



SIBLING TANDEM BREASTFEEDING: A CASE REPORT AND EXPERIENCES

TANDEM EMZİRME: OLGU SUNUMU VE DENEYİMLER

Bihter AKIN¹ Hülya TÜRKMEN² Yasemin ERKAL AKSOY³

¹ Assoc. Prof., Selcuk University Faculty of Health Sciences, Department of Midwifery, Konya, Türkiye.

² Assoc. Prof., Balıkesir University Faculty of Health Sciences, Department of Midwifery, Balıkesir, Türkiye.

³ Assoc. Prof., Selcuk University Faculty of Health Sciences, Department of Midwifery, Konya, Türkiye.

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Corresponding author/Sorumlu yazar:
bihterakin@yahoo.com

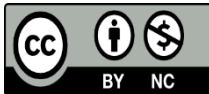
ABSTRACT

The aim of this case report is to discuss the medical history and experiences of a mother experiencing tandem breastfeeding. YE is 32 years old and gave birth to her two children (child A and B) by cesarean section. YE learned that she was unintentionally pregnant with her third child (child C) when her second child (child B) was eight months old, and she breastfed her second child throughout the pregnancy. The woman was informed that she could breastfeed her baby during pregnancy. In addition, she met with a nutritionist and her diet was adjusted. YE went to hospital with a sudden discharge of amniotic fluid before 37 weeks of pregnancy and gave birth. She continued to breastfeed Child B and C together after birth. It was determined that the weight gain of Child C, who was three months old, was normal in the controls. In this case report, it was concluded that tandem breastfeeding did not have a negative effect on child health and development.

ÖZET

Bu olgu sunumunun amacı tandem emzirme deneyimi yaşayan bir annenin tıbbi öyküsünü ve deneyimlerini tartışmaktır. YE, 32 yaşında ve iki çocuğunda (Çocuk A ve B) sezaryen ile doğum yapmıştır. YE, ikinci çocuğu (Çocuk B) sekiz aylıkken istemeden üçüncü çocuğuna (Çocuk C) gebe olduğunu öğrenmiş ve ikinci çocuğunu gebeliği boyunca emzirmiştir. Kadına gebeyken bebeğini emzirebileceği konusunda bilgi verilmiştir. Ayrıca bir beslenme uzmanı ile görüşerek diyetinin düzenlenmesi sağlanmıştır. YE, 37. gebelik haftasından önce amniyotik mayi gelişi ile hastaneye başvurmuş ve doğum yapmıştır. Doğumdan sonra çocuk B ve C'yi birlikte emzirmeye devam etmiştir. Üç aylık olan Çocuk C'nin kontrollerde kilo alımının normal aralıklarda olduğu belirlenmiştir. Bu olgu sunumunda tandem emzirmenin çocuk sağlığı ve gelişimi üzerinde olumsuz bir etkisinin olmadığı sonucuna varılmıştır.

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INTRODUCTION

The physical, cognitive, and psychological effects of breastfeeding on both maternal and child health have been proven by many years of studies (Bar et al., 2016; Bins et al., 2016; Del Ciampo & Del Ciampo, 2018). It is known that beyond the short-term benefits of breastfeeding on maternal and infant health, it also contributes to the lifelong quality of life (Gertosio et al., 2016). The World Health Organization (WHO) also reports that babies should be fed only breast milk for the first six months and should be fed with breast milk until the age of two. More than 820,000 under-five children's lives are saved each year if all children between 0-23 months are optimally breastfed (WHO, 2021). Despite this, the rate of infants fed exclusively with breast milk for the first six months is 40% worldwide (UNICEF, 2017). According to Türkiye Demographic and Health Surveys 2018 data, it was determined that 40.7% of infants in Türkiye were only breastfed for the first six months and were breastfed for an average of 16.7 months (Hacettepe University Institute of Population Studies, 2019; Çaylan & Yalçın, 2020). Women may stop breastfeeding before the child reaches the age of two for various reasons. Reasons such as the partner's insufficient support during breastfeeding, the woman's starting work, and not having enough information about breastfeeding lead to early termination of breastfeeding (Bai et al., 2015; Mbada et al., 2013; Olayemi et al., 2007). Another reason for early termination of breastfeeding is the woman's becoming pregnant again. In this process, the woman terminates breastfeeding as a result of concerns such as the change in the content of breast milk due to pregnancy and the fact that breastfeeding causes developmental delay in the fetus in the mother's womb (Bryant, 2012). However, studies conducted so far demonstrated that there was no difference in terms of spontaneous abortion, preterm labor, newborn Apgar score, and birth weight between women who became pregnant and continued breastfeeding during the breastfeeding process and who stopped breastfeeding (Ayrım et al., 2014). Tandem breastfeeding refers to women who breastfeed for the entire duration of the next pregnancy and

