

# childbearing

The newsletter of the Lower Mainland Childbearing Society

## *The More the Merrier*

**When I found out, at 36 weeks of pregnancy, that I was having twins, I burst into tears.**

They were not tears of joy. Not only did I have to throw my carefully planned homebirth out the window, I was gripped by fear. I already had a three-year-old, and knew how much work one newborn was. How on earth was I going to cope with two?

Nonetheless, I survived. Granted, the first eighteen months were pretty much a blur, but some way, somehow, I've ended up with two beautiful, clever, and for the most part, happy eleven year olds, so I guess you could say it all worked out eventually.

There is something wonderfully resilient about multiples. They've had to compete for parental resources since conception, and they're born knowing more about sharing than some people learn in a lifetime. They can fight like Tasmanian devils one minute, then turn around and play happily together for hours afterward. Over the years I have worried far less

about my twins than I have about my eldest daughter because I know the twins will always look out for each other.

Some multiples are born with incredible uphill health challenges, but premature twins seem to thrive and gain weight faster than singletons born at the same gestational age and weight. Maybe it's because they're never alone. Ask a twin what it's like to be twin, and she'll shrug. For them, having a twin sibling is as normal as being a singleton is for most of us. And yet, what a marvellous secure feeling it must be to know, deep down, that someone's always got your back.

That, I think, is the payoff for those who have experienced the stress of a multiple pregnancy, and the sometimes overwhelming task of caring for more than one baby at once. Believe me, not only does it get better, it gets great.

I have rather selfishly hogged most of the content of this issue. Although I've told my birth story many times, this is the first time I've written it down. (What can I say? Mothers of twins are busy! I probably would have put it off for another eleven years if I hadn't had this deadline.) But in these pages you'll also find two more birth and beyond stories from mothers of multiples, both of whom had a far rougher time than I. They make me feel embarrassed that I ever had any complaints about the birth and that crazy, hazy post-partum period. We also figure a issue on multiples deserves two questions of the quarter, so here you'll find tips on breast feeding, siblings, and surviving multiples that I hope you'll find useful, whether you have one baby or more.

✂ **Jennifer Landels, editor**

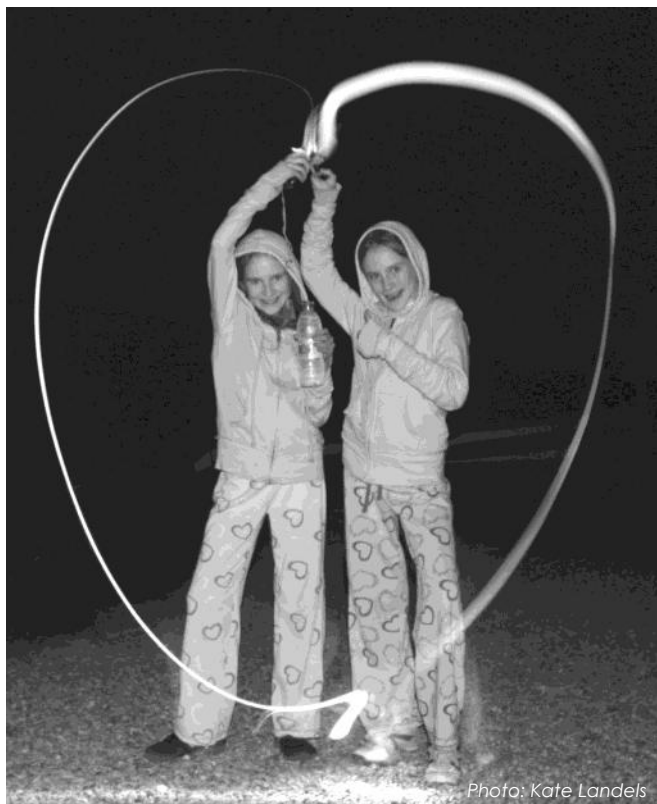


Photo: Kate Landels

### *In This Issue:*

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- ~ Keeping Twin Birth Normal
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- ~ Twins and siblings

#### **Birth and Beyond Stories**

- ~ Abi & Bea
- ~ Jack & Finn

#### *Next Issue:*

#### **Bonding**

**The Childbearing Society** is: Aleksandra Henderson, *President*; Jennifer Landels, *Newsletter Production Editor*; Stephanie Ondrack, *Registrar, Secretary, Marketing Director, Newsletter Content Editor*; Susan Woodhouse, *Packages*; Molly Eitzen, *Treasurer*; Diane Donaldson, *Past President*.

**Instructors:** Melina Auerbach, Jasmine Cairo, Molly Eitzen, Aleksandra Henderson, Stephanie Ondrack, Katy Thomson, Susan Woodhouse.

**Apprentice Instructor:** Shahrzad Tayebi

# childbearing news

## Congratulations!

Congratulations to **Jasmine Cairo** who has completed her apprenticeship with us. After the empowering home births of her two sons, Jasmine fell deeply in love with anything to do with birth and babies. She is honoured to be able to support families through their birth experiences as a birth doula, breastfeeding counsellor, and now as a childbirth educator for the Childbearing society.



