



A qualitative investigation of experiences of breastfeeding twins and multiples

H. Cassidy, J. Taylor, A.E. Burton, A. Owen^{*}

School of Health, Science and Wellbeing Staffordshire University, UK

ARTICLE INFO

Keywords:

Breastfeeding
Twins
Qualitative
Interviews
Health promotion
Women's health

ABSTRACT

Background: Research has found that twins and multiples are less likely to be breastfed than singleton babies. Exploration of the experience of breastfeeding twins and multiples from parents' perspectives is limited, and we know little about the experiences of those who breastfeed twins and multiples and the possible barriers they face. **Aim:** The aim of the research was to explore experiences of breastfeeding twins and multiples in the UK from the perspective of birthing parents.

Methods: A qualitative online survey was carried out ($n = 94$), followed by online semi-structured interviews ($n = 18$). The data were analysed using reflexive thematic analysis.

Findings: Four themes were developed from the data: (1) "It's one of the things I'm most proud of in my life" (2) The importance of support: "it definitely takes a village with twins" (3) Barriers and the pressure to formula feed: "all they wanted to do was stuff 'em full of formula" and (4) The dynamic experience of breastfeeding twins.

Discussion: Many of the participants were able to feed their babies in part due to sheer determination and the refusal to give up when met with challenges. Breastfeeding was an important part of their identity as a mother, however mental health was often impacted by their experiences, as well as the challenges they faced when seeking support.

Conclusion: Breastfeeding twins and multiples is a challenging yet rewarding experience. Our findings indicate that further training and support is needed to enable healthcare providers to support parents of twins on their breastfeeding journey.

Statement of Significance

Problem or Issue	Breastfeeding rates of twins and multiples are much lower than those with singletons.
What is Already Known	Twins and multiples have unique differences to singleton births including the gestation, birth, and health risks. They are typically born pre-term and/or caesarean section, which can delay breastfeeding, reduce early skin-to-skin contact, and affect first latch.
What this Paper Adds	The voices of parents who have successfully breastfed twins and multiples, telling us about their experiences, and what helped and hindered their breastfeeding journeys. Breastfeeding was an important part of their identity as a mother, however their mental health was often impacted by their experiences, as well as the challenges they faced when seeking support.

Introduction

The benefits of breastfeeding to both mother and baby are well known; for example, breastfeeding can protect mothers from various cancers and can have short and long-term health benefits for baby including reducing risk for infection (National Health Service, 2023). The World Health Organization (World Health Organization, 2020) recommend exclusive breastfeeding for at least the first 6 months after birth, despite this, breastfeeding rates in the UK are very low (Public Health England, 2019). We know that there are barriers to breastfeeding, including perceptions relating to convenience, difficulties with latch, feelings of embarrassment, perceptions that breastfeeding is restrictive, and lack of support (Brown et al., 2011; Burton et al., 2022; Kelleher, 2006; Redshaw and Henderson, 2012). It is estimated that better support for breastfeeding could prevent 800,000 infant deaths every year (Victoria et al., 2016).

In 2019, 10,757 twins were born in the UK, and 156 triplets or above

^{*} Corresponding author at: Psychology Department, School of Health, Science and Wellbeing, Staffordshire University, Leek Road, ST4 2DF, UK
E-mail address: alison.owen@staffs.ac.uk (A. Owen).

(Twins Trust, 2019). The most recent UK statistics on breastfeeding twins and multiples is the 2010 Infant Feeding Survey (McAndrew et al., 2012), indicating that twins and multiples are less likely to be breastfed than singleton babies. The survey reported that 69 % initiated breastfeeding with both babies at birth, but rates dropped to 21 % exclusively breastfeeding at 4–6 months for twins and 5 % for multiples. Furthermore 68 % of mothers who had stopped breastfeeding by 4–6 months indicated that they would have liked to carry on for longer, highlighting the need for improved support.

The declaration of rights and statement of needs of twins and higher order multiples (International Council of Multiple Birth Organisations, 2022) states that twins and multiples have unique differences to singleton births including the gestation, birth, impact to family and health risks. Exclusive breastfeeding is more likely to be successful when early skin-to-skin contact is initiated, the first feed a child receives is breastmilk, and when breastfeeding is initiated soon after birth (Kim, 2017). Twins and multiples are typically born by caesarean section, which can delay breastfeeding, reduce early skin-to-skin contact, and affect a baby's first latch post-surgery (Bennington, 2011). Furthermore, multiples are also often born pre-term which increases the risk of complications that could be barriers to successful breastfeeding, such as gastro-oesophageal reflux, cardiac and respiratory complications (Leonard, 2003). This is all in addition to the extra demands on parents who need to look after more than one baby.

