

Tandem feeding

Babies can successfully tandem feed from early on, even whilst they are still in the neonatal unit. If one baby is feeding more effectively than the other, tandem feeding can help the poor feeder as the stronger baby does all the hard work of stimulating the mother's let down reflex and maintaining the flow of milk. Research suggests that when tandem feeding, the milk has a higher fat content, and the mother experiences more frequent let downs (Prime, et al., 2012). Of course the main benefit to tandem feeding is that two of the babies can be fed in the time of one, thus increasing the efficiency of the feeding session.





Combination feeding triplets

Triplet families often decide that formula feeding should be part of feeding their babies. We must always value every single drop of breast milk triplets babies receive. Sometimes the option of combination feeding will result in the babies being able to be breastfed or receive breast milk for longer, and that can only be a good thing.

Many triplet families fall into a pattern of tandem breastfeeding two babies and formula feeding the third, rotating which babies received the formula each feed. Some families prefer to breastfeed one baby each feed and formula feed the other two babies. Sometimes families may prefer to use a combination of breastfeeding directly, pumping and formula feeding. Or maybe just expressed milk and formula with no direct breastfeeding. Again it is whatever works best, and be flexible, it may change with time.

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Supporting Breastfeeding Triplets

When parents find out they are expecting triplets, this can cause a wide variety of emotions - shock, love, excitement, worry, and even panic. One of the biggest concerns for many parents is whether they will be able to breastfeed their babies.

The good news is that it is very possible to breastfeed twins and triplets. There are some difficulties to negotiate, but with expert breastfeeding support these can be overcome.



Before their babies are born, parents should have a *positive* conversation with health care professionals. Professionals need to be mindful of the language they use. Often parents report that they have been told it will be too difficult or not possible to breastfeed their babies. This is not the case, and parents should be encouraged to give breastfeeding a try. There is no harm in being realistic; breastfeeding can be a

difficult journey. But having triplets is a difficult journey in itself.

Health care professionals can signpost parents to local breastfeeding support - if possible, an experienced breastfeeding counsellor or International Board Certified Lactation Consultant (IBCLC). Good quality online support can be found in the UK via Facebook groups such as Breastfeeding Twins and Triplets UK, and via the Twins Trust.

Going along to a 'Preparing to Breastfeed' session will inform parents about the practical elements of breastfeeding and normal newborn behaviour. Some hospitals also offer a specialist multiples session. Accessing antenatal education at around 30 weeks' gestation is a good idea, in case the babies are born prematurely.

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Premature Birth

The majority of triplets are born early, usually arriving around 34 weeks gestation. This means the babies are often taken to the neonatal unit and the mother should be supported to hand express as soon as possible after the birth (ideally within 2 hours). Following this, hand expressing should be encouraged at least 8 to 10 times every 24 hours to prime the prolactin receptors and ensure a full milk supply. Once her milk begins to come in, or if large volumes of colostrum are being extracted, the mother should move onto a hospital grade pump. A breast pump can also be used from the day of birth, in addition to hand expressing colostrum, to provide extra breast stimulation.

Every mother wishing to breastfeed should be supported to pump 8 to 12 times in 24 hours. Breast massage before and during the expressing session should also be encouraged, as research shows this can increase milk output (Morton, et al., 2009). Double pumping also results in higher milk volumes.

Kangaroo care should be supported as soon as the babies are stable. Preterm babies become more stable more quickly when held skin to skin. Frequent and extended skin to skin has also been associated with earlier exclusive breastfeeding and higher volumes of milk when expressing (Nyqvist, 2004).

Rooting has been observed as early as 28 weeks' gestation in very premature babies, and longer sucking bursts at 32 weeks, so once babies are stable they should be given the opportunity to try the breast. Skilled breastfeeding supporters can assess when the babies are feeding well enough to move towards exclusive breastfeeding.

Triplet babies are often discharged before exclusive breastfeeding has been established, and are commonly breastfeeding and being topped up with expressed milk or formula when they go home. This is called 'triple feeding' and is a very intense routine. Lots of support from family and friends is useful during this time.



Breastfeeding triplets once they get home

Many premature babies are still very sleepy and not feeding particularly efficiently once they are discharged from hospital. They may have short sucking bursts or to be uncoordinated in their suck, swallow, breathe pattern, which is significantly associated with suboptimal breastfeeding. Some will be able to breastfeed exclusively and transfer enough milk; some will not. A skilled breastfeeding assessment should be offered.

The babies may be too sleepy to cue for feeds. If this is the case, parents should be encouraged to feed no later than three hours from the start of the previous feed, thus ensuring a minimum of eight feeds a day. If the babies are not feeding effectively, a feeding plan incorporating time at the breast, pumping and topping up is often necessary. Breast compressions can help the milk flow and encourage more effective milk transfer. Lots of support at home is essential during this time as trying to make sure all babies are fed and changed leaves little time for anything else. As the babies begin to breastfeed more effectively, top-ups can be gradually reduced.

Logistics of exclusively breastfeeding triplets

It is totally possible to exclusively breastfeed triplets. Breasts work on a supply and demand basis. If there are three babies "demanding" milk from the breast, then so long as the babies are feeding frequently and efficiently, or milk is removed regularly by hospital grade breast pump, the breast will respond by making three times the milk.

Some prefer to tandem breastfeed two babies and then breastfeed the third, rotating who gets the individual feed. Some prefer to tandem breastfeed two and give a bottle of expressed milk to the third, rotating who gets the bottle each time. In the second case the mother will need to pump after the feed for the next session. Others prefer to breastfeed all three separately to get some individual time with each baby. It is also possible to do more expressed bottles and less direct feeding, maybe breastfeeding one baby each feed directly and pumping for the other two. Or sometimes having a one or two feeds using all expressed bottles given by the partner or helpers so that mum can have a stretch of sleep.

There is no right or wrong way to do this - it's whatever suits the family best. And feeding patterns can be changed for different times of day or for different stages and ages. Keeping an open mind and being flexible is likely to help maximize breastfeeding.