## Breech Birth Safer

Researchers at Tel Aviv University are saying that, under certain circumstances, traditional vaginal delivery for breech babies is not only safe for babies, but even safer for mothers. The research indicates that breech babies are no more at risk during vaginal delivery than C-section, and there is reduced morbidity and mortality for the mothers during vaginal birth. [http://www.eurekaalert.org/pub\\_releases/2010-10/afot-bfb102610.php](http://www.eurekaalert.org/pub_releases/2010-10/afot-bfb102610.php)

## New Workshop:

### Where's Daddy? Avoiding the Hidden Pitfalls of Traditional Gender Roles

Our intellectual evolution around traditional gender roles has yet to be reflected in workplace attitudes, social policy, and popular culture. Even the most progressive minded person can be unconscious of the slide toward the old paradigm of mom as the "go to" parent and dad as the distant breadwinner.



In this discussion-provoking half-day workshop, couples will be exposed to the myriad traps which can ensnare us in traditional gender roles. By identifying and avoiding these pitfalls, couples can build stronger and happier families.

Your facilitator for this workshop is former CBC Radio Host, Cameron Phillips. Shortly after the birth of his first son, Cameron lost his job. He confronted head-on the old

idea that it is a man's number one duty to be the financial provider in the family. Out of this struggle, Cameron founded "Bettermen Solutions", a company designed to teach men better work/life balance skills.

**Saturday, February 12, 2011, Noon – 4:00pm**

**Cost:** \$85 or \$75 for Childbearing Society clients

**To register:** [www.childbearing.org](http://www.childbearing.org) or 604 878 1031

## ✎ Letters & Announcements ✎

We love to hear from you! Keep sending your comments on our newsletter, our classes, your birth and parenting experiences, and anything else related to the childbearing year that you'd like to get off your chest to: [stephanie@childbearing.org](mailto:stephanie@childbearing.org)

**Bannon Danny Graves Smith** was born on August 10, 2010 at 6:34 pm. He weighed in at 7 lbs 9 oz. and was 19.7 inches long!



Bannon

We delivered without any intervention at BC Women's in a birthing tub, after 8.5 hours of labour. Labour progressed very quickly, with only two hours of it at home before contractions were faster and longer than the 4-1-1. We got to the hospital just after noon, and contractions were coming hard and fast, and I was already dilated to over 5 cm. I spent almost all of the next 6 hours in the tub and Bannon was born after pushing through six contractions. He couldn't wait to meet us!

Breastfeeding has been a breeze for us so far. We are so lucky!

All in all, I know that I am very lucky to have such an amazing experience. I can't sing enough praise for our midwife, our nurse, Jeff, or my mom.

I know that neither Jeff nor I would be or would have been as confident in everything from prenatal to labour to breastfeeding as we have been if it were not for the support and education that we were offered through the classes!

Thank you everyone for all the support!

LOVE LOVE LOVE  
Jeff Smith, Marley Roane,  
and Baby Bannon

We love you and your organization so please continue to send us your newsletter.

Whenever I hear of someone who is pregnant I recommend your childbirth classes. It was the best investment we ever made. It connected us to so many amazing people and resources.

Thanks for doing what you're doing. It's invaluable.

Jennifer Bishop, Bill Costin, & Olivia (2yrs)



Phenomenal classes, the instructor was very dynamic and educated, we learned so much that really helped to put us at ease and prepare us for labour and afterwards!

Nicole Wilson



We truly felt those classes prepared us so well for labour. It is tough to communicate that labour sucks at the time being, but really isn't that bad. It is really hard to explain.

I have been meaning to e-mail Jasmine to tell her what a great job she did with our class. Mick and I may have looked uninterested or bored in class, but we weren't. But especially after labour and the first couple weeks with Michaela, we really realized how much we did soak in and how Jasmine's relaxed attitude towards childbirth and newborn care resonated with us.

So hats off to you and Jasmine and the Childbearing Society!

We have told our pregnant friends the only piece of unsolicited advice we

want to give them is to take these classes.

Katie & Michael Larson, and Michaela!



Katie & Michaela



Chris and I are thrilled to announce the birth of our son - **Brixton Douglas McIntyre** - born Aug 13th (yes, Friday the 13th - fortunately we're not superstitious!). He weighed 7lbs 6oz and was 19" long.

Contractions began Wednesday August 11th (38 weeks and 3 days). On Thursday, Aug 12th, my water broke first thing in the morning - that was an experience. I laboured all day at home, going out for breakfast, going for a walk, running errands, puttering around the house getting things organized. By midnight, I was over 5cm dilated and headed to the hospital with Chris and my midwife. Active labour was intense to say the least as apparently Brixton

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was turned on his side with his elbow firmly wedged in my tail bone. I spent much of the next several hours in the shower with Chris spraying my back, and I dilated to 8cm. The last 2cm fortunately went quickly, and Brixton was born at 11:39am on Aug 13th.