Exploration of the experience of breastfeeding twins and multiples from parents' perspectives is limited. The few studies that have been conducted in New Zealand and Turkey indicate that parents who have twins or multiples may need further support and advice in terms of breastfeeding compared with those breastfeeding one child (Cinar et al., 2013; McGovern, 2014). However, this phenomenon has not yet been explored in the United Kingdom context, where free at the point of access healthcare may result in a different experience.

This study aims to explore experiences of breastfeeding twins and multiples in the UK from the perspective of birthing parents. We know little about the experiences of those who breastfeed twins and multiples and the possible barriers they face. The research question reflects the exploratory, qualitative nature of the project: What are peoples' experiences of breastfeeding twins and multiples in the UK?

Methods

Ethical approval for this research was granted by BLINDED FOR REVIEW.

Design

A qualitative online survey (using Qualtrics) design with follow up online semi-structured interviews (using Microsoft Teams).

Setting

The research was carried out nationwide in the UK.

Sample

Participants were recruited via social media, including closed groups specifically targeted at parents of twins and multiples. Snowball sampling was also used, asking people to share the study information with people they knew who fit the inclusion criteria. A weblink was shared providing an information sheet for the online survey. Opportunity to be entered into a draw for a £20 shopping voucher was offered as an incentive for survey participation. To take part participants needed to be over 18 years, able to converse in English, and be currently breastfeeding twins or multiples or have experience of breastfeeding twins or multiples in the last two years to aid recall of experience. This time frame (July 2022) also meant that research was current and included

any changes in services and support due to Covid 19. 94 participants completed the online open-ended questions with ages ranging from 20 to 47. Of these, 22 requested information about the follow up in depth interviews, and 18 of these took part (Table 1).

Data collection

Following consent, participants completed a survey containing closed demographic questions and open qualitative questions about their experiences. Examples of questions used in the survey include: In as much detail as possible, please describe your experience of breastfeeding/chestfeeding twins/multiples', and 'did you experience any challenges? If so, what were these?'. At the end of the survey participants were asked whether they would like to take part in a further in-depth interview. Interested participants left their contact details and were contacted with further information about the interview. Consenting participants were then contacted to organise a convenient time for interview and a link was sent via email for a Microsoft Teams meeting. Most interviews lasted around 30 min. The participants were informed that the researchers had an interest in the research topic. Interviews were carried out by the first author, who at the time of the interviews was studying for a degree in Psychology, alongside a background

Table 1
Participant demographic characteristics.

	Survey	Interviews*
Sample size	94	18
Age		
Max	47	46
Min	20	31
Mean	34	36
Number of children		
Min	2	3
Max	5	2
Mean	3	2
Gender; number (%)		
Female	91 (97 %)	18 (100 %)
Male	3 (3 %)	0
Relationship Status; number (%)		
Married	65 (69 %)	14 (78 %)
In a relationship	24 (25 %)	4 (22 %)
Single	5 (5 %)	0
Sexual Orientation; number (%)		
Heterosexual	88 (94 %)	15 (83 %)
Lesbian	2 (2 %)	0
Bisexual	2 (2 %)	2 (11 %)
Prefer not to say	2 (2 %)	1 (6 %)
Ethnicity; number (%)		
White British	73 (78 %)	15 (83 %)
British (not specified)	13 (13 %)	0
White Other	3 (3 %)	1 (6 %)
Scottish (not specified)	2 (2 %)	1 (6 %)
Irish (White)	1 (1 %)	0
British Pakistani	1 (1 %)	0
Japanese	1 (1 %)	0
Mixed White and South East Asian	0	1 (6 %)
Education		
School leaver at 16	3 (3 %)	0
Further education	14 (15 %)	1 (5 %)
Higher Education	54 (57 %)	13 (72 %)
Post Graduate Education (and above)	23 (24 %)	4 (22 %)
Employment		
Employed	47 (50 %)	11 (61 %)
Maternity Leave	35 (37 %)	5 (23 %)
Full Time Parent	8 (9 %)	1 (6 %)
Other	4 (4 %)	1 (6 %)
Location		
England	76 (84 %)	15 (83 %)
Wales	5 (6 %)	0
Scotland	3 (3 %)	2 (11 %)
Northern Ireland	1 (1 %)	0
UK (Unspecified)	5 (6 %)	1 (6 %)

