

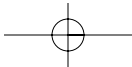
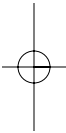
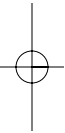
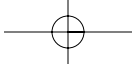
PART ONE



The Adventure Begins

In Part One we will explore the experiences of mothers who find themselves pregnant while nursing. Thus this book begins where many women do: making a decision about continued nursing or weaning when pregnant (Chapter 1). For mothers who wish to continue nursing we make a priority out of getting enough rest and self-care (Chapter 2). Pregnancy changes a mother's breasts—and giving birth changes them yet again; we will look at discomforts that may arise (Chapter 3) and how mother's milk changes (Chapter 4).

The next chapters are a blend of relationship and practical issues, as each person shifts to accommodate the demands of a new baby—and the breasts undergo their own metamorphosis. You will transform into a mother of another (Chapter 5), you may need to fend off doubters (Chapter 6), fortify your parenting team or prepare to fly solo (Chapter 7), and arrange your nurslings at your breast (Chapter 8). If you are adopting your second nursling, the special aspects of your tandem nursing experience are discussed in Chapter 9. Along the way, you or your nursling may need to make adjustments to breastfeeding (Chapter 10). Most importantly of all, you will be looking for ways to support your older child in becoming a sibling (Chapter 11).





Chapter 1

Pregnant Pause: To Nurse or Not?

When making choices around pregnancy and breastfeeding, parents must often stretch their understanding of complicated medical issues, explore their own parenting values, and define how breastfeeding fits into family relationships. What a challenge! And what a meaningful one! The responsibility of it all can be overwhelming, but it is an important first step toward preparing the way for your newest family member.

As you consider breastfeeding during pregnancy, and tandem nursing, you may explore and weigh many variables.

- *Body wisdom* is fundamental to all breastfeeding and pregnancy decisions. Body wisdom is an expression that simply identifies your unique and intimate awareness of your body's patterns and needs. Since you know your body better than anyone, including your history of pregnancy and breastfeeding, you can use this intuitive knowledge as a compass to help you navigate your way through the decisions you will make.
- Breastfeeding must be considered within each unique *mother-child relationship*. During pregnancy your body is changing, your feelings and needs are changing, and a tiny third party has a claim to your body as well. Important changes continue to occur after the baby arrives. As you sort through your older child's needs and wants at the breast, you will also need to maintain balance between your own needs and those of your fetus or newborn.
- You will need to *find a compatible caregiver* and inform yourself about what the worlds of medical research, obstetrics, and midwifery have to say about breastfeeding concurrent with pregnancy.
- *Take stock of your resources*. Do you have access to the rest, nutrition, and support you will need to make milk, grow a baby, and enjoy your pregnancy or newborn? Breastfeeding an older child can allow fatigued mothers to make the most of couch-bound mothering, but good self-care is essential.
- You may do well to consider a range of possible ways *pregnancy can change breastfeeding*. From tender breasts to dwindling milk, pregnancy changes breastfeeding—and the birth of the new baby can spark new changes. Mothers and children may wean, un-wean, and wean again, making loop-de-loops out of breastfeeding-as-usual.
- If you have a *parenting partner*, it is important to know how your partner feels about breastfeeding during pregnancy and tandem nursing. Your partner also has a stake in the well-being of all three of you, and you will benefit from this important person's support in order to make tandem nursing work well.

Bear in mind that you cannot completely control the outcome of either pregnancy or breastfeeding. Some pregnancies

are complicated, regardless of breastfeeding. And sometimes developments in the pregnancy can lead to weaning even when you plan to continue nursing. Weighing the various issues as you understand them, and seeking support as you need it, will help you make balanced choices for your family.

This chapter is designed to help you weigh your child's needs and your own within the breastfeeding relationship, to explore the cultural and biological sides to breastfeeding decisions during pregnancy, and to offer some tips for making a good working decision. The issue of body wisdom interweaves through every chapter. The fetus' needs are the main focus of Chapter 12.