Like many of you, we were thrilled with the care received from our midwives and nurses, and the preparation provided by the prenatal classes. We were happy to return to the comforts of home within 24 hours. We've spent the week settling in, figuring each other out, and trying to ward off the well-meaning grandparents! We're completely in love with our little man and look forward to introducing him to you in September.

From Carly, Chris & Brixton



Brixton



Great classes! Very thorough. Appreciated the balanced and fact based approach. Stephanie was an EXCELLENT instructor!

Anonymous



The class of Early Summer 2010

Our little daughter **Imogen** finally decided to join us on 3 July, 16 days past due, and two days before a threatened induction, so we were still able to have the natural homebirth we were hoping for.

I went into early labour on Friday evening after the week 42 consult with the OB (a formality, I think, when you hit 42 weeks), and by the time I could notice them at 9pm, the light contractions were about 7 minutes apart. We decided to go to bed early, but from about midnight I couldn't sleep through them anymore, so the next few hours involved watching some World Cup soccer, doing some prep for the birth, and generally trying to keep ourselves busy.

At 8am we paged the midwife when the contractions were 4 minutes apart, but when she came to check I was only 3cm dilated, so we were instructed to go for a walk, and call her again in a few hours. Off we went to Safeway. Felt very strange to be walking in the street, and having to stop every few minutes or so, have a contraction, and carry on walking. Very surreal, me pacing outside Safeway while Jules did some last minute shopping.

The walk back up the stairs to our apartment did what it was supposed to though, and kicked me into proper active labour. So when the midwife

returned at around midday, I was 5cm dilated and the contractions were between 1.5 and two minutes apart, which is how they stayed for the rest of the birth really.

By about 5:30pm my waters still hadn't broken, so I asked for the membranes be ruptured (family history of very strong membranes). That brought on the final pushing stage, which lasted about three hours. In the end she was born very quickly - the backup midwife literally rushed up the stairs with two minutes to spare before Imogen arrived. We found out that the reason the last bit had been so slow was that she was in what we call her superman (girl?) pose, with her hand next to her face. Anyway, the upside was that my body had lots of time to adjust, and I didn't need any stitches afterwards.

She'll be 2 weeks old tomorrow, and we're loving getting to know her. Looking forward to meeting all the other new arrivals in August.

Regards,  
Gill & Jules



☪



**Focus on:**

**Keeping Twin Birth Normal**

by Jennifer Landels

**I didn't find out I was having twins until thirty-six weeks into my pregnancy.** How on earth could I not know until then?

Well, it was my second pregnancy, so the extra tiredness and nausea I put down to the work of keeping up with a three-year-old. I measured bang-on normal size for dates right up through 30cm fundal height at 30 weeks. The fact I'd always measured slightly small with my first baby didn't clue me in either: after all, second babies often measure larger. And what about the ultrasound? Well, I didn't bother with that. I'm not a big fan of screening tests in general, and since I was healthy and everything about my pregnancy was normal, I saw no reason to subject myself to unnecessary tests.

That simple omission was probably the biggest factor in keeping my pregnancy and birth normal.

If I'd found out about the twins at the usual 18 week ultrasound my pregnancy would have been much different. My care would have been transferred to an obstetrician, and I would have had the rest of the pregnancy to worry about the birth and postpartum. And I certainly wouldn't have taken the holiday in London and Rome that I did at five months pregnant. As it was, I was completely relaxed and unconcerned for most of the pregnancy, and my blood pressure reflected that.

At 32 weeks the midwives and I became a bit concerned when my fundal height shot up to 36cm: four centimetres larger than expected. A bit of palpation turned up a head at the fundus and we figured the singular 'baby' had turned breech, popping herself out of the pelvis where she'd previously been nestled head down. In fact, it was simply the two babies rotating around each other so Isabel, my breech baby, was in front, preventing us from being able to feel Eleanor, who was still snuggled down in the pelvis. But it took some time to figure that out, so I spent the next two weeks between visits doing breech tilts and every other trick in the book to turn 'the baby' head down.

During the next month the mystery continued: Eleanor and Isabel swapped places again, giving the appearance of a head-down baby, but the fundal height continued to grow. Worries about polyhydramnios (excess amniotic fluid) and an anencephalic (small-headed) baby were dismissed by fluid thrill tests and internal exams, and the search for more than

one heartbeat only turned up an identical heart rate that sounded more like an echo than a second baby. Finally, at 36 weeks we decided on an ultrasound to solve the puzzle.

The tears I shed on the ultrasound table, and over the next weeks, were not just caused by anxiety over the impact twins would have on my life. I was in mourning for the home birth I would never have. Now I had to see an obstetrician, give birth in a hospital, and fight to avoid the interventions so common in twin births. My blood pressure shot up ten points on both scales and stayed that way for the rest of the pregnancy.