* 8 Interview participants also completed the online survey.

working in media, and had experience of working as a research assistant on multiple projects, including research projects about breastfeeding. For some of the Teams' interviews, the participants had babies/children present in the house with them. The interviews were recorded before a verbatim transcript was produced. The interview guide was designed by the research team. The interview process was piloted with the first participant and no changes were made for further participants. Following participation, a debrief sheet was emailed to all participants reminding them of their right to withdraw and offering guidance on where to seek support if needed. Some participants requested their transcripts be sent to them after the interviews, no corrections or changes were made by these participants once they had seen the transcripts. All interview participants were offered a £10 shopping voucher for their time.

Data analysis

The recorded interviews were transcribed verbatim by **. All data from both the interviews and the qualitative surveys were analysed as one batch of data using reflexive thematic analysis (Braun and Clarke, 2022). Thematic analysis was chosen due to its flexibility and the ability to develop patterns across the data.

The first author familiarized themselves with the data by reading and rereading to gain a thorough understanding of the participant accounts, coding was derived and the research team conversed to interrogate the codes and develop themes (Braun and Clarke, 2022). These themes were reviewed and refined to produce the final theme narrative.

Results

Four themes were developed from the data: (1) "It's one of the things I'm most proud of in my life" (2) The importance of support: "it definitely takes a village with twins" (3) Barriers and the pressure to formula feed: "all they wanted to do was stuff 'em full of formula" and (4) The dynamic experience of breastfeeding twins. Quotes are presented to illustrate the themes with participant pseudonyms to protect anonymity.

"It's one of the things I'm most proud of in my life"

Breastfeeding successes were recounted with a sense of pride and achievement, and the participants talked about how being able to breastfeed was inherently tied to identifying as a mother. One participant summed this up by explaining "Breastfeeding is one of my most favourite things about motherhood. I feel so proud to be breastfeeding my twins" (Aoife, survey). There was a sense of pride, and an acknowledgement that breastfeeding was a major achievement when caring for two or more babies. Emma described this:

"It's one of the things I'm most proud of in my life. It's a, it's a huge achievement and I'm incredibly proud to have. To have um done it and to still be doing it now. Umm. I, I think it's hard to imagine what'll. What will top that as an achievement for my life." (Emma, interview)

Many marveled at the way in which their bodies were able to provide for and nourish their children. This was also a source of pride, amazement and joy:

"I loved breastfeeding the girls when they could latch on to the breast, I felt proud that I am providing two babies what they need to survive." (Poppy, survey)

"amazed at my own body for feeding two babies." (Eirian, survey)

It was also asserted that breastfeeding was not easy, and the participants acknowledged the mental, physical, and emotional toll that breastfeeding twins or multiples had taken on them. The psychological rewards of breastfeeding and enjoyable experiences were reflected on fondly despite the challenges:

"Breastfeeding my boys was the hardest thing mentally, physically, and emotionally I have ever done but also the most rewarding. I will always remember the chaos that would reign in the house when they were both hungry or cranky, and then the perfect contented silence and feeling of calm that would follow once they were feeding." (Flo, survey)

Others also reflected on how the pride they felt could be protective in challenging circumstances:

"I would have a cry before I would go to bed because I knew I was gonna be waking up every 45 min... it did effect my mental health definitely! But it also gave me a sense of pride that I was doing the right thing for them, and from a health perspective and from a bonding perspective, because I think it is really hard with two of them." (Amelia, interview).

For some, doubt and concern came from their prior experience of feeding a singleton baby, which cemented their view of breastfeeding as an essential part of maternal identity. For example:

"When I found out it was twins, I was really shocked and upset. And for a lot of reasons. But one of them was because breastfeeding was really important to me...because I'd been able to do it for my first to twenty months...And one of the things that I was worried about was that I wouldn't be able to feed the twins in the way that I had been able to for him...I think I would have felt, and I feel awful saying this...but I would have felt like a failure." (Laura, interview)

Breastfeeding was an important part of motherhood for Laura, and the sense of feeling like a "failure" if she had been unable to breastfeed her twins indicates how integral breastfeeding was for her.

This theme has highlighted the pride participants felt when they were able to successfully breastfeed and the centrality of breastfeeding for establishing their maternal identity. Successes were difficult and the participants had to work through many challenges, however any sacrifices needed, or perseverance required was overshadowed by the enormous sense of pride the participants felt when they were able to achieve their goals.

