is already sucking at her breast. Instead, she should suckle the second baby, simultaneously at the opposite breast. This is the key point in twin feeding. In practice it is noted that in such a situation the grand mother usually tries to pacify the crying baby by rocking, holding, etc. This will not help since the crying child will cry louder. The mother is advised to attend to one baby while the other family members should put the baby to opposite breast.

During the hospital stay, mothers should be taught feeding techniques and feeding should be supervised until mother is confident. At the time of discharge, mothers should

be encouraged for exclusive breastfeeding. Regular follow up to ensure exclusive breastfeeding along with confidence building is the next aspect. During the follow up visits, the importance of exclusive breastfeeding should be emphasised, and at each visit adequacy of breastfeeding can be judged by baby passing light yellow colour urine more than 6 times/day, weight gain more than 125 gm/per week or 250 gms per fortnight or 500 gms each month generally is taken as another sign of adequacy of breast milk transfer (King, 1994).

Our experience with 60 twin sets:

A follow up study of twin babies delivered at hospitals attached to J.J.M. Medical College, Davangere was carried out between Aug. 1994 to Dec. 1995. A total of 60 twin sets were seen. Of these 60, 30 twin sets who completed a follow up of 4-6 months were analysed (other 30 twin sets were excluded due to death of co-twin, lost to follow up, etc.).

All these mothers were regularly visited by paediatric resident and staff nurse trained in lactation management. Feeding techniques were taught to them. All the mothers were encouraged to exclusively breastfeed and regular follow up was carried out. It was ensured that all the mothers were confident of feeding twin babies simultaneously in minimum 2 comfortable positions before discharge.

Results :

All the 30 twin sets were on exclusive breastfeeding at the time of discharge. During the follow up visits, at 4 weeks all the 30 mothers continued exclusive breastfeeding. However at 6 weeks of age 24 mothers continued exclusive breastfeeding, while 6 mothers had initiated small top up feeds by themselves. This was given by them to pacify the crying babies mainly during night hours. With regular and repeated reassurance all the 30 mothers practiced predominant breastfeeding up to 24 weeks. Predominant breastfeeding means the predominant source of nourishment has been breastmilk, but baby also has small amount of another food or drink

Fig 2. Picture showing comfortable feeding positions



such as small drinks of water or waterbased products (Infant Feeding Terms, 1994).

During the follow up visits, mothers reported following problems which were encountered by them and their support group.

1. Initially 28 (93.3%) mothers were not confident to breastfeed both babies.
2. 21 (70%) perceived insufficiency of breastmilk.
3. 13 mothers (43.3%) had complaints of excessive crying in babies and
4. 3 (10%) mothers complained of not being able to manage both babies at a time.



Fig 3. Health personal assisting and teaching mothers in simultaneous feeding



Fig 4. Nurse assisting mother with simultaneous feeding position in postnatal wards.



Fig 5. Mother comfortably feeding twins simultaneously



Fig 6. Picture showing nipple confusion



Fig 7. Healthy grown up twins

All these mothers needed a lot of constant support and encouragement. With simple explanations like passing urine more than 6 times/day, weight gain, which shows enough milk was there for both babies and mothers were convinced. Problems were encountered more when

mother felt it difficult to look after both babies at the same time. Hence the determining factor for the mother to continue breastfeeding twins depends on whether she had someone to help her (Chang, 1990).

Our study has demonstrated that exclusive to predominant breastfeeding is possible in twins for a period of 4-6 months. It is the encouragement, reassurance and family support to the mother during the crucial postnatal period which plays a vital role in initiating, establishing and continuing breastfeeding. It can be pointed out that none of the babies received bottle feeding in the present study. Bottle feeding can cause nipple confusion a condition which leads to breast refusal. This happens because while sucking from a bottle baby sucks in a closed mouth position. Whereas a breast fed baby sucks in an open mouth position. This is shown in Fig. 6.

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