Weighing Needs on Both Sides of the Breast

Balanced decisions around breastfeeding are relationship-based and place value on how both mother and child are feeling.

Appreciating Your Child's Needs at the Breast

As long as you and your child are enjoying breastfeeding, your child is benefiting from breastfeeding. Mother Nature intended children to breastfeed for years, not months—this is a clear pattern when it comes to traditional cultures, and is in keeping with our primate biology.^{1,2}

Because of our large brains, humans are born early with respect to our mental and emotional development, making it all the more important that a small child have the physiological and emotional benefits of breastfeeding in the early years. From a biological perspective, breastfeeding is to early childhood development what the umbilical cord is to the fetal months.

Many mothers who start breastfeeding with few long-term intentions come to find a growing appreciation for the physical and emotional benefits. Some mothers talk about their own instinct taking over and they start to ask: "Why wean?" Many mothers gain trust in their child's natural weaning process by reading Diane Bengson's *HOW WEANING HAPPENS* and Norma Jane Bumgarner's *MOTHERING YOUR NURSING TODDLER*. Bumgarner writes:

Breastfeeding is part of your mother-child relationship, and therefore the needs of both of you deserve careful consideration.

We have been schooled to think of nursing as a bad habit that will go on forever if we do not somehow eliminate the opportunities for nursing and get the child to forget about it. But nursing is not a sneaky way little people have of dominating adults. Rather it is the manifestation of infantile needs in the growing child. When children wean spontaneously it is not because they forget about it, but because they outgrow the need.³

A small child's focus on his mother and on breastfeeding reflects the development of a strong primary attachment. As a baby matures into a toddler and beyond, breastfeeding remains a vital link to his or her starting place, giving the child a wonderful way to check back into home base as he or she gains independence in the outside world. The need to sometimes be "the baby" and the desire to soak up the secure connection with mother are of great importance and should not be rushed. Breastfeeding is often a young child's first choice for meeting these emotional needs. If weaning occurs too soon, it's of great importance that you help your child meet these needs in other ways.

Children have an innate drive toward independence and growth, governed by an inner clock. This is why, despite the pleasures of breastfeeding, no child nurses forever. In truth, all children outgrow the need to nurse, just as surely as they outgrow their preference to spend most of their time with their mother. Each child has an individual timetable that may range from two years to four years or more. Trust yourself and your child to negotiate a mutually agreeable stopping point that may be sooner—or later—than a stated formula suggests.

It can be disorienting the first time you find yourself considering a parenting choice that is at odds with social norms. Many mothers remark that they first thought tandem nursing was "way too strange" before their own path brought them a new pregnancy before they were ready to wean. This mother had to sort through many negative social attitudes about nursing toddlers when her weaned toddler asked to nurse again.



It felt totally wrong to me to let Zachary nurse. Through reading and the great people at LLL, I found out that lots of moms tandem nurse, that it was okay to "mother" my toddler at the

breast. I realized that most of my feelings against it came from a society that saw the breast as something sexual so breastfeeding an older child was taboo. Looking at the source of my discomfort made me realize that I was not doing something sexual with my son, I was feeding and comforting him with a breast that was made to feed and comfort children. This made so much sense to me. Zachary just needed to know that his security was still there, that it didn't go away when the new baby came.

Donna, Alaska

For some parents, learning about their child's need for breastfeeding is part of learning about the parent-child relationship.



When I became pregnant, my husband and I agreed at first that it was better to wean (for the growing baby inside, for me, for Jarom). Our families seemed critical, concerned about my health, even said it was gross to nurse a toddler and a baby. Recently, my husband and I have had some serious, emotional, even tearful conversations about what nursing means to our son and how weaning could affect him. It is very special to be this in tune with each other and our son about this. We are thinking that absolute weaning is not the way to go. Jarom still nurses several times a day, and we are tentatively planning to leave the initiative for weaning up to him.

Quincy, Oregon

Breastfeeding confers unique nutritional and immunological benefits well into the second year and beyond. (See "The Nursling's Health" in Chapter 12.) Many mothers find that breastfeeding leads to fewer illnesses and quicker recoveries; during illness breastfeeding may be the only nourishment that a child can keep down, and human milk contains antibodies to the bug that you both have been exposed to.

