

## Antenatal Hand Expressing of Breast Milk

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Colostrum is produced in women's breasts after about 16 weeks of pregnancy. This continues in your pregnancy in preparation for your baby's birth. This information leaflet will support you in expressing colostrum before you give birth, to support your baby in the early hours after they are born.

It is not always appropriate for everybody so on-going conversations with your care team are important to ensure that it is right for you. The most common situation in which antenatal expressing of colostrum is used is if you have diabetes.

We encourage women who have diabetes in pregnancy to express colostrum antenatally, as we know that your baby is more likely to have unstable blood sugars after birth. We know that colostrum or breast milk is an excellent way of stabilising blood sugars and that even small amounts of colostrum can help.

There is also evidence that giving formula can potentially increase the chances of your baby developing diabetes in the future. By providing colostrum/breastmilk or breast feeding these chances can be reduced.

If you wish to try and express your colostrum for your baby, we suggest you start at about 36 weeks of pregnancy. Your community midwife or team at the hospital will support you with the technique and provide you with syringes to collect the colostrum in. There is also a video available on the UNICEF UK Baby Friendly website:

[www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/Hand-expression/](http://www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/Hand-expression/)

You can express as many times a day as you wish, but we suggest at least once or twice. The syringes can be placed in a clean container and should then be frozen. **Please label the syringes with your name, and the date and time of expression.**

When you come to the hospital to have your baby, bring the frozen milk, surrounded by freezer blocks, with you. The frozen colostrum will be placed in one of our freezers until you and your baby need it.

Don't worry if you don't get any or very little colostrum. Discuss with your midwife or the hospital team to check that your technique is effective. When your baby is born, you may find getting the colostrum a little easier.

Any colostrum you collect can be given to your baby in combination with breastfeeding to reduce the risk of your baby having unstable blood sugars. Please collect any unused colostrum left in our freezers when you go home, which you may wish to use at home.

Your baby will be monitored closely and ongoing support with feeding your baby will be provided.

If you have any other questions please do not hesitate to contact your community midwife, the Infant Feeding Coordinator or the diabetes in pregnancy team.

Infant feeding Coordinator:  
**01392 406663**

## References.

Liu B, Jorm L, Banks E (2010) Parity, Breastfeeding and the Subsequent Risk of maternal Type 2 diabetes. *Diabetes Care*.

JG Alves, JN Figueiroa, J Meneses, and GV Alves. Breastfeeding Protects Against Type 1 Diabetes Mellitus: A Case-Sibling Study. *Breastfeed Med* 5 Aug 2011.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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