

**Exploring tandem breastfeeding motivations via Self-Determination Theory: an
interpretative phenomenological study.**

Authors

Rocío Rodríguez Vázquez, PhD, CNM, IBCLC.1*

Mail: rocio.vazquez@urjc.es

Aitana García Díaz, CNM2 .

Mail: aitana_garciadiaz@hotmail.com

Raquel Jiménez Fernández, PhD, RN1

Mail: raquel.jimenez@urjc.es

Inmaculada Corral Liria, PhD, RN1

Mail: inmaculada.corral.liria@urjc.es

Affiliations

1 Faculty of Health Sciences, Universidad Rey Juan Carlos, 28922 Alcorcon (Madrid), Spain.

2Madrid Health Service, Madrid. Spain.

Corresponding author

*Rocío Rodríguez Vázquez, Faculty of Health Sciences, Universidad Rey Juan Carlos,
Departamental II, 28922 Alcorcon (Madrid), Spain.

Telephone number: +34 914889002

email: rocio.vazquez@urjc.es

Abstract

Background: Tandem breastfeeding is defined as a situation in which a mother continues breastfeeding her child through a subsequent pregnancy, including after the new baby is born. In some countries where motherhood may be delayed and the time between births may be reduced, support for the promotion of tandem breastfeeding is necessary to help mothers continue to breastfeed their eldest child and avoid early weaning. There is no existing research on mothers' motivations to breastfeed in tandem. The aim of the present study is thus to explore the motivations of women for the initiation and maintenance of tandem breastfeeding, based on lived experience, via self-determination theory.

Methods: An interpretive phenomenological study was carried out through in-depth interviews with 15 mothers in Madrid who had practiced tandem breastfeeding for more than 6 months, and whose weaning of their eldest child had occurred within the previous year. Convenience and snowball sampling were performed. The data were analyzed with Interpretive Phenomenological Analysis.

Results: Among the motivations for initiating tandem breastfeeding, the following themes were identified: “avoid wasting the effort invested”, “desire such life experience” and “exercise the freedom to decide”. The motivations for maintaining tandem breastfeeding were classified as “pass on parenting values” and “benefits of teamwork”.

Conclusion: The participants, based their motivation to breastfeed in tandem following their freely chosen motherhood model and their discovery of the advantages of its implementation, forming a team of themselves and their children and healing their traumatic perinatal experiences.

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Background

Tandem breastfeeding is defined as a “situation in which a mother continues breastfeeding her child through a subsequent pregnancy, including after the new baby is born” (Wambach & Spencer, 2021, p.776). In it, breastfeeding can take many forms and patterns with regard to both children, from full breastfeeding (exclusive or almost exclusive) to token breastfeeding (minimal, occasional, irregular breastfeeding) (Labbok, M., & Krasovec, K., 1990). Mothers who practice tandem breastfeeding inherently engage in prolonged breastfeeding (O'rouke & Spatz, 2019). “Prolonged breastfeeding” is breastfeeding that lasts longer than an infant’s first year of the life, although it refers to a longer duration than relevant cultural practices, not clinical recommendations (O'rouke & Spatz, 2019). Thus, the WHO recommends exclusive breastfeeding until 6 months of life and the continuation thereof until 24 months or longer, provided both mother and child desire it (WHO, 2021).

Prolonged breastfeeding has advantages in the short and long term: it improves the physical, emotional and psychosocial development of children, prevents obesity and maintains the immunological benefits of breast milk. Since longer breastfeeding periods also have benefits for maternal well-being and health, it is also necessary to promote effective support for women who wish to maintain breastfeeding (WHO, 2021). Maintained

breastfeeding does not harm the mother or child; moreover, maintaining it during pregnancy does not have negative repercussions if the mother is healthy and the pregnancy proceeds normally (American Academy of Family Physicians, 2021). In addition, breastfeeding in tandem maintains a mother's attachment with her older child while allowing the latter to establish a relationship with the new child, facilitating the transition to the new family situation following the birth of the latter (La Leche League International, 2023).

