### Marmet Technique for Breast Expression (18)

**POSITION** the thumb and first two fingers about 2—3 cm behind the nipple.

**PUSH** straight into the chest wall. Avoid spreading the fingers apart. For large breasts, first lift and then push into the chest wall.

**ROLL** thumb and fingers forward as if making thumb and fingerprints at the same time.

**FINISH ROLL** The rolling motion of the thumb and fingers compresses and empties the milk reservoirs without hurting sensitive breast tissue.

#### https://www.youtube.com/watch?v=y1iZjBYoUj0

- \* The use of a breast pump is not recommended ante-natally
  - Ask your LMC/midwife or diabetes midwife educator to help you learn to express your colostrum.

Consider attending breastfeeding education sessions. Ask your LMC/ midwife about providers in your area.

#### References

- Cox, S. (2006) Expressing and storing colostrum antethe newborn period. Breast Feeding Review 2006; 14(3):11-natally for use in -16.
- 2. Wild, S. Roglic, G. Anders, G. Sicree, R. King, H. (2004) Global Prevalence of Diabetes. *Diabetes Care*, Vol 27, 5, 1047-1053.
- Ministry of Health (2002) Diabetes in New Zealand Models and Forecasts 1996-2011.
- Schaefer-Graf, U.M. Hartmann, R. Pawliczak, J. Passow, D. AbouDakn, M. Vetter, K. & Kordonouri, O. (2006). Association of Breastfeeding and early childhood overweight in children from mothers with gestational diabetes mellitus. *Diabetes Care*; May 2006; 29, 5; Health Module p1105-1107.
- Rasmussen, K.M. Kjolhede, C. (2004) Early milk production compromised in overweight/obese mothers. *Pediatrics*. 2004; 113:e465-e471
- 6. 6.Clay T. (2005) Colostrum harvesting and type 1 diabetes. *Journal of Diabetes* Nursing. March 2005.
- 7. NZBA (2007) Skin to Skin Pamphlet. New Zealand Breastfeeding Authority.
- 8 New Zealand College of Midwives. (1992) The New Zealand College of Midwives Breastfeeding Handbook
- D'Arrigo, T. (2006) Breastfeeding may lower risk of childhood obesity. *Diabetes Forecast*. Sp 2006;59,9; Health Module, p 20.
- 10 Stage, E. Norgard, H. Damm, P. Mathiesen, E. (2006) Long term breastfeeding in women with type 1 diabetes. *Diabetes Care*; April 2006; 29, 4, Health Module, p 771-774
- 11. Taylor, R. & Davison, J.M. (2007) Type 1 diabetes and pregnancy. *BMJ* 2007; 334; 742-745.
- Flower, H. (2003) A research-based look at the safety of breastfeeding during pregnancy. Adventures in Tandem Nursing: Breastfeeding During Pregnancy and beyond. LLLI 2003.
- Oscroft, R. (2001). Antenatal expression of colostrum. *The Practicing Midwife*. 4:4, April 2001.
- 14. Avery, M.D. (2000) Diabetes in Pregnancy: The midwifery role in management. *Journal of Midwifery & Women's Health.* Vol. 45, No. 6, Nov/ Dec 2000.
- Rouse, D.J. & Nuthalapaty, F.S. (2007) The impact of obesity on fertility and pregnancy. UpToDate. www.uptodate.com downloaded 30/08/07
- 16. Confidential Enquiry into Maternal and Child Health. Diabetes in Pregnancy: Are we providing the best care? Findings of a National Enquiry: England, Wales & Northern Ireland. CEMACH: London; 2007.
- Simmons, D. & Campbell, N. Gestational Diabetes Mellitus in New Zealand. Technical Report. From the Gestational Diabetes Mellitus Working Party. March 2007.
- Marmet Technique for Breast Expression (1978) http://www.lactationinstitute.org/MANUALEX.html. Downloaded 26/10/07.
- 19. 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.
- 20 Wight, N. E. (2006) Hypoglycaemia in Breastfed Neonates. Breastfeeding Medicine. 1 (4) 2006.
- 21 International Lactation Consultants Association. Breastfeeding with Diabetes: Yes You Can! *Inside Track – a resource for breastfeeding mothers*. 22 April 2006.
- 22 Forster, D.A., Moorhead, A.M., Jacobs, S.E., Davis, P.G., Walker, S.P., McEgan, K.M., et al. Advising women with diabetes in pregnancy to express breastmilk in late pregnancy (Diabetes and Antenatal Milk Expression [DAME]): a multicentre, unblended, randomised controlled trial. *Lancet*. 2017: 389: 2204-13.



## Antenatal Colostrum Harvesting

## Preparation for Breastfeeding in Special Circumstances



Picasso



#### Background Philosophy for Antenatal Colostrum Harvesting -ACH

Maternity health professionals have the responsibility to protect, promote and support women and babies to breastfeed (3). It is a human right to breastfeed and be breastfed (1). They also have the responsibility not to 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 premise for this intervention was the knowledge that women with diabetes for a multitude of reasons faced lactation difficulties that the general population without diabetes would be unlikely to encounter (3,5). ACH is now considered to be a useful intervention for other groups of women and babies who will likely experience challenges with lactation and breast-feeding (6,7,8) At no time was ACH intended to be rolled out as a necessity for all women intending to breastfeed. (5)

ACH is an intervention that is designed to support the initiation and sustainability of lactation for those women who are expecting some challenges with their lactation.

It is not appropriate for breastfeeding educators to teach the skill of Antenatal Colostrum Harvesting to entire classes of potential breastfeeding women. It is however appropriate to teach women how to handle and manually ex-press their breasts (2,4)

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



# Situations and conditions where ACH may be considered appropriate

- ✓ Gestational Type1 & 2 Diabetes
- ✓ Immature breast development
- ✓ Breast anomalies identified in the breastfeeding assessment
- ✓ Unilateral mastectomy
- Maternal history of chemotherapy/radiotherapy
- ✓ History of delayed or insufficient lactation
- ✓ High BMI
- ✓ Hypertension beta blocker treatment
- ✓ PCOS
- Pituitary tumours
- Planned surgery for baby or mother soon after birth, i.e. 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

Researched & authored by Catherine Rietveld, NZRN, NZRM, M. Mid. <u>rietveld560@gmail.com</u>

Adapted from original pamphlet to include conditions other that Diabetes where antenatal colostrum is appropriate November 2020