The importance of support: "It definitely takes a village with twins"

The previous theme touched on some of the challenges experienced when breastfeeding. These challenges could be barriers to success, and often success was dependent on quality support from a range of sources.

Many of the participants described being supported by partners and family members. Given the additional challenges of more than one baby, these contributions were essential for many. The physical practicality of breastfeeding two babies was more complex than for singleton babies and simple support such as offering to swap the babies between feeds could make a huge difference. Other forms of practical support included providing snacks and drinks or doing housework activities:

"It definitely takes a village with twins...I have a lot of people too. To grannies and nanas and everything come over and help us have lunch and um do dishes and all that jazz." (Charlotte, interview)

"My mum was a huge support...Whilst cluster feeding she made sure I ate and had everything I needed, water, juice snacks. She kept me going." (Georgie, survey)

For others the support provided by family members was emotional, knowing that there was someone else who believed in the importance of breastfeeding could help boost their confidence when things were difficult:

"My husband was extremely supportive. If I hadn't had him on my side, nor my family supporting me, it would have been a battle as you already doubt yourself. It makes it ten times harder when others doubt you too." (Catrin, survey)

Psychological support and motivation could also be provided by strangers. Several of the participants explained how accessing online communities dedicated to supporting the breastfeeding of twins and multiples was an important contributor to their success:

"The Facebook group just of knowing that [breastfeeding twins] was possible and other people did it was kind of the most important thing." (Laura, interview).

These groups provided knowledge about breastfeeding pre-birth,

support during the breastfeeding journey, and modelled how it was possible to successfully breastfeed twins and multiples. The online groups also helped with practical guidance that participants felt that only parents of twins would understand:

“The breastfeeding support group...on Facebook has been probably the best source of information. They’re absolutely fantastic...just being able to talk to other people on there, who’ve gone through the same thing.” (Caroline, interview)

In this quote Caroline also indicates that the online support groups provided a helpful sense of connection through having a shared experience with others in the group.

This theme has illustrated how, in addition to the determination, perseverance and sacrifice evident in the first theme, successful breastfeeding is dependent on support. Both in person and virtual support were valued for practical and emotional reassurance to help overcome many of the barriers that could be experienced.

Barriers and the pressure to formula feed: “all they wanted to do was stuff ‘em full of formula”

Many of the participants felt they needed to fight against a general belief that twins could not be exclusively breastfed. While there were some examples of supportive care, most felt that it was generally expected that they would feed their twins with formula.

Often pregnancies were not carried to term, and this resulted in many of the babies spending time in a neonatal intensive care unit (NICU). Some described the NICU experience as harrowing and challenging, but others emphasised how the help they had received from NICU staff enabled them to breastfeed:

“In NICU it was great. A lot of support. When I came home there was none. Luckily, I was in NICU for a month, so I was prepared I feel sorry for the women that don’t get that support and give up when they don’t want to.” (Elsa, survey)

For Elsa, the additional time and attention provided by staff in the NICU was felt to be a major contributor to her breastfeeding success. However, this type of experience was rare and more commonly participants described the need to fight an insistence that their twins would require formula:

“I was so determined, was being told straight away by other people that it would not be possible. I think if I were less experienced, I would have been more easily swayed to supplement with formula to help with my smaller twin’s weight gain, when actually it was not necessary.” (Maggie, survey)

Maggie had confidence in the ability of her body to provide what her children needed; however, she alludes to how things might be different for others, and this was evident in several accounts of feeling pressured to offer formula. For example:

“In the early days I had very little support in hospital and being in covid times no access to support from family support while I was in. I ended up top up feeding in order to get home and once home worked really hard to drop these top up feeds in order to exclusively breastfeed my twins.” (Ashley, survey)

An even more concerning case was described by Janie who suggested that a NICU staff member had fed her babies formula without her consent:

“One night the NICU unit fed the girls by bottle - I was unhappy about this as I understood they could develop a different latch if bottle fed, and we advised did not want them bottle feeding. The nurse advised to me that I will never be able to continue breastfeeding as two of them, another nurse advised her not to say things like that especially as she had been a lactation nurse previously.” (Janie, survey)

Janie’s awareness of the challenges of potential nipple confusion resulted in her being frustrated with the care received, and her account of disagreement between the staff members suggests that knowledge

about breastfeeding and consistency of care can be lacking even within single units.

