

# Antenatal Hand Expressing of Breastmilk Guideline: For Pregnant Women with Diabetes



Maternity Services Lothian **Guidelines**

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## 1.0 INTRODUCTION:

### PURPOSE:

This guideline is to be used by clinical staff to provide guidance for pregnant women with diabetes planning to antenatally hand express.

NHS Lothian supports UNICEF Baby Friendly Initiative (BFI) standards around supplementation only when medically necessary. (2017)

### AIM:

To improve ease, comfort, competence, and confidence around antenatal hand expressing

To optimise breastfeeding initiation and maintenance

## 2.0 RATIONALE:

- Within NHS Lothian we wish to provide guidance for women with diabetes in pregnancy around antenatal hand expressing
- The **DAME Study** (2017) (Diabetes and Antenatal Milk Expressing) found antenatal hand expressing has been shown to increase exclusive breastfeeding and reduce formula supplementation
- NHS Lothian 2019/20 maternity data shows **73.6% of women at RIE and 60.5% of women at SJH** initiate breastfeeding
- NHS Lothian 2019/20 maternity data shows **attrition** (drop off) rate for women continuing breastfeeding at discharge from hospital is **15.2% at RIE and 7% at SJH**
- NHS Lothian 2019/20 maternity data for breastfeeding babies receiving supplementation of formula is currently averaging at **32%**
- Supplementing with formula leads to high breastfeeding attrition (drop off) rates for women continuing breastfeeding

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### 3.0 ELIGIBILITY:

3.1 **Diabetic Women at 36 weeks gestation and above** may antenatally hand express breastmilk.

3.2 Staff should refer to the **Contra- indication's checklist** at the end of this guideline. This checklist should be completed for each diabetic woman and placed in maternal handheld records.

3.3 Any woman with diabetes wishing to antenatally hand express her breastmilk should be encouraged to discuss this plan with a Midwife/Obstetrician in the first instance. Further discussion is recommended during each individual woman's antenatal admission to hospital to ensure a woman's plan to hand express their breastmilk for their baby will be fully supported.

### 4.0 PROCESS:

4.1 All Community Midwives should have a discussion with diabetic women about infant feeding in pregnancy.

4.2 Eligible diabetic women who wish to antenatally hand express should be taught effective technique by using a breast model or other available relevant educational information. These include:

- Off to a good start
- Parent Club website
- NHS Lothian Maternity Services Clinical Guidelines
- NHS Lothian website
- Patient information leaflet (PIL) **Antenatal Hand Expressing Information for pregnant diabetic women**

### INFORMATION:

4.3 Provide each pregnant diabetic woman wishing to antenatally hand express with the relevant information. This should include a discussion about optimal hand hygiene prior to undertaking antenatal hand expressing. All relevant information is contained in the patient information leaflet (PIL)-**Antenatal Hand Expressing Information for pregnant diabetic women**

### 5.0 TECHNIQUE:

- Gently massage each breast prior to expressing
- Start with 3-5 minutes on each breast using effective technique
- The total time expressing once proficient should only be 5-10 minutes at each session and can be done up to 2-3 times over a 24-hour period

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- Painless Braxton Hicks contractions are acceptable whilst hand expressing
- Advise the woman to stop expressing and to contact her Midwife if the Braxton Hicks contractions become regular and painful or she has any other symptoms
- The use of a breast pump is **not** recommended for antenatal collection of breastmilk
- A new sterile syringe should be used at each expression and a cap should be placed over the end of the syringe to seal
- Each syringe must be clearly labelled to include:
  - Woman's own Surname
  - Woman's hospital CHI number
  - Date and time expressed

## 6.0 STORAGE:

**Always consider if a woman will use her EBM within 24 hours of expressing. i.e. IOL women may need to store A/N EBM for longer so placing freshly expressed A/N breastmilk in freezer is recommended.**

- Storage of Antenatal EBM is the same for both **hospital and home**
- The syringe should be placed in the provided sealed plastic bag
- The plastic bag must be placed in the freezer **storing below -18 °C** within **30 minutes** of hand expressing
- Freshly expressed A/N breastmilk (EBM) can be stored in a plastic bag at the back of the fridge to a maximum temperature of **4 °C** and **used within 24 hours of expressing**
- Individually labelled plastic boxes should be used to store any syringes/bottles for each woman's expressed breastmilk (EBM) when the milk is stored in a fridge or freezer

<http://intranet.lothian.scot.nhs.uk/Directory/infantfeeding/Pages/default.aspx>

## 7.0 FRESHLY EXPRESSED BREASTMILK:

When a woman's freshly antenatal expressed breastmilk is removed from fridge always check it is:

- Clearly labelled
- Given to the correct baby
- Check the milk label has:
  - Woman's surname
  - Hospital Chi number
  - Date & time expressed
  - The expiry date & time are on the label
  - Antenatal breastmilk should be used within that time

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## 8.0 FREEZING FRESHLY EXPRESSED BREASTMILK (EBM):

Antenatal expressed breastmilk can be stored in the freezer within 30 minutes of hand expressing and always check it is:

- Clearly labelled with **A/N EBM Label** (as per fridge storage)
- Use an **A/N EBM label**, this is a different colour label to identify **A/N** breastmilk when placed in fridge or freezer
- Store syringes in a sealed plastic bag

## 9.0 REMOVING FROZEN BREASTMILK FROM THE FREEZER:

Always check it is:

- Clearly labelled with all the identifiable information
- The date and time of expiry is clearly written
- Thawed expressed breastmilk (EBM) must be given within **24 hours of defrosting** and discarded if not used within that time

## 10.0 HOW TO USE EXPRESSED BREASTMILK (EBM):

10.1 Breastmilk is expressed antenatally to support breastfeeding in the early days when a baby is sleepy or refusing to feed.