In Spain, as in most European countries and the United States, the average age of women who have their first child is 31 years. (Instituto Nacional de Estadística, 2021; Eurostat, 2021; Guzzo & Hayford, 2023). Over time, the age for first-time maternity has increased in developed countries, yet the majority preference among both European and American couples is 2 or more children (Beaujouan & Berghammer, 2019). Since younger mothers aged 20 to 29 years are less likely to breastfeed than mothers aged 30 years and older, this situation makes necessary the proper promotion, information and support for mothers who wish to continue breastfeeding their older child (ren) to initiate and maintain breastfeeding in tandem (Centers for Disease Control and Prevention, 2022; Santacruz-Salas et al., 2021).

There is limited scientific research on tandem breastfeeding, although some informal sources address the subject from the perspective of other mothers' experience and advice (O'rourke & Spatz, 2019). The main problems reported by women who practice tandem breastfeeding are not only the overload of breastfeeding two children but also rejection by society and health professionals, as they perceive cultural prejudices or a lack of knowledge (Thompson et al., 2020). In Spain, women who breastfeed in tandem require more individualized and respectful support from professionals for their autonomy that is based on impartial information and demand the approval and understanding of society, which criticizes prolonged breastfeeding, as well as those of the public, since this practice does not conform

to the cultural norm (Saus-Ortega, 2020). However, while some authors have explored the motivations for breastfeeding in various circumstances or conditions (Akgün & Taştekin, 2020; Dania & Fitriyani, 2020; Khasawneh et al., 2020), no previous studies have explored the meanings of tandem breastfeeding that motivate or hinder its initiation and maintenance in an environment amid a lack of information and the difficulties described above.

Theoretical Framework

Ryan & Deci (2000) suggest that according to self-determination theory (SDT), “different types of motivation are based on the different reasons or goals that give rise to an action” (p.55). The quality of an experience and the performance of actions can vary greatly depending on these types of motivations, which often combine to produce behaviors (Ryan & Deci, 2000). Intrinsic motivations are those that lead to action for self-interest and enjoyment. Extrinsic motivations are the reasons for action outside of people's own interests or satisfaction (Ryan & Deci, 2020). Among extrinsic motivations, there are 4 subtypes: *external regulation* via the rewards or punishments received for an action; *introjected regulation* via the external motivations that have been internalized, rendering an action a function of rewards related to self-esteem or the avoidance of guilt, anxiety or shame; *identified regulation*, where people identify with the value of an action; and *integrated regulation*, where people not only identify with a given value but also deem it consistent with their other values and personal interests (Ryan & Deci, 2020). According to SDT, psychological well-being is therefore related to the presence of strong intrinsic motivations that promote the maintenance of behaviors and to the influence of extrinsic motivations that affect autonomy, competence and relatedness.

Accordingly, SDT has been used in a quantitative study on the motivations that drive mothers to breastfeed (Kestler-Peleg et al., 2015). However, no studies have explored the motivations for breastfeeding in tandem with this theory, and authors have called for

qualitative investigations of motivations in relation to well-being (Ryan & Deci, 2020). The aim of the present study is thus to explore the motivations that women have for the initiation and maintenance of tandem breastfeeding, based on lived experience, via SDT.

Methods

Research Design

A qualitative study was carried out via the interpretive phenomenology of Martin Heidegger (1962). In this theoretical-philosophical framework, meanings are constructed from the space-time perspective that a human being is a “being-in-the-world” (Dasein) who experiences possibilities of choice and has different experiences depending on his or her interpretation of a phenomenon in each context (Escudero, 2011; Guignon, 2012). This approach is consistent with SDT, where the motivation that determines an action is based on both the action's meaning and the well-being that it provides. Ethical approval was successfully gained from the Ethical Review Committee of the XXXXXXXXXXXXXXXX. Reference number: 0410201811018.

Setting and Relevant Context

In Spain, breastfeeding is promoted following the norms and recommendations of the WHO (Secretaría General de Sanidad y Consumo, 2019). However, the latest recorded data on the prevalence of breastfeeding in Spain are not up to date, and the indicators and methodology recommended by the WHO have not been used. In the last National Health Survey, the estimated prevalence of exclusive breastfeeding was 73.9% at six weeks postpartum and 63.9% at three months and 39% at six months after birth; nor are there records of its prevalence beyond the latter age or of the practice of tandem breastfeeding (Instituto Nacional de Estadística, 2023). The participants in this study belong to the Community of Madrid, which has a per capita income of €35,913 (Instituto Nacional de Estadística, 2020).