Another example suggested that the approach taken by staff on NICU could be perceived as bullying by mothers:

“They should have been supporting me in every possible conceivable way to get breast milk into those two tiny humans, and all they wanted to do was stuff em full of formula and get them to put weight on so they could kick them out of NICU. Because they weren’t having breathing difficulties, so they were taking up bed space for babies that had breathing difficulties.” (Sam, interview)

Sam’s account suggests that she felt that the pressure to feed formula was to increase her babies weight and therefore free up space on the ward for other babies. This indication that policy could be driving the behaviour of staff members was also mentioned by Caroline:

“In the end I asked for support through the health visitor, so she put me in touch with the breastfeeding support locally um and they were the most unhelpful and irritating people I probably dealt with...They basically just said because I was bottle feeding over 50 % of the girl’s food they wouldn’t refer me for any support for the tongue tie...they just said, ‘yeah, it’s just our policy. It’s a bit silly, isn’t it. We agree with you, but there’s nothing we can do’.” (Caroline, interview)

Again, this account suggests a need to battle against barriers to ensure that babies received breastmilk in a healthcare system heavily weighted towards the use of formula.

Weight gain issues were commonly connected to tongue tie, and many of the participants had battled to have tongue ties diagnosed. This meant weight gain issues for the babies as well as pain, bleeding and cracked nipples for the mother from the babies being unable to latch or feed correctly:

“they had a really significant posterior tongue tie...feeding constantly, pretty much because they couldn’t get enough milk...they were eleven weeks old then when they were snipped and then their weight gain just shot up massively after that,” (Anna, interview)

The individual health differences were not limited to tongue tie, and the other health challenges also contributed to individual breastfeeding journeys for each baby. In some instances, not only were the feeding capabilities different, and the health differences in the individual babies, but this sometimes led to the babies not being together. Alba discussed wanting her babies to have the same start when one was on NICU and the other was not.

“T1 was straight to me on the ward and breastfed straight away, T2 was in NICU for 2 days. I wasn’t allowed to visit him on day 1. But I had provided the hospital with 20 ml of harvested colostrum...So I started expressing to make sure there was enough milk for both twins and put T2 to breast as soon as I could get to NICU. (Alba, survey)

Harvesting colostrum was recommended throughout the data set and aided the participants to successfully breastfeed in the challenging early days of having preterm babies on NICU. Some participants had researched this in advance and had frozen colostrum ready for the arrival of their babies.

This theme has illustrated the multiple barriers that need to be negotiated and fought against to successfully breastfeed twins. These barriers presented through interactions with healthcare professionals whose behaviour seemed to be grounded in policies and systems which failed to prioritise breastfeeding support.

The dynamic experience of breastfeeding twins

This theme illustrates the ways in which the experience of breastfeeding twins can come with additional challenges. . The need to negotiate the unique needs of two babies meant that mothers had to frequently change and adapt to continue to successfully breastfeed both children. This added complication was not one that had been expected by most participants and required flexibility.

For some of the mothers, the experience of breastfeeding twins was

not what they had anticipated. Despite accessing social media support groups, Alana felt that breastfeeding her twins was more difficult than she had imagined:

“I came across the charity uhm breastfeeding twins and multiples. And the Facebook group that they have. And I did read a lot of their information, the kind of guidance that they have. I was like, right. Well, I’m all set I’m going to be great (laugh). And then had the twins. And I was like, ‘Oh my God, it’s actually quite difficult!’ Like, people make it look, I don’t know, it just looks very easy to breastfeed a child.” (Alana, interview).

Alana seemed shocked about the reality of breastfeeding perhaps indicating one of the dangers of selectively illustrating positive and simple experiences of breastfeeding on social media. Alana had assumed that she was well prepared and with her research breastfeeding would be simple, however breastfeeding both children posed additional challenges.

The participants also acknowledged that they had the option to feed each child separately or both at the same time in a tandem feeding arrangement.

