

Antenatal Hand Expressing of Breast Milk (In Particular for Type 1, Type 2 or Gestational Diabetes) Clinical Guideline

V3.0

December 2022

1. Aim/Purpose of this Guideline

- 1.1. This guideline is applicable to all health professionals caring for antenatal patients who wish to express milk antenatally. The purpose of the guideline is to ensure that all practitioners provide the best possible information and support for pregnant patients to enable them to provide breast milk for their babies after birth.
- 1.2. Registered staff have a duty of care to the families for whom they care, and individual practitioners must ensure they are competent to teach the hand expressing technique correctly as described in this document. Training for this technique is available through the Infant Feeding Team's (IFT) training workshops or you can ask for 1:1 support from the IFT or other qualified practitioner.
- 1.3. This version supersedes any previous versions of this document.
- 1.4. This guideline makes recommendations for women and people who are pregnant. For simplicity of language the guideline uses the term women throughout, but this should be taken to also include people who do not identify as women but who are pregnant, in labour and in the postnatal period. When discussing with a person who does not identify as a woman please ask them their preferred pronouns and then ensure this is clearly documented in their notes to inform all health care professionals.

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. Antenatal hand expressing can be used in the majority of antenatal patients. It is particularly important for babies born to a birthing parent with Type 1, Type 2 or gestational diabetes mellitus (GDM). It can also be useful in any pregnancy where feeding difficulties may occur such as (New, 2022)

- Twin or multiple pregnancies
- Suspected small for gestational age
- Prematurity

- Polycystic ovary syndrome
- Breast hypoplasia
- Previous breast surgery
- Planned caesarean section
- Previous difficulties with breast feeding

2.2. Contraindications for antenatal hand expressing

- Shortened cervix- seen through prem prevention clinic
- Cervical suture
- Placenta praevia
- <36 weeks gestation, unless discussed with appropriate clinician

2.3. Information at booking – The importance of breastfeeding for the health of the feeding parent and the baby should be discussed with all parents at or soon after booking, and appropriate leaflets given out, such as Off to the Best Start and The Essential Guide to Feeding and Caring for your Baby in Cornwall 2022 edition (or newer if available). Particular emphasis should be placed on the fact that breastfeeding reduces the risk of the baby developing diabetes, and also reduces the risk of the mother developing type 2 diabetes later in life.

2.4. For Diabetic Patients – The optimal control of diabetes during pregnancy should be of paramount importance, so that the risks to the developing baby and to the health of the parent are minimised, and so that the baby's blood glucose levels in the early days after birth are as stable as possible.

2.4.1. At approximately 34 weeks, the benefits of giving breast milk to the newly-delivered baby should be discussed again, with reference to early and uninterrupted skin to skin contact and early effective breastfeeding. The baby will be at greater risk of unstable blood glucose levels in the first 48 hours and will therefore have regular testing of its blood glucose, pre-feed and possibly post-feed too, according to the neonatal hypoglycaemia policy. The importance to the baby of preventing and correcting any blood glucose instability with expressed breast milk rather than formula milk should be discussed. A leaflet for parents explaining this will be given out at this visit.

2.5. The feeding parent should be encouraged to start practising the hand-expressing technique from approximately 36 weeks gestation. She should be encouraged not to practise the technique before this in case her milk ejection reflex triggers contractions, which may provoke preterm labour.

2.6. They should be encouraged to express once or twice each day from 36 weeks onwards, for approximately 20 minutes at a time, aiming to collect colostrum in a sterile feeding cup and storing it in a capped sterile purple Baxa syringe (the cup,

syringes, caps and labels should be provided at the 35-36 week consultation with the Diabetes Specialist Midwife or from the woman's community midwifery team).

2.7. The amount collected may vary from 0.1ml-10mls, and it is important that the parent understands the dual benefit of both practising and becoming confident with the hand-expressing technique which may be necessary after the baby is born. The collected colostrum can be fed to the baby if it is reluctant to feed or if blood glucose levels become unstable.

2.7.1. The mother should be given the opportunity to discuss her progress with the hand-expressing technique and collection of breast milk at each visit after 35-36 weeks gestation, and the staff member seeing her should be able to revisit the technique with the mother if she is struggling to express any colostrum.

2.8. Using visual aids for antenatal education

The member of staff should explain how to express breast milk by hand, using a knitted breast for better visual understanding by the parents. This explanation should be backed up by sharing the online Unicef Baby Friendly Initiative hand expressing video, link: <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/hand-expression-video/> which they can watch as often as necessary to reinforce the learning.

2.9. Cleaning and sterilising equipment

2.9.1. The family should be given guidance about the cleaning and sterilising of the feeding cup after each use, in order to reduce the risk of infection to the baby if it were to receive breast milk from a contaminated container.

2.9.2. The family should be encouraged to label each syringe with her name and the date and time of the expressing, and then to place the syringe in a clean covered plastic box in her freezer. This must be done as soon as possible after each expressing. This will reduce any chance of contamination of the breast milk by other people in the home and by other food in the freezer. Correct labelling will reduce the possibility of the milk being fed to the wrong baby after birth. If they are an inpatient, they should be encouraged to express and store their milk in the same way, and place it, labelled as above, in the freezer on the ward where they are a patient.

2.10. Storage of breast milk

If they are at home when expressing breastmilk, they should be encouraged to purchase an ice block, which should be put in the freezer after purchase, and a small cool bag. When they go into labour, or on admission for induction or planned Caesarean section, they should be encouraged to remove the box of capped, labelled syringes containing their colostrum from their freezer and place the box with the ice block into the cool bag, seal the bag, and bring it into the hospital with them. The box of syringes must be placed promptly into the freezer on the ward until the baby is born.

