



Antenatal expressing

Excerpts used with permission from 'Brilliant Breastfeeding - a sensible guide' By Jo Gilpin, Lactation Consultant

From the middle part of your pregnancy, you will notice that your breasts produce small amounts of a creamy yellow substance. This is colostrum - your first milk. It is sometimes referred to as liquid gold because of its vital role when baby is first born. This is normal for your breasts as they prepare for breastfeeding.

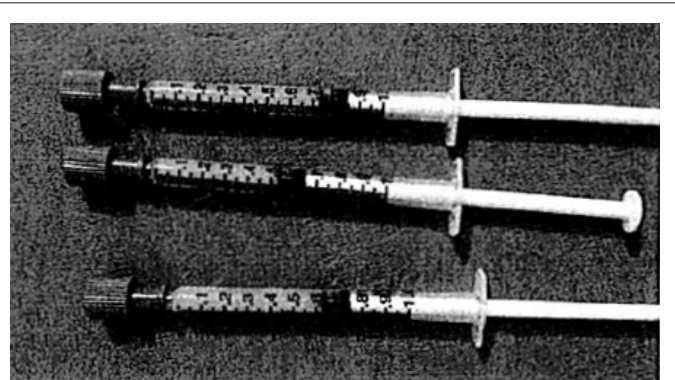
It is particularly valuable for baby to receive colostrum. It is very high in protein and antibodies and quickly raises baby's blood sugar and hydration levels after birth. It also acts as a laxative to help baby pass his first bowel action. In doing so, he is less likely to be jaundiced. Colostrum also helps baby's digestive tract to develop well by introducing useful, friendly bacteria, which are advantageous to his immune system.

Sometimes it is suggested that this colostrum is expressed and collected before baby is born. It can be reserved and deep frozen in the unlikely event of baby needing complementary feeding after birth. Having this saved colostrum would reduce the need for baby to have anything other than breastmilk in the early days after birth.

It is wise to discuss this with your midwives and medical staff if you are considering the antenatal expression of colostrum.

With skin-to-skin contact and allowing baby to suckle within the first hours after birth, the need for supplementation with anything other than breastmilk except in extreme cases should be unnecessary.

Following evidenced-based research, it is now formally acknowledged that women who are diabetic or have diabetes that has developed during pregnancy (gestational diabetes) can safely express breastmilk in late pregnancy without causing harm to their babies.



In the photograph, these three 1 ml syringes contain expressed colostrum that a second-time mother expressed in the last two months of her pregnancy. This mother chose to do so because of what she experienced with her first baby. She had had an induced start to her labour, an epidural to manage pain, and was separated from her baby after the birth while he was assessed by medical staff. Consequently, he missed the opportunity to have immediate close skin contact. When he was returned to her, firmly bundled in wraps hours later, he was sleepy and slow to learn to attach and suckle. He then lost weight. Although some weight loss is very normal after birth, hospital staff considered it over the acceptable amount and gave him formula in a bottle. If she had stored colostrum, even this small amount as above, formula would not have been needed. Unfortunately, this scenario is common in hospitals around the world.

This can also apply to any mother in a healthy pregnancy who wishes to express and freeze some colostrum to take to the hospital at the time of confinement. Babies will be less likely to receive formula in the first twenty-four hours of life. (Forster et al., 2017)

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How to hand express

If you refer back to the breast diagram in below, you can see how the milk ducts that form a circle around your breast all lead towards the nipple area. The ducts are most concentrated just behind the darker skin of the areola. The area around the areola needs gentle, rhythmic pressure to eject milk. (You can see why baby needs a wide-open mouth when attaching to feed!)

Firstly, make sure you are warm, comfortable and relaxed, which is often easier when you are in a private situation. You need clean hands and a wide-mouthed container that has been rinsed with boiling water. Encourage a let down by gently massaging your breasts towards your nipples, working around the whole breast.