then breastfeed the older child and the newborn at the same time. Tandem breastfeeding is recommended by the American Academy of Family Physicians (AAFP) due to the positive effects of breastfeeding on the health of mother and child. However, healthcare professionals and researchers note the lack of literature on tandem breastfeeding and how this lack makes it difficult to provide evidence-based guidance (American Academy of Family Physicians, 2017; O'Rourke & Spatz, 2019). There are limited studies on tandem breastfeeding in the literature. These studies found that the quality of breast milk does not deteriorate, and that tandem breastfeeding strengthens the relationship between siblings (Gökseven et al., 2020; López-Fernández et al., 2023; Rosenberg et al., 2021; Sinkiewicz-Darol et al., 2021). In the study by Aker et al., in which the mothers' experiences with tandem breastfeeding were examined, the mothers stated that they felt tired during tandem breastfeeding. No abortion or premature birth was observed in any of the women (Aker et al., 2023). In the study by Erdoğan and Turan (2023), 8.4% of women who breastfed in tandem stated that they had experienced the risk of premature birth (Erdoğan & Turan, 2023). In this case report, it was aimed to share the medical history and experiences of a mother who breastfed her baby during pregnancy and continued to breastfeed both babies after birth.

MATERIAL AND METHOD

Case

YE was a pregnant and 32 years old woman. She was 156 cm tall. She was gravida 3, had 3 living children, and had no history of miscarriage/abortion or dead birth. The first pregnancy of YE resulted in a cesarean section in 2016, the second pregnancy in 2021, and the third pregnancy in 2022. Considering the past medical history of the pregnant woman, it is known that she had a thyroidectomy operation in 2015 and regularly used thyroid, calcium, and vitamin D since the operation. In addition to these, she has allergic asthma and uses inhalers when her symptoms increase. In the family history, there is diabetes in the mother and sudden death due

to hypertension and heart attack in the father. Her weight increased by 22 kg during her entire pregnancy (Child A). YE applied for delivery with the onset of contractions at 38+5 weeks of gestation and was followed up for vaginal delivery, but she delivered a 3050 g male infant by cesarean section because cervical dilatation did not progress (Child A). She breastfed her first baby (Child A) with only breast milk for the first 6 months after birth, and then for a total of 25 months with additional food. YE started her second pregnancy with a weight of 63 kg and gained a total of 15 kg during her pregnancy (Child B). Gestational diabetes of YE was kept under control with diet and exercise. YE delivered a 3150-gr girl (Child B) by planned cesarean section at 38+2 weeks of gestation. She started breastfeeding one hour after birth. YE, who did not use an effective family planning method, applied to the hospital with the symptoms of pregnancy 8 months after the birth of her second baby. It was determined that she was pregnant (third pregnancy) for 6 weeks. She continued to breastfeed Child B during her pregnancy. In her third pregnancy, she went to the hospital at 36+6 weeks because she had a sudden discharge of amniotic fluid at night. She delivered a 2750 g male infant (Child C) by emergency cesarean section. In her last pregnancy, YE's total weight increased by 7 kg. The newborn baby did not need intensive care. She continued to breastfeed her 16-month-old daughter (Child B) and newborn baby (Child C) together.

Management

YE wanted to breastfeed each child for at least 2 years. Therefore, she reported that she felt guilty about the frequent intermittent pregnancy (because she was pregnant again when she had an 8-month-old child) and that she did not want to stop breastfeeding. The condition of the fetus was followed up by the physician, and health professionals advised her to continue breastfeeding. The woman was informed by medical professionals that she could breastfeed her baby during pregnancy and after birth. She also adjusted her diet by meeting with a nutritionist. The woman's weight gain and that of her second baby were monitored throughout the

pregnancy. Considering the pregnant women's experiences with tandem breastfeeding, she reported she did not experience any difficulties in the first weeks of pregnancy, experienced difficulties in the following weeks, and felt hungry during breastfeeding, especially at night.