I considered refusing to go to the hospital. I know my midwives would have attended my labour at home if I'd refused to move, but I didn't want to put them in a position of contravening their scope of practice. I thought about hiring a private birth attendant, who would have done a home birth; but at 36 weeks, I was already considered term, and could go into labour at any moment. I had a great relationship with my current midwives, and didn't feel I had time to develop a rapport with a new one. I decided to pick my battles, and see what I could do to make a hospital twin birth as natural as possible.

Fortunately, because the twins were discovered so late in my pregnancy, my wonderful midwives, Lee Saxell and Linda Knox, were able to continue as primary caregivers with the obstetrician brought in on a consulting basis. They found me a doctor who would work with me and honour my birth plan. Both Linda and Lee attended my birth at St Paul's. They took fabulous care, both physical and emotional, of us afterward, and I was fortunate beyond deserving to have had them at my side throughout the whole time.

With an understanding and flexible obstetrician I was able to labour and give birth drug-free. After five short hours of labour I caught Eleanor myself with Linda's help, and held her on my chest while Dr Bagdan pulled Isabel out feet first. I left hospital later that day with two beautiful, healthy baby girls weighing 8lb 10oz and 8lb 9oz, born at 40 weeks plus 2 days gestation.

*(Continued on page 6)*

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Is there anything I would change? Of course. I would have refused the saline lock put in my hand at second stage. It was unnecessary and was the first true pain I felt during labour. I would have given birth on my hands and knees. This would likely have prevented Isabel from turning sideways after Eleanor was born and allowed me to birth her as a frank breech, rather than having the doctor perform an internal version. The internal version, in which the obstetrician reaches inside the uterus to pull the baby out feet first, was the most excruciating two minutes of my life. But at least it was only two minutes. I would have insisted that Isabel's cord not be clamped immediately, and that she be given oxygen with a bag and mask rather than at the incubator, which wasn't working anyway.

These are minor complaints in the grand scheme of things, especially when I consider what might have happened if I had not had the support of my midwives; if I had been transferred to obstetrical care early in pregnancy; if this had been my first pregnancy; if I had not been so stubborn. I would have had monthly ultrasounds to check foetal growth (ironically, studies have shown more than five ultrasounds during pregnancy is related to decreased foetal growth). My blood pressure would have no doubt been high for the entire duration of the pregnancy instead of just the last four weeks. I would have been encouraged to gain more weight than I did; as it was, I only put on one pound more than I did with my singleton, despite the fact she weighed just under 8lbs and the twins weighed over 17lbs combined. I would have been pressured to have labour induced at 36 weeks. I would have been pressured to have an epidural during labour 'just in case', which likely would have prevented me being able to push Eleanor out on my own. I would have had to spend at least a night in hospital recovering, interfering with my ability to establish breastfeeding in the narrow confines of a hospital bed.

One woman's story is only anecdotal evidence. My experience is not the same as the vast majority of twin mothers' experiences, and it would be absurd to expect it to be. However, what I hope others can gain from my experience is the sense that twin pregnancy and birth is not an abnormal condition but, like breech birth, a variation of normal. I can't suggest you follow the same path I did, as most of it involved serendipity and unusual circumstances, but there are a few general tips at my disposal:

**Talk, talk, talk.** Talk to your caregivers about everything they expect will happen during pregnancy and birth and everything they will recommend. Find out why they expect these things, and why they make these recommendations.

Don't forget your BRA: there are **Benefits, Risks, and Alternatives** to everything.

**Research.** Do your own research. If I'd had more time I would have learned about giving birth on hands and knees to prevent the second baby turning transverse.

**Make a birth plan.** Usually I suggest a one page birth plan, but having multiples warrants one page per baby. Include contingencies. "If X should happen, then I prefer Y". Discuss your birth plan with your caregiver to find out if there are non-negotiable points between the two of you. If you and your caregiver can't find common ground you may want to consider changing caregivers, so write your birth plan early. You can always amend it later if your situation changes.

**Be stubborn.** If something is truly important to you, explain why. Trust your gut feelings.

**Be flexible.** This is not a contradiction to the above. Again, your instinct will tell you when to hang on and when to go with the flow.

Above all, **trust your body and your babies.** Your babies know when to be born and your body knows how to birth them. All the medical technology and expertise is just back up for a normal yet miraculous process.



**✎ Jennifer Landels** is a writer, editor, doula and childbirth educator. When she is not doing any of the above she can be found swordfighting with her partner or horseback riding along the Richmond dykes with her three daughters.



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## Birth Stories

### I'm a Mama!

by Holly Hergesheimer

I woke up at 4 am on July 15th, 2008 to use the bathroom, as I had been doing nearly every hour for several months. I suddenly realized that the mattress was wet. My water had broken. At 34.5 weeks, I was going into labour early. With twins.