As in other countries, the most frequent causes of the abandonment of breastfeeding are perceived hypogalactia and erroneous breastfeeding practices, but a maternal lack of confidence in the ability to breastfeed is the most important predictive factor, especially during the first 6 months (Santacruz-Salas et al., 2021). On the other hand, the mother's age and university studies are associated with longer breastfeeding (Lechosa-Muñiz et al., 2020).

Sample

The initial recruitment of participants was carried out through the nonprofit association “El Parto es Nuestro”, which is composed of users of the Spanish public health system and aims to improve the care of the mother-child dyad during gestation, childbirth and postpartum and to promote breastfeeding while disseminating the recommendations of the World Health Organization (Asociación El Parto es Nuestro, nd). All participants in this study resided in the Autonomous Community of Madrid.

The eligible participants in the study included mothers who have practiced tandem breastfeeding and whose older children had been weaned spontaneously or voluntarily in the last year. Their duration of tandem breastfeeding had to be greater than six months and had to begin from the birth of their second child. Thus, both the participants' experiences with tandem breastfeeding and their recent memories of such experiences were ensured. Mothers and children with physical or psychosocial problems that conditioned the course of breastfeeding were excluded.

Intentional, snowball and theoretical sampling were performed. The first 4 volunteer participants were recruited from El Parto es Nuestro, and they then provided our telephone number and e-mail to other mothers who did not belong to the association but met our eligibility criteria. A total of 13 participants formed the sample according to the saturation principle, which was confirmed with 2 additional participants; thus, the final sample was composed of 15 participants, which is within the approximate range saturation for

interpretive phenomenological studies according to certain authors (Creswell, 2013; Morse, 2003).

Data Collection

The data were collected between February and April 2019. Two investigators, midwives with experience in qualitative research, collected the data. The women who were members of El Parto es Nuestro and became interested in participating in the study contacted the researchers by e-mail or telephone, and other women recruited by snowball sampling. A participant information sheet was sent to volunteers prior to the study, offering them the opportunity to contact a researcher and ask any questions. Written informed consent was obtained prior to data collection. The main sociodemographic characteristics of the participants were also collected (Table 1).

Two methods of data collection were performed in the same conversational session. First, episodic life stories were attained, as this method is characterized by its hermeneutic approach and facilitates evaluating how a phenomenon is biographically constituted for an individual, giving meaning to lived experiences (Cornejo et al., 2008) and, therefore, to individual motivations. The collection of life history data facilitated the establishment of rapport because it facilitated our approach to and understanding of life context. Subsequently, in-depth thematic interviews were conducted to address the objectives of the study by using a guide of open-ended questions, which were enriched by each discourse and contextualized according to each life story.

The sessions lasted approximately 90 minutes, were carried out in the homes of the participants or in quiet environments chosen by them and were audio-recorded. Later, they were transcribed verbatim while respecting anonymity through pseudonyms. In addition, field notes were taken. The audio files and transcriptions were stored on a password-protected computer by the principal investigator.

The researchers reflected on their knowledge and experience when examining bias. Therefore, it was decided not to base the interview questions on the previous knowledge about the general motivations for breastfeeding but to leave the participants free to express their own experiences and personal motivations based on their episodic life history. Hence, the researchers were able to use their knowledge to understand these discourses and complete the interviews without conditioning the participants' responses or analyses.

Data Analysis

The collected sociodemographic variables (Table 1) were analyzed manually to obtain a general sense of the sample participants. Two investigators initially analysed the data manually and separately using the 6 flexible steps of the Interpretative Phenomenological Analysis (IPA) (Table 2), whose objective is to uncover how people give meaning to their life experiences and establish personal perspectives in their daily lives, in line with Heidegger's interpretive phenomenology (Smith et al., 2009). The motivations were initially classified, according to the objective of the research, into two categories: "initial motivation" or "motivation to continue". Both researchers discussed the emerging themes and established the final scheme of motivations, relating them to SDT (Table 3). To resolve any disparate perspectives during analysis, the coherence of meanings with the episodic life history data was checked, and after, some data were relocated to their corresponding subcategories and themes. Finally, the final scheme was reviewed by the other researchers.