If the breastfeeding relationship comes under strain, for any reason, an adjustment in breastfeeding may be in your child's best interest. But no mother should feel obligated to wean on someone else's timetable. The physical and emotional benefits of breastfeeding continue as long as the breastfeeding relationship is a positive part of the mother-child relationship.

Taking Your Own Needs into Account

During the tender early months a baby's wants and needs are inseparable, and mothers often sacrifice their own comfort, convenience, and even their own needs if they feel their child requires it. As the baby grows into a toddler, the mother's needs remain intertwined with her child's, but the boundaries shift. The more time passes, the more the mother can find opportunities for self-care so that she can continue to be a happy mother to her child. Meanwhile her child's own development leads bit by bit away from the total dependence of babyhood. With baby steps like this the relationship evolves from one of symbiosis to one involving two independent but passionately connected people.

Many times you can reap big dividends from continued breastfeeding during this process. How else can you meet your active child's needs while putting your feet up? What else stops a tantrum in its tracks? The immune boost can spare you much caregiving of a sick child, especially during winter cold season or when traveling. And when dreaming of a new child, breastfeeding can help you stay connected to your older child and keep reminding you that big brother or sister is little, too. And of course meeting your child's needs with your own body can be profoundly satisfying and empowering as a mother. These factors combine to make breastfeeding quite a powerful tool for the expectant mother.

But what if your readiness to decrease breastfeeding outpaces your child's? As one of my tandem nursing friends, Jenny Lou, said, "Once you get used to putting yourself to the side, when do you put yourself back in?" Holding onto an awareness of our own needs keeps the breastfeeding relationship real and alive while it continues, and allows it to come to a close when it is time to move on to other ways of sharing affection.

Just as mothers need not respond to society's pressure to wean by a particular age, mothers do well to honor their own place within the breastfeeding relationship and take part in decisions about breastfeeding and weaning. Particularly when pregnancy overlaps with breastfeeding, mothers sometimes feel the need to make more drastic changes in the breastfeeding pattern than they might otherwise have preferred. Living free of



pain, agitation, or nausea are important well-being issues, not to be dismissed lightly. Similarly, a mother must also feel she is caring adequately for her fetus and herself during pregnancy, which adds a new dimension to breastfeeding decisions after conception. When a woman feels good in her body, she can mother from a place of contentment and wellness.

And tandem nursing is not something to enter into lightly, or to feel obligated to continue once you start it. Tandem nursing requires a significant investment of time, energy, and patience, and works best when you are truly up for it. One of La Leche League's Founders, Viola Lennon, had 10 children closely spaced; when asked how it was that she had never tandem nursed, she replied simply, "Because Mother Vi didn't let it happen."⁴

If you are torn about what is in the best interest of yourself and your child, you are not alone. Weaning questions come up for many pregnant and tandem nursing mothers. In *The Breastfeeding Book*, pediatrician and author Dr. William Sears

describes the give and take of this decision during pregnancy:

Your toddler's emotional needs may be telling you to avoid weaning her before her time, while you yourself may be struggling with continuing to satisfy her needs at the breast. This is quite normal. Some mothers persist, despite these feelings, knowing how important nursing still is to their child, although they may set some limits on the length of feedings or night nursing. If you're beginning to feel increasingly drained (physically, emotionally, and perhaps nutritionally), then it's time to find other ways to meet your child's needs.⁵

Breastfeeding—and weaning—decisions are intensely personal, and you are the expert on how your needs and your child's figure into breastfeeding decisions.



Learning to trust my inner voice was a hard thing to do—but a must. No matter what anyone says, even my husband, I have to listen to myself. After all, I'm the one who is doing this; it's my body and I have to live in it. When I was trying to do what I heard other mothers had done, I was wearing myself out and losing my temper all the time. Once I realized that I had to give up on tandem nursing and I went through with it, I became a better mother. Seems to me that the advice of other mothers or experts is good for helping you carry out your decision in the best possible way—not for actually making the decision.

