

BACKGROUND INFORMATION

Maternity health professionals have a responsibility to protect, promote and support breastfeeding (3) and to protect breastfeeding as a human right (1). They also have a responsibility to not interfere with or undermine the reality that most healthy women and babies can and do successfully breastfeed (2,3).

Antenatal Colostrum Harvesting (ACH) was initially presented as a helpful intervention for women with any form of diabetes in pregnancy (2). The rationale for this intervention was the knowledge that women with diabetes faced lactation difficulties that the general population would be unlikely to encounter (3,5). ACH is now considered to be a useful and safe intervention for other groups of women and babies who will likely experience challenges with lactation and breastfeeding (6,7,8,11).

At no time was ACH intended to be promoted as an intervention for all women intending to breastfeed

ACH is an intervention that is intended to support the initiation and sustainability of lactation for those women who are or may be expecting some challenges or delays with their lactation (9, 10, 11).

It is not appropriate for breastfeeding educators to teach the technique to entire classes of potential breastfeeding women. It is however, appropriate to teach women how to manually express their breasts (2,4).

Prior to suggesting that ACH may be a useful intervention, the woman should have completed a full breast and general health assessment and a breastfeeding history. Ideally this would be completed by the woman's midwife or lactation consultant.

SITUATIONS AND CONDITIONS WHERE ACH MAY BE CONSIDERED APPROPRIATE

- Gestational, Type 1 or 2 Diabetes
- Immature breast development with or without implants
- History of breast reduction/augmentation
- Breast anomalies identified in the breastfeeding assessment
- Unilateral mastectomy
- Maternal history of chemotherapy/radiotherapy
- History of delayed or insufficient lactation
- BMI > 30
- Hypertension - beta blocker treatment
- History of PCOS
- Pituitary tumour/s
- Planned surgery for baby or mother soon after birth, e.g. cleft lip/palate, heart surgery
- Baby expected to be born with a syndrome or other anomaly
- Elective caesarean section
- Multiple pregnancy
- Some instances of pre-eclampsia
- Maternal age > 40yrs with no previous breastfeeding

SAMPLE OF BREASTFEEDING ASSESSMENT TOOL

- **Do you have any concerns about the health of your breasts or nipples?**
- Are your nipples flat, inverted or irregular in shape?
- Have you ever had any surgery, procedures or injury to your breasts
- How old were you when you had your first period?
- Did you notice breast changes at puberty?
- Have you noticed breast changes since becoming pregnant?
- Did you require fertility assistance to achieve a pregnancy?
- Have you ever been diagnosed with PCOS or any hormonal issue?
- Have you breastfed previously? Duration?
- Is there anything about your breastfeeding experience that you would like to discuss?
- Do you have any concerns about breastfeeding?
- Will you have the support of family and friends to breastfeed?
- Do you know how to express your breasts by hand (manually)?
- Are you aware of breastfeeding education and support groups?
- Are you aware of the BreastFedNZ App?

REFERENCES

1. Ball, O. (2010). Breastmilk is a human right. *Breastfeeding Review*, 18(3), 9-19.
2. Cox, S. (2006). Expressing and storing colostrum ante-natally for use in the newborn period. *Breast Feeding Review*, 14(3), 11-16.
3. WHO/UNICEF (1989). Ten Steps to Successful Breastfeeding. *Protecting, Promoting and Supporting Breastfeeding: The special Role of Maternity Services* - Joint WHO/UNICEF Statement. World Health Organisation.
4. Oscroft, R. (2001). Antenatal expression of colostrum. *The Practising Midwife*, 4:4.
5. Rietveld, C.E. 2011. Antenatal colostrum harvesting for pregnant women with diabetes in preparation for breastfeeding. A thesis/dissertation submitted in partial fulfilment of the degree Master of Midwifery at Otago Polytechnic, Dunedin, New Zealand. Unpublished.
6. Rasmussen, K.M., & Kjolhede, C. (2004) Early milk production compromised in overweight/obese mothers. *Pediatrics*, 113, e465-e471.
7. La Leche League GB (2008). Antenatal Expression of Colostrum. Information Sheet 2811.
8. University Hospital Southampton - NHS Foundation Trust (2017). *Harvesting Colostrum for your Baby*. Retrieved from <https://www.uhs.nhs.uk>.
9. Brownness, E., Howard, C.R., Lawrence, R.A. & Dozier, A.M. (2012). Delayed Onset Lactogenesis II Predicts the Cessation of Any of Exclusive Breastfeeding. *The Journal of Pediatrics*, 161(4), 608-614.
10. Anstey, E.H. & Jevitt, C. (2011). Maternal Obesity and Breastfeeding: A review of the evidence and implications for breastfeeding. *Clinical Lactation*, 2(3), 11-16.
11. Forster, D.A., Moorhead, A.M., Jacobs, S.E., Davis, P.G., Walker, S.P., McEgan, K.M., Opie, G.F. et al. (2017). Advising women with diabetes in pregnancy to express breastfeed in late pregnancy (Diabetes and Antenatal Milk Expressing [DAME]: a multicentre, unblinded, randomised controlled trial. *The Lancet*. 389, 2204-2213



CanBreastFeed

www.canbreastfeed.co.nz

FOR FURTHER INFORMATION:

Canterbury Breastfeeding Advocacy
Service
www.canbreastfeed.co.nz
029 773 1589

Thank you to Catherine Rietveld
NZRCpN, NZRM, M.Mid for providing
the information for this brochure

Endorsed by the Canterbury Infant
and Young Child Feeding Network

ANTENATAL COLOSTRUM HARVESTING

is not for every
mother



Information for health
professionals on appropriate
recommendations