Trustworthiness was ensured through triangulation during data collection via episodic life stories and in-depth interviews, enabling our contextualization of the participants' meanings through both their life stories and SDT as well as analysis by both researchers. Feedback was requested from the participants on the transcripts and interpretation results.

Results

Characteristics of the Sample

The final sample was composed of 15 participants whose sociodemographic characteristics are presented in Table 1. The average age of the participants in this study was 35 years, and all of them had a partner, had completed university studies and had attended the maternal education course. Three participants (20%) had no paid work during their tandem breastfeeding. All participants breastfed their eldest child during their younger child's pregnancy. The average reproductive interval was 2.76 years, and the total tandem breastfeeding time ranged from 2 months to 3.7 years.

Themes

In the "initial motivation" category, three subcategories and four themes were identified. In the category "motivation to continue", two subcategories were identified, as shown in Table 3.

Initial Motivation

The decision to breastfeed in tandem was not premeditated but a path of transformation with sources of motivation that drove the participants to practice breastfeeding in tandem by breastfeeding their eldest child during the gestation of their second child.

Avoid wasting the effort invested. The path the participants traveled to begin and continue breastfeeding their older child, sometimes in adverse circumstances, involved great effort; abandoning it meant giving up what they had achieved to overcome such difficulties, as expressed by Participant 3:

As I have come this far... I think that was the basic thought; After all this, after so many turns, to leave it now (...) and when we overcome it, if you have already overcome it, why are you going to leave it, right?

Desire such life experience. The desire to experience the vital stage of parenting by practicing breastfeeding in tandem was a strong motivation, based on the following two pillars:

Maintain bonding and attachment. The well-being generated by continuing to bond with their eldest child was a great motivation, based on the satisfaction of a deep need for attachment among both mother and child, which led the participants to fulfill their desires and ensure the possibility of being together, intimately preventing separation. This motivation surpassed any objective information concerning the nutritional and immunological benefits of maintaining breastfeeding, as expressed by Participant 1:

I felt very good, and there was an affective, instinctive part of 'we are together', and we need him (...) because it was better to feel the fulfillment between us than to think that he was protecting him for life; no, not that. I was very rational for what I felt; I was being too objective among all the accumulations of sensations that were those months.

In addition, breastfeeding during pregnancy was a tool for intentionally maintaining their bond with and care for the eldest child when the participants felt that their circumstances were adverse and experienced negative repercussions for their care, thereby increasing their well-being and that of their child. Thus, according to Participant 14,

I was happy with life, breastfeeding him, and it was also the way to show him that I loved him because I felt terrible that I could not play with him (...) And then, well, I also say, 'How can I take him from my chest? If I don't want to play, I don't want to do anything with him; at least I sit down and let him breastfeed.

Healing negative experiences. Experiencing satisfactory and long-term breastfeeding was important in allowing the process of motherhood to alleviate the emotional pain of a birth in adverse circumstances or a process that developed in a way that the participants did not want, aiding their internal process of overcoming a negative experience. This was expressed by Participant 2, who had a difficult delivery with her first child and dealt with this child's subsequent hospitalization, which meant that they had been separated:

For me, breastfeeding was very important; like, somehow, I wanted to heal all that... and then the admission and the separation and all that. I wanted to heal that (...) so it no longer hurts when I think about it, childbirth.

On other occasions, breastfeeding in tandem helped overcome their eldest child's frustration, after the participants returned to work, with this separation once their second child was born; they were able to recover and maintain their previous bond, as reported by Participant 12: "The time of not being with him healed me (...), and that moment of [breastfeeding] was like our moment, like what we had before, you know? And, for me, it was very healing, and for him too".

Exercise the freedom to decide. The participants made their decision to breastfeed in tandem while motivated by the coherence between the meaning they personally attributed to breastfeeding, motherhood and parenting in their life context, thus claiming the right, not to be labeled, but to exercise their freedom to decide. By doing so, they felt empowered, and their personal satisfaction increased.

