

## Antenatal expressing; collecting your own breast milk (colostrum) during pregnancy

If you want to benefit from your own first breast milk (colostrum), you can begin expressing some colostrum from your breasts (by hand) during pregnancy and store it in a syringe for later use. Below is an explanation of how to do this.

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### Is Antenatal expressing safe?

Research shows that hand expression during pregnancy is safe, does not cause premature labor, and can be beneficial for breastfeeding. There is not enough scientific evidence about electric pumping to make a statement. The studies were conducted on women from 36 weeks of pregnancy. Before this point, no official recommendations can be made..

- You can collect valuable milliliters of colostrum so that your baby's first feeding is your own breast milk. Even tiny drops can be beneficial when applied to the baby's lips.
- Collected amounts vary from a few drops to full syringes, ranging from 1–60 ml. With enough time and practice, about 30 ml total can often be collected—enough for the first 3 feedings.
- It may have a positive effect on the early onset of breastfeeding after birth.
- It also helps you become more familiar with your breasts and the act of hand expressing, which supports feeding after delivery.

### Why collecting colostrum before birth?

You may consider prenatal expression if you're at higher risk of breastfeeding challenges or your baby is expected to have specific needs. Consider it in cases such as:

- Previous breastfeeding experience
- Inverted nipples
- Early induction
- Growth restriction or anticipated large baby
- Diabetes
- Planned C-section
- Congenital condition in the baby
- Previous Breast surgery, etc.

Women with *breast surgery* can usually still breastfeed to some extent—either exclusively, or with supplementing (donor milk, expressed milk, or formula). Every drop is valuable. Exclusive breastfeeding is not required to reap benefits. Breast surgeries may affect milk production. Stimulating the nipples and glandular tissue in advance can help improve milk supply

For women with (*gestational*) *diabetes*, there's a higher likelihood of interventions or complications that may affect breastfeeding. Babies may be born early, require C-sections, or experience low blood sugar, requiring supplementation. Additionally, Type 1 diabetes can cause delayed onset of milk production.

Benefits of antenatal expressing include both colostrum for the baby and improved confidence and skill for the parent(s).

### When not to express antenatally?

Prenatal expression is not widely known among healthcare providers in the Netherlands, though it's more common in countries like Australia, where more research is available.

The concern is that expressing could trigger unwanted contractions. However, the oxytocin released during hand expression is not typically strong enough to induce labor—its levels are far lower than those during orgasm.

Still, stop expressing if you experience noticeable cramping that is not intended.

### Contraindications may include

- History of preterm birth or hospitalization for premature contractions
- Bleeding due to placenta previa
- Hyper-reflexes due to high blood pressure (e.g. preeclampsia requiring hospital care)

## How does Antenatal expressing work?



- Begin from 36 weeks onward—earlier only with medical advice.
- Watch the videos on my website under "prenataal kolven" – [www.mamma-minds.nl](http://www.mamma-minds.nl).
- Use hand expression, not a machine. Machines can waste those precious drops and there is not research about using pumps in pregnancy.
- Do it after a warm shower or using a warm compress or heat pad. Once or twice a day, more if possible or just before (or even during...) labor induction.
- Wash your hands and relax (music, warmth, massage, positive thoughts). Stimulate the love hormone—oxytocin.
- Everyone finds their own technique. Be gentle—pain doesn't help. In general, place your fingers in a C-shape about 1 cm beyond the edge of the areola. Press toward the ribs, then bring fingers together. Gently move toward the nipple tip. See what works best for you.
- For examples, see: Hand Expression Guide and English-language demonstration videos.
- Even short practice sessions, in the shower for example, help build skill over time.
- Catch the drops with a spoon, small cup, or glass. Draw them into a syringe.

## Materials:

- Small syringes (1, 2 or 5 ml) with sealable cap. For sale at [Breast Milk Network/Pump Shop](http://Breast Milk Network/Pump Shop) ('Colostrum Syringe' each). OR at the fa. Vos in Amsterdam; to ask for 2cc syringes (per 5 pcs) with loose (yellow) caps. (per 10pcs)
- At some ETOS drugstores you can also buy 5ml syringes with cap.
- Or order a small number from me to get started.
- The same syringe can be used for up to 48 hours. Store in a sealed freezer bag in the fridge between uses. Then freeze it, labeled, in a 3-star freezer. Only thaw before use.
- **Or use larger 'feeding syringes' or 'jaw syringes' (with curved nozzle):**  
You can use the backside by removing the plunger and letting the drops slide in. Close with a cap. More practical for larger volumes.



- Keep the syringes frozen until use. They thaw quickly under running water. If giving birth in a hospital, bring them frozen in a cooler and store them in the hospital freezer.
- Or use larger so-called feeding syringes or 'jaw syringes' (with crooked tube). You can use this at the back. Take out the pulling part, and let the drop slide in, for example. Close at the front with cap. More usable with a little more production/result.
- Leave the syringes in the freezer until use. You defrost them quickly enough under a running tap, for example. If you are going to give birth in the hospital, take the syringes frozen with you in a cooler bag and put it in the freezer where you are going to give birth.

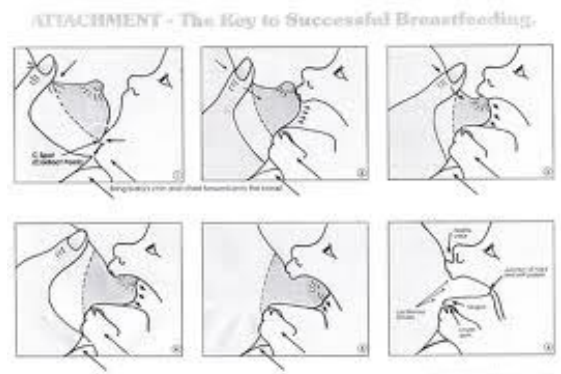


### More about colostrum and the first days together

The first milk, available from birth (and already in pregnancy) is called colostrum. Colostrum is extra nutritious, ensures an earlier stabilization of the baby's sugar level and protects the baby against bacteria. 'Skin to skin' contact also provides faster stability in blood sugar and temperature (which in turn conserves energy). And very importantly, it helps breastfeeding get off to a good start and supports the baby's reflexes. So create as many moments as possible in those first days to be skin to skin with your baby as much as possible (or your partner can do the honors, helps too!).



To make a good start with breastfeeding, breastfeeding information (general) provides good information to use immediately at the first feedings. In it you will hear, for example, about how to get a baby to latch on properly;



Make sure there is enough breast in the baby's mouth, and avoid pain where possible. Get guidance during the first feedings, especially if there is help around the hospital.

In any case, I would like to give you this advice for the first 3 days to get breastfeeding off to a successful start (research has shown that):

- briefly stimulate the nipples by means of manual pumps, the first days after childbirth the production starts faster.
- Do this immediately at a feeding moment 5x a day/24 hours for 1-2 minutes.
- The drops that you can still catch (spoon) can be spooned directly to the baby.



**For questions or consultation (e.g. email/tel consultation) call Mamma Minds,**

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