

What is colostrum?

Colostrum is the first breast milk your body makes. It is the perfect source of nutrition for your baby because it:

- Contains antibodies which protect your baby from infection and helps their immune system to develop.
- Helps your baby's digestive system to develop, which protects your baby from allergies.
- Encourages your baby to open their bowels and pass 'meconium' (your baby's first black sticky poo) which reduces the risk of jaundice.

Colostrum is very concentrated. At birth, a baby's stomach is about the size of a marble, so they will only need a small amount of colostrum to receive all the nutrients they need.



Why do I need to think about colostrum harvesting?

During your pregnancy, your breasts will start to produce colostrum (the exact timing varies from person to person). You can collect and freeze this milk during the last few weeks of your pregnancy. This is known as 'colostrum harvesting'.

Harvesting your colostrum will be especially beneficial for your baby if they are likely to have difficulties with feeding or maintaining their blood sugar levels during the first few days after birth. This may be because your baby:

- Is large or small for their gestational age.
- Is a twin or a triplet.
- Has a cleft lip or a palate.
- Has Down's syndrome or a heart complication.

Colostrum harvesting can also be beneficial for your baby if you:

- Are taking beta blockers, for example, Labetalol to control high blood pressure.
- Have developed pre-eclampsia during pregnancy.
- Have diabetes or have developed diabetes during pregnancy.
- Have polycystic ovary syndrome.
- Have breast hypoplasia (a condition in which the breast does not fully develop) or you have had breast surgery.
- Have a raised body mass index (BMI).
- Plan to give birth by Caesarean section.

However, any woman can decide to harvest colostrum for use in the early days, not just those listed above.

University Hospital of North Tees

Community Midwives

Monday – Friday, 8.30am – 9.30am
Endurance House
Clarence Street
Stockton-On-Tees
Cleveland
TS18 2EP

Telephone: 01642 383439 or 01642 383440
Non-urgent messages can be left on answering machine and will be picked up throughout the day.
If your call is urgent you should contact the hospital where you are due to have your baby.

Infant feeding Midwife

07825754543
Antenatal Day Unit
Telephone: 01642 624239
08.30am – 8.00pm

Outside these hours calls are transferred to the Delivery Suite.

Delivery Suite

Telephone: 01642 382718
24 hours a day, 7 days a week
Antenatal/Postnatal Ward
Telephone: 01642 3827224
hours a day, 7 days a week

University Hospital of Hartlepool

Community Midwives

Telephone: 01429 522279
Non-urgent messages can be left on answering machine.

Antenatal Day Unit

Telephone: 01429 522879
Monday – Friday, 9.00am – 5.00pm
When the unit is closed calls are transferred to the Delivery Suite, North Tees.



Infant Feeding Team

We are here to support all mild to complex feeding issues and offer support and guidance surrounding breastfeeding and all other infant feeding issues through group sessions, virtual sessions, access to peer support groups and more.

Please contact our Family Hubs and ask for our Infant Feeding Team for more information on

01429 292444

Middleton Grange Family Hub

Victoria Road, Hartlepool,
TS24 7RZ

Rossmere Family Hub

Rossmere Way, Hartlepool
TS25 5EB

Miers Avenue Family Hub

Miers Avenue, Hartlepool
TS24 9JQ

Hindpool Close Family Hub

Hindpool Close, Hartlepool
TS24 0TB

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COLOSTRUM HARVESTING

Patient information leaflet
describing Colostrum Harvesting



This leaflet can be made available in other formats including large print, CD and Braille and in languages other than English, upon request at www.nth.nhs.uk/resources/colostrum-harvesting/

NHS

North Tees and Hartlepool
NHS Foundation Trust

Why is it so important for mothers with diabetes?

Colostrum helps to stabilise blood sugar levels. In the first 48 hours, the baby of a mother with diabetes is at risk of developing low blood sugar levels as they adjust to managing their own sugar/insulin levels. In some cases babies require extra feed volumes to increase their sugar levels and occasionally formula milk may be required to support this. However, if you have already expressed some colostrum this could be avoided and your own milk can be given instead.

Breastfed infants are less likely to develop childhood diabetes and research suggests that babies are more likely to develop the condition in childhood if either parent has diabetes.¹

Cows' milk (the main ingredient of formula) is also thought to trigger diabetes in some babies – especially if a parent has diabetes, therefore it is advisable to avoid formula milk if possible.



