

Tandem Nursing

“I am pregnant, and still breastfeeding my baby! What do I do?”

Congratulations! It is usually possible to breastfeed through your pregnancy and then breastfeed both babies. This is called **tandem nursing**. Some mothers will tandem nurse because they are not ready to wean their older baby.

Common concerns about breastfeeding while pregnant include: sore nipples, a low milk supply, miscarriage, or “it will be too much for mom’s body” to breastfeed while pregnant.

Tender nipples are often one of the first signs of pregnancy and they can make breastfeeding while pregnant difficult. This tenderness often improves later in the pregnancy, but not always. Sometimes repositioning is helpful, and if your baby is old enough to understand, you can ask them to “nurse softer” or “open wider”. However, you may decide to wean your baby because of this tenderness, and that is okay.

A second common issue is **low milk supply**. If your first baby is still dependent upon your milk for their primary source of nutrition, you may need to supplement to meet their needs. Some women notice a decrease in milk right away, and others not until later in their pregnancy. The hormones of pregnancy often decrease milk production, and **this cannot be overcome with pumping or herbs**. Most herbal galactagogues (substances thought to increase milk production) are NOT recommended for use during pregnancy. The makers of Go-Lacta, a galactagogue made from the leaves of the Malunggay tree, claim it is fine to take their product after 36 weeks of pregnancy, based on one study involving 26 women in the Philippines. Until more studies are available, we encourage you to wait until your baby is born to consider taking herbs to help with your milk supply.

Another common concern is that breastfeeding while pregnant can cause **contractions of the uterus** and miscarriage or early labor. IF you have a “high risk” pregnancy, and your provider has told you not to have sex, then you may want to stop breastfeeding. However, the uterus is usually not very sensitive to the effects of oxytocin (the hormone involved in uterine contractions during labor, as well as orgasm and milk let-down) until close to the time of delivery.

Good nutrition is always important during pregnancy, but most women do not find it difficult to eat enough calories while breastfeeding through a pregnancy. Your body is amazing! However, some women are tired or nauseous during pregnancy and may not feel they have the energy to breastfeed while pregnant. Every woman is different.

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If you do breastfeed through your pregnancy, your milk will change to **colostrum** at some point before your new baby is born. The timing of this seems to vary. After the birth of your new baby, the first few days of colostrum are very important and the supply is small. Your new baby should always be nursed first. Some older infants will reject the colostrum, as it is not as sweet as mature milk and the flow is slower. They will often return to breastfeeding after a couple of days when the mature milk comes back in.

While tandem nursing, it is not necessary to limit each baby to one particular breast if one or both of your babies is ill. Both babies will have been exposed to the illness before the first symptoms. There is one exception: If the older child develops a cold sore, he or she must NOT nurse, as the virus that causes cold sores can be very dangerous to newborn babies.

Deciding to breastfeed through your pregnancy, and/or tandem nurse after your new baby is born are **very personal decisions**. If you have concerns, ask your health care provider(s) to help you assess your personal risk.

You also may be interested in reading *Adventures in Tandem Nursing (Breastfeeding During Pregnancy and Beyond)* by Hillary Flower, La Leche League International, 2003.