“I did some tandem feeding in the very, very, very early weeks. I mean, I’m talking single figure number of weeks at the evening cluster feeding time and maybe if they were both upset in the day... I don’t like tandem feeding, I don’t do it. So as a single feeder... imagine everything about feeding one baby and then doing it again. So that’s basically what I do.” (Emma, interview)

While Emma had tandem fed out of perceived necessity early in her breastfeeding journey, she had made the choice to move away from this as her babies got older. In contrast, Michelle had preferred to feed her babies individually when they were smaller but found tandem feeding easier as they got older. Michelle also acknowledged that there were instances that required her to feed individually, indicating her need and ability to adapt to different contexts and the individual needs of her babies:

“when they were very small, I would only tandem feed if they were both kicking off at the same time um and then I yeah, I single fed... But now that they are a lot more robust, I’ll kind of mostly tandem feed... I still feed them to sleep at night, so if they wake up individually I feed them individually then or if I’m out and about and it’s a bit more awkward to try and get them both on to if you know if we’re in a cafe or something, then I single feed, but the rest of the time, yeah, I tandem. [...] Whilst I’m out and about, I’m sort of very conscious about being able to, if necessary, get both breasts out.” (Michelle, interview)

The preferred method in public appeared to be singular feeding for most of the participants as this was perceived to be easier and more modest. However, although this was preferred it was not always an option and again mothers had to be prepared to adapt their approach depending on the specific needs of their babies:

“I never really planned to tandem feed out and about. Uhm but I’ve ended up with a handful of occasions where, uhm they’ve been so upset that I have ended up doing it. Uhm and it’s tended to be like. Just grabbing anything I can to support them like changing bag, cushions from like everybody give me your cushion (laughs).” (Alana, interview)

Some participants had to adapt and switch from tandem and singular feeding because of the different feeding schedules of their babies; despite being twins, babies were talked about as having different sleep-wake cycles. For Michelle, this was particularly the case during the night:

“Twin two is a... worse sleeper. So, she gets fed a lot more at night. Twin one can go. She sleeps for sort of 3 or 4 hour chunks, whereas twin 2 is a bit more. She wakes up every couple of hours. I think so, yeah. Aside from at night, the schedules are pretty similar.” (Michelle, interview)

In contrast, Laura described how she went to efforts to keep her babies in the same feeding routine so that she could breastfeed them together.

“If one of them asked, I’d feed them both, um because otherwise just

ended up, you know, constantly one or the other, and definitely in the night, if one woke up, I’d wake them the other one up and feed them both at the same time. Just, just to not have like that constant. Um constant feeding.” (Laura, interview)

Several participants talked about how tiring and “exhausting” it was breastfeeding twins/multiples, for example:

“I was relatively lucky that my bigger twin had a better latch than my smaller one and so he would trigger the let down most of the time, but it was still utterly exhausting trying to feed the both of them.” (Emmie, survey)

Emmie’s quote also highlights the differences between babies in terms of their feeding with one of her twins having a better latch than the other. Seren similarly highlighted such differences:

“they are both individuals so are of course different. Different latch, length of feed, hunger is different.” (Seren, survey)

Challenges also related to other birth related experiences such as the unique health related factors that were a higher risk with twin and multiple births. For example, Marie discussed NICU and how this required her to adapt to breastfeeding in a challenging circumstance:

“so [twin one] had [Necrotising enterocolitis] when he was three days old and it was not looking good at all...having them just like on me feeding and I can just look at them and know that they’re OK... was really probably quite healing for me...I think massively contributed to like quite good mental health through that period.” (Marie, interview)

In this example, breastfeeding was empowering for Marie at a time when she was at risk of feeling helpless and gave her something she could control in terms of the health of her child.

This theme sums up the dynamic experience of breastfeeding twins and multiples, and the ways in which breastfeeding twins can be different to a singleton baby breastfeeding experience, including aspects such as tandem feeding, and differences in latch between the babies.

Discussion

Interviews were conducted with 18 mothers and online surveys were completed by 94 mothers, who had experience of breastfeeding twins or multiples. Four themes were developed through RTA which capture these experiences: “It’s one of the things I’m most proud of in my life”, The importance of support: “it definitely takes a village with twins”, Barriers and the pressure to formula feed: “all they wanted to do was stuff ‘em full of formula” and, The dynamic experience of breastfeeding twins. Many of the participants in this study were able to feed their babies in part due to sheer determination and the refusal to give up when met with challenges. Breastfeeding was an important part of their identity as a mother (Yuen et al., 2022).

The mental health of the parents was affected by having preterm babies as well as the challenges they faced when seeking support, including health complications in their infants and sleep deprivation once home. Our participants indicated that support is crucial to breastfeeding twins, both by healthcare providers, as well as family and friends who can support the mother by passing her the babies, entertaining other children, providing food and drinks and helping with other household chores (Lundquist et al., 2022).

