

NHS Highland

Guidance on Ante Natal Colostrum Harvesting

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Data Protection Statement

NHS Highland is committed to ensuring all current data protection legislation is complied with when processing data that is classified within the legislation as personal data or special category personal data.

Good data protection practice is embedded in the culture of NHS Highland with all staff required to complete mandatory data protection training in order to understand their data protection responsibilities. All staff are expected to follow the NHS policies, processes and guidelines which have been designed to ensure the confidentiality, integrity and availability of data is assured whenever personal data is handled or processed.

The NHS Highland fair processing notice contains full detail of how and why we process personal data and can be found by clicking on the following link to the 'Your Rights' section of the NHS Highland internet site.

<http://www.nhshighland.scot.nhs.uk/Pages/YourRights.aspx>

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Background

Scotland is committed to supporting and promoting breastfeeding as the healthiest way to feed your baby. We believe that breastfeeding should be recognised as a unique interaction between mother and baby which not only feeds and comforts but also helps prevent against infection and disease.

It is well researched and known that exclusive breastfeeding for around the first 6 months has many health benefits. Risk factors in the early neonatal period can make supplementation with formula more common and it is the aim of this guidance document to reduce these supplements and increase the amount of breastmilk given to at risk neonates.

Where a mother is unable to or does not wish to express in the ante natal period, discussion should take place surrounding the use of donor breast milk in the early neonatal period for supplementation.

Equality and Diversity

NHS Highland ensures that the individual needs of mothers and their babies are given due consideration. In order to understand individual need, staff need to be aware of the impact of any barriers in how we provide services.

Staff are advised to:

- Check whether mothers require any kind of communication support including an interpreter to ensure that they understand any decisions being made.
- Ensure that they are aware of any concerns a mother may have about coping with breastfeeding and any decisions made.
- Ensure that any mother who has a disability that may require individualised planning re breastfeeding practice is appropriately supported.
- Ensure that gender-inclusive terms are used should parent(s) prefer this terminology. Suggested terms in breastfeeding and human lactation (Bartek et al, 2021) are useful and are suitable substitutes when gender-inclusive language is appropriate.

Traditional terms	Gender-inclusive terms
Mother, father, birth mother	Parent, gestational parent; combinations may be used for clarity, such as “mothers and gestational parents”
She, her, hers, he him, his	They/them (if gender not specified)

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Breast	Mammary gland
Breastfeeding	Breastfeeding, chestfeeding, lactating, expressing, pumping, human milk feeding
Breastmilk	Milk, human milk, mother's own milk, parent's milk, father's milk
Breastfeeding mother or nursing mother	Lactating parent, lactating person, combinations may be used for clarity, such as "breastfeeding mothers and lactating parents"
Born male/female (as applied to people who identify as anything but cisgender)	Noted as male/female at birth or recorded as male/female at birth or assigned male/female at birth.

Who may need to express antenatally?

Any expectant mother could potentially express her breast milk starting from **36 to 37** weeks gestation, but it is particularly useful if the baby is at an increased risk of having a low blood sugar in the first few hours after birth. This can include:

- Women with diabetes in pregnancy (pre-existing or gestational)
- Babies diagnosed during the antenatal period with cleft lip and/or palate
- Babies diagnosed with congenital conditions such as Down's Syndrome or a cardiac complication
- Mothers having an elective caesarean section
- Infants known to have Intrauterine growth restriction
- Women with breast hypoplasia
- Women with hyperandrogenesis (polycystic ovarian disease)
- Women who have had reductive breast surgery
- Mothers taking beta blockers (e.g. labetalol)
- Strong family history of dairy intolerance or inflammatory bowel disease
- Women with multiple sclerosis
- Mothers with a raised BMI
- Mothers who have previously had a poor breastfeeding history.

Conversations should be documented within the antenatal conversation section of Badgernet.

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Safe Sleeping

Safe sleeping discussed ☐ Yes ☐ No ☐ NA

Antenatal Colostrum

Antenatal collection and storage of colostrum discussed ☐ Yes ☐ No

Antenatal hand expressed colostrum ☐ Yes ☐ No

Notes

Contra-indications

Antenatal expressing is **not** recommended in the following:

- Women known to have cervical incompetence
- Women who have a cervical suture in situ
- Women who have had threatened or actual premature labour
- Women who have a multiple pregnancy
- Women who have polyhydramnios
- Women who have had contractions, vaginal bleeding or premature rupture of membranes in current pregnancy.