Catherine, Washington DC

In some cases weaning may be for the best even when a child is adamant about continuing. Investing in other ways of sharing your love for each other and approaching weaning empathically (see Chapter 10) will help your child rebound. Remember that your love will be the continuity that carries your child beyond the breastfeeding period and into the next phase of childhood. You can mother compassionately without feeling obligated to provide a particular length of breastfeeding or strictly child-led weaning.

What's the "Natural" Thing to Do?

Breastfeeding under the conditions our ancestors knew for millennia most likely created a birth spacing in sync with the child's dependence on his mother's milk. In a 1990 report, the World Health Organization stated:

It is highly unlikely that a lactating woman will become pregnant before her child has begun to be weaned. Usually, it is only when the child is receiving significant amounts of complementary foods, and therefore the frequency and intensity of sucking has decreased, that she becomes pregnant again.⁶

If the child is already weaning before the mother becomes pregnant again, then there may be less motivation to continue breastfeeding. In most traditional cultures, then, it is not surprising that pregnancy is a time for weaning, since a mother would rarely have become pregnant unless her child's need for her milk was waning. In his *Comparative Study on Reproduction*, Yale anthropology professor Clellan Ford, PhD, examined ethnographic accounts of 64 traditional cultures, and he remarks:

Time after time the ethnographer reports almost in the same sentence—a child is nursed until it is three years old, when the woman becomes pregnant.⁷

How Common Is Weaning during Pregnancy?

Weaning during pregnancy is made even more likely by the fact that many traditional cultures have taboos against breastfeeding during pregnancy, and many have rules against having intercourse during breastfeeding in the first place. In some cultures the mother may wait to initiate pregnancy-related weaning until several months into the pregnancy.⁸

And pregnancy hormones seem to drive weaning in many cases, too. A set of physiological and psychological hurdles tends to arise against continued nursing through pregnancy, like changes in the milk and maternal pain and agitation. In one study of La Leche League mother-child pairs who started out

The struggle of weaning during pregnancy—and a glimpse of tandem nursing—in the Himalayas

One of the most detailed descriptions of breastfeeding decisions during pregnancy in a nearly traditional culture involves the people of East Bhutan in the central Himalayas. Bhutan has been ranked by the United Nations as one of the least developed in the world. In a remote part of Bhutan known as the Wamrong district, a doctor and researcher named Erik Böhler, PhD, MD, lived and worked for eight years in a medical outpost in the 1990s. The Tibetan Buddhist families in his area maintain an agricultural society that reaches back countless generations. Böhler became interested in the decision-making process around weaning and pregnancy in these families when he noticed that many of the sick toddlers in his care had a pregnant mother. His research on these families revealed that pregnancy-related weaning, which often occurred abruptly, placed the children at considerable health risk.

To learn more about the mothers' decisions about how, when and why to wean when a new pregnancy came along, Böhler interviewed the mothers in their own language. His interviews revealed that weaning was often a struggle in these families.

The mothers told Böhler that open-ended, child-led weaning is by far the preference in East Bhutan, and there is no upper limit of age



(even twelve is fine). The mothers prize human milk as best for the child, a life-giving and wholly positive substance, and something which rightly belongs to the child; mothers express “an obligation, and a wish, to breastfeed ‘as long as possible.’”

But the mothers also say: “Breastfeeding should continue until the mother gets pregnant,” and this is how things usually go. Most children are enjoying the last sips of their mother's milk over their mother's swelling belly, usually at age three or older.

The mother may consider going against this typical pattern when the birth interval is unusually short, particularly if the mother feels the child requires human milk to grow and stay healthy, or if the child is very reluctant to give it up. The mother is not obligated to wean immediately, but must weigh her various options and risks in order to make the best choice for herself, her nursing, and her fetus as her pregnancy progresses.