Individual differences between siblings were a recurring theme throughout the data set, be it health differences, feeding abilities, feeding styles, or sleeping through the night. A key finding in this study highlighted that the ability to breastfeed one twin did not mean that the mother could feed both. Previous studies have looked at women who wanted to breastfeed and could not (Brown, 2018), but this is a new finding and a key message from this research, that a woman’s ability to breastfeed is not guaranteed, even when actively breastfeeding another child. The researchers hope that this finding can help inform all mothers who face the challenge of not being able to breastfeed with the aim to protect their mental health, as research has shown that this leads to grief, frustration, anxiety, and guilt as the mothers blame themselves

when breastfeeding is not successful (Brown, 2018).

In the changing face of the ever-increasing digital world, online support for breastfeeding opens new lines of communication offering advice, camaraderie, instant support at the time it is needed, and provides information where it may be lacking in healthcare professionals due to the lack of training (Turville et al., 2022). The lack of training around breastfeeding in the UK for healthcare professionals needs to be addressed (Turville et al., 2022), in a large part just to let them know that breastfeeding twins is possible and providing them with the information to signpost families with twins to the places they can receive support. Training is also needed about the amounts of milk the stomachs of preterm babies can hold, as participants were being forced to top up to aid weight gain, and yet it was causing the babies to be sick because the quantities were too large, resulting in further weight loss and longer hospital stays.

Overall, the mothers acknowledged how challenging breastfeeding twins is, but all of them said it was worth it and they were proud of their achievements, despite of all the challenges they faced. Future research could focus on the experiences of mothers who wanted to breastfeed their twins or multiples but did not, after being persuaded not to breastfeed by other people who believed it was not possible.

Limitations

Due to the timing of this study (July 2022), many of the participants had been affected by Covid in some way, for example the support usually provided in the community through in person groups was not available, so for many, online social communities were a lifeline as well as providing a social opportunity that was missing for a lot of families at that time. It may be that repeating this study now that in-person groups are once again available may mean that less emphasis is placed on the online nature of the support offered.

Most participants were white and well educated, with 75 % of them having completed further education. The participants were also all recruited via social media, which means breastfeeding parents who do not use social media were not included in this study. In future, it is important to carry out research specifically targeting other groups of breastfeeding mothers, to enable us to hear from a wider range of voices and experiences.

Conclusions

Breastfeeding twins and multiples is a challenging yet rewarding experience. Many of the participants in this study were able to feed their babies due to their determination and refusal to give up when met with challenges. However, findings indicate that further training and support is needed to enable healthcare providers to support parents of twins on their breastfeeding journey.

Ethical statement

The research was approved by the Staffordshire University Ethics committee

The approval number was SU_21_184

The date of approval was 28/06/2022

Data availability

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions. Participants did not explicitly consent to data being held in a public repository.

CRedit authorship contribution statement

H. Cassidy: Conceptualization, Formal analysis, Data curation,

Writing – original draft, Methodology, Investigation, Writing – review & editing. J. Taylor: Conceptualization, Methodology, Formal analysis, Data curation, Writing – original draft, Writing – review & editing, Visualization, Supervision. A.E. Burton: Methodology, Formal analysis, Data curation, Writing – original draft, Writing – review & editing, Visualization, Supervision. A. Owen: Conceptualization, Methodology, Formal analysis, Data curation, Writing – original draft, Writing – review & editing, Visualization, Supervision.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Funding

The research was financially supported by a student summer internship grant from the British Psychological Society.

Acknowledgements

Thank you to all of the participants who took part in this research, and bravely shared their experiences with us.