When to start colostrum harvesting?

It is recommended to start colostrum harvesting from 36 – 37 weeks. This should be once or twice initially per day then build up to 5 times per day. It should only be carried out via hand and a pump should not be used until after birth. If the woman experiences uterine contractions the advice is to stop immediately, advise to rest and if the contractions do not stop in a couple of hours please contact your midwife for advice

The technique of hand expression is the same as the technique taught in the post natal period.

Hand expression

- An expressing pack should be given to women who wish to express in the antenatal period. This pack will be distributed by the Health Information and Resources Team (HIRS) following referral from community midwife using the referral pathway in Appendix 1 and submitting the referral form in Appendix 2.

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- This includes sterilised syringes with bung and labels (example above). Labels should have space to ensure name of woman, CHI, date and time of expressing are all clearly labelled.
- Some spoons, gallipots or colostrum disposable bottles can be included also to aid collection of colostrum if syringes are proving difficult for collection.
- When discussing ante natal colostrum harvesting with your patient, please use the guidance below:



Step 1

Start off by encouraging your milk to flow. To express by hand, start by gently massaging your breast and nipple to stimulate the hormones needed to release milk.



Step 2

Position your thumb and fingers in a 'C' shape, 2 to 3 cm back from the base of your nipple.

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Step 3

Gently press and release, press and release, and keep repeating until your milk starts to drip. Collect the colostrum in the syringe.



Step 4

When the drips slow down or stop, move your fingers round to a different part of your breast and start again.

Adapted from "Off to a good start" NHS Health Scotland (2015)

- Following expressing place, the clearly labelled syringe in a plastic bag and freeze at back of freezer.
- If it is known that you are going to be induced or have an elective section in the next day or so – milk can be placed in the fridge but mums need to be aware that this can then only be kept for a maximum of 5 days from expressing.
- When transporting to hospital place in a cool bag with freezer pack, cool blocks or ice – inform staff on arrival and appropriate storage will be found on the ward in either a freezer or fridge.
- Local guidance on storage of expressed breast milk will then be followed – Appendix 3.

Acknowledgement

Kindly used with permission from SIFAN - December 2018. Up-dated according to local NHS Highland policy and procedures.

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References

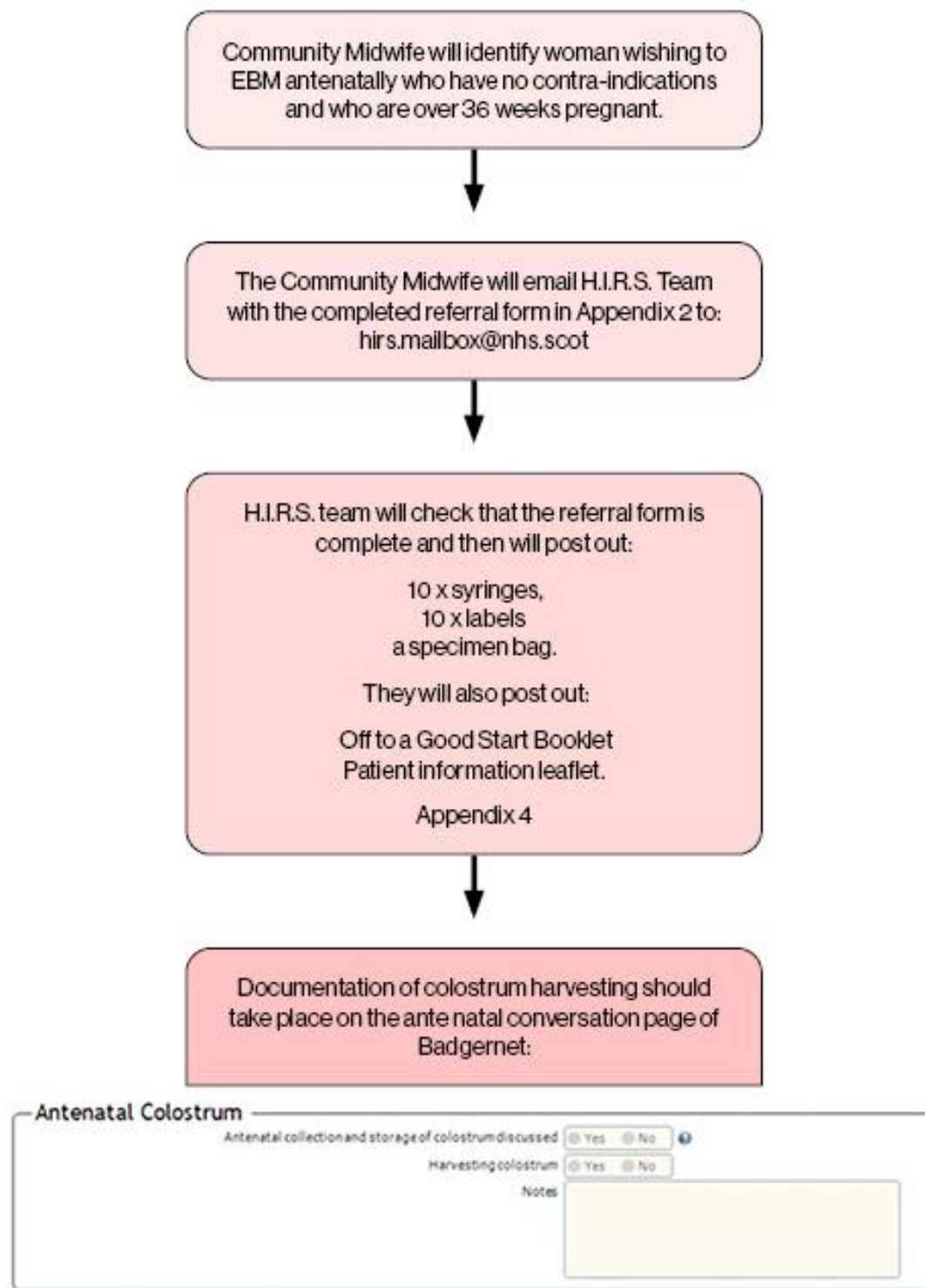
www.gestationaldiabetes.co.uk/colostrum-harvesting/