We called our OB, and were told to go BC Women's Hospital immediately. Not only were the babies coming early, one of them was side lying. After 38 hours and multiple interventions, Abigail and Beatrice were born with the assistance of an episiotomy and vacuum suction. They weighed 4 and 4.5 lbs respectively, and were rushed to incubators in the neo-natal ward.

Initially, both twins were tube fed, as they had no sucking reflex. The hospital staff suggested breast pumping, and I began diligently pumping every three hours in an effort to stimulate my milk production. After ten days in the intermediate care ward, Beatrice came home and Abigail followed two days later.

#### We need milk!

I was told that because Abigail and Beatrice were born early and underweight, I should not expect them to nurse effectively until they were about ten weeks old. So I pumped milk like crazy trying to increase my supply. Despite my efforts, I

was always just a few bottles short of what the twins consumed in a day. I felt like I was always behind, even though I was on double dose of Domperidone, I was taking fenugreek tablets, and I was eating constantly. We were buying donor milk from the milk bank at Children's hospital to supplement my milk supply, but it wasn't always available. We tried formula several times, but each time Beatrice threw it up immediately. I also developed eczema on my areola, a blocked duct, and mastitis requiring antibiotics. We practiced breastfeeding every day. We tried a nipple shield (initially with a much too small one ... ouch!), but they didn't really like it. I called La Leche and was put in touch with another mom of twins for support. Our family went to the Vancouver Breast Feeding Clinic for advice. Nothing seemed to help.

At the ten week mark, we began trying to breast feed in earnest. But soon after I developed very sore nipples and was told I might have an infection. It was back on antibiotics and back to pumping. A week later we tried feeding again, but it

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Beatrice & Abigail, 2 years old

(Continued from page 7)

just hurt so much that I would really want the feeding to be done as quickly as possible. It was a cycle: it hurt so much I would have to stop them because of the pain. But soon after they were just hungry again.

**What to do?**

I tried everything I could. I had a lactation consultant visit the house. I went back to the breast feeding clinic, and after explaining my level of pain during breastfeeding, I was told I might have Reynaud's syndrome in my nipples. Basically that means that when a baby nurses, the blood vessels in the breast constrict excessively with the pressure, leading to pain, especially when the blood comes back to the nipples after the sucking.

After trying for another day and a half, I decided that pursuing breastfeeding was not good for my relationship with my babies. I was dreading every time they opened their mouths and the feedings were not at all relaxed. I made the tough decision to give up on my dream of breast feeding my babies. I stopped taking the Domperidone pills. I decided to continue pumping, but to gradually reduce the frequency to wean my self off the breast pump. This plan gave us time to find a soy formula that Bea didn't throw up.

Over the next several weeks, I increased the length of time in between pumping sessions by half an hour: from every three hours to three and a half, then four, and so on. I fully expected my milk supply to decrease, but the great news is that it didn't. Every week I still made the same in 24 hours. What a relief! After 20 weeks I was pumping four times a day, half as frequently as the eight times a day when I began. And after drinking my milk, Abi and Bea only needed a few bottles of formula each day.

After seven months I decided to stop pumping entirely. Abi and Bea were becoming more active, and they were no longer content to sit in the exersaucer while I pumped!

My experience feeding Abi and Bea taught me several things I would like to share.

1. Get help early. We didn't think to visit a lactation consultant early enough. Even if you are pumping, a lactation consultant might be able to give you pointers to make the process easier.
2. Consult with your caregiver about medication if necessary. If you do need Domperidone to help your supply it will likely be okay to wean off the meds after a bit. I was so concerned about making milk that it was like a crutch to

(Continued on page 9)



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**Question of the Quarter (1):**

**Q: I have been told I'm likely to have to supplement my breast milk in order to feed twins, but I'd rather breast feed exclusively. Is it possible to produce enough milk for two babies?**

**A: Absolutely! Breast milk production works on a supply and demand basis, so if you provide the demand (two babies rather than one) your breasts will rise to the occasion.**

Be aware that it will take longer to establish your supply than it would with a single baby, simply because you have to create twice as much milk. We expect a singleton to return to birth weight at around two weeks old; twins, however, will probably take at least three weeks to make it back to their birth weight. As long as they appear healthy, do not continue to lose weight past the first few days, and are gaining weight, even if slowly, there should be no need to supplement. In fact you should avoid supplementing with anything (even expressed milk) if at all possible, since the best stimulation for your milk supply is nursing your babies.

It is extremely important as well to nurse on demand, and avoid schedules. Newborn stomachs are tiny, about the size of a chickpea at first, and preterm babies' stomachs are even smaller, which means they need to refill frequently. This means for the first few weeks you will be doing almost nothing but breastfeeding, as by the time you've nursed one baby, the next is ready to feed again. Fortunately, this helps bring your milk in even faster. Eventually you will learn to breastfeed both at once, and your babies will start to synchronize their schedules so that you do get breaks while both are asleep. But for the first while, have someone around to bring you food and entertainment as your hands will be busy full time!