Outcomes

YE reported that the frequency of breastfeeding decreased, Child B was 14 months old, and she had to breastfeed more when her baby was teething or restless after the 28th week of gestation. However, she also reported that she felt pain in her stomach and increased fetus movements during breastfeeding after 28 weeks of gestation. She felt contractions during breastfeeding until birth. YE experienced an amniotic water break at 36+6 weeks of gestation. She breastfed her newborn on the first day of birth, and then she was allowed to breastfeed Child B (by providing a visit permit) in the hospital. After birth, she continued to breastfeed the newborn (Child C) first and then her sibling (Child B). The postnatal weight gain of the newborn was within normal limits. YE stated that she sometimes had to breastfeed both at the same time due to sibling jealousy, and she thought that her breasts had a sacred duty.

DISCUSSION

In this case report, it was seen that the mother did not use an effective family planning method after her second pregnancy, and she became pregnant with her third baby unplanned. She continued to breastfeed during pregnancy and after the third birth so that her second baby would not be affected by the unplanned pregnancy, and she would not be deprived of breast milk. While it is recommended that the interval between pregnancies be at least two years to keep the mother and baby's health at the highest level, it is possible to get pregnant if an effective family planning method is not used in this process. Gökseven et al. conducted a study and reported that 45.2% of women became pregnant unintentionally at least once (Gökseven et al., 2020). Most of the women who become pregnant while breastfeeding showed a tendency

to stop breastfeeding because of the thought that breastfeeding during pregnancy would have negative effects on the health of the breastfed child, fetus, and mother (Gökseven et al., 2020).

In this case, as Child B did not refuse to breastfeed, the mother continued to breastfeed throughout the pregnancy and postpartum period. It is considered that there is no harm in continuing to breastfeed if it is not stopped by the child. There are also concerns that the quality of the milk will deteriorate. As a result of hormonal changes during pregnancy, sodium in breast milk increases, and the amount of lactose decreases. This can cause the child to refuse to suck. However, there are no changes in breast milk that may harm the child (Cunniff & Spatz, 2017; Wambach & Riordan, 2016). From the perspective of the breastfeeding mother, it is seen that the mother experiences difficulties while breastfeeding at night, especially in the last months of pregnancy, and she experiences hunger crises due to frequent breastfeeding. In a study conducted by Saus-Ortega (2020), mothers reported that they experienced physical and psychological difficulties such as nipple pain during tandem breastfeeding, but they never thought of giving up breastfeeding (Saus-Ortega, 2020). It is thought that despite the difficulties experienced by the mother, she does not stop breastfeeding due to its positive effects on the health of her baby. Another problem experienced by the mother in this case report was the contractions in the last weeks of pregnancy and the onset of labor with the amniotic water discharge at 36 weeks and 6 days. In the studies conducted, no difference was determined in terms of preterm birth between the group that continued and terminated breastfeeding during pregnancy (Ayrım et al., 2014; Şengül et al., 2013). However, it is also known that a short pregnancy interval is among the risks of premature birth (Gebremedhin et al., 2021). In this case, it was thought that labor may have started before the 37th week of pregnancy due to the short period between pregnancies. Another important result was that weight gain was within normal limits although the newborn (Child C) was breastfed together with the older child (Child B). In literature, some studies demonstrated that tandem breastfeeding had a negative effect on

the baby's weight gain while other studies did not determine a significant difference. Although there was no consensus on the effect of tandem breastfeeding on the newborn weight gain, it was recommended that the younger baby be breastfed before the older child to get enough milk (O'Rourke & Spatz, 2019).

CONCLUSION

In this case report, it was observed that the mother breastfed child B after pregnancy and had no problems with breastfeeding throughout the pregnancy. Healthcare professionals involved in monitoring pregnancy and supporting breastfeeding need to be able to counsel mothers on tandem breastfeeding and provide professional guidance based on scientific evidence. In this study, the mother also experienced a premature birth as a complication. It was unclear whether this complication was due to the short pregnancy interval, other factors, or tandem breastfeeding. Further research is therefore needed on this topic.

ETHICAL COMMITTEE APPROVAL

Written and verbal consent was obtained from the pregnant woman to share her information and photograph before the case report.

AUTHOR CONTRIBUTION

Idea/concept: BA, HT, YEA; Design: BA, HT, YEA; Consultancy: BA, HT, YEA; Data collection: BA, HT, YEA; Data Processing: BA, HT, YEA; Analysis and/or Interpretation: BA, HT, YEA; Literature review: BA, HT, YEA; Writing of the article: BA, HT, YEA; Critical review: BA, HT, YEA

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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