<https://www.bapm.org/resources/identification-and-management-neonatal-hypoglycaemia-full-term-infant-%E2%80%93-framework-practice>

Forster, D. A., Moorhead, A. M., Jacobs, S. E., Davis, P. G., Walker, S. P., McEgan, K. M., ... Amir, L. H. (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(10085), 2204-2213. DOI: 10.1016/S0140-6736(17)31373-9

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Appendix 1 – Pathway for Antenatal Expressing



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Appendix 2 - Referral Form for Antenatal Expressing

Name of Patient

Estimated Date of Delivery

Address

Contact Number

Patient over 36 weeks pregnant ☐

Patient has no cervical incompetence ☐

Patient does not have a cervical suture ☐

Patient has not had a threatened or actual pre-term labour ☐

Patient is carrying one baby ☐

Patient does not have polyhydramnios ☐

Patient has had no contractions ☐

Patient has had no vaginal bleeding ☐

Patient has no premature rupture of membrane ☐

Patient agrees to GDPR for audit purposes ☐

Date referral sent from Community Midwife

Signature of Community Midwife

Date Received by HIRS

Date kits distributed

Community staff informed of distribution by H.I.R.S.

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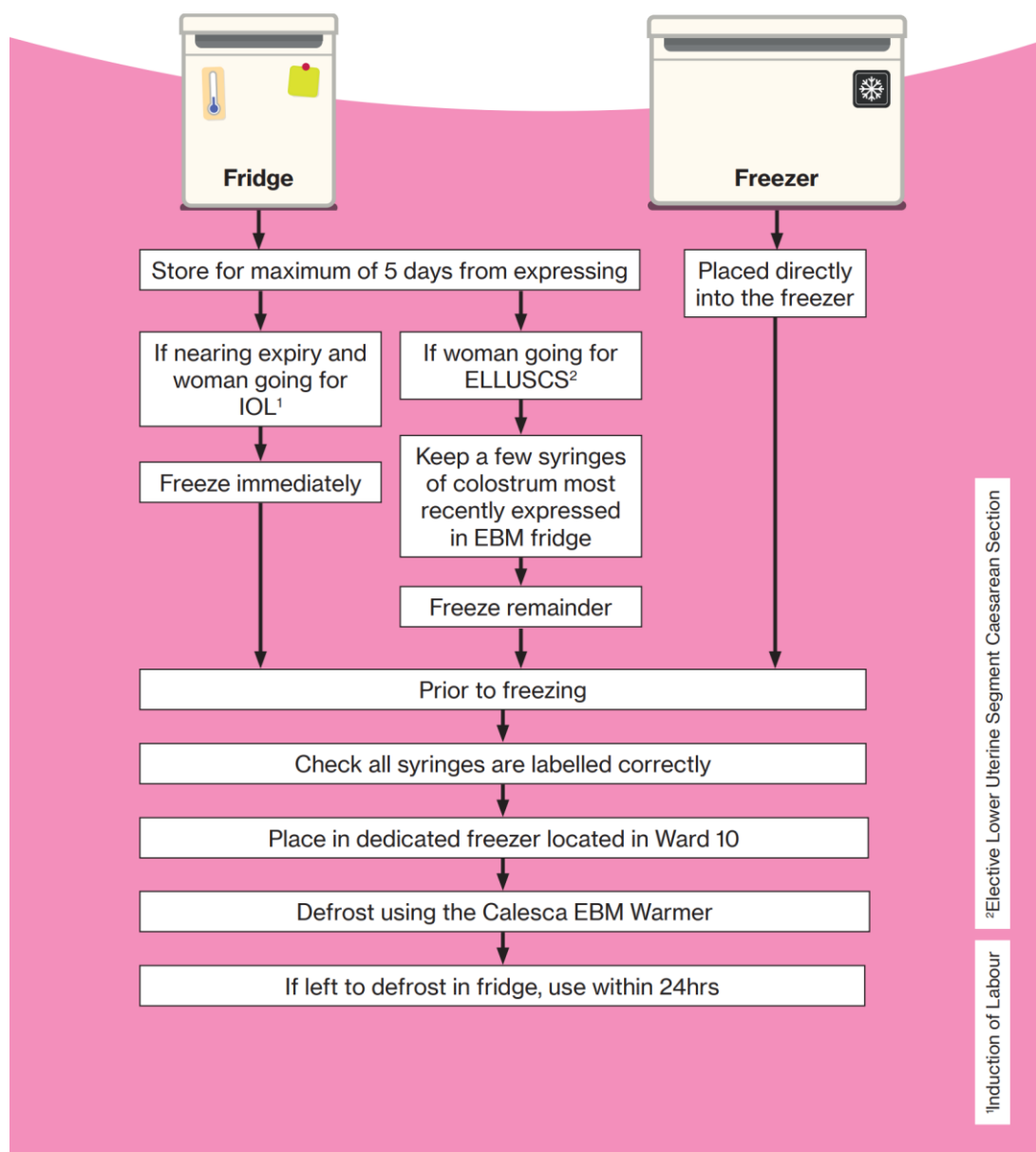
Appendix 3 – Storage guidance for hospital

Ante Natal Colostrum

Guidance on management of colostrum
on admission to maternity unit



On admission, ask where syringes were stored at home



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Appendix 4 – Patient Information Leaflet

Parental Information Sheet for Expressing Colostrum in the ante natal period