If your babies are very small, they could have trouble latching and sucking, and you may need to feed them expressed colostrum with an eyedropper, syringe or supplemental nursing system (SNS). If this is the case it is still worthwhile putting your babies to the breast, even if they're not accomplishing much. The skin to skin contact and incidental suckling will benefit them and stimulate your breasts to produce more milk.

There are a variety of herbal galactogogues such as blessed thistle and borage to help increase milk production. My personal favourite is fenugreek, which not only increases milk supply but also helps soothe colicky babies. It is inexpensive, free of side-effects, and certainly worth a try before resorting to more expensive prescription medication for increasing milk production. If you encounter feeding difficulties, or your babies take more than three weeks to regain their birth weight, don't delay in seeking help from a lactation consultant. There are many other avenues of breast feeding support in the community as well, including La Leche League and our own postpartum circles and breast feeding clinics. Remember you can also call your prenatal class instructor who is able to offer advice by phone or email, and can sometimes make home visits.

Most of all, persevere. Looking after twins is time consuming enough without having to sterilize bottles and prepare formula. Even though it may not be easy at first, exclusive breast feeding will save you hours of time and provide hours of contentment for both you and your babies. There's nothing quite like the feeling of two little bodies tucked up under your arms and four little eyes staring up at you in rapt pleasure, so enjoy it as long as you can!

✎ Jennifer Landels



(Continued from page 8)

me. It was great to realize when I stopped taking it that my production was ok.

3. Use a high quality double pump.

4. Do double duty. While pumping, you can pass the time reading with a reading stand and watching TV shows on the internet. I also used a telephone headset to catch up on phone calls. I certainly didn't have other time in my day to do these things!

5. Once your milk is established, my experience is that you can decrease the pumping frequency and the milk will just pile up, so you can pump less often and get more rest (for the breast tissue and for yourself).

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6. Get measured if you need a nipple shield. I was told it needs to fit your nipples, not the babies mouths, as I originally thought.

7. Do whatever works for you and your children. Initially, I felt so much pressure about the benefits of breast milk that I felt guilty about feeding the twins formula because I thought it wasn't the best thing for them. But later I came to realize that I tried my best, and reminded myself that many babies drink nothing but formula.

Abigail and Beatrice are now two and a half years old. They are so much fun to be around and life is so much easier, especially as they have become quite good at playing together.

✉ *Holly, Josh, Abi & Bea*

## Multiples, Milk, and Meltdowns (mine, not theirs)

by Emily Hodge

**Some of my best and worst mothering moments have happened when I have been nursing my twins.**

There have been days when I've been ready to tear off my breasts and hand them to the kids so that I can finally get a minute to myself, and then there have been moments when I sink into bed with a baby snuggled on either side of me and somehow all of the stress and worry, the messes and the never ending lists, disappear, leaving me with nothing to do but tuck my nose into their hair and relax.

Breastfeeding has, on one hand, given me incredible freedom, and on the other, really tied me down. Like anything in life, it has been complicated but overall it has been one of the most rewarding things I've ever done.

Jack and Finn were born by caesarean. I was terribly disappointed about it but luckily with two wriggling babies in my arms I had little time to dwell. In fact, thanks to my midwife, they began nursing even before my arms were untethered from the surgical table. Whether or not this made a difference for my babies, it gave me a huge psychological boost. Seeing them trying to latch before the surgeon sewed me up made me feel tough, it was the proof I needed to know that the three of us were going to be okay. In the weeks after the birth, I retreated to this memory a lot. At times it was the only evidence I had that my kids were ready to breastfeed.

Not long after birth, the twins lost more than 10% of their body weight so they were put on a rigorous feeding schedule. They had to be supplemented with donor milk and fed every three hours, which, on paper, seems pretty reasonable but, in reality, it gave my partner Trish and I very little time to eat or sleep. I started by nursing one baby while Trish tried to rouse the other. After about twenty minutes of frustration at the breast, I would feed the next twin while she supplemented the first one. Desperate to avoid nipple confusion we used a combination of finger,

syringe, and cup feeding. When I finished nursing, I would pump for twenty minutes while Trish tended to the babies. Then we'd look at the clock; if we were lucky we'd have half an hour before the next feed.

In the struggle to get our babies nursing I had very little time to bond with them. When I was pregnant I imagined breastfeeding as a fairly simple task. Surely I would pop one on each breast and then take my time to stare at these long sought after children. I dreamed of stroking their noses, and marvelling at their tiny hands and feet, when in reality I could barely look at them as a whole. I was so focused on getting them to latch that, during feeds, all I could see was their two little mouths. When I did get the chance to slow down and enjoy them, I panicked. While tandem nursing I didn't know who to look at first. Was I spending more time gazing at one than the other? And, if I fed one at a time, was the first baby getting less of my attention because I couldn't help but fuss over his brother who was crying and waiting to be fed?

