

BACKGROUND

Colostrum expression/ Colostrum Harvesting is recommended after 37 weeks gestation prenatally for any expectant mother anticipating supplementation post-delivery in the first days of life for the newborn. Higher risk mothers such as diabetes with higher risk infants such as small for gestation or growth restriction would be great candidates for colostrum harvesting.

PURPOSE

Supplementation with mother's own milk is superior to donor milk and formula/cow's milk. Colostrum expression after 37 weeks gestation prenatally can empower new parents and prepare them for an alternative to methods of supplementation if medically indicated post birth.

METHODS

Colostrum is the first milk produced by a mother during pregnancy, usually in the last few weeks, before the actual milk comes in after birth. It is rich in nutrients, immune-boosting antibodies, vitamins, and minerals, helping to protect and support your newborn's health. In the first days after birth, colostrum helps stabilize your baby's blood sugar, prevents and treats jaundice, and keeps your baby hydrated and nourished. It's especially helpful if you have a high-risk pregnancy (diabetes, multiples, etc.) or if you might have trouble breastfeeding. When approved by your doctor, you can start expressing your colostrum by hand in the last few weeks of pregnancy. Store small amounts in the food-safe container in the freezer and bring only a day's worth to the hospital when you deliver.

To express colostrum:

- 1) Wash your hands thoroughly to maintain cleanliness and reduce the risk of infection.
- 2) Position yourself comfortably
- 3) Gently press your breast with your fingers. Using a gentle rolling motion, massage your breast in a circular pattern to stimulate the flow of colostrum. Carefully collect the small amounts that are expressed in a clean container.
- 4) Once collected, promptly freeze the colostrum to preserve its nutrients and prevent spoiling.

It is important to monitor how you feel during this process. If you start to experience contractions or any signs of labor, stop expressing immediately and contact your healthcare provider without delay, as continuing may induce labor prematurely.

COLOSTRUM COLLECTION AND BENEFITS

Colostrum is produced in the latter part of pregnancy and plays an important role in building your baby's immune system. High in protein, vitamins, minerals and immunoglobulins (antibodies), it's often called "liquid gold" because of its rich, golden color and valuable benefits.

Colostrum is beneficial in stabilizing newborn blood sugars, in prevention of and treatment of jaundice and can assist in hydration and nourishment in the first days of life while the new mother is working on breastfeeding with latch and positioning assistance in the hospital.

High-risk pregnancy persons, diabetic patients, having multiples or anticipating a feeding issue who are greater than 37 weeks of gestation, are great candidates for colostrum collection (with approval from their obstetrician).

If and when medically cleared by an obstetrician, a pregnant person may begin hand expressing their colostrum, storing it in small storage containers in the freezer, and bring no more than a day's worth of colostrum to the hospital upon delivery.

Collect colostrum in small, food-safe storage containers and wash hands prior to beginning. Hand expression of the breast with the hand behind the areola with "press back, compress and roll" technique and repeat with rotation around the breast. Only small amounts of colostrum are expected from each breast. Freeze the colostrum soon after expression. *If your uterus begins to contract, stop, and call the obstetrician. This process can lead to labor.*

RECOLECCIÓN DE CALOSTRO Y BENEFICIOS

El calostro se produce en la última etapa del embarazo y desempeña un papel importante en el fortalecimiento del sistema inmunológico del bebé. Rico en proteínas, vitaminas, minerales e inmunoglobulinas (anticuerpos), se le suele llamar "oro líquido" debido a su intenso color dorado y sus valiosos beneficios.

El calostro es beneficioso para estabilizar los niveles de azúcar en sangre del recién nacido, prevenir y tratar la ictericia, y puede contribuir a la hidratación y nutrición. Durante los primeros días de vida, mientras la nueva madre se familiariza con la lactancia materna, con apoyo para el agarre y la posición en el hospital.

Las mujeres con embarazos de alto riesgo, las pacientes diabéticas, las que tienen un embarazo múltiple o que prevén un problema de alimentación y que tienen más de 37 semanas de gestación son excelentes candidatas para la recolección de calostro (con la aprobación de su obstetra).

Si un obstetra lo autoriza, la embarazada puede comenzar a extraerse el calostro manualmente, guardándolo en pequeños recipientes en el congelador y no llevar al hospital más de un día de calostro después del parto.

Recoge el calostro en un recipiente limpio y lávese las manos antes de comenzar. Exprime el seno manualmente con la mano detrás de la areola, aplicando la técnica de presionar hacia atrás, comprimir y girar, y repite el proceso rotando alrededor del seno. Solo se espera una pequeña cantidad de calostro de cada seno. Si el útero comienza a contraerse, deténgase y llame al obstetra. Este proceso puede provocar el parto.

UMC Women's newborn care center

RESULTS

UMC is in the process of the implementation. Education of staff has begun. Patient education handouts are in revision with Marketing. Our end goal is to improve breastfeeding rates. **Our goal is 75% Breastmilk Fed Exclusivity.** 2024 rate is currently 47.17% (375/495).

CONCLUSIONS

Breastfeeding remains as the best option in feeding newborns. UMC provides the next best alternative on having donor human milk available to our patients when needed.

REFERENCES

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