Congratulations on taking steps to express your colostrum in the ante natal period. Your midwife will have already discussed with you any risk factors which may stop you from expressing breast milk in the ante natal period – if anything changes please inform your midwife straight away

When to start colostrum harvesting?

- It is recommended to start colostrum harvesting from 36 – 37 weeks. Your pack will be sent out to you only when you are at this stage in your pregnancy.
- Gentle expressing should be carried out once or twice initially per day then build up to 5 times per day. It should only be carried out via hand and a pump should **not** be used at all in the ante natal period.
- If you experience any contractions then please stop immediately, rest and if contractions do not stop in a couple of hours or you are worried then please contact your midwife for advice
- The technique of hand expressing can be found in your “Off to a good start” book.

How to store expressed milk?

- Once you have collected the colostrum in the purple syringe please replace the small round bung securely on to the top of the syringe.
- Write out your name and date and time that you expressed the colostrum and wrap this label around the syringe.
- Once the milk has cooled place it in the clear collection bag and then place the bag with the syringe in the freezer.
- Each time you express follow the same process adding the labelled syringe into the collection bag.

How do I transport to Hospital?

- When transporting to hospital place in cool bag with freezer pack, cool blocks or ice – inform staff immediately on arrival and appropriate storage will be found on ward in either a freezer or fridge

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