One mother describes her choice to tandem nurse:

I once gave birth to two boys, with only 13 months between them. The first one was so small when I got pregnant again, that he could not be weaned. I had to breastfeed him all

through the next pregnancy. While I was pregnant he almost did not grow at all. Then his younger brother was born, and I breastfed them both together for 8 to 9 months. At that time the eldest had recovered completely, and was again big and strong. So I sent him to stay with my parents for four days, in order to wean him.

With such a value placed on breastfeeding, why wean during pregnancy? Breast pain is the number one reason they cite for weaning during pregnancy, and mothers often note the added problem of diminished milk supply. But cultural beliefs also discouraged continued breastfeeding. Human milk is thought to retain value during pregnancy—that is, until it “rots.” Diarrhea in the child, or a yellowish appearance to the milk, can be interpreted as signs that the milk has spoiled. Diarrhea in the nursing child was the second most likely cause for pregnancy weaning, because it was thought that pregnancy caused the milk to rot, and diarrhea can be life threatening to children in East Bhutan. The colostrum-like milk of late pregnancy may have a laxative effect, which could contribute to fears that the milk may be causing diarrhea. One mother explained how this belief figured into her decision to wean:

I know from previous experience that my milk can rot when I get pregnant again. But because the children like it so much, I used to let them suckle as long as possible. I am now four or five months pregnant. Five days ago my 18-month-old daughter got stomach pain and diarrhoea. I tested the color of my milk by squeezing out a little in my hand. It was yellow. I thought it was rotten, and that this was the rea-

son why my child fell ill, so I stopped breastfeeding. The child recovered the next day. I stopped breastfeeding abruptly, which is best. If it is done gradually, the child will never accept it.

In the last two months of pregnancy there arises a third reason to wean: conserving the milk for the baby’s postpartum milk supply. The nursling would be “stealing milk which now rightfully belongs to the little one, and should be saved for him/her.”

Pregnancy-led weaning may be the norm in East Bhutan, but that doesn’t mean it is a simple decision—or one that is always carried out.

Even though pregnancy-led weaning is the social norm, the mother may experience much anguish and indecision if she feels the child is not ready. Conflict between mother and child characterizes this transition, and many mothers describe great difficulty in imposing weaning on a reluctant child. Some mothers try to give up several times before

finally weaning, a contentious give-and-take between mother and child. The mother attempts to verbally dissuade the child from nursing, and she may also employ physical methods, such as applying a nauseating mixture of ash and water to the breast, which usually results in weaning on the first day. One child subjected to this method persisted in nursing despite vomiting for three days, until her mother finally gave up and permitted nursing to continue.

After the child weans, however, there is no going back, for fear that “then she would only come into the habit again, and it would never stop.” At weaning the child undergoes a major role-shift in the family. The weanling no longer gets to sleep with the mother, no longer has undisputed right-of-access to the mother during the day, and soon thereafter the child gets a first hair cut. The baby days are over.⁹



“highly motivated” to nurse through pregnancy, 57 percent ended up weaning (half initiated by the mother and half by the child). Breastfeeding research pioneer Niles Newton, PhD, proposed that these changes constitute a weaning mechanism in humans, as has widely been postulated for other mammals. Mother-initiated weaning (usually abrupt) is a common occurrence before or during pregnancy for humans, and in the larger world of mammals.^{10, 11, 12, 13}

Still, in some cases, pregnancy-led weaning seems premature or unnecessary and both mother and child may try to push past the impediments to breastfeeding during pregnancy. When the baby is still dependent on his mother’s milk, then health and nutrition factors may be a big concern. Also, some children are

particularly enamored of breastfeeding or are persistent by temperament; these factors can increase motivation for both mother and child to avoid weaning if possible. Thus in some cases, even in areas where prohibitions against breastfeeding during pregnancy exist, immediate weaning does not necessarily ensue.

How Common Is Breastfeeding during Pregnancy?

