

# Co-Nursing: How Parents Share the Breastfeeding Relationship

## handout

45 minutes

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### Definition

- If more than one parent lactates to provide milk for a baby, then sharing breastfeeding may be considered **co-lactation**
- **Co-lactation** may also be referred to as co-nursing, co-feeding, or co-breastfeeding
- Parental teams increasingly diverse: Variety of gender identities, gender expressions, sexual orientations
- Lactation by more than one parent increasingly relevant
- Parents may identify as cis-female, non-binary, trans-female or other
- At least one parent induces lactation
- Most commonly, one parent gestates baby
- This presentation focuses on families consisting of one gestational parent and one non-gestational parent. Families may consist of more than 2 breastfeeding parents. Both/all parents may be non-gestational parents through adoption or surrogacy

### Why co-lactate

- Co-lactation supports the gestational parents' needs.
  - When lactation conflicts with gender identity: if gender fluid or transmasculine
  - With insufficient lactation due to breast reduction surgery, insufficient glandular tissue, or other reason
- Co-lactation supports the non-gestational parents' well-being
  - Protection against reproductive cancers. May be at higher risk for breast, ovarian and uterine cancers due to lack of pregnancy
  - Decrease in risk of cardiovascular diseases later in life including heart disease, high blood pressure, and stroke
  - Protection for general emotional health. Lactation hormones reduce stress improve relationships and increase feelings of nurturing.
  - Protection against postpartum mood and anxiety disorders. Non-gestational parents can have symptoms consistent with PMAD
- Co-lactation supports the infant's health
  - Immune support. Each parent provides unique immune factors through their milk
- Co-lactation supports family relationships
  - Attachment between parent and infant. Fostering trust and connection in multiple ways
  - Confidence in ability to meet infant's nutritional and emotional needs
  - Ability for parents to share the responsibility for breastfeeding

- Co-lactation supports breastfeeding outcomes
  - May facilitate latching when one parent may have breastfeeding experience or breasts/nipples are easier for latching
  - May prevent disruption in breastfeeding if one parent is temporarily unable to breastfeed

## Challenges with co-lactation

- Lack of support in healthcare settings
  - General lack of access to or discrimination in healthcare for LGBTQIA+ individuals
  - Non-gestational parent not acknowledged as a breastfeeding parent in healthcare settings
- Lack of resources: research, information, role models
- Breastfeeding is managed between two parents
  - Total milk production between parents meets baby's needs. Establishing lactation for the gestational parent and increasing/maintaining lactation for the non-gestational parent can be difficult when neither one is exclusively providing milk for the baby
  - Constant need to negotiate breastfeeding and milk expression schedules
- Infant feeding goals and values may differ between parents
- Potential jealousy between parents
  - When one parent produces substantially more milk than the other
  - When one parent has more opportunities to breastfeed than the other
  - When the baby indicates a preference for breastfeeding from one parent over the other

## Co-lactation keys to success:

- **Co-mpassion:**
  - Ensure non-birthing parent is seen and heard as a breastfeeding parent as much as the birthing parent. Advocate for the needs of a non-gestational parent with the obstetrician or midwife, hospital or birthing center staff, lactation support providers, pediatrician, insurance provider, extended family, and at the workplace. Create a birth plan that includes the roles of both parents.
  - Acknowledge feelings. Fears about not making enough or as much milk as the partner or that baby may develop a preference for breastfeeding with one parent over the other. Resentment if there is a sense of inequity with breastfeeding between parents
- **Co-laboration:** With supportive healthcare professionals and peers
  - In addition to healthcare providers who are LGBTQIA+ welcoming, co-lactating parents benefit from working with an LGBTQIA+ welcoming IBCLC with experience with inducing lactation and co-lactation

- Other co-lactating parents can provide encouragement and suggestions around the daily navigation of a co-lactation relationship
- **Co-communication:** Parents identify and communicate needs, values and goals around infant feeding.
  - Importance of exclusively providing baby with colostrum in the first few days of life and when non-gestational parent will begin breastfeeding baby
  - Expectations of how much milk each parent will provide and what the daily breastfeeding routine might look like
- **Co-ordination:** To meet the needs of baby and both parents while minimizing the need for supplementing breastfeeding
  - Start of co-lactation: The non-gestational parent may start breastfeeding as soon as baby is born, when baby is 3-4 days old, or when baby is 30-40 days old
  - Milk production. First establish milk production for both parents. Each removes milk (breastfeed or pump) 7-8 times per day. Potential surplus milk production. Then gradually decrease pumping as long as the combined milk production of both parents continues to meet baby's needs
  - Management of infant feeding. Oftentimes parents choose to alternate feedings: meal-snack-meal-snack-etc. Breastfeed frequently on cue. Baby is likely to cue to feed more often when baby receives less milk at a feeding. Offer supplementation as needed. Supplementation less likely to be needed if parents breastfeeding frequently on cue, gestational parent has adequate lactation, and non-gestational carrier does not breastfeed for 2 consecutive feedings
  - Nighttime feedings. Split nighttime into 2 shifts: First 4 hours, parent A breastfeeds while parent B sleeps without interruption. Second 4 hours, parent B breastfeeds without interruption. Neither parent pumps during the night.
- **Case scenarios in co-lactation**

Typical milk intake for a healthy infant 1-6 months old is 25-30 ounces (750-887 ml) per day

	Milk intake per breastfeed with gestational parent	Frequency of breastfeeding gestational parent	Milk intake per breastfeed with non-gestational parent	Frequency of breastfeeding non-gestational parent	Total daily milk intake for infant through direct breastfeeding
COUPLE A	3-4 ounces	5-6	1.5 ounces	5-6	25-30 ounces
COUPLE B	3-4 ounces	7	2-3 ounces	2	26-33 ounces
COUPLE C	3-4 ounces	8	0.1 ounce	5	24.5-32.5 ounces
COUPLE D	?	?	?	?	25-30 ounces