

NHS Shetland

Guidance on Antenatal Colostrum Collection

Background

NHS Shetland is committed to supporting and promoting breastfeeding as the healthiest way to feed your baby. We believe that 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.

It is well researched and known that exclusive breastfeeding for around the first 6 months has many known health benefits. Risk factors in the early neonatal period can make supplementation with formula more common and it is the aim of this guidance document to reduce these supplements and increase the amount of breastmilk given to at risk neonates.

Where a mother is unable to or does not wish to express in the ante natal period, discussion should take place surrounding the use of donor breast milk in the early neonatal period for supplementation.

Who may need to express antenatally?

Any expectant mother could potentially express her breast milk starting from **36 to 37** weeks gestation, but it is particularly useful if the baby is at an increased risk of having a low blood sugar in the first few hours after birth. This can include:

- Women with diabetes in pregnancy (pre-existing or gestational)
- Babies diagnosed during the antenatal period with cleft lip and/or palate
- Babies diagnosed with congenital conditions such as Down's Syndrome or a cardiac complication
- Mothers having an elective caesarean section
- Infants known to have Intrauterine growth restriction
- Women with breast hypoplasia
- Women with hyperandrogenesis (polycystic ovarian disease)
- Women who have had reductive breast surgery
- Mothers taking beta blockers (e.g labetalol)
- Strong family history of dairy intolerance or inflammatory bowel disease
- Women with multiple sclerosis
- Mothers with a raised BMI
- Mothers who have previously had a poor breastfeeding history

Contra-indications

Antenatal expressing is **not** recommended in the following

- In women known to have cervical incompetence
- In women who have a cervical suture in situ
- In women who have had threatened or actual premature labour
- In women who have a multiple pregnancy
- In women who have polyhydramnios
- In women who have had contractions, vaginal bleeding or premature rupture of membranes in current pregnancy

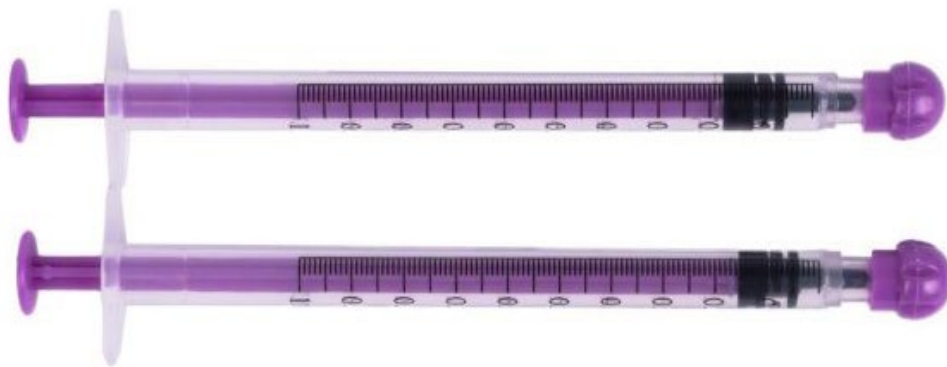
When to start colostrum collecting?

NHS Shetland Maternity Department recommended to start colostrum collection from 37 weeks. This should be once or twice initially per day then build up to 5 times per day. It should only be carried out via hand and a pump should not be used until after birth. If the woman experiences uterine contractions the advice is to stop immediately, advise to rest and if the contractions do not stop in a couple of hours please contact your midwife for advice

The technique of hand expression is the same as the technique taught in the postnatal period.

Hand expression

- An expressing pack should be given to women who wish to express in the antenatal period. This should include sterilised syringes with bung and labels (example below). Labels should have space to ensure name of woman, CHI, date and time of expressing are all clearly labelled.



- A spoon or gallipot may be used to aid collection of colostrum if syringes are proving difficult for collection.

**Step 1**

Start off by encouraging your milk to flow – being near your baby will help. To express by hand, start by gently massaging your breast and nipple to stimulate the hormones needed to release milk.

**Step 2**

Position your thumb and fingers in a 'C' shape, 2 to 3 cm back from the base of your nipple.

**Step 3**

Gently press and release, press and release, and keep repeating until your milk starts to flow. This may take a few minutes.



Step 4 When the flow slows down, move your fingers round to a different part of your breast and start again. If your baby only feeds from one breast, you could express from the other.

Adapted from "Off to a good start" NHS Health Scotland (2015)

- Following expressing place clearly labelled syringe in a plastic bag and freeze at back of freezer.
- If it is known that you are going to be induced or have an elective section in the next day or so – milk can be placed in the fridge but mums need to be aware that this can then only be kept for a maximum of 5 days from expressing
- When transporting to hospital place in cool bag with freezer pack, cool blocks or ice – inform staff on arrival and appropriate storage will be found on ward in either a freezer or fridge.
- Local guidance on storage of expressed breast milk will then be followed

References

www.gestationaldiabetes.co.uk/colostrum-harvesting/

[https://hubble-live-assets.s3.amazonaws.com/bapm/attachment/file/53/Identification and Management of Neonatal Hypoglycaemia in the full term infant - A Framework for Practice revised Oct 2017.pdf](https://hubble-live-assets.s3.amazonaws.com/bapm/attachment/file/53/Identification_and_Management_of_Neonatal_Hypoglycaemia_in_the_full_term_infant_-_A_Framework_for_Practice_revised_Oct_2017.pdf)

Forster, D. A., Moorhead, A. M., Jacobs, S. E., Davis, P. G., Walker, S. P., McEgan, K. M., ... Amir, L. H. (2017). Advising women with diabetes in pregnancy to express breastmilk in late pregnancy (Diabetes and Antenatal Milk Expressing [DAME]): A multicentre, unblinded, randomised controlled trial. *The Lancet*, 389(10085), 2204-2213. DOI: 10.1016/S0140-6736(17)31373-9

Scottish Infant Feeding Advisor's Network. 2019. Scottish Guidance on Ante Natal Colostrum Harvesting

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