We still do not know very much about how often and how much breastfeeding overlaps with pregnancy in developing countries. The World Health Organization has noted that in many developing countries pregnancy is one of the most common causes of weaning, but immediate weaning does not always occur.¹⁴ These data from past decades illustrate this point:

- In the 1970s about 70 percent of the pregnant mothers in the urban poor and rural groups in India who were pregnant were still breastfeeding.¹⁴
- In Senegal in the 1970s 30 percent of mothers in one study became pregnant while breastfeeding, and 62 percent of these mothers were breastfeeding at 3 months, 19 percent at 6 months, and >4 percent into the ninth month of pregnancy and beyond.¹⁵
- In a 1980 study, 12 percent of Bangladeshi mothers became pregnant while breastfeeding; of these, 45 percent were still breastfeeding during the sixth month of pregnancy and almost 20 percent continued breastfeeding into the ninth month.¹⁶
- In a 1990 study in rural Guatemala, 50 percent of mothers overlapped breastfeeding and pregnancy, with 41 percent breastfeeding into the second trimester and 3 percent in the third trimester.¹⁷

Tandem nursing statistics are even scarcer. The practice may not be common in any country, but isolated reports from Papua New Guinea, Mali, and Mongolia make it clear that tandem nursing does occur in some developing countries.^{8, 18, 19}

As for Western parts of the world, breastfeeding during pregnancy and tandem nursing are essentially invisible in the mainstream. And yet, anthropologists have pointed out that

breastfeeding-friendly subcultures within Western cultures have distinct approaches to maternal care. Indeed some of these subcultures have many aspects more in common with hunter-gatherers than with the larger culture in terms of time spent breastfeeding and amount of physical contact.²⁰ In these circles, breastfeeding during pregnancy and tandem nursing can be quite common. Indeed, according to as-yet unpublished data from the studies of Kathleen Kendall-Tackett, PhD, IBCLC, and Muriel Sugarman, MD, in a group of 179 American La Leche League members who had breastfed for at least six months, a majority of mothers (61 percent) had breastfed during pregnancy and 38 percent had tandem nursed.^{21, 22, 23}

These pockets of tandem nursing may be purposely kept invisible to the mainstream. The current social stigma against nursing older children drives many mothers nursing older children to keep it to themselves—and many tandem nursing mothers reveal their older child's nursing only to a carefully selected few. Only when Western cultures fully awaken to the benefits of long-term breastfeeding—and when there is more directed research—are we likely to learn the prevalence of breastfeeding during pregnancy and tandem nursing in Western countries.

What Defines “Normal”?

So on a global level we have some that do and some that don't: who's right? There are so many factors that contribute toward individual mothers' choices that it is difficult to prescribe any one decision as best overall. Each mother makes her own judgments as to how natural a fit breastfeeding during pregnancy or tandem nursing is for her unique family situation. Some see indications for continued breastfeeding:



I got my period back when Elida was still feeding 6 to 10 times a day, including a few times at night. I decided that if my body was ready to get pregnant while breastfeeding—then maybe it was all right to continue breastfeeding through the pregnancy.

Anthea, New Zealand

...and some see cues for weaning:



As my children and I all get older, I am more and more convinced that nature is well designed, and that development follows smooth patterns toward self-fulfillment.

In my husband's Aboriginal community, the toddler moved to the father's hammock when the next baby arrived.

I have also noticed a real pull to the outside world and a stronger connection with the father when a baby becomes mobile, but especially when s/he becomes verbally competent. Perhaps it is because the toddler no longer has to depend on the mother, who is most in tune with the baby's needs and can respond most completely to them. Now the toddler can ask for food or cuddling and can seek it out.

I wonder, then, if it isn't developmentally appropriate, in the mother's relationship with her two children, to shift from a child who increasingly needs space to stretch his or her skills and opportunities to explore, and to turn to an entirely dependent fetus and then newborn. The way a mother adapts to her changing toddler as well as her pregnancy can set the stage for a wonderful new set of relationships.

I often wonder if that horrible feeling I have at the end of pregnancy (just wanting to get it over with) might be the signal that I am going through a mental and emotional shift—I want the baby out of my belly, where I can hold and nurse her. In the same way, that feeling of angst during nursing when I am pregnant might be to help me adapt to a changing relationship.