2.11. Documentation

All interactions should be clearly documented in electronic and handheld notes to ensure effective communication and continuity of advice is maintained through antenatal to postnatal care provision.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	The method of feeding of all babies of diabetic women at birth and at discharge from midwifery care.
Lead	Infant Feeding Co-ordinator – Katie Hicks RM, IBCLC
Tool	Was antenatal hand expressing discussed with all diabetic mothers?
Frequency	3 yearly 1% or 10 sets whichever the greater, of all health records of women that are Type 1, Type 2 or Gestational Diabetic
Reporting arrangements	Following each audit, a report will be completed by the Diabetic Specialist Midwife, which will be shared with the Maternity Risk Forum, and a summary will be sent to all members of the midwifery team.
Acting on recommendations and Lead(s)	The Diabetic Specialist Midwife with support from the Infant Feeding Coordinator will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within a reasonable timeframe.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 6 weeks. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with the Maternity Department and all the relevant stakeholders.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion and Human Rights Policy'](#) or the [Equality and Diversity website](#).

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Antenatal Hand Expressing of Breast Milk (In Particular for Type 1, Type 2 or Gestational Diabetes) Clinical Guideline V3.0
This document replaces (exact title of previous version):	Antenatal Hand Expressing of Breast Milk for Type 1, Type 2 or Gestational Diabetes Clinical Guideline V2.0
Date Issued/Approved:	December 2022
Date Valid From:	December 2022
Date Valid To:	December 2025
Directorate / Department responsible (author/owner):	Katie Hicks, Infant Feeding Lead
Contact details:	01872 250000
Brief summary of contents:	This guideline is applicable to all midwifery and health visiting team members caring for antenatal women with Type 1 or Type 2 diabetes or gestational diabetes within Royal Cornwall Hospitals Trust and Cornwall Partnership Trust. The purpose of the guideline is to ensure that all practitioners provide the best possible information and support for diabetic women to enable them to provide breast milk for their babies after birth
Suggested Keywords:	Gestational, diabetes, breast milk, hand expressing, feeding
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Maternity Guidelines Group
General Manager confirming approval processes:	Caroline Chappell

Information Category	Detailed Information
Name of Governance Lead confirming approval by specialty and care group management meetings:	Caroline Amukusana
Links to key external standards:	None
Related Documents:	<p>RCHT Infant Feeding Policy</p> <p>RCHT Neonatal Hypoglycaemia Policy</p> <p>RCHT Infection Control</p> <p>RCHT Collection, storage and handling of maternal expressed breast milk 2004</p> <p>The Confidential Enquiry into Maternal and Child Health (CEMACH) Diabetes in pregnancy: caring for the baby after birth. Findings of a National enquiry: England, Wales and Northern Ireland. CEMACH, London 2007</p> <p>NICE guideline Diabetes in pregnancy CG63 March 2008 (reissued July 2008)</p> <p>Chertok IRA, Raz I, Shoham I et al Effects of early breastfeeding on neonatal glucose levels of term infants born to women with gestational diabetes. J Hum Nutr Diet 13 Feb 09</p> <p>Owen CG, Martin RM, Whincup PH, Davey Smith G, Cook DG Does breastfeeding influence risk of type 2 diabetes in later life? A quantitative analysis of published evidence. American Journal of Clinical Nutrition. 2006; 84: 1043-1054</p> <p>Stuebe AM et al (2005) Duration of lactation and incidence of Type 2 diabetes. JAMA 294: 2601-2610 (abstract)</p>
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Midwifery and Obstetrics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
June 2009	V1.0	Initial issue	Helen Shanahan Infant feeding Coordinator
5 th December 2013	V1.1	Minor changes in line with national guidance	Helen Shanahan Infant feeding Coordinator
3 rd October 2016	V1.2	Minor changes to reflect local audio-visual aids currently available	Helen Shanahan Infant feeding Coordinator
Sept 2019	V2.0	Full review 2.1.1. Real Baby Milk link included 2.7. feed within 4 hours of birth (changed from 6 hours) 2.8. add in documentation section to include electronic and notes	Helen Shanahan Infant feeding Coordinator
December 2022	V3.0	Full version update. All changes are labelled within the document as 'NEW 2022'	Katie Hicks Infant feeding lead

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Antenatal Hand Expressing of Breast Milk (In Particular for Type 1, Type 2 or Gestational Diabetes) Clinical Guideline V3.0
Directorate and service area:	Obstetrics and Gynaecology
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Katie Hicks
Contact details:	01872 253462

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	The purpose of the guideline is to ensure that all practitioners provide the best possible information and support for diabetic pregnancies and to enable them to provide breast milk for their babies after birth.
2. Policy Objectives	Safe, evidence-based care of diabetic people in the antenatal period, promotion and protection of expressing breast milk to promote short- and long-term health of feeding parents and children
3. Policy Intended Outcomes	Safe outcome for babies and higher breastfeeding rates in at risk groups
4. How will you measure each outcome?	Compliance monitoring tool – appendix 3

Information Category	Detailed Information
5. Who is intended to benefit from the policy?	All pregnant people with Type 1 or Type 2 diabetes or gestational diabetes, and other feeding parents and babies at high risk of feeding difficulties or complications
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Maternity Guidelines Group
6c. What was the outcome of the consultation?	Approved
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Katie Hicks

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)