



Guideline for Antenatal Expressing

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Documents to read alongside this Policy, Procedure etc (delete as necessary)	Safe management of expressed milk Alternative feeding methods in breast fed infants
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Disclaimer

When using this document please ensure that the version is the most up to date by checking the Obstetrics & Gynaecology Guidelines on the CTM UHB WISDOM

PRINTED DOCUMENTS MUST NOT BE RELIED ON

Guidelines definition

Clinical guidelines are systemically developed statements that assist clinicians and patients in making decisions about appropriate treatments for specific conditions.

They allow deviation from a prescribed pathway according to the individual circumstances and where reasons can be clearly demonstrated and documented.

Rationale

Cwm Taf University Health Board is a Unicef Baby Friendly (BFI) accredited service and seeks to maintain the Baby Friendly standards and to work towards the Welsh Government goal of “More babies breastfeeding, for longer.” The purpose of this document is to encourage antenatal expression of colostrum where appropriate and consequently to increase breastfeeding confidence and to reduce supplementation with infant formula for infants on the hypoglycaemic pathway.

Definition

Antenatal expressing refers to hand expressing colostrum during pregnancy.

Aims of guideline

- To identify the benefits of antenatal expression of colostrum.
- To identify women and families for whom it may be particularly beneficial and note contraindications.
- To provide guidance for appropriate timing and technique.
- To provide guidance on storage and use of expressed colostrum.

Who may benefit from antenatal hand expressing?

All women who are planning to breastfeed or who wish to give colostrum as the ideal first feed may benefit from antenatal expressing. It may be particularly beneficial to express colostrum in situations when babies are likely to be at risk of hypoglycaemia/feeding difficulty after birth or when mothers are known to be at risk of low supply. These include:

- Diabetic mothers.
- Mothers on beta blockers.
- Babies small for gestational age.
- Likely early birth or planned elective caesarean.
- Multiple pregnancies.
- Babies with congenital anomalies identified.
- Mothers with a history of breast surgery, hypoplasia or hormonal disorders e.g. PCOS, thyroid disorders.
- Strong family history of allergies (to reduce any potential need for early formula supplementation, which is known to increase the chance of allergic sensitisation).

Contraindications

Due to a theoretical risk of triggering preterm labour, antenatal expressing is not recommended (even for the above groups) in the following situations:

- Actual/threatened preterm labour (but see below, for exceptions for planned early birth).
- Cervical suture or history of cervical weakness.
- Antepartum haemorrhage.
- Fetal compromise that may be exacerbated by uterine tightenings.
- When women have been advised to avoid sex.

Expressing before 36 weeks

Early colostrum is vital for the wellbeing of preterm babies. Expressing should not be routinely recommended before 36 weeks, however if an early birth is planned then it can be discussed on an individual basis with obstetric/neonatal input as appropriate.

Examples:

- Where a multiple birth by caesarean is planned it may be appropriate to recommend antenatal expressing from a few days before birth.
- Where a woman is admitted for a course of steroids prior to a planned preterm birth expressing may be appropriate at any gestation.

Technique

All midwives and maternity staff should have completed two day BFI training and be confident demonstrating hand expressing. Breast models are available in all clinical areas and should be used. The technique should be taught as per the following Baby Friendly resources:

[Unicef UK Baby Friendly Initiative education refresher sheet 4](#)

Hand expression video - Baby Friendly Initiative (unicef.org.uk)

<https://youtu.be/K0zVCwdJZw0>

Storage

1ml colostrum syringes should be provided for collection and storage. Gallipots can also be used (and sterilised and reused). Colostrum should be stored in the back of the fridge or freezer. Colostrum collected over a 24 hour period can be combined and frozen. Storage containers should be labelled with the mother's details and time and date of (earliest)

expression. Frozen colostrum should ideally be transported frozen in a cool bag with ice blocks if brought to hospital and should be stored in the freezer until required. Human milk defrosters/warmers are available in the postnatal wards. Colostrum expressed in hospital can be stored in the fridge for up to 48 hours and fresh colostrum should be used before frozen.

Antenatal conversations

Antenatal expressing should be discussed with **all women** at 34 or 36 weeks. All women should be provided with syringes/sterile gallipot and the Health Board leaflet. They can be directed to Cwm Taf Breastfeeding Network (Facebook) or the Health Board website for further information or support.

Related guidelines

<https://wisdom.nhs.wales/health-board-guidelines/cwm-taf-file/safe-management-of-expressed-breastmilk-1-2-ctm-guideline-2020-pdf/>

<https://wisdom.nhs.wales/health-board-guidelines/cwm-taf-file/alternative-feeding-methods-in-breastfed-infants-3-ctm-guideline-2020-pdf/>

Useful links

<https://abm.me.uk/breastfeeding-information/antenatal-expression-colostrum/>

<https://www.gestationaldiabetes.co.uk/colostrum-harvesting/>

References

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