I do think it is a beautiful gift when we offer a new sibling to an older child. There is no better way to learn about relationships than to know you can be loved and cared for by many people, to be "seen" and "heard" in different ways. My children always know things about each other that I haven't yet discovered.

Jo-Anne, New Brunswick, Canada

To have an experience outside the norm is no less natural or appropriate than taking more prevalent options, as long as your choice is in line with your body's messages and your understanding of your situation. No other species has evolved with such a voluntary component to behavior, and like the large

The important
question is:
What feels
most natural to
you?

Look closely at
what is going on
with your child,
carefully
consider your
own needs, get
support, explore
all options, and
start
somewhere!

brains that make these complex choices possible, human choice is a key component to human adaptability.

Reproductive choices, from choosing a mate to how we nurture our children, may spring from a complex blend of biology and culture, and it can be fun to explore these pieces of the puzzle. But ultimately, like other women throughout human history, we must do what feels right, deep in our gut.

How Will I Ever Make a Decision?

Sometimes pregnant or tandem nursing mothers find themselves stuck in a bonafide weaning dilemma, where neither breastfeeding nor weaning seems workable. For the relationship to move forward, mothers need to be “happy with weaning or happy with nursing,” as Norma Jane Bumgarner wisely advises. Conviction that your course of action is for the best will allow you to surmount any obstacles and proceed in your relationship with your child with consistency and an open heart. Coming to a place of confidence can’t always be rushed, but with gentle support you can explore your options and find your way to the best course for your family.

Get Support for Your Decision-Making Process

Breastfeeding decisions must be relationship-based decisions. For this reason they do not lend themselves to simple formulas either for or against continued nursing, and other mothers’ choices can provide information but not a model for our own solutions. Each family has a different set of thoughts, feelings, and circumstances to weigh. As you explore your thoughts and feelings, you will want to select people who can encourage and support you, and who convey confidence in your mothering judgment.

It can also be a tremendous help to learn from the experiences of those who have breastfed during pregnancy, tandem nursed, or wrestled with a tough decision around weaning. Only people who have been through their own challenges of this type can fully imagine the forces pushing and pulling at your heart at this time. Making these social connections during pregnancy will also serve you well after the baby comes, when you may be

acutely in need of insight, humor, and reality checks from others who have been there. Tandem nursing mothers usually love to share the ups and downs of their experiences and support others who are considering it.



At the La Leche League party held the year I was pregnant, my husband and (toddler) daughter and I happened to sit down at a table where both of the other families were tandem nursing. None of us had ever met before. They each had two children, 23 and 25 months apart. My two were going to be 24 months apart! You can bet I pumped their brains. They told me things like, "I was surprised how huge my toddler looked after the baby was born." "I was afraid of the toddler's teeth." "I irrationally thought I had to 'horde' as much milk as possible for the baby." But they all were glad they were tandem nursing. I was happy to hear these things, so that I would be emotionally ready when similar thoughts crossed my mind.

Pamela, Washington

Face-to-face connections are ideal because of the warm and personal support that women can offer each other. A group of women sharing experiences can generate a great deal of energy, inspiration, and solutions to problems. Telephone support can be a godsend for the mother who isn't in a position to set up to a play date or attend a meeting. Online options are perfect for the mother who can breastfeed one or both children while typing away at the computer, or who finds herself up at 3 AM with worries on her mind.



Having the support of LLL and numerous friends successfully tandem nursing really prepared me well for the experience. I honestly think I was not surprised by anything.

Gina, Indiana

La Leche League may have a local Group meeting near you, and going to a meeting could be a wonderful way to connect with other breastfeeding mothers. In some LLL Groups tandem nursing is quite common and in others less so. Regional conferences bring breastfeeding mothers from miles around. Such



conferences often have a session on breastfeeding during pregnancy or tandem nursing, or a session on breastfeeding toddlers might also cover these issues. La Leche League Leaders make themselves available for helping mothers by phone. La Leche League can be found in many countries around the world. You can find local Groups at <http://www.lalecheleague.org/WebIndex.html> or call 1-800-LALECHE or 1-847-519-7730 for a referral to local Groups.

