



Children's, Women's and  
Sexual Health Services




# Breastfeeding and expressing colostrum during pregnancy

Information for you

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You have probably already been thinking about how you will feed your new baby. You will have the opportunity to discuss this with your midwife throughout your pregnancy.

We do not expect you to make decisions about this straight away. We will provide you with the best information we have, to help you to make informed choices about feeding and caring for your baby.

## **Breastfeeding**

Research evidence shows that exclusive breastfeeding - not giving babies any other foods or drinks for around the first six months - has many health benefits. For example, a baby who is exclusively breastfed is less likely to develop a wide range of infections such as ear, tummy, urine and chest infections.

If you have a family history of allergies, such as eczema and asthma, and your child is breastfed, he or she is less likely to develop similar allergies. Children who do develop allergies tend to develop milder symptoms, occurring later than children fed on cow's milk formula.

In addition, research suggests that exclusively breastfed babies are less likely to develop childhood

diabetes. Studies show that it is the cow's milk antigen in formula milk that may act as a trigger for diabetes.

## Hypoglycaemia policy

Most babies have no difficulty in adapting to life outside the womb. However, some babies have an increased chance of developing low blood sugar (hypoglycaemia) and will be carefully monitored for a longer period. Babies with an increased chance of low blood sugar include:

- Early or premature babies (born before 37 completed weeks of pregnancy).
- Babies who are lighter in weight than expected for the number of weeks of pregnancy (SGA - small for gestational age).
- Babies who have needed help to breathe at birth.
- Babies who are ill.
- Babies whose mothers have had diabetes during pregnancy.
- Babies whose mothers have taken medicine for blood pressure (betablockers).

If this applies to you or your baby, it is important to breastfeed your baby as early as possible after birth

and then to breastfeed often - at least every three hours, as this will help to prevent low blood sugar in your baby. Your expressed colostrum can also be given to your baby after breastfeeds. Your baby will be carefully monitored and we will check his/her blood sugar regularly.

## **Colostrum**

Your breasts start to produce colostrum during pregnancy and continue through the early days of breastfeeding. This special milk is yellow to orange in colour, and is thick and sticky. It is low in fat, and high in carbohydrates, protein, and antibodies to help keep your baby healthy. Colostrum is extremely easy to digest, and is therefore the perfect first food for your baby.

## **Expressing colostrum**

Your breasts start to produce colostrum from about 16 weeks of pregnancy onwards. Sometimes, as early as 28 weeks of pregnancy, women find that they leak colostrum from their breasts. Do not worry if you do not leak colostrum: this is not an indication that you will not be able to breastfeed. The amount of colostrum will vary from woman to woman. It can range from a few drops to as much as a teaspoonful or more.

## When do I start?

A good time to start expressing colostrum would be when you reach 36 weeks of pregnancy. However, if you notice an increase in tightenings of your uterus, or contractions, you should speak to your midwife. This is particularly important if you have been told that the placenta is coming first, or lying low in the uterus.

## How often can I express?

You can express colostrum as often as you like. A good time to have a first practice is when you are in the bath.

## Expressing colostrum - four easy steps

- 1. Prepare:** Gently stroke or use circular movements with your fingertips to massage your breasts. Sometimes a back massage can help, although this is not essential. Ask someone to stand behind you with a fist either side of your spine, level with your breast and rub their fists up and down, gently and firmly.
- 2. Find the place you need to press:** Find where your milk collecting ducts (sinuses) are in your breasts. The best way to do this is by feeling for them: this can feel like peas or peas in a pod. Or,

you may notice a change in the texture inside your breasts. They are often found a few centimetres from the end of the nipple.

- 3. Removing colostrum:** Place the flat of your thumb above and the flat of your first finger below, in a 'C' shape, over the sinuses and gently press and release. Slowly build up to a rhythm. A few drops of colostrum may appear at the end of your nipple. When the drips stop, move your thumb and finger around your breast to the next set of milk collecting sinuses. Repeat this process of rhythmic press and release. You may need to swap hands to express colostrum from the other side of the same breast.
- 4. Collecting and storing colostrum:** We will give you the equipment needed for collecting and storing your colostrum. These will be small sterile syringes with red caps, which you can use to collect the colostrum directly from your nipple. If you chose this way to collect colostrum, carefully replace the red cap and place the syringe at the back of the fridge. Alternatively, you may wish to use the small sterile gallipot for collecting colostrum. When you are finished, re-cover the gallipot and place it in the back of the fridge.

If you are expressing more than once in a day, use a new sterile syringe or gallipot at each expressing. At the end of the day, you can put all of the collected colostrum into one universal container. Store this in the freezer at minus 18 degrees Celsius.

When you are coming into hospital to have your baby, put the collected colostrum into a plastic bag(s) and pack the bag(s) with ice. Give the bag(s) to your midwife for storage in the hospital freezer.

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