Personal role, meaning and concept. The participants linked their personal concept of their maternal role to their motivation to breastfeed in tandem, ignoring the traditional social meanings attributed to it while claiming the freedom to choose this option and rejecting comments that could interfere with their right to decide, thereby claiming their autonomy. However, they also appealed to the right of every woman to exercise free self-determination without social pressures while respecting the choice not to breastfeed, even though as they chose to do so. For example, as Participant 3 reported,

So that idea of a sacrificed and self-sacrificing mother, [...] I would also reject it if I lived it like that, eh? And then, there are many concepts... for me, for example, there is nothing more feminist than doing what you want with your body, and breastfeeding (in tandem) is one more.

Empowerment. Making the decision themselves, as an exercise of personal freedom, resulted in satisfaction and empowerment, as Participant 12 explained: “And, it is something that I have been able to enjoy, that has come from me; it has been my decision to do it, of which I feel very proud and very happy”. Participant 1 related her empowerment and leadership to the motivation of being different and challenging society; she was proud of having the strength to choose a different way of breastfeeding:

And, also, it motivated me to continue being a weirdo and to tell people at work that I gave a tit to the two children (...) I liked it... it was 'look what a warrior I am, look that this can be done, look at this'. In addition, it is not only a valid option, but it is a very, very good option for them and for me, which makes me feel very good (laughs).

Motivation to Continue

The actual benefits promoted by breastfeeding in tandem were a motivation for the participants to continue the practice in addition to their motivations to begin it, which they also maintained.

Pass on parenting values. Tandem breastfeeding was a tool for transmitting important values based on learning the respect of and empathy for the needs of the members involved in its practice, which increased their confidence and motivation and promoted their well-being. As Participant 3 stated,

And, that gives you prolonged breastfeeding, and you can do it in many other ways, right? However, tandem breastfeeding gives it to you, and in that case, my daughter did learn that not only her needs are important but also others'. In addition, it appeared to be an apprenticeship.

Benefits of teamwork. Among the difficulties associated with the implementation of breastfeeding their youngest child, tandem breastfeeding among all members of the team fostered their physical well-being, as Participant 5 described:

The little one was born, and I had a lot of engorgement, so I said (to the eldest son) 'don't you want a little breast?' 'Yes, mom'. And then, of course, it also benefited me because I felt relief, that is, from that engorgement; if not, maybe it would have been complicated for me and he would help me... and he would also help the little one, he would produce milk...

Breastfeeding in tandem also allowed the participants to dedicate emotional time to their two children equally with less effort, freeing them from making extra efforts while providing emotional and personal benefits to their children as a result of the participants' contact and dedication. According to Participant 8,

I breastfed the older one. I filled her emotionally in a way that would have required much more effort from me if I had not breastfed her, to spend time with her, to devote attention to her. Because of the attention that children need, when they were eating, they were receiving 100% of it. Therefore, my oldest daughter is very tranquil and very calm...

Discussion

The purpose of this qualitative study was to explore the motivations of mothers for initiating and maintaining tandem breastfeeding by investigating the meaning(s) of their experiences. Although there are studies on the motivations to breastfeed, until now, no specific research has investigated this form of breastfeeding. We have therefore applied self-determination theory to analyze and explore the types of motivations that lead to the implementation and maintenance of tandem breastfeeding, which favors greater psychological well-being among mothers (Ryan & Deci, 2020).

In our study, the decision to breastfeed in tandem was not made in advance, as occurs when breastfeeding a single child (Hamner et al., 2021). Therefore, following SDT, participants' feeling of competence when breastfeeding their eldest child promoted their

intrinsic motivation to practice breastfeeding in tandem (Ryan & Deci, 2020), which affirms the results of Mizrak et al. (2019).

The participants' desire to maintain their bond with their older child encouraged their continuation of breastfeeding before the arrival of their next child, mirroring the findings of Peñacoba & Catala (2019), which establish a positive relationship between this link and the duration of breastfeeding. This finding is also consistent with SDT, which suggests that behaviors are strongly associated with the motivations that generate positive and satisfactory experiences (Ryan & Deci, 2020).

The importance of intrinsic motivation for prolonged breastfeeding, based on life experiences related to the prenatal and postpartum period, has been described in previous studies (Martínez-Poblete & Ossa, 2020). According to Chen et al. (2022), the posttraumatic stress from and negative experiences with childbirth negatively influence the establishment and maintenance of breastfeeding practices. However, an innovative finding in the present study is that the participants alleviated the pain and frustration they associated with traumatic childbirth with their establishment of a bond with their child(ren). Following SDT, the participants identified with their personal meaning of tandem breastfeeding, assigning it a healing role regarding their negative experiences as a form of extrinsic motivation (Ryan & Deci, 2000). Health professionals, therefore, should personalize the practice's promotion and support depending on the meaning that a mother gives to such negative experiences.

