



## Antenatal Expressing Fact Sheet

Antenatal expressing has been found to be safe for the mother, for the infant in utero and after birth.<sup>1</sup> This information applies to women with low risk pregnancies, including those diagnosed with gestational diabetes. Women who have high risk pregnancies or have had previous complications related to pregnancy and birth should work closely with their health professional team.

### What are the benefits of antenatal expressing?

Colostrum is available if the need arises, to avoid unnecessary exposure to formula in hospital. For example

- Concern about blood sugar levels (BSL)
- Mother or baby is unwell or unexpectedly separated after birth
- Mum has practiced handling her breasts and expressing

### When can I start expressing?

After you are 36 weeks completed gestation

### How do I hand express?

Every breast will be different so finger placement may be slightly different for each woman. Please experiment to find what works for you. Please see video resources on next page.

- Mum relax, well fed and well hydrated.
- Light massage of breast before start is helpful to release oxytocin.
- Place thumb and forefingers in 6 and 12 o'clock position, 2-3 cm away from nipples (this may vary individually).
- Gentle pressure to the chest wall, hold for 4-5 seconds. Wait patiently as it takes a while for colostrum to appear due to its thick consistency.
- Use syringe to collect each drop of colostrum appears on the nipple.
- Expressing when you can, 1 to 3x daily is amazing! Each expressing session is no more than 10 minutes.

### How much do I need?

The Academy of Breastfeeding Medicine (ABM) Protocol 1 for Hypoglycaemia advises:

*"feed 1–3 mL/kg (up to 5 mL/kg) of expressed breastmilk or substitute nutrition (pasteurized donor human milk, elemental formulas, partially hydrolyzed formulas, or routine formulas)."*<sup>2</sup>

- Any amount of colostrum is beneficial.
- Expect the volumes to be small; 0.1 - 2mls is amazing!
- The amount of colostrum is not related to milk supply or the ability to lactate in general.
- Some women may not be able to express colostrum during pregnancy. (This will not affect ability to breastfeed and would be considered a variation of normal.)



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How do I store and label my colostrum?

### Storing

Syringes are available in 1,2,3, 5 and 10 ml . Please ask your antenatal clinic, midwife or pharmacy.

Expressed colostrum can be stored in the fridge for 12 hours then it should go in the freezer. Please check the [video](#) for specific storage guidance.

Labels should include:

- Name
- Date of Birth
- Hospital record number if known
- Time of first expression in the syringe
- Date



What happens to my colostrum when I get to hospital?

**Transport your colostrum in a cooler bag and transfer to hospital freezer immediately on arrival.**

### WARNING

Many health workers are unfamiliar with handling expressed colostrum and some mothers have had their colostrum thrown out because of the staff not knowing how to store and use this precious liquid gold. It will be helpful to ensure there are written instructions with your expressed colostrum and/or partner or support person is delegated to ensure it reaches safe storage.

**Video Resources** - We have taken care to provide video resources that are free from commercial influence and do not promote any individuals.

[Catching your colostrum in a syringe](#)

[General guidance on antenatal expressing](#) including collection and storage

Things to consider:

- Hospital Policy is not the law
- You are the best person to advocate for your baby

**Your informed decision to breastfeed need not be taken away from you by misinformation and a system that is not supportive or educated about breastfeeding. Health workers will want what is best for you and your baby but will not have breastfeeding friendly strategies because of systemic, not individual, failures. This does not excuse or expunge your right for evidence based care to support your decision to breastfeed. Exerting these rights may be uncomfortable and unnecessarily stressful, however each mother who insists will expose the systemic flaws and begin a movement for better care for all.**

1. Forster, Della & Moorhead, Anita & Jacobs, Susan & Davis, Prof & Walker, Sue & McEgan, Kerri & Opie, Gillian & Donath, Susan & Gold, Lisa & Mcnamara, Cath & Aylward, Amanda & East, Christine & Ford, Rachael & Amir, Lisa. (2017). 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*. 389. 2204-2213. 10.1016/S0140-6736(17)31373-9.
2. Wight, N., Marinelli, K. A., & Academy of Breastfeeding Medicine (2014). ABM clinical protocol #1: guidelines for blood glucose monitoring and treatment of hypoglycemia in term and late-preterm neonates, revised 2014. *Breastfeeding medicine : the official journal of the Academy of Breastfeeding Medicine*, 9(4), 173-179. <https://doi.org/10.1089/bfm.2014.9986> p.176