Our family was lucky. Sure, the first two weeks were way harder than I could have imagined, but we had a whole entourage of support and they all believed that we could exclusively breastfeed. Our midwives always walked through the door at the right time. They were great breastfeeding cheerleaders, they

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knew when to push us, and when to let us find our own way. It was clear that they trusted our parenting instincts and in doing so they bolstered our trust in ourselves. Our doula shouldered a lot of our stress and worry. For the first week we were home she would arrive at our place armed with kind words and newborn baby tricks. She'd write us a breastfeeding and pumping schedule for the next 24 hours, which balanced our need for rest with the kids' need to gain weight. Without her we would have cracked. And, while Trish and I cared for Finn and Jack, our parents took care of us. Meals, shopping, and laundry were all taken care of. Those first weeks after the birth felt like a barn raising - midwives, doula and family - the support we had was invaluable and because of it the twins gained enough weight and we had the opportunity to establish a successful breastfeeding relationship.

Back at their birth weight, Finn and Jack started to nurse every minute of the day. To accommodate my hungry babies I set up camp on the couch with my EZ2Nurse pillow, which is designed specifically for twins. With the pillow I could latch one on and still have hands available to help with his brother; and when they fell asleep they were close enough that they felt like they were being held and I could read my book. It turns out I didn't have to worry about bonding. Stuck under a pile of babies I had plenty of time to marvel at them. Those months on the couch gave me the opportunity to study each of their faces, to memorize their wispy hair patterns, to watch their personalities emerge from their growing bodies; finally I was seeing them as individuals.

As newborns, Jack and Finn woke every couple of hours during the night to nurse. Still dependent on the pillow, Trish and I would move to the living room to feed them. Having to get up added a lot of time to the breastfeeding sessions, and while I remember those sleepy moments as a family fondly, when I finally got the hang of nursing lying down, wow, did we sleep. Co-sleeping has enabled me to feed the twins on demand and still get the rest I need. It helped us weather the frequent waking of growth spurts, sickness and teething.

Learning to tandem nurse without the pillow was another milestone; being out in the world again was liberating. In the beginning, feeding them both in public was pretty revealing, but it was worth it and I soon learned to be more discreet. I was worried that with twins it would be too hard to continue doing the things I love - camping, hiking, and paddling - but thanks to breastfeeding, it hasn't. Nursing in a tent is as easy as at home, there's no fiddling with bottles and no need to worry about bears in search of a midnight formula snack. We are able to hike and paddle too; not having to sterilize water, or pack a lot of extra food for the kids makes being outdoors with them manageable.

My frustration with nursing is often highest when the twins need it the

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**Question of the Quarter (2):**

**Q: I'm expecting my third baby and am wondering what it will be like to add a singleton to the mix. My twins are such a duo; I'm having a hard time picturing what it will be like for the little one to grow up in the twin shadow.**

*A: Twins do seem to garner more than their fair share of attention, whether it's from passersby who seem magnetically drawn to doubles, grandparents who are delighted to each have a baby to hold, or parents who feel they're twice as busy as all their peers attending to the needs of multiples. But remember almost all attention twins receive is divided in half.*

Your singleton, on the other hand will have so many benefits. You are now an experienced mother: you've had not one, but two older guinea pigs on whom to practise trial-and-error parenting. If we're to feel sorry for anyone it's for all those first-born singletons out there who have had to bear the brunt of our early tries at the parenting gig.

Breast feeding a single baby will be a breeze in comparison, and you'll be able to gaze as long as you like into those newborn eyes without feeling you have to keep switching your focus from one baby to the next. You'll be able to practise baby-wearing full time - something you can only do with twins when your partner is home too - and you'll be able to sit on the floor playing with your toddlers while nursing your baby in one arm. Just imagine what a fabulous hot-house of love and sensory stimulation this new baby will be born into.

Don't worry too much about your twins either. Most older children feel some normal resentment and displacement at the birth of a new sibling, but for twins this road is so much easier to travel. They have been used to sharing your attention since birth, and going from half to a third is not nearly as hard as going from all to half. Plus, they always have each other, which is no small thing.

There will of course be quandaries that come up when you have three children, only two hands, and only two parents. You will always feel you are balancing and juggling who sits where, who holds whose hand, and so on. But these are issues for any family with more than two children, regardless of birth order.

Enjoy the one-baby time you'll have with your singleton while her siblings play with each other. Just beware of periods of unusual peace and quiet in your household, perhaps punctuated by distant giggles. It usually means your twins have decided to re-decorate the bathroom with wads of wet toilet paper while your attention was elsewhere!

 Jennifer Landels

(Continued from page 10)

most – sickness, teething, and growth spurts. Even with all the nutritional, emotional, and immunological benefits there have been many times when I've been ready to wean. Finn and Jack went through a biting phase. It was like nursing two piranhas. Trying to respond to the biter without lumping his brother into my fury was a challenge, though I much preferred it to the double biting. After the biting came the twiddling. It gives Jack great comfort to roll my skin between his fingers as he nurses. The addition of that stimulation to tandem nursing makes my skin crawl; even without it, sometimes tandem nursing is stimulation overload. During these times, Trish will rub my feet so that I can focus on something other than my overwhelming need to push the babies away.



