Contra-indications checklist for women wishing to antenatally express colostrum

Name of Woman		
Address		
Contact Number		
Verbal consent		
Parity/EDD		/
Risk factor		
Booked Delivery Date if	Known	
Over 36 weeks pregnant	i.	
No cervical incompetence		
Does not have cervical suture		•••••
Has not had threatened or actual preterm labour		
Does not have polyhydramnios		
No vaginal bleeding		
Date Antenatal Expressi	ng Pack given	
Signature of midwife giv	ring the pack	