Place your thumb on the top of your areola where it meets the rest of your breast and your forefinger in the opposite position underneath. Gently press your fingers back towards your ribs, feeling the main part of your breast tissue between your fingers.

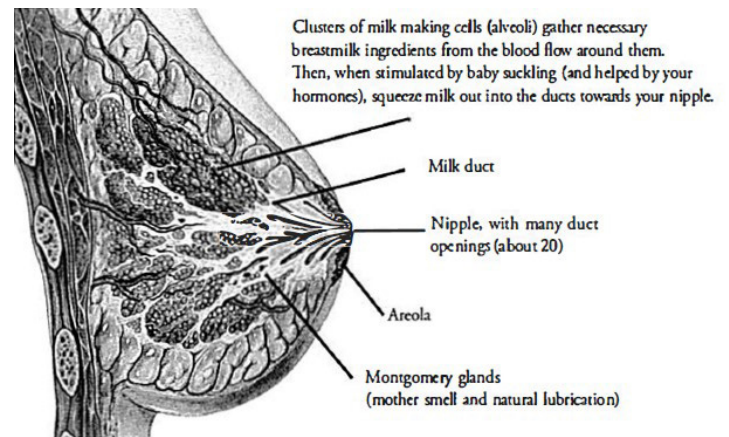
Firmly compress your fingers together with a rolling forward action. This has the effect of compressing the milk ducts, pushing the milk out without hurting sensitive breast tissue.

Continue this action rhythmically until the let down occurs, which may take a few minutes. Your milk will eject either in a spray or a dribble, (or maybe just one or two drops if it is colostrum). Continue this action until the flow of milk slows, and then rotate your thumb and finger position to another part of your breast. Gradually move around the areola with these rhythmic movements.

Avoid squeezing your breast as this can cause bruising, and avoid pulling on your nipple, as this can cause tissue damage.

When the amount of milk you can express from each part of the breast decreases, change to the other breast and repeat the process. You can go back and forth between breasts until you have the required amount of milk. Change hands if they become tired. Do not let your fingers slip on your breasts as this can irritate and damage your skin, so have a cloth handy

to dry your hands as you move the position of your fingers. Also, do not be discouraged if you do not get much milk-it is not an indication of how much milk you have. It often takes much practice before hand expression becomes really easy and fast.



Other aspects of breastfeeding make more sense when you understand how your breasts and body make this wonder-food.

There are additional benefits of expressing colostrum before baby is born for the just in case situation. It is useful to learn how to express. While doing so, you become more familiar with handling your breasts and with how they work. The following strategies can be used if you choose to express colostrum during the last months of pregnancy. (Pearson-Glaze, 2018).



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Firstly, try experimenting by briefly practising expression while showering, letting the drops of colostrum wash away.

- Have a small clean container such as a medicine cup ready and ideally some syringes bought from a pharmacy, as illustrated
- Be warm and relaxed, with well-washed hands
- Massage breasts gently to help the colostrum flow
- Hand express from both breasts, taking care not to cause pain or discomfort. Hand expression is best because of the minimal amounts that you are aiming to collect. Remember, in the first few days, your baby will only have very small feeds of approximately five mls per feed.
- Begin with two to five minutes of expressing on each side, two to three times a day
- The colostrum will flow very slowly, so let it drip into your container
- It can be drawn up and collected in the syringe, then refrigerated
- You can add collections together in one syringe in one day, as long as the syringe is refrigerated between collections
- Once you have expressed for the last time for the day, clearly label and date, before placing in the freezer
- When you have gathered several in the freezer, put together in a ziplock bag ready to take to the hospital in a cooler-pack when your baby's birth is imminent
- Once at the hospital, ensure they are again stored in a freezer-it may be advisable for your birth partner to know where they are.

If for any reason you and your baby are separated at birth, or unable to breastfeed, your colostrum can be defrosted as needed. If your baby needs supplementary nutrition, your colostrum can be used.



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