

## Breastfeeding management

# FACT SHEET

for health professionals

# Continuing breastfeeding

beyond infancy, through pregnancy and after the arrival of a new baby

The World Health Organization (WHO) recommends that babies be breastfed exclusively for the first 6 months, followed by continued breastfeeding to 2 years and beyond, alongside the introduction of appropriate family foods. When breastfeeding continues in this way, a mother may be more likely to find herself breastfeeding her child through a subsequent pregnancy or tandem feeding both children after the arrival of a new baby. This can be a positive experience for all.

### Resources for families

Information for families can be found on the Australian Breastfeeding Association (ABA) webpage, [Breastfeeding through pregnancy and beyond](#).

Mothers may require additional support with breastfeeding through pregnancy or tandem breastfeeding. While ABA breastfeeding counsellors do not provide medical advice, a call to the [National Breastfeeding Helpline](#) on 1800 686 268 can provide reassurance, support and practical suggestions at all stages of lactation.



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### Breastfeeding beyond infancy

Breastmilk continues to contribute macronutrients, vitamins and minerals to the diets of breastfeeding children beyond infancy and provides a valuable source of immune factors (Lackey et al., 2021). Overall, it is estimated that breastmilk continues to contribute a third or more of the energy requirements of infants aged 12-24 months (World Health Organization [WHO], 2021).

Research into key breastmilk components in the second year of lactation (11 to 17 months) has revealed that:

- the concentrations of total protein, lactoferrin, lysozyme, Immunoglobulin A, oligosaccharides and sodium significantly increased
- there were no changes observed in lactose, fat, iron and potassium and
- zinc and calcium concentrations declined, but not significantly (Perrin et al., 2017).

Beyond 18 months, milk composition adapts to the increased energy demands of the growing child, with fat and protein increasing and carbohydrate decreasing, before stabilising from 24 to 48 months (Czosnykowska-Łukacka et al., 2018).

Many of the health outcomes associated with breastfeeding are known to be dose-dependent, such that a longer total duration of breastfeeding confers the greatest **health outcomes** for both mother and child (WHO & United Nations Children's Fund [UNICEF], 2003). The increased concentration of proteins and immunoglobulins observed in breastmilk throughout the third and fourth years of lactation suggests that breastfeeding continues to play a vital role in shaping and modulating the developing immune system throughout early childhood (Czosnykowska-Łukacka et al., 2020).

### Breastfeeding during pregnancy

Young children often find comfort and connection in breastfeeding beyond infancy. This may become especially important during the period of upheaval associated with pregnancy and the subsequent arrival of a new baby. The emotional needs of the breastfeeding child are a strong motivation for many women to continue breastfeeding after conception, even when faced with transient nipple soreness or feelings of irritation towards the child (Moscone and Moore, 1993).

**References and further reading**

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Mothers often face unnecessary pressure to wean due to fears that continuing to breastfeed may put their pregnancy at risk. However, in a normal, healthy pregnancy with no previous history of miscarriage or preterm labour there is no evidence to suggest breastfeeding negatively influences the outcome of a pregnancy (Ishii, 2009; Cetin et al., 2014) or affects the birthweight of the newborn (López-Fernández et al., 2017). Where there may be an increased risk of premature delivery (due to, for example, intrauterine growth restriction or a history of repeated miscarriages or preterm labour), greater caution may be warranted (Cetin et al., 2014).

Breastmilk supply typically decreases in response to the hormones associated with pregnancy, even with sustained or increased feeding frequency (Moscone and Moore, 1993). Monitoring the child for continuing signs of adequate intake and growth can provide reassurance that their nutritional needs are still being met. The child may naturally initiate the weaning process as the pregnancy progresses, particularly as the milk becomes more colostrum-like (López-Fernández et al., 2017). This can further compound a reduction in supply. However some children will resume breastfeeding when the newborn arrives and a plentiful supply of breastmilk returns.

**Tandem feeding: breastfeeding an older child and a new baby**

It is possible to continue to breastfeed an older child after the arrival of a new baby, if the mother wishes. Commonly known as tandem feeding, this can be a wonderful way to support a toddler or young child in their transition to older sibling.

Research on the macronutrient content of colostrum produced by tandem feeding mothers in the days after birth indicates that it is similar to the colostrum of those feeding a singleton, with the exception of carbohydrate content (Rosenberg et al., 2021). In later months, tandem feeding mothers produce milk with a higher fat content, total protein concentration and energy value, suggesting that the composition of the milk adapts to the nutritional needs of newborn and older children (Sinkiewicz-Darol et al., 2021).

While there is little research on the specific nutritional needs of tandem feeding mothers, they are believed to be similar to when breastfeeding through pregnancy. Appropriate adjustments to the maternal diet can support her body to meet the increased demands of simultaneous pregnancy and lactation and then production of breastmilk for two children (Brodribb, 2019).

There are many ways to tandem feed. A mother may feed both her children at the same time or one after the other. She may set boundaries for the older child or allow them unrestricted access to breastfeeds. She may swap between breasts or feed each child primarily on one side. No matter how she approaches tandem feeding she will need time, rest and extra support while everyone adjusts to the changes that come with the arrival of a new baby.