Many areas of the world have other breastfeeding-friendly organizations, such as the Australian Breastfeeding Association (formerly the Nursing Mothers Association of Australia) and Attachment Parenting International (www.attachmentparenting.org).

If you have Internet access at home or through your local library, you may find that message boards and email lists are like virtual support groups. It can be gratifying to send out a question and receive a quick response from another mother out there who knows just what you are talking about. Online options fluctuate over the years, with old ones fading out and new ones cropping up elsewhere. Talking with other mothers or

doing a Web search may help you turn up current resources related to “extended” breastfeeding. Some message boards that are lively as this book goes to press include: “Pregnant and Nursing” at parentsplace.com (hosted by contributor Carissa Dollar), “Tandem Nursing” at babycenter.com, “Extended Nursing” at Mothering.com, and “Kelly’s Attachment Parenting” has a forum at Kellymom.com. Yahoo offers more than one tandem nursing related email list (groups.yahoo.com). The “Nursing Mom News” is an online newsletter edited by a tandem nursing mother who contributed to this book, Sarah Gaunt from Texas (www.thenursingmomnews.8m.com).

Explore All of Your Options

“Many times when we make decisions we only consider one option: yes or no, to do something or not to do it,” according to Linda Flower, PhD, who studies decision-making processes at Carnegie Mellon University where she is a professor. This process produces standard answers, she says, which are not particularly elaborate or personal, and so can run aground when problems arise.

“We build strong decisions,” Flower says, “when we explore multiple options and when we actively use a variety of decision-making strategies.” Lively brainstorming sessions with your partner or friend can help you generate options, examine your current situation from many different angles, and project yourself into many different possible outcomes. When a decision has solid grounding in specific personal details, we can respond more effectively to challenges as we go along.

Examples of options that mothers have chosen include:

- Shifting from continuous nursing into a more predictable and manageable pattern.
- Decreasing the duration or frequency of feeds so that your child spends less total time at the breast.
- “Spot weaning”—eliminating specific problematic sessions (night-weaning is a popular choice).
- Backing off on weaning temporarily and trying again days or weeks later.

- Proceeding with weaning at a very slow pace, taking heart that you are moving in that direction, but not focusing on when it will happen.
- Partial weaning—dropping nursing down to one or two sessions a day.
- Taking a hiatus from nursing—leaving open the option of nursing again later (although do bear in mind that some toddlers lose the ability to latch on).
- Deciding not to decide—just taking it day by day.
- Weaning. Even if you consider weaning a last resort, you may find that fully giving yourself permission to wean can help you freely choose to continue nursing.

Keeping all options on the table gives you the best chance of coming to a free and balanced choice. Being tied either to a weaning deadline or a weaning goal can interfere with your ability to stay open to evidence before you about what is working and what is not. There is no right or wrong solution, only a better or worse fit for your situation. Norma Jane Bumgarner advises:

Be flexible. Don't hesitate to try something that you think may help. Don't hesitate to abandon anything that doesn't work out. Play it by ear.

One Step at a Time the Journey Begins

Sometimes thinking is not enough, especially when your feelings are strong and conflicted. In these cases the decision may need to be made as you go along, allowing you to learn from what is working in the moment. What option are you most willing to work with today? As you move forward you will learn volumes about your child, your nursing relationship, the cost to you and your child of continued nursing/weaning at this time, and how far you are willing to go to work with your Plan A. Sometimes a dramatic turning point will give you your answer all at once—and you can proceed resolutely from there.

A mother facing a weaning dilemma must often make a bold decision, one she considers far from ideal. A mother making this difficult choice needs to draw deep into her reserves for

honesty and compassion in evaluating her own needs and those of her child, the courage to face the downside of her decision, and faith that she and her child can go down the road together as a team. In the end, it's a leap of faith. Faith not in tandem nursing or pregnant weaning, mind you, but in oneself as a mother. If your gut is telling you one thing, and your head is telling you another, go with your gut.

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