No previous studies have related the effect of tandem breastfeeding to the incorporation of the mother into work. In our research, the participants also expressed relief from the pain produced by the separation of their elder child when engaging in work activity outside the home. Similarly, Burton et al. (2022) have established that prolonged breastfeeding contributes to the well-being of the mother in terms of her attachment with her older child under these circumstances; however, Mizrak et al. (2019) have found that the

motivations for breastfeeding among primiparous women are not significantly affected by their employment status. Finally, SDT defines the healing experience described by the participants as an activity that increases self-esteem and decreases negative feelings of anxiety or guilt via identification regulation.

According to SDT (Ryan & Deci, 2000), making the decision to breastfeed in tandem autonomously and based on one's personal concepts of motherhood and feminism intrinsically reinforces an action and therefore leads to the initiation and maintenance of tandem breastfeeding and to well-being via empowerment. On the other hand, in Kestler-Peleg et al. (2015), women who breastfed to meet a "gold standard" imposed by society did not feel improved well-being, although enhanced maternal self-perception stems from identified regulation, which is an autonomous breastfeeding motivation. This may be because there is no social pressure to breastfeed in tandem. Moreover, although social opinion is not favorable to this type of breastfeeding in Spain, the motivations related to identified regulation promote action. Therefore, in care practice, it is necessary to take into account the social significance of breastfeeding as well as any new feelings related to motherhood and feminism. However, it is also necessary to investigate this aspect in circumstances where mothers lack any support; other studies have found that without support, social pressure exerts a greater influence on mothers, decreasing their autonomous motivation to breastfeed (Mizrak et al., 2019).

Additionally, Kuswara et al. (2021) conclude that motivations inform the maternal role, its expectations and their coherence with a mother's ideal of parenting in regard to teaching values. In the present study, when the participants confirmed this acquisition of values, their well-being, which increased their intrinsic motivation to continue breastfeeding in tandem, was fostered. Thus, the participants maintained their practice using the values and benefits they obtained (integrated regulation) as sources of extrinsic motivation. In care

practice, the goals and values that motivate each woman to breastfeed in tandem and the benefits that mothers report for proper support and promotion, beyond nutritional benefits, should therefore be explored.

The participants defined breastfeeding in tandem as a kind of teamwork that facilitates the achievement of their physical and emotional goals, in contrast to findings on breastfeeding twins, where mothers express concerns about their insufficient milk production and stress generated by breastfeeding two children, factors that can lead to their abandonment of breastfeeding (Quitadamo et al., 2021). This finding is important; it implies that health professionals must improve their understanding of the advantages of tandem breastfeeding for its proper promotion, moving away from the prejudices and myths that undermine it.

Regarding care practice analysis, one should begin by exploring the relevant sociocultural realities and previous life and breastfeeding experiences of mothers before addressing the promotion of tandem breastfeeding to realistically evaluate both their parenting expectations and possibilities for achieving them while attending to the impact of its implementation that generates well-being for mothers. Such considerations will reinforce the main sources of motivation for tandem breastfeeding that we have identified in this study via SDT.

Limitations

The transferability of this research is limited, as all participants in the study had a university education, lived with their partners and belonged to an urban environment. Although the role of the researchers in this methodological process has been discussed, the similarities and differences concerning the researchers' previous experiences in caring for other mothers may have influenced the analysis. Therefore, further quantitative and qualitative research, oriented toward other social contexts, is needed.

Conclusion

The participants began breastfeeding in tandem because they were motivated by their need to overcome obstacles on the path they had traveled while breastfeeding their first child and to consistently maintain breastfeeding to sustain their ideal of parenting. They thus chose to do so to empower themselves through their freedom of personal decision-making, a self-determination concerning their body. Moreover, based on their values, and beyond breastfeeding's nutritional benefits, they maintained tandem breastfeeding because they were motivated by their discovery of how the practice established a team of them and their children that provided personal and nurturing benefits to all team members. Tandem breastfeeding, then, was a useful tool for healing their traumatic perinatal experiences and the painful separation from their children that their incorporation into the workplace entailed. Therefore, health professionals should explore the goals and values that motivate each woman to breastfeed together and the benefits mothers bring for adequate support and promotion based on autonomy and respect.

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Table 1*Sociodemographic characteristics*

N°	Maternal age	Paid work	Education level	Year of birth of the children	Maternal education course	BF during pregnancy	BF duration per child	Tandem BF duration	Partner
1	32	Yes	U	2013/2015	Yes	Yes	2'7y / 2'6y	5m	Yes
2	34	Yes	U	2012/2014	Yes	Yes	5y / 4y	3y	Yes
3	30	Yes	U	2011/2015	Yes	Yes	4y / 3y	9m	Yes
4	31	Yes	U	2013/2015/2017	Yes	Yes	5y / 3'7y / 1,3y	3'7y	Yes
5	37	Yes	U	2012/2015	Yes	Yes	4y / 3 y	1'5y	Yes
6	33	Yes	U	2013/2015	Yes	Yes	5'5y / 3 y	2'6y	Yes
7	31	Yes	U	2011/2014/2017	Yes	Yes	5'5y / 4y / 1'5y	5y	Yes
8	29	No	U	2012/2014	Yes	Yes	4'5y / 4y	3y	Yes
9	40	No	U	2014/2017	Yes	Yes	5y / 2'5y	2'5y	Yes
10	39	Yes	U	2010/2014	Yes	Yes	5y / 5y	1'5y	Yes
11	43	Yes	U	2015/2018	Yes	Yes	4y / 9m	9m	Yes
12	34	No	U	2014/2016	Yes	Yes	4y / 3y	1'5y	Yes
13	40	Yes	U	2011/2015	Yes	Yes	5'5y / 3y	1'5y	Yes
14	43	Yes	U	2016/2018	Yes	Yes	2y / 1y	1y	Yes
15	38	Yes	U	2015/2019	Yes	Yes	3'5 y / 2m	2m	Yes

Note. BF= Breastfeeding; U= University; y= years; m= months

Table 2*Six-step IPA process*

Step	Description
Step 1. Read and reread	Immerse oneself in the participant's experience as a focus of analysis. The transcript is read and reread, increasing comprehension.
Step 2. Make initial annotations	The most detailed phase of the analysis. Repetitions, contradictions and differences are identified and noted. Language and life context are analyzed to identify more abstract concepts, giving rise to different types of notes that will be used as flexible tools.
Step 3. Develop emerging themes	Emerging themes and common patterns are identified.
Step 4. Find connections between emerging topics	Maps are produced, showing how the themes fit together.
Step 5. Analyze the following case	Each case is analyzed separately following the previous guidelines, stripping away the findings found in the previous cases, allowing new themes to emerge.
Step 6. Find patterns through the cases	Shared and unshared topics are clarified. The result is a schematic or table of the group connections as a whole.

Note. IPA six-step process developed from Smith et al. (2009). Steps can be applied flexibly and dynamically.

Table 3

Main thematic categories, subcategories, themes and definitions. Correspondence with the types of motivation of the SDT

Main Thematic categories	Subcategories	Subcategories definition	Themes	Themes definition	Type of motivation
Initial Motivation (motivation leading to the decision to breastfeed in tandem)	Avoid wasting the effort invested	Avoid wasting the road traveled in breastfeeding the eldest child.			EM: identification
	Desire such life experience	Desire for the life experience of BF in tandem.	Maintain bonding and attachment	Experiencing attachment with both children.	IM
			Healing negative experiences	Alleviate negative experiences.	EM: identification
	Exercise the freedom to decide	Right to make a free choice as mothers and women.	Personal role, meaning and concept	Reclaiming the personal concept of the maternal role.	EM: identification
Empowerment			Satisfaction for making the decision	EM: identification	
Motivation to Continue (motivation for the mothers to continue the practice of BF in tandem)	Pass on parenting values	Breastfeeding as a tool for transmitting values.			EM: Integration
	Benefits of teamwork	Tandem BF as a tool that facilitates teamwork			EM: External regulation

Note. BF= Breastfeeding; EM= Extrinsic Motivation; IM= Intrinsic Motivation