

Why should I express?

- To help your baby regulate blood sugar levels at birth.
- It contains infection-fighting antibodies that flourish in the gut.
- To help establish milk production.
- If you and baby are briefly or unexpectedly separated there is less chance of delay in feeding your own milk.
- You will feel more confident if you experience any feeding challenges.
- To help prevent jaundice.
- Peace of mind if things don't go as hoped or if there are any feeding difficulties.
- It is a useful skill.
- It is a good way for partners or loved ones to be involved in feeding .

Further support

If you decide to continue feeding your baby breast milk, the following support is available:

- * Facebook: Swansea Bay 'Bumps in the Road' breastfeeding group
- * Local breastfeeding groups attended by a breastfeeding specialist midwife (speak to your community midwife for details)
- * Breastfeeding support from Midwives, Maternity Care Support Workers and Nursery Nurses
- * National Breastfeeding Helpline
0300 100 0212
- * A video demonstration of hand expressing can be found on the UNICEF website at: <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/hand-expression-video/>

Antenatal Expressing Leaflet

Speak to your Community Midwife if you have any questions about antenatal expressing or would like to discuss your individual circumstances.



Picture for illustrative purposes only. You may get less or more than shown.

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Author: Katrina Blears

What is Colostrum?

Colostrum is produced in small quantities from around 16 weeks of pregnancy.

Colostrum is a thick sticky substance, yellow or clear in colour that is made before breast milk production begins.

It is a highly concentrated and nutritious substance that helps line the baby's gut with healthy bacteria.

Who can express colostrum?

- Any mother from 37 weeks of pregnancy

It is particularly recommended for:

- Mothers with diabetes
- Mothers who are planning a caesarean section
- Mothers taking beta-blocker medication e.g. Labetalol for high blood pressure
- Babies who may need admission to the Special Care Baby Unit
- Babies with cleft lip/palate
- Twins or triplets
- Babies with a congenital condition
- Babies considered small for gestational age

How do I do it?

1. Wash your hands.
2. Get comfortable and **relax**.
3. Gently **massage** the breast from the back of the breast toward the nipple.
4. Cup your breast and place your thumb and finger about **2-3cms** from the base of the nipple.
5. Create a '**C**' shape with your thumb and fingers to **gently compress** this area. **Slowly release** the pressure and repeat to create a rhythm.
6. Avoid sliding your fingers across the breast tissue.
7. You can move your fingers towards the nipple or further away. Find the spot that works best for you.
8. When the flow slows down, move your fingers around to **another section** of the breast and **repeat** so that all lobes are drained.
9. Do the same in the other breast. Repeat 2-3 times a day.
10. Express the colostrum into a **sterilised feeding cup** and use the syringes to draw up the colostrum.



How much will I get?

At first nothing may come out. Do not worry. It can take a few days for droplets to appear. Any time spent hand expressing will help to make colostrum in the future.

Storage of Colostrum

- Colostrum can be collected 2–3 times a day using the same syringe. The syringe must be stored at the back of the fridge between use.
- At the end of the day, put the syringe in the freezer in a zip-lock bag. Label it with your name, hospital number and date of collection.
- There are fridges within all maternity settings to store your colostrum. The best way to transport frozen milk to the hospital is in an insulated cool bag with ice packs.
- Once defrosted colostrum must be used within 24 hours. It cannot be re-frozen.

Where can I store?	How long for?
Room temperature	6 hours
Back of the fridge 4°C	48 hours
Ice compartment of a	2 weeks
Freezer 18°C or lower	6 months