This intervention should be used in conjunction with '**Supporting feeding from birth and management of reluctant feeding guideline**' (2019) see web link below

<http://intranet.lothian.scot.nhs.uk/Directory/ReproductiveMedicine/PoliciesAndGuidelines/Pages/default.aspx?RootFolder=%2FDirectory%2FReproductiveMedicine%2FPoliciesAndGuidelines%2FDocuments%2FMaternity%20Pan%20Lothian>

10.2 Antenatal expressed breastmilk (EBM) can be used to encourage a baby to feed as well as inspiring a woman to feel confident about her own milk supply in the early days following baby's birth.

## 11.0 ROLES AND RESPONSIBILITIES:

11.1 All staff should be familiar with infant feeding policies available on NHS Lothian intranet pages.

11.2 All staff should be aware that this guideline is to support **eligible pregnant diabetic women** who have had a discussion with their **Midwife/ Obstetrician** around expressing their breastmilk during pregnancy. Please refer to the **PIL – Antenatal Hand Expressing Information for pregnant diabetic women or the Contra- indications list** at the end of this guideline to determine if a diabetic woman can express during pregnancy.

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11.3 Antenatal hand expressing for any other pregnant woman is not actively encouraged. However, if a woman chooses to do this please refer to section 4.7 of Maternity Services Lothian **Expressed Breastmilk (EBM) Guideline; for Storage and Administration of breastmilk (2020)**

## **12.0 INFANT FEEDING ADVISOR:**

12.1 Infant feeding support and guidance can be obtained from Infant feeding advisors during the antenatal period or when a woman is an inpatient.

**Hospital contact numbers:** - RIE 0131 242 2490, SJH 01506 524 010  
**Or email** your local Infant Feeding Advisor.

## **13.0 ASSOCIATED DOCUMENTS:**

This antenatal hand expressing guideline should be read in conjunction with other NHS Lothian infant feeding policies/guidelines and are available via:

[Clinical Guidelines & IFA Contacts](#) web link

NHS Lothian Infant Feeding Policy (2018)  
NHS Lothian Infant feeding guideline (2018)  
Neonatal infant feeding guideline (2018)

Expressed Breastmilk (EBM) guideline: Storage and administration of breastmilk, cleaning of breast pumps in hospital areas, home storage and transportation of breastmilk to hospital (2020)

Identification and management of hypoglycaemia in full term infant (2018)

Hypoglycaemia (PIL) –protecting your baby from low blood sugar (2019)

Supporting feeding from birth and management of reluctant feeding (2019)

**Postnatal supplementation (2013) (to be revised) (2021)**

## **14.0 REFERENCES:**

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UNICEF (2017) guide to the Unicef UK Baby Friendly Initiative Standards. London:

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## **15.0 Acknowledgments to the following:**

- The Scottish Infant Feeding Advisor's Network (SIFAN) Guidance on Antenatal Colostrum Harvesting (2018)
- Debbie Barnett, Donor Milk Bank Co-ordinator, NHS Greater Glasgow & Clyde Donor Milk Bank
- Anita Moorhead, Clinical Midwife Consultant (lactation) Breastfeeding Service & Midwifery and Maternity Services Research, The Woman's Hospital, Parkville, Victoria, Australia
- NHS Ayrshire & Arran
- NHS East Kent Hospitals University NHS Foundation Trust
- NHS Mid and South Essex University Hospitals Group
- Members of NHS Lothian Maternity Guideline committee

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## **CONTRA-INDICATIONS CHECKLIST**

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Contra –Indications checklist must be completed first before a woman can begin antenatal hand expressing.

**Always consider carefully risk factors for women with Type1 and Type 2 diabetes BEFORE advising antenatal hand expressing**

**Women with diabetes may be advised to commence antenatal expressing from 36 weeks gestation if their pregnancy is otherwise low risk (DAME 2017)**

Patient Label	EDD: Parity:	Diabetic History IOL:	Date: Staff signature
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	TICK
Woman is OVER 36 weeks pregnant	<input type="text" value="YES"/>
Woman has had NO vaginal bleeding	<input type="text" value="NONE"/>
Woman has NOT had a threatened or actual pre-term labour	<input type="text" value="NONE"/>
Woman does NOT have polyhydramnios	<input type="text" value="NONE"/>
Woman has NO premature rupture of membranes	<input type="text" value="NONE"/>
Woman has NO cervical incompetence	<input type="text" value="NONE"/>
Woman does NOT have a cervical suture	<input type="text" value="NONE"/>
Woman is pregnant with ONE baby	<input type="text" value="YES"/>
Woman has NOT had a previous classical C/S or ONE or more LUSCS (Any history of a previous C/S, a woman cannot hand express in pregnancy)	<input type="text" value="No History of previous C/S"/>

**MICROBIOLOGY**

Woman has NO history of Eczema/ Psoriasis on hands, chest or breast area which has broken or cracked skin	<input type="text" value="No History"/>
Woman is FREE from recurrent skin & soft tissue infections	<input type="text" value="NONE"/>
Woman is FREE from MRSA (Methicillin Resistant Staph Aureus) or other Multi Drug Resistant Organisms including CPE Carbapenesmase Resistant Enterobacteriaceae)	<input type="text" value="YES"/>
All these exceptions listed are at obstetric consultant discretion	<input type="text"/>
*Place completed form in maternal handheld records when completed	<input type="text"/>

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