Thinking about colostrum harvesting?

When you are around 32 – 33 weeks pregnant your Antenatal Specialist Midwife/Community Midwife will explain colostrum harvesting and how to hand express and store your colostrum.

If you feel this is something you would like to do the Specialist Midwife Infant Feeding will contact you around 34 – 35 weeks to discuss it further and arrange collection of the syringes which you will need to collect your colostrum in.

When can I start collecting colostrum?

You can start collecting colostrum from 36 weeks pregnant but it is never too late to start.

How do I start colostrum harvesting?

While you are pregnant you should only use your hands for expressing. Do not use a breast pump until after you have given birth.

To collect your colostrum you will need a clean, sterilized syringe, and a clean, sterilized larger container. Make yourself comfortable and try to relax.

Warmth will help, so you may try expressing in the shower or bath at first. You could also gently massage your breasts with a warm flannel.

1. Always wash your hands before you start. Use your hand to cup one of your breasts. Your hand should be in a 'C' shape around the nipple with 4 fingers under the breast and the thumb at the top. Your thumb and fingers should be about 2–3 cm away from the base area around the nipple.
2. Use your thumb and index finger to gently squeeze. Release the pressure and then repeat to create a rhythm. This should not hurt.
3. Avoid sliding your fingers over your skin as this may cause discomfort. If the colostrum does not flow, try moving your fingers slightly towards the nipple or further away, finding the spot that works best for you. You could also try gently massaging your breast.
4. Collect your colostrum with the sterilised syringe and if necessary transfer to the larger sterilised container.
5. When the drops slow down, move your fingers round to try a different section of your breast and repeat.
6. Repeat the process for your second breast.

Colostrum is very concentrated and will come out of your breast drop by drop. At first, only a few drops will come out at each session, but with practice and time, you should get more.

Every drop counts so do not lose heart if you feel you have not collected much colostrum. This does not mean your baby will find it difficult to breastfeed.

How do I store colostrum?

You should:

- Label the syringe or container with your name, the date and time you expressed the colostrum.
- Put the syringe or container in a clean re-sealable bag and place it in your freezer at a temperature of -18°C.
- Store your milk in the back of the fridge at a temperature of 2 – 4°C for up to 24 hours before you freeze it.
- Use fresh breast milk that has been stored in the fridge within 5 days.

How often should I express?

You can start hand expressing for a few minutes once a day when you are 36 – 37 weeks pregnant. Gradually build up to gently expressing for about 5 – 10 minutes at a time, 2 – 5 times a day.

What shall I do with the milk when I come into hospital to have my baby?

When you have had your baby and colostrum is needed ask someone to bring a few of your (labelled) frozen syringes in a re-sealable food bag into hospital for you. Let your midwife know you have it with you and they will arrange for it to be stored in the fridge on Ward 22.

If the milk is frozen the best way to transport it is inside a cool bag between 2 blue ice blocks.

If you do not think anyone will be able to collect your colostrum for you once you have had your baby, you can bring it in when you come to hospital in labour.

(Please be aware that if it is a false alarm and you are sent home your milk may have defrosted and it will not be safe to freeze it again, Milk will only last for 24 hours in the fridge once defrosted. It may be beneficial to bring milk FOLLOWING delivery if possible).

Feeding your baby with colostrum

If your baby requires extra colostrum to support their feeding your midwife will take your colostrum out of the hospital fridge or freezer and check the label with you first.

The syringe of colostrum will need to be brought to room temperature. You can either immerse the plastic bag containing the syringe of colostrum in a bowl of warm water or place it next to your skin.

Your midwife will show you how to feed your baby with a syringe or a small cup. Having a small feed will give your baby energy and increase their blood sugar levels. It often encourages babies to breastfeed well. Even if your baby does not require the milk for blood glucose levels it is still worth giving small amounts so that none is wasted.

I have heard that nipple stimulation can bring on labour is this true?

It is very rare for colostrum harvesting to cause the onset of labour. You may feel your womb tightening and relaxing. This is called a Braxton Hicks contraction and is not a cause for concern.

If you begin to feel 'period-like' cramps or mild labour contractions, stop expressing, rest and then start again slowly. If they do not stop, you may be in early labour and you should ring the Labour Ward.