References

- Bennington, L.K., 2011. Breastfeeding multiples: it can be done. *Newborn Infant Nurs Rev* 11 (4), 194–197. <https://doi.org/10.1053/j.nainr.2011.09.012>.
- Braun, V., Clarke, V., 2022. *Thematic Analysis: A Practical Guide*. SAGE.
- Brown, Raynor, Lee, 2011. Healthcare professionals' and mothers' perceptions of factors that influence decisions to breastfeed or formula feed infants: a comparative study. *J Adv Nurs* 67 (9), 1993–2003. <https://doi.org/10.1111/j.1365-2648.2011.05647.x>.
- Brown, A., 2018. What do women lose if they are prevented from meeting their breastfeeding goals? *Clinical Lactation* 9 (4), 200–207.
- Burton, A.E., Taylor, J., Swain, S., Heyes, J., Cust, F., Dean, S., 2022. A qualitative exploration of mixed feeding intentions in first-time mothers. *Br J Midwifery* 30 (1), 20–29. <https://doi.org/10.12968/bjom.2022.30.1.20>.
- Cinar, N.D., Alvur, T.M., Kose, D., Nemut, T., 2013. Breastfeeding twins: a qualitative study. *J Health Popul Nutr* 31 (4), 504–509. <https://doi.org/10.3329/jhpn.v31i4.20049>.
- International Council of Multiple Birth Organisations, 2022. *Strategic Plan 2022–2024: Championing the Rights of Multiples*. International Council of Multiple Birth Organisations (ICOMBO), Beaconsfield, VIC, Australia.
- Kelleher, C.M., 2006. The physical challenges of early breastfeeding. *Soc Sci Med* (1982) 63 (10), 2727–2738. <https://doi.org/10.1016/j.socscimed.2006.06.027>.
- Kim, B., 2017. Factors that influence early breastfeeding of singletons and twins in Korea: a retrospective study. *Int Breastfeed J* 12 (1), 4. <https://doi.org/10.1186/s13006-016-0094-5>.
- Leonard, L.G., 2003. Breastfeeding rights of multiple birth families and guidelines for health professionals. *Twin Res* 6 (1), 34–45. <https://doi.org/10.1375/twin.6.1.34>.
- Lundquist, A., McBride, B.A., Donovan, S.M., Wszalek, M., 2022. Father support for breastfeeding mothers who plan to utilize childcare: a qualitative look at Mothers' perspectives. *Appetite* 169, 105854. <https://doi.org/10.1016/j.appet.2021.105854>.
- McAndrew, F., Thompson, J., Fellows, L., Large, A., Speed, M., Renfrew, M.J., 2012. Infant Feeding Survey. Health and Social Care Information Centre. 2010. https://explore.openaire.eu/search/dataset?datasetId=dedup_wf_001::1dbd54f86ed72a46c34067dd37a9c8e9.
- McGovern, T., 2014. The challenges of breastfeeding twins. *Nurs New Zealand* (Wellington, N.Z.: 1995) 20 (11), 26–44. https://natlib-primo.hosted.exlibrisgroup.com/primo-explore/search?query=any,contains,998206513602837&tab=innz&search_scope=INNz&vid=NLNZ&offset=0.
- National Health Service, 2023. Benefits of Breastfeeding. NHS UK. Retrieved Feb 2024, from <https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding/benefits/>.
- Public Health England, 2019. Breastfeeding At 6 to 8 Weeks After birth: Annual Data. Public Health England, London. <https://www.gov.uk/government/statistics/breastfeeding-at-6-to-8-weeks-after-birth-annual-data#history>.
- Redshaw, M., Henderson, J., 2012. Learning the hard way: expectations and experiences of infant feeding support. *Birth* 39 (1), 21–29. <https://doi.org/10.1111/j.1523-536X.2011.00509.x>.
- Turville, N., Alamad, L., Denton, J., Cook, R., Harvey, M., 2022. Supporting multiple birth families: perceptions and experiences of health visitors. *Public Health Nurs* 39 (1), 229–237. <https://doi.org/10.1111/phn.13008>.
- Twins Trust. (2019). *Multiple Birth Statistics*. Retrieved Feb 2024, from <https://twinstrust.org/static/89af4d2a-49fe-4d23-bbc8475f099762f/5cdfb852-318c-4eb8-955ef8f6b8f5d6c0/Key-stats-and-facts.pdf>.

- Victora, C.G., Bahl, R., Barros, A.J.D., França, G.V.A., Horton, S., Krasevec, J., Murch, S., Sankar, M.J., Walker, N., Rollins, N.C., 2016. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet (British Edition)* 387 (10017), 475–490. [https://doi.org/10.1016/S0140-6736\(15\)01024-7](https://doi.org/10.1016/S0140-6736(15)01024-7).
- World Health Organization, 2020. Infant and Young Child feeding: Fact Sheet. World Health Organization.
- Yuen, M., Hall, O.J., Masters, G.A., Nephew, B.C., Carr, C., Leung, K., Griffen, A., McIntyre, L., Byatt, N., Moore Simas, T.A., 2022. The effects of breastfeeding on maternal mental health: a systematic review. *J Women's Health (Larchmont, N.Y. 2002)* 31 (6), 787–807. <https://doi.org/10.1089/jwh.2021.0504>.