Emily, Finn, Jack & Trish prepared for a Hallowe'en prow!

I never imagined that breastfeeding would be so fraught, that I could both love it and hate it at the same time. Most days I couldn't imagine raising twins without breastfeeding. Even now as they approach their second birthday, it is my greatest parenting tool. Nothing calms a wild toddler, or soothes twin fight like breastfeeding. From it my kids and I have developed a closeness that is unbreakable. The trust we have in each other, the comfort we all take in those slow moments together is like nothing I have ever experienced. While breastfeeding doesn't come without its challenges, I have learned and gained so much from it that I wouldn't have it any other way.

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✎ *Emily Hodge* feels lucky to be a stay at home Mom to her toddlers, Jack and Finn. In her spare time, she also works as a birth doula.

### Double Trouble: tips for parenting twins at any stage

**Newborn:** Have plenty of help on hand. You need an extra pair of hands all the time, probably at least for the first month. Babies were meant to be held, and you have only one pair of arms. A helper can bring you one baby while you're already nursing the other, take one away to change a diaper, bring you food and drink, do laundry (twins generat a LOT of laundry) and answer the door (ever try answering the door while you've got two babies latched on at once?). Also, a double nursing pillow will save your back and your life.

**Sitting up:** This is when swings, exersaucers and jolly jumpers are invaluable. I wouldn't bother with most of these gadgets for a singleton, but sometimes you just need to keep one baby safe and entertained while you deal with the other. Also keep an umbrella stroller and a front carrier in the car at all times. If your car breaks down and you have to walk you can safely transport both babies.

**Crawling:** Oh you're in trouble now. Invest in baby gates.

**Walking:** This is where things get easier, believe it or not. Now one toddler can stand while you buckle the other into a car seat. If you have an older child, train all your kids to hold hands in public now — it makes tracking and round-up easier.

**School age:** Let them choose their own clothes. That way when they dress alike and confuse people it's not your fault. Don't enforce individuality. Sometimes they'll want to be alike, sometimes they'll want to be different; but if you can convince them they like the same extracurricular activities you'll spend a lot less time chauffeuring.

**High school:** Okay, I'm out of advice here. My partner is considering getting a shotgun and a rocking chair and parking himself on the front porch to keep young men at bay, but short of that ... Help?

✎ JL



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<b>Birthing Buddies Childbirth Services</b> 604-928-2334 <a href="http://www.birthingbuddies.com">www.birthingbuddies.com</a>
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<b>New &amp; Green Baby Company</b> 604-323-4145 <a href="http://www.newandgreen.com">www.newandgreen.com</a>
<b>Room For Two Baby &amp; Maternity</b> 1409 Commercial Drive, Vancouver 604-255-0508
<b>Wee Ones Reruns</b> 604-708-0956 <a href="mailto:weeonesreruns@shaw.ca">weeonesreruns@shaw.ca</a>
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**Community Resources**

<b>Information and Counselling</b>
BCW Breastfeeding Clinic 604-875-2424
BCW Lactation Consultants 604-875-2282
Breast Milk Bank 604-875-2345 Ext 7607
Dial-a-Dietician 604-732-9191
Family Place (Westside) 604-738-2819
Family Place (Eastside) 604-255-9841
<a href="http://www.eastsidefamilyplace.org">www.eastsidefamilyplace.org</a>
Family Services of Vancouver
1616 West 7 <sup>th</sup> Ave 604-731-4951
202-1193 Kingsway 604-874-2938
Infant and Child Seat Information
BCAA Consumer Service 604-298-2122
604-298-2755
Safe Start Programme 604-875-3458
ICAN Vancouver 604-734-4226
Post Caesarean Birth Support 604-433-5827
La Leche League <a href="http://www.LLLC.ca">www.LLLC.ca</a>
Newborn Hotline 604-737-3737
Pacific Postpartum Support 604-255-7999
Parents in Crisis Line 604-669-1616
Support for Grieving Parents
BC Children's Social Work 604-875-2345 Ext 7358
BC Women's Social Work 604-875-2424
Ext 6161
Vancouver Breastfeeding Clinic 604-738-1912
Volunteer Grandparents Assn. 604-736-8271
Westcoast Family Resource 604-255-9568
<b>Prenatal Classes</b>
Lower Mainland Childbearing 604-878-1031
<b>Doula Referrals</b>
Doula Services Association 604-515-5588
<b>Vancouver Coastal Health</b>
Vancouver Health Department 604-875-6381
Evergreen Health Centre 604-872-2511
North Community Health Office 604-253-3575
Pacific Spirit Health Centre 604-261-6366
Raven Song Health Centre 604-709-6400
South Health Office 604-321-6151
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