

Title			
Antenatal Hand Expressing of Colostrum in Pregnancy			
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1. Purpose

The purpose of this guideline is to ensure that all staff caring for women in pregnancy understands their role and responsibilities in informing, supporting and enabling expectant mothers to provide breastmilk for their babies after birth.

This guideline focuses on informing and supporting women in the process of expressing, collecting and storing milk in pregnancy to give to their baby after birth, if needed.

Please refer to the Trust's:

Video on colostrum harvesting

<https://www.northdevonhealth.nhs.uk/services/maternity/infant-feeding/>

Patient leaflet 'Expressing your milk before your baby arrives'

<https://www.northdevonhealth.nhs.uk/wp-content/uploads/2019/02/Expressing-your-milk-before-your-baby-arrives.pdf>

Key points:

- The value of breastfeeding for mothers and babies
- Breastfeeding and diabetes
- Guidance on antenatal expressing
- Guidance on storage of colostrum

2. Definitions

- EBM Expressed Breast Milk
- Colostrum Harvesting expressing, collecting and storing breastmilk in the antenatal period
- SOP Standard Operating Procedure
- BOB Trust Intranet

3. Responsibilities

Northern Devon NHS Healthcare Trust is committed to:

- Providing the highest standard of care to support expectant and new mothers and their partners to feed their baby and build strong and loving parent-infant relationships. This is in recognition of the profound importance of early relationships to future health and wellbeing, and the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers.

- Ensuring that all care is mother and family centred, non-judgemental and that all mothers' decisions are supported and respected
- Working together across all disciplines and organisations to improve mothers' and parents' experiences of care and their care outcomes

As part of this commitment the service will ensure that:

- All staff are familiarised and have access to this guideline via BOB
- All staff will receive training to enable them to implement this guideline as appropriate to their role

4. Background

4.1. Research documents that breastfeeding is the healthiest way to feed your baby. Breastfeeding should be recognised as a unique interaction between mother and baby which not only feeds and comforts but also helps prevent against infection and disease.

4.2. Breast milk is known to be the optimal nutrition for all babies and exclusive breastfeeding for around the first 6 months of life has many short and long term health benefits:

For baby:

- Protection against ear infections
- Protection against chest infections and wheezing
- Lower risk of diabetes
- Protection against diarrhoea and stomach upsets
- Lower risk of obesity

For mother:

- Lower risk of ovarian cancer
- Lower risk of breast cancer
- Stronger bones in later life (osteoporosis)
- Comfort your baby easily by breastfeeding

- If you have gestational diabetes you are less likely to go on to develop diabetes in later life if you breastfeed your baby

4.3. Evidence based information should be given in pregnancy on early prolonged and uninterrupted skin to skin contact, early and effective breast feeding, and avoidance of unnecessary formula supplements by using expressed colostrum

4.4. Any expectant mother can express her breast milk from 36 to 37 weeks gestation. Collecting colostrum in the late antenatal period can support the mother to provide breast milk for her baby after birth, and also supports good technique if further hand expressing is required.

Collecting colostrum in the late antenatal period is particularly useful if it has been identified in pregnancy that there are potential risk factors that may impact on the mothers or baby's ability to breastfeed.

This can include:

- Women with diabetes in pregnancy (pre-existing or gestational)
- Babies diagnosed during the antenatal period with cleft lip and/or palate and congenital conditions
- Women having an elective caesarean section
- Babies with intrauterine growth restriction
- Twins/multiple pregnancy
- Women taking beta blockers (e.g. labetalol) to control high blood pressure
- Women who have a BMI > 35
- Women who have a planned induction of labour
- Women who have had breast surgery
- Women with multiple sclerosis
- Women with polycystic ovarian syndrome
- Women with a strong family history of dairy intolerance or inflammatory bowel disease
- Any woman that wants to

5. Guidance on antenatal expressing

- 5.1. If an expectant mother has been identified from the list above or has asked about colostrum harvesting, she should be encouraged to start practising the hand-expressing technique from approximately 36 weeks gestation. Antenatal expression of colostrum before this date can potentially provoke preterm labour. Breast pumps are to be avoided until the postnatal period
- 5.2. The member of staff should explain how to express colostrum by hand and how to collect the colostrum into a syringe, using a knitted breast for better visual understanding by the parents
- 5.3. Hand expressing can be practised as often as the mother wishes, but encouragement for at least once daily should be given

Colostrum harvesting packs can be obtained from community midwives, Bassett Ward or Antenatal Clinic. The following link to the Trust video on Colostrum Harvesting:

<https://www.northdevonhealth.nhs.uk/services/maternity/infant-feeding/> should be given and the Trust leaflet: 'Expressing your milk before you baby arrives' should be included in the colostrum harvesting pack

- 5.4. The amount collected will vary between mothers and between each expression, and so it is important that the mother understands the dual benefit of both practising and becoming confident with the hand-expressing technique, and the collection of the colostrum
- 5.5. The mother should be given the opportunity to discuss her progress with the hand-expressing technique and collection of breast milk at each contact with a health professional after 36 weeks gestation, revisiting the technique with the mother if she is struggling to express any colostrum.

6. Guidance on storage of expressed colostrum

- 6.1. Each syringe containing expressed colostrum needs to be labelled with the:
 - Mother's full name
 - NHS number
 - Mother's date of birth
 - Date and time of expression

The syringes should then be placed in a clean covered plastic box in her freezer.

If the mother intends on expressing a number of times within one day, she can be advised to use the same syringe, storing it in the fridge in between expressions and on the final collection of that day, labelling the syringe and then moving it to the freezer for storage.

If the mother is in hospital as an inpatient, she should be encouraged to express and store her milk in the same way, and place it, labelled as above, in the fridge on Bassett. If her baby is on SCBU her freshly expressed milk will be labelled as per SCBU guidelines and stored in SCBU.

Correct labelling will reduce the possibility of the milk being fed to the wrong baby after birth.

- 6.2.** When labour commences, or on admission for induction or planned Caesarean section, the mother should be advised to bring her frozen colostrum syringes, using ice blocks/cool bags to reduce risk of thawing

Once at the hospital the syringes will be stored in the fridge on Bassett Ward. Hospital policy is to store colostrum for 48 hours in the fridge. Parents will be advised to only bring part of their harvested colostrum in case birth takes longer than expected. For parents who live a great distance away from the hospital and therefore unfeasible to keep returning for colostrum supplies the ward freezer can be utilised.

7. Breastfeeding and Diabetes

- 7.1.** The importance of breastfeeding for the health of the mother and the baby should be discussed with all parents at or soon after booking, and appropriate leaflets should be provided such as: 'Off to the Best Start'
- 7.2.** Particular emphasis should be placed on the fact that breastfeeding reduces the risk of the baby developing diabetes, and also reduces the risk of the mother developing type 2 diabetes later in life. It is thought that cows' milk (the main ingredient of formula milk) can trigger diabetes in some babies; this is probably more likely for your baby if you or your partner have diabetes. Therefore it is very important that mothers who have diabetes avoid giving their baby formula milk if at all possible until the baby is at least 6 months old
- 7.3.** The optimal control of diabetes in the mother during pregnancy will reduce risks to the mother and baby and will also minimise instability in the baby's blood sugars after birth
- 7.4.** Breastfeeding and relationship building should be part of each antenatal contact as detailed in the Newborn Infant Feeding Policy. At approximately 34 weeks of pregnancy, women with diabetes should also have a conversation about the specific potential health outcomes of breastfeeding or giving their baby breast milk
- 7.5.** The parents should be made aware that the baby will be at greater risk of unstable blood glucose levels in the first 48 hours and will therefore have regular testing of its blood glucose as per the Neonatal Hypoglycaemia Policy
- 7.6.** The importance to the baby of preventing and correcting any blood glucose instability with expressed breast milk rather than formula milk should be discussed

- 7.7. The mother should be encouraged to start practising the hand-expressing technique from approximately 36 weeks gestation. Antenatal expression of colostrum before this date can potentially provoke preterm labour. Breast pumps are to be avoided until the postnatal period. See above for guidance on how to hand express and collect and store colostrum
- 7.8. After birth, if the baby is not able to breastfeed effectively or if blood glucose levels are lower than acceptable despite effective breastfeeding, priority should be given to using the frozen or fresh colostrum first over formula supplementation
- 7.9. Continued expressing of colostrum in combination with breastfeeding for 24-48 hours should be encouraged to ensure extra colostrum is available if required. This can be discontinued once effective feeding is established
- 7.10. At birth, skin to skin contact as per the Newborn Infant Feeding Policy should be observed and the Neonatal Hypoglycaemia Guideline should be followed
- 7.11. If the baby is not breastfeeding effectively, for whatever reason, the mother should be encouraged to start expressing as soon as possible after the birth, within 2 hours, and to continue expressing at least 8-10 times in every 24 hour period until the baby is feeding well. This is to establish and maintain her milk supply and to provide colostrum and later breast milk for her baby

8. Monitoring Compliance with and the Effectiveness of the Guideline

- Outcomes will be monitored by the Lead Midwives for Infant Feeding and reported to the Lead Midwife, Community and Outpatient Services and Lead Midwife for Maternity Outpatients & Public Health. This will include:
 - Rolling audit of the key performance indicators with a bi-annual report to the Maternity Specialist Governance Group Maternity Patient Safety Forum
 - Use of the BFI audit tools
 - Bi-annual presentation at the Audit and Case Review meeting

9. Associated Clinical Guidance and Policy

Newborn Infant Feeding Policy

Expressing your milk before you baby arrives patient leaflet

Neonatal Hypoglycaemia Guideline

Expressed Breast Milk, Handling, Labelling and Storage SOP

Trust Video on Website

<https://www.northdevonhealth.nhs.